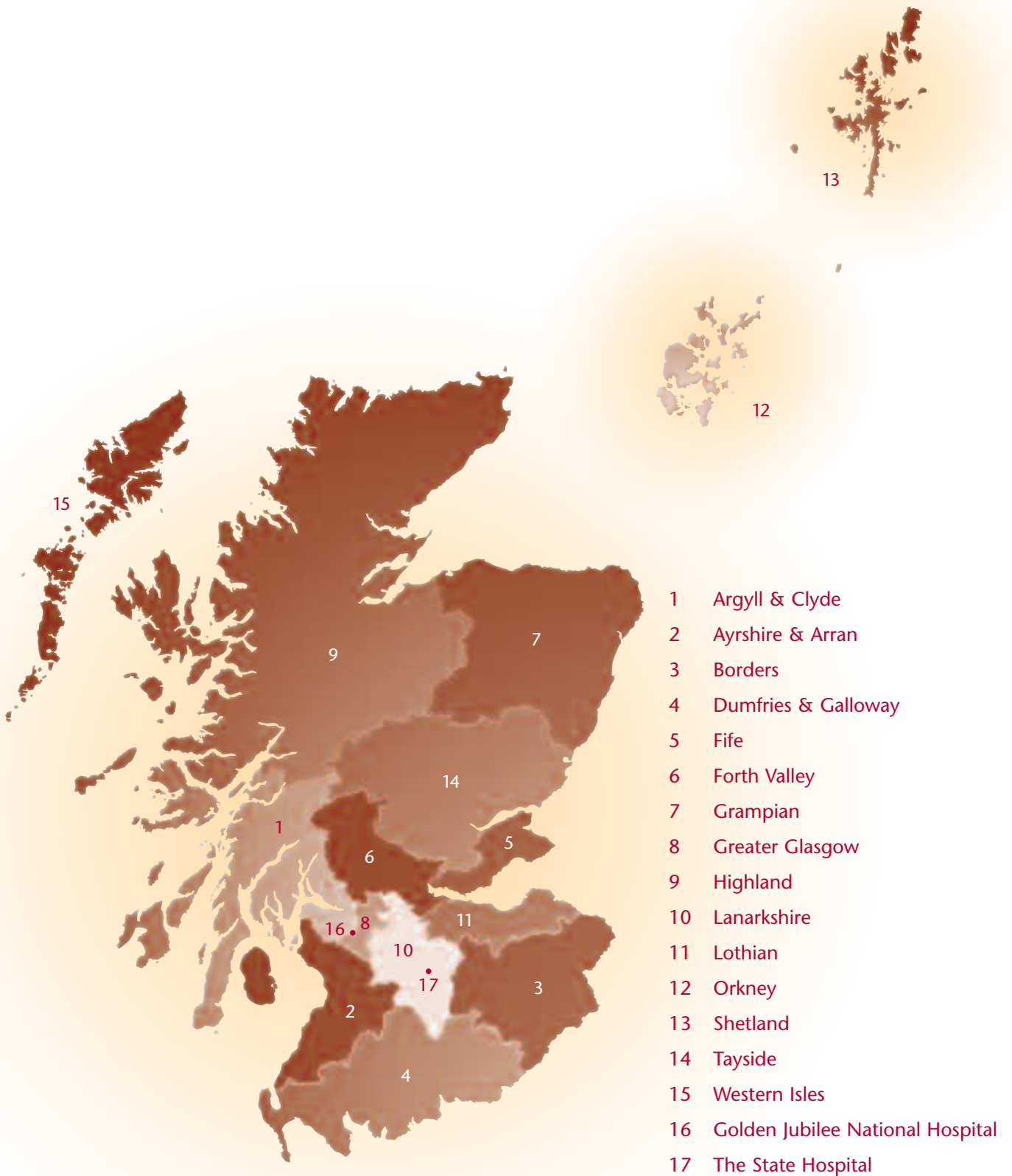


NHS Highland

Local Report ~ *August 2006*

# Food, Fluid and Nutritional Care in Hospitals

## NHSScotland Regional Breakdown (as at the time of the peer review programme)



Local Report ~ *August 2006*

## **Food, Fluid and Nutritional Care in Hospitals**

The effective delivery of food and fluid, and the provision of high quality nutritional care, are crucial for the wellbeing of patients in all hospitals. The NHS Quality Improvement Scotland (NHS QIS) Food, Fluid and Nutritional Care in Hospitals Project Group developed six standards which bring together the patient at all stages in the journey of care, with the processes of planning, preparing and delivering food and fluid. This report presents the findings from the peer review of performance against Standards 1, 2 and 6.

