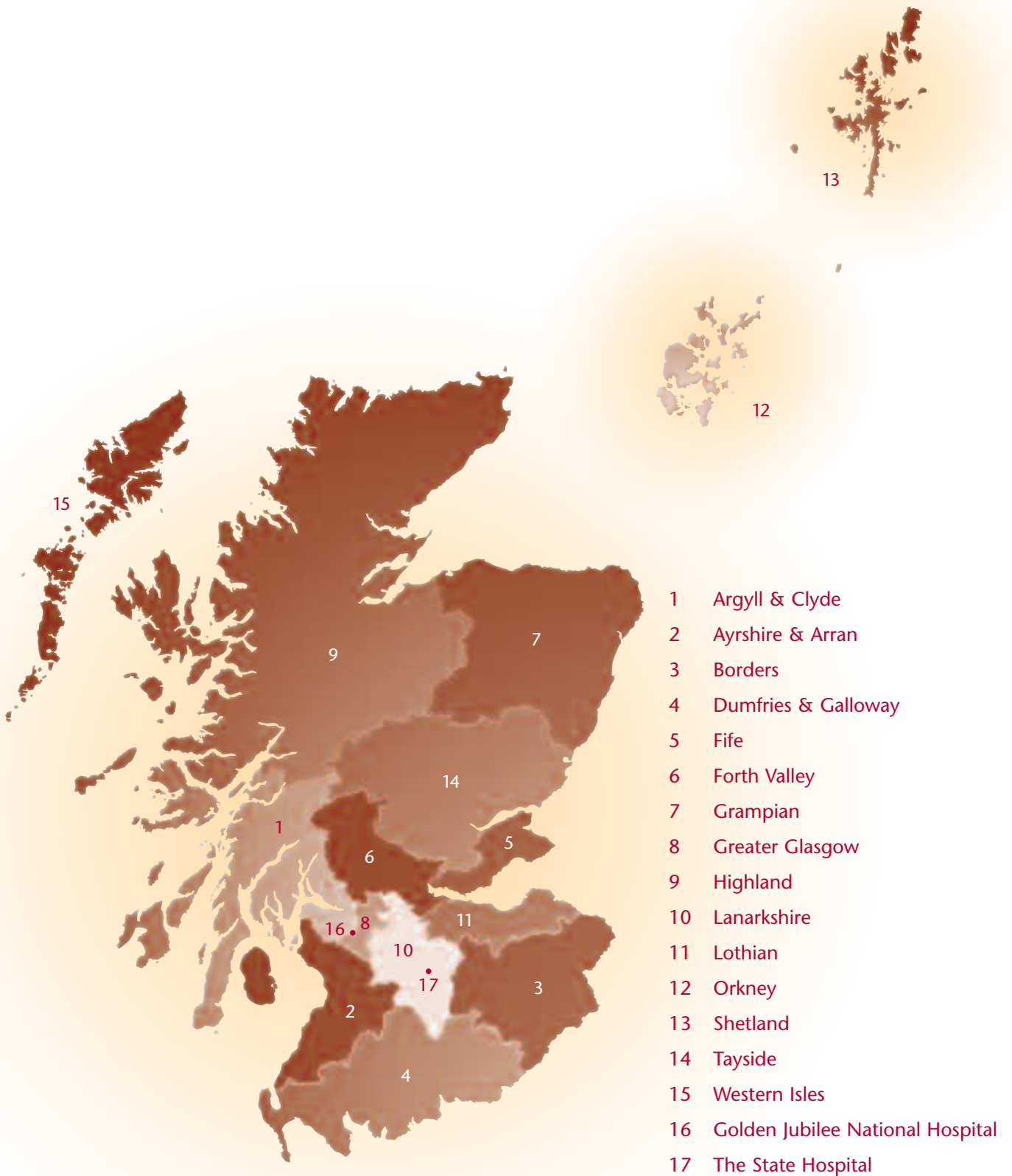


NHS Lanarkshire

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 Lanarkshire**, against Standards 1, 2 and 6. This review visit took place on **14 July 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.

¹References 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 Trusts¹: 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 delivering nutritional care, assessment 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.

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 NHS Scotland, 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.