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# 1 Setting the Scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

## About this Report

The *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* were published in September 2003. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Highland**, against Standards 1, 2 and 6. This review visit took place on **20 October 2005**, and details of the visit, including membership of the review team, can be found in Appendix 2.

## 1.1 How the Standards were Developed

In December 2001, a Food, Fluid and Nutritional Care in Hospitals Project Group was established. Membership of the Group includes both healthcare professionals and members of the public, and is chaired by Ms Philippa Grant (NHS QIS Board Member until 31 December 2005).

The Food, Fluid and Nutritional Care in Hospitals Project Group oversees the quality assurance process of:

- developing standards
- reviewing performance against the standards throughout Scotland, using self-assessment and external peer review, and
- reporting the findings from the review.

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<sup>1</sup>References to Trusts reflect the NHSScotland organisational structure at the time of the pilot review visits. NHS Trusts were abolished on 1 April 2004 to be replaced with operating divisions of NHS Boards.

When developing the food, fluid and nutritional care in hospitals standards, a Scotland-wide consultation process was undertaken. The views of health service staff, patients, carers and the public were sought, and all the relevant evidence available at the time was taken into account. Draft standards were also piloted at two Trusts<sup>1</sup>: Grampian University Hospitals NHS Trust and Tayside Primary Care NHS Trust.

## 1.2 How the Review Process Works

The 2005–2006 national programme of visits focuses on the NHS Boards' strategic approach to providing nutritional care, assessment, screening and care planning, and education and training required for staff to provide nutritional care; therefore, three of the six standards (1, 2 and 6) will be reviewed.

The review process has two key parts: local self-assessment followed by external peer review. First, each NHS Board assesses its own performance against the standards. An external peer review team then further assesses performance, both by considering the self-assessment data and visiting the NHS Board to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 10).

### Self-Assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines and audit reports) required to allow a proper assessment to be made of performance against the standards.

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Standard 2 addresses nutritional assessment, screening and care planning; in order to ensure compliance at this operational level, NHS QIS requested that each NHS Board undertake an audit of its performance against Standard 2 and submit the analysis report with the self-assessment. To support the findings of the NHS Board's audit analysis report, NHS QIS required completed audit forms from sample wards to be submitted with the report.

The NHS Board submits all the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

### **External Peer Review**

An external peer review team visits and speaks with local stakeholders (eg staff, patients and carers) about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit. The visit concludes with the team providing feedback on its findings to the NHS Board.

Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached. The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

### **Performance Assessment Statements**

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS Board is achieving each standard through development, implementation, monitoring and impact on patient care. These four key stages represent the continuous improvement cycle through which each NHS Board can ensure that all patients in hospitals receive a high quality of nutritional care. The review team works through each of the four key stages to arrive at an overall performance assessment statement, which indicates the NHS Board's level of achievement for each standard. The quality improvement tool also enables the review team to provide structured feedback on the NHS Board's delivery of the standards at each key stage, to inform local action plans for continuous improvement.

The overall performance assessment statements are underpinned by criteria that are mapped directly from each standard. The overall performance assessment statements for Standards 1, 2 and 6 are:

### **Standard 1 – Policy and Strategy**


- A Board policy and strategic plan are not yet under development.
- A Board policy and strategic plan are being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.
- A Board policy and strategic plan are being implemented but monitoring by the nutritional care group has not yet commenced in all parts of the organisation.
- A Board policy and strategic plan are being implemented and monitored fully by the nutritional care group, and there is a cycle of continuous monitoring of implementation and impact on patient care reported to the Board.

### **Standard 2 – Assessment, Screening and Care Planning**

- Processes and procedures for assessment, screening and care planning are not yet under development for any specialties and/or wards within the Board area.
- Processes and procedures for assessment, screening and care planning are being developed throughout the Board area but implementation has not yet commenced, or has commenced but not involving all parts of the organisation.
- Processes and procedures for assessment, screening and care planning are being implemented throughout the Board area but monitoring has not yet commenced involving all parts of the organisation.
- Processes and procedures for assessment, screening and care planning are being implemented and monitored fully, and there is a cycle of continuous monitoring of implementation and impact on patient care throughout the Board area.

### **Standard 6 – Education and Training for Staff**

- A Board nutrition awareness, education and training programme is not yet under development.
- A Board nutrition awareness, education and training programme is being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.
- A Board nutrition awareness, education and training programme is being implemented but monitoring has not commenced involving all parts of the organisation.

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- A Board nutrition awareness, education and training programme is being implemented and monitored fully, and continuous monitoring of implementation and impact on patient care is scheduled.

### **1.3 Reports**

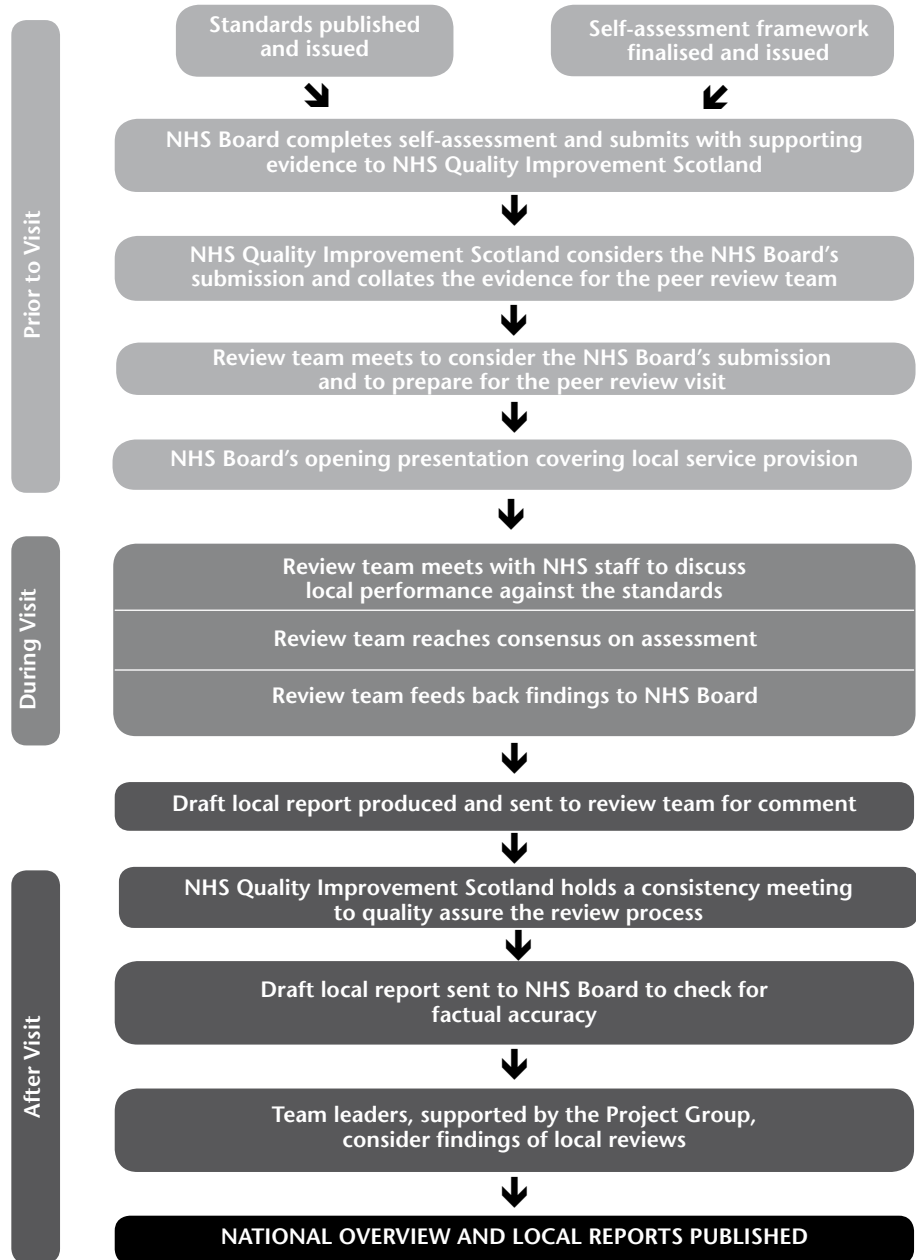
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been undertaken nationwide.