-
- 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

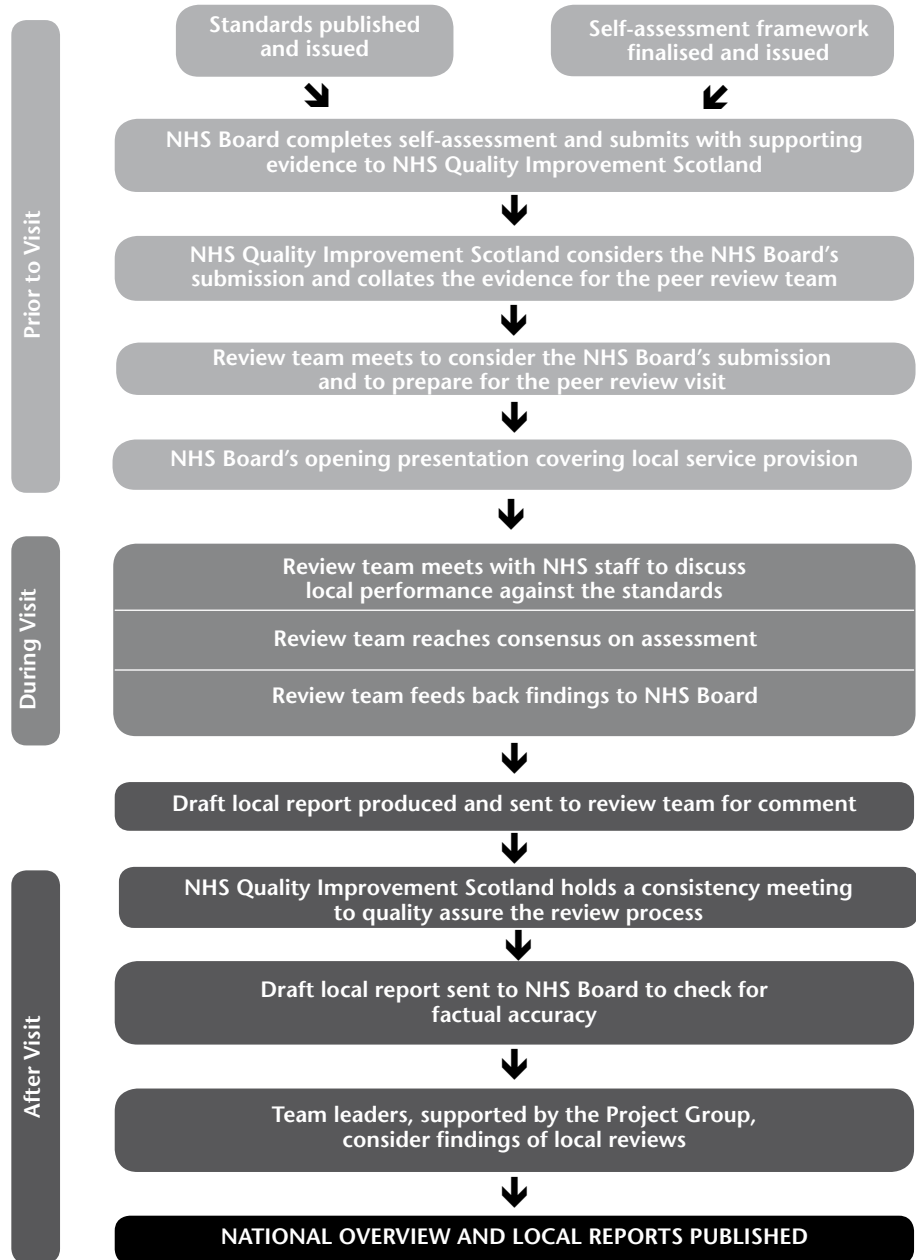
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Lanarkshire is situated in central Scotland and has a population of around 556,114. The majority of the population live in urban areas, of which Cumbernauld, Hamilton and Motherwell are the largest in the region. The proportion of older people in the population is below the national average, whereas levels of illness and deprivation are relatively high.

Local NHS System and Services

Lanarkshire 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 Lanarkshire.

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 Lanarkshire (www.show.scot.nhs.uk/nhslanarkshire).

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.

Lanarkshire NHS Board formally dissolved Trust structures to work as a single organisation in October 2003. The next stage of integration will include the establishment of two community health partnerships (CHPs) with integrated acute and primary care services, underpinned by managed clinical networks (MCNs). At the time of the review visit, NHS Lanarkshire contained two NHS operating divisions: Lanarkshire Acute Hospitals Division (acute care services); and Lanarkshire Primary Care Division (primary care services). The review team recognised that the move towards becoming a single organisation and establishing the clinical governance structure is still in development.