Once the food, fluid and nutritional care in hospitals national review cycle is completed, the team leaders, supported by the Project Group, reconvene to examine review findings and to compile a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

**Please note – all reports published are available in print format and on the NHS QIS website.**

## The Review Process



## 2 Introduction to NHS Highland

Highland is a large geographical area situated in the north of Scotland and has a population of around 211,340. The city of Inverness is the largest urban area in the region, although most of the population live in rural areas which may be remote, including islands. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

### Local NHS System and Services

Highland NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Highland.

The NHS Board is accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Highland ([www.show.scot.nhs.uk/nhshighland/](http://www.show.scot.nhs.uk/nhshighland/)).

Each NHS Board is responsible for implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* within its organisation. The standards require that there is a strategic approach to providing food, fluid and nutritional care throughout the NHS Board area.

Within NHS Highland, there is one operating division called direct health services, which is made up of three community health partnerships (CHPs) and the specialist services unit (SSU). At the time of the review visit, NHS Highland provided acute and primary care services through this single operating division.

### 3 Outcome of Review

#### Standard 1: Policy and Strategy

##### Standard Statement

*Each NHS Board has a policy, and a strategic and co-ordinated approach, to ensure that all patients in hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.*

##### NHS Highland

**A Board policy and strategic plan are being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.**

##### *Development*

Highland NHS Board has a policy for the provision of food, fluid and nutritional care in hospitals and a nutritional care strategy. The nutritional care strategy comprises individual action plans which indicate the range of activities to be undertaken to deliver the policy across NHS Highland.

The nutritional care policy, which has a review date of July 2007, was developed by the food, fluid and nutritional care working group (nutritional care working group), which was established in August 2003 to take responsibility for the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). The policy outlines the commitment to promoting and implementing the national standards across NHS Highland. The nutritional care working group's remit includes developing and implementing strategic action plans for each standard, and monitoring progress against these. It reports to Highland NHS Board through a single clinical governance committee. The food, fluid and nutritional care in hospitals policy is also being used to inform the development of a wider food strategy for NHS Highland, which in large part aims to improve the nutritional status of all patients. This food strategy is included in the 2004–2007 Joint Health Improvement Plan, which is monitored by the joint health improvement committee. While Highland NHS Board confirmed to the review team its commitment to implementing the national standards, the review team encouraged that a 'champion' for food, fluid and nutritional care in hospitals is established to drive forward prioritisation of the national standards at Board level.

The membership of the nutritional care working group is multidisciplinary, with representatives from senior management, dietetics, nursing, catering, dentistry and the public. There has been no medical representation since June 2005, although the review team was informed that this was due to time constraints associated with daily clinical commitments and did not reflect medical staff's commitment to implementing the national standards. However, the review team highlighted that a challenge for Highland NHS Board is to appoint a medical representative on the nutritional care working group.

Lay representation on the nutritional care group helps to ensure a patient-focused approach to developing, implementing and monitoring the nutritional care policy and strategy. However, the review team found no evidence that the nutritional care policy follows the patient journey of care.

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The nutritional care policy states that a strategic and co-ordinated approach will be taken to ensure that all hospital inpatients receive high quality nutritional care by recognising patient groups with particular needs. At the time of the visit, the means to achieve this was not yet reflected within the nutritional care strategy, although it was reported that children's menus are available at Raigmore Hospital, Inverness, and that arrangements are in place to provide patients with meals in line with their religious beliefs. However, the review team was informed that the nutritional care policy and strategy had recently undergone a rapid impact assessment, which identified a range of individual patient groups with specific needs. The recommendations from the rapid impact assessment will be considered by the nutritional care working group. The review team encouraged the nutritional care strategy to be revised to reflect current procedures for meeting the needs of individual patient groups and that procedures for meeting the specific nutrition needs of all identified patient groups be included within the strategy. Highland NHS Board also needs to base the nutritional care policy and strategy upon a comprehensive health population needs assessment, which will take into account both the population of NHS Highland and the inpatient population of NHS Highland's hospitals.

Both the nutritional care policy and strategy have been risk assessed within the risk framework established by NHS Highland Risk Management Steering Group. The framework uses a system of 'traffic light scoring' to identify risks as either low, medium or high. The nutritional care working group is responsible for assessing any significant risks to NHS Highland in implementing the nutritional care strategy, and reporting these to the direct health services management team.

At the time of the visit, neither the nutritional care policy nor strategy were available in formats easily understood by, and accessible to, the public. The review team noted that awareness of the national standards is in part raised through a patient information leaflet, which includes information relating to the provision of food, fluid and nutritional care in hospitals. However, the review team encouraged that the results of equality and diversity impact assessment are used to inform the requirement for publication in appropriate formats.

There are four operational nutritional care groups within NHS Highland: one in each of the three community health partnerships (CHPs), and one in the specialist services unit (SSU) at Raigmore Hospital. Each nutritional care group is responsible for the effective local implementation of the strategic action plans. The chairs of the local groups are members of the nutritional care working group, and are responsible for updating the nutritional care working group on local progress.

There is no dedicated clinical nutrition support team within NHS Highland responsible for the clinical aspects of intravenous and enteral tube feeding. However, there is a multidisciplinary nutrition team which acts in an advisory capacity through the production and implementation of clinical guidelines for artificial feeding and protocols for nutritional support. Nutritional support referrals are made via the dietitian, following screening for risk of undernutrition. Clinicians on the nutrition team are members of the Scottish Managed Clinical Network (MCN) for Home Parenteral Nutrition.

The review team was provided with detailed guidelines for percutaneous endoscopic gastrostomy (PEG) feeding used within NHS Highland, which covers guidance on the suitability for PEG insertion, through to tube removal. For those patients who require intravenous feeding, total parenteral nutrition (TPN) is the nutritional support method used. Raigmore Hospital produces five standard regimens which are adapted as required. The action plan for Standard 1 states that guidelines for TPN are in progress.

#### *Implementation*

The nutritional care policy was finalised in July 2005 and has been widely disseminated across NHS Highland. An awareness session has been held to update general managers on the implementation of the national standards across the organisation. However, the review team noted that, in order to fully comply with the national standards, the nutritional care policy and strategy need to be based on a health population needs assessment, updated to recognise patient groups with particular needs, and published in formats easily understood by the public.

Action required to deliver the nutritional care policy is being implemented locally through the four operational nutritional groups.

A statement outlining some of the financial costs involved in implementing the national standards has been prepared by the nutritional care group. At the time of the visit, resources had been allocated to enable menu choice within the community hospitals and to provide snacks at Raigmore Hospital. The statement confirms that NHS Highland requires further funding in order to fully implement the national standards. The review team noted that a challenge for Highland NHS Board is to agree a financial framework to underpin the implementation of the national standards across NHS Highland.

#### *Monitoring*

Evidence provided to the review team shows that the four operational nutritional care groups meet regularly to discuss action required to progress implementation of the nutritional care policy. Chairs of the operational groups are members of the nutritional care working group, and this enables the working group to compile its annual report, which is submitted to the clinical governance committee. The annual report details the progress made to ensure the implementation of the national standards. It includes the individual strategic action plans to provide an update on the action that has been completed, and those which are outstanding. Quarterly reports on progress against the action plans are submitted to the direct health services management team. In addition, the nutritional care working group will flag up any operational issues that require action by the direct health services management team. The annual report acknowledges that, while significant progress has been made, there are areas that require further attention. It was reported that the annual report is only submitted to Highland NHS Board if the clinical governance committee highlights any areas of particular concern.

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### *Impact on patient care*

There is evidence that the impact of the nutritional care policy and strategy on patient care has been assessed in some wards within NHS Highland. The review team was informed that, since implementation of the policy and strategy, staff awareness of the importance of effective nutritional care has increased. It was reported that this has improved the catering service provided to patients, in terms of taking into account patient's eating and drinking needs and preferences, and ensuring that food is served at the correct temperature. As a result of the national standards requirements, dietetic resource has been identified as an area that requires development, and the mid-Highland CHP has now recruited an additional dietitian.

## Standard 2: Assessment, Screening and Care Planning

### Standard Statement

*When a person is admitted to hospital, an assessment is carried out. Screening for risk of undernutrition is undertaken, both on admission and on an ongoing basis. A care plan is developed, implemented and evaluated.*

### NHS Highland

**Processes and procedures for assessment, screening and care planning are being developed throughout the Board area but implementation has not yet commenced, or has commenced but not involving all parts of the organisation.**

#### *Development*

In order to assess that each NHS Board has assurance that all inpatients within its hospitals have assessment, screening and care planning carried out, NHS QIS requested that all NHS Boards undertake an audit of their compliance at this operational level. NHS QIS required that each NHS Board submit its audit analysis report with the self-assessment to evidence to the review team how processes and procedures for assessment, screening and care planning are being developed and implemented, and if there is a cycle of continuous monitoring of implementation and impact on patient care throughout the NHS Board area.

Highland NHS Board undertook an initial audit of its performance in respect of assessment, screening and care planning during 2004. Following this, a strategic action plan was developed by the nutritional care working group to improve procedures in these areas across NHS Highland. A further audit took place in 2005 to establish how far action has been undertaken to address the issues raised by the original audit. The review team commended Highland NHS Board for undertaking this further audit of its compliance with Standard 2, in order to monitor progress being made around the implementation of the national standards.

The strategic action plan for Standard 2 includes developing and implementing a baseline audit, implementing validated screening tools, and training staff in assessment and screening procedures. When the nutritional care policy and strategy have been developed and implemented, this should ensure that all inpatients have assessment, screening and care planning.

#### *Implementation*

The review team found evidence that Board procedures for assessment, screening and care planning, based on the strategic action plan developed after the initial audit, are being implemented in some wards within NHS Highland.

The audit report shows that the patient's height and weight, food preferences and allergies, cultural, ethnic and religious requirements, social preferences, physical difficulties with eating and drinking, and the need for special equipment to help with eating and drinking

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are identified and recorded in some ward areas, and not always within 1 day of admission. Following the initial audit, height sticks, weight scales and specialised cutlery have been obtained for the wards that required these resources. Most wards are raising awareness among staff of the importance of undertaking nutritional assessment for all patients within 1 day of admission, and recording this appropriately.

It was identified from the audit report that the validated Malnutrition Universal Screening Tool (MUST) has been implemented in the mid-Highland CHP, and is currently being rolled out across each of the CHPs in NHS Highland. In the SSU, the validated Birmingham Heartlands Hospital nutritional screening tool is in use. The requirement for all ward areas within NHS Highland to use validated screening tools is reflected in the nutritional care policy. The review team was informed that MUST is expected to be implemented across NHS Highland by December 2006. Staff reported that work was ongoing to encourage staff to adopt MUST in place of previous local screening tools. Audit results also show that repeat screening is not always being done in accordance with clinical need. It was reported that work is being done to raise staff awareness of this issue. The outcome of screening is recorded in medical notes or within admissions documentation.

Where nutritional assessment is carried out, the process identifies the need for referral to specialist services. Following the implementation of MUST in some parts of NHS Highland, it was reported that nursing staff are effective in responding to the outcomes of screening, and are encouraged to telephone dietetic staff for specialist advice where it is required, even when screening assesses the patient at low risk of undernutrition. Work is currently ongoing to develop NHS Highland-wide referral procedures for specialist services, including dietetics, dentistry and speech and language therapy. Local referral procedures for dietetics exist where there is dietetic resource, and patients have access to these services within agreed timescales. However, the nutritional care working group's annual report records that, although dietetic cover has improved since the initial audit, there remains inadequate resource to enable a service over the weekends. Therefore, it is difficult for all patients to be seen by a dietitian within 2 days of referral.

There is a variety of care planning documentation in use across NHS Highland. The review team commended the single shared assessment used within the north Highland CHP, which contains a nutrition component replicating Standard 2, and the specific care planning document for nutritional assessment which is in place within the mid-Highland CHP. However, the outcomes of the patient's nutritional assessment and screening are not consistently documented across NHS Highland. The discharge planning documentation provided to the review team does not include specific spaces to record the patient's nutritional status, special dietary requirements and the arrangements made for any follow-up required on nutrition issues. The strategic action plan for Standard 2 states that care planning and discharge documentation is to be reviewed to contain all the information required by the national standards. The review team encouraged a core nutrition data set to be built into assessment, care planning and discharge documentation.

### *Monitoring*

A system of monitoring is in place in some specialties and wards to establish how far procedures for assessment, screening and care planning are being developed and implemented across NHS Highland. The Board-wide nutrition audit alerted Highland NHS Board to key areas within assessment, screening and care planning which need to be addressed. This included the need to provide height sticks and weight scales in every ward, to implement MUST across each CHP within NHS Highland, to revise assessment, screening and care planning documentation, and to raise staff awareness of the criteria contained within Standard 2.

### *Impact on patient care*

There is a process in place in some specialties and wards to assess the impact of assessment, screening and care planning procedures on patient care. The strategic action plan for Standard 2 details the specific activities required to comply with the national standards and states the member of staff who is responsible for ensuring this is done.

A re-audit took place in some wards to assess what progress has been made towards improving patient care, although, at the time of the visit, the results had not been analysed. It was confirmed by staff, however, that in one of NHS Highland's hospitals, all patients are screened for risk of undernutrition and have repeat screening undertaken as required.

As a result of screening, various initiatives have been implemented in some wards, including the restriction of visiting hours during mealtimes to ensure patients are uninterrupted whilst eating and drinking, the provision of specialised cutlery to help with eating and drinking, and the development of a coloured tray system to assist patients with special nutritional needs.

While the review team commended Highland NHS Board for undertaking a further audit of its compliance against Standard 2, it encouraged widespread ownership of the audit results in order that action can be taken to improve upon them.

## Standard 6: Education and Training for Staff

### Standard Statement

*Staff are given appropriate education and training about nutritional care, food and fluid.*

### NHS Highland

**A Board nutrition awareness, education and training programme is not yet under development.**

#### *Development*

The review team found no evidence that a single Board nutrition awareness, education and training programme is in place, or under development. The nutritional care policy, however, reflects the need for all staff to receive training in health and safety, and food hygiene. The Board-wide audit that was undertaken to assess NHS Highland's compliance with Standard 2 also sought to establish staff's training needs with regard to nutrition. In addition, the review team was informed that ward managers and line managers identify training needs through each member of staff's personal development plan (PDP), although not every member of staff has a PDP. The review team identified analysing the information obtained from the Board-wide audit and staff's PDPs to inform the development of a Board nutrition awareness, education and training programme as a challenge for Highland NHS Board.

#### *Implementation*

Following the Board-wide audit to establish staff training requirements, a project nurse was appointed for a 1-year period to support the implementation of the national standards by developing action plans and providing training. Nutrition-related training for staff is currently being delivered at a local level, based on local requirements.

All new staff, on commencement of employment with NHS Highland, attend a 2-day corporate induction event. Staff reported that the corporate induction is currently under review and discussions are ongoing to include information on nutritional care. In the meantime, aspects of nutritional care are covered in local induction programmes.

Diet folders, which contain information relating to the effective provision of food, fluid and nutritional care, including guidance in using MUST or the Birmingham Heartlands Hospital nutritional screening tool, are now implemented in almost all hospitals within NHS Highland. Nursing staff are responsible for taking new nursing staff through the content of the diet folder, with advice from dietitians as required. Staff reported that the diet folder is a useful advice tool, particularly over the weekend when there is no dietetic cover. The review team was informed that it has improved communication among staff and enables the consistent provision of effective nutritional care as all staff have access to the same guidelines and protocols.

Training measures in health and safety, and food hygiene, are mandatory for all staff in contact with patients and their food and fluid. Highland NHS Board's hotel services manager holds a qualification in food hygiene, and is able to provide advice and guidance to all staff as required. The review team was informed that all catering supervisors are trained to intermediate level.

NHS Highland offers Partners in Active Continuous Education (PACE) learning packs in nutritional care to nursing and nursing auxiliary staff. Staff reported willingness and enthusiasm with regard to PACE training to help develop knowledge and skills in understanding and improving the nutrition and wellbeing of patients.

The NHS Highland Stroke MCN has facilitated training for nursing staff in swallow screen assessment. Dietetic staff have provided training in texture modified diets. However, the review team was informed that releasing staff for both local and PACE training can be challenging and encouraged increased support from Highland NHS Board to enable staff to receive the training that they require to provide effective nutritional care.

The review team found evidence of various areas of good practice with respect to the provision of nutrition-related training within NHS Highland. However, it could not conclude that the same information is rolled out to all hospitals, and highlighted the rationalisation of nutrition awareness, education and training initiatives as a challenge for Highland NHS Board.

#### *Monitoring*

As there is currently no Board programme of nutrition awareness, education and training, there is subsequently no system in place to monitor its delivery. The review team encouraged evaluation of the Board-wide re-audit of nutrition training needs to inform the development of a single, targeted Board training programme.

Some staff have a PDP which highlights future training needs. The review team was informed that this will be linked to the NHS Knowledge and Skills Framework (KSF) in the future, and that every member of staff is expected to have a PDP and a KSF outline by December 2005.

#### *Impact on patient care*

A Board-wide nutrition awareness, education and training programme has yet to be developed, implemented and monitored. Therefore, the review team concluded that there are not yet processes in place to utilise the outcomes of monitoring to assess the impact of Board-wide nutrition education and training on patient care.

A food wastage audit that was recently undertaken in some wards within NHS Highland identified which, and how much, food was not being eaten. Following this, patients are now able to choose what they would like from the menu, and receive portions commensurate with their appetites. At Caithness General Hospital, staff have responded to patient's nutritional preferences by facilitating the provision of weekly home baking.

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The review team was informed that patients were appreciative of this. At Belford Hospital, Fort William, a patient satisfaction questionnaire was issued and has been evaluated; this established the types of food that patients would like to eat, and the dietetic department has co-operated by enabling the provision of patient's food preferences, as long as meals are confirmed by dietitians to have a high nutritional content.

## Appendix 1 – Glossary of Abbreviations

### Abbreviation

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<b>CHP</b>	community health partnership
<b>KSF</b>	Knowledge and Skills Framework
<b>MCN</b>	managed clinical network
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>PACE</b>	Partners in Active Continuous Education
<b>PDP</b>	personal development plan
<b>PEG</b>	percutaneous endoscopic gastrostomy
<b>SSU</b>	specialist services unit
<b>TPN</b>	total parenteral nutrition

## Appendix 2 – Details of Review Visit

The review visit to NHS Highland was conducted on 20 October 2005.

### **Review Team Members**

**Ms Anne Woodcock (Team Leader)**

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**Ms Laura Blair**

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**Miss Karen Tarn**

Senior Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, Highland NHS Board, senior management, patient representatives and staff involved in providing food, fluid and nutritional care to patients.

## Appendix 3 – Timetable of Review Visits

<b>Organisation Reviewed</b>	<b>Visit Date(s)</b>
Golden Jubilee National Hospital	25 January 2006
NHS Argyll & Clyde	9 February 2006
NHS Ayrshire & Arran	10 August 2005
NHS Borders	16 November 2005
NHS Dumfries & Galloway	2 November 2005
NHS Fife	16 June 2005
NHS Forth Valley	29 June 2005
NHS Grampian	30 November 2005
NHS Greater Glasgow	28 July 2005
NHS Highland	20 October 2005
NHS Lanarkshire	14 July 2005
NHS Lothian	4 October 2005
NHS Tayside	15 December 2005
NHS Orkney	8 September 2005
NHS Shetland	23 August 2005
NHS Western Isles	22 September 2005
State Hospital	10 January 2006



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