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 Lanarkshire

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

Lanarkshire NHS Board has a draft policy statement and a draft strategic plan for the provision of food, fluid and nutritional care in hospitals. The draft policy statement, dated May 2005, is awaiting approval by Lanarkshire NHS Board corporate management team, as part of the process for developing a strategic and financial plan to improve the provision of nutritional care and fluids to patients. The review team was able to see a first draft of the NHS Lanarkshire food, fluid and nutritional care strategic plan, dated July 2005. This states that Lanarkshire NHS Board is committed to implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards), and its strategy is to adopt a public health approach to improving diet and nutrition based on local health needs assessment. The draft strategic plan notes that the NHS Lanarkshire food and health policy is currently being updated. There is no financial plan to underpin the draft NHS Lanarkshire food, fluid and nutritional care strategic plan. The draft policy statement and the strategic plan have not been risk assessed. The review team concluded that food, fluid and nutritional care needs to be prioritised by Lanarkshire NHS Board and the profile of the draft policy statement raised. The review team also noted that a challenge for Lanarkshire NHS Board is to obtain input from key stakeholders to finalise the nutritional care policy and strategic plan, to carry out a risk assessment, and to provide a financial plan.

The draft Lanarkshire NHS Board policy statement and strategic plan for the provision of food, fluid and nutritional care in hospitals, and the NHS Lanarkshire food and health policy are in the process of being impact assessed to ensure that they meet the NHS Lanarkshire equality and diversity objectives.

A nutrition for elderly steering group was established in 2001. The group has progressed key nutritional care initiatives throughout NHS Lanarkshire, including: the development of the NHS Lanarkshire food and health policy; the development of an education and training programme; establishing hospital-based nutrition groups and a primary care nutritional care group; the development of a nursing clinical community across NHS Lanarkshire for nutrition and hydration; developing the use of nutritional screening tools; and auditing and providing equipment needed to measure height and weight.

The nutrition for elderly steering group was superseded by the NHS Lanarkshire food, fluid and nutritional care group in February 2005. This group is responsible to Lanarkshire NHS Board, with a remit to develop a framework to enable NHS Lanarkshire to meet the national standards and to oversee the implementation of the NHS Lanarkshire food and health policy. The terms of reference for the nutritional care group also include: contributing to the development of the strategic plan; developing a financial framework to underpin the nutritional policy and strategy; and developing, monitoring and improving clinical practice and patient nutrition through clinical audit. The reporting structure of the nutritional care group to Lanarkshire NHS Board is via the health and clinical governance committee and the corporate management team. The group has a multidisciplinary membership with senior management representatives from medicine, nursing, catering, dentistry and dietetics, as well as lay representation.

There are four operational nutritional care groups within NHS Lanarkshire responsible for the local implementation of nutritional care. Each of the three acute hospitals has an operational nutritional care group. In addition, there is a primary care division nutritional care group, which incorporates mental health and learning disabilities. The chair of each operational nutritional care group sits on the NHS Lanarkshire food, fluid and nutritional care group.

There are no formal clinical nutritional support teams within NHS Lanarkshire. When complex nutritional techniques are required, the consultant in charge of the patient's care initiates referral to the appropriate service, for example to the dietetic department for enteral feeding. Staff reported that all three acute hospitals have percutaneous gastrostomy insertion available, performed by medical gastroenterologists. There are currently no specialist nutrition nurses working within the acute division. Within primary care there are two care home liaison nurses who are the first point of contact for artificial feeding; they also provide training in percutaneous endoscopic gastrostomy (PEG) feeding for primary care staff across NHS Lanarkshire. Staff reported that the community dietitians have close links with the hospital dietetic staff. In discussion groups with the review team, staff recognised that a challenge for Lanarkshire NHS Board is to establish clinical nutritional support teams. Staff reported that Lanarkshire NHS Board is considering the feasibility of establishing clinical nutritional support teams and of appointing an allied health profession or a nurse consultant nutritional lead.

Implementation

Lanarkshire NHS Board needs to finalise the nutritional care policy and strategic plan before implementation can be rolled out across the organisation. The review team noted that local nutritional care policies are being implemented in some parts of the organisation; however, a challenge for Lanarkshire NHS Board is to provide a strategic and co-ordinated approach to ensure that patients have food delivered effectively and receive a high quality of nutritional care.

Monitoring

Lanarkshire NHS Board needs to finalise and implement the nutritional care policy and strategic plan before a system of monitoring can be put in place. The nutritional care group is monitoring the development of the policy and strategic plan. The nutritional care group has drafted an action plan which assesses NHS Lanarkshire's current position against each standard and states action required. As well as stating the action required to endorse and implement the nutritional care policy and strategic plan, the action plan notes the need for an annual report to be submitted to the clinical governance committee. In addition, the operational nutritional care groups have been monitoring progress against each standard and developing action plans. The operational nutritional care groups will be required to implement and monitor the policy and strategic plan locally and to provide progress reports. The nutritional care group will be responsible for monitoring, developing and improving clinical practice through the process of clinical audit.

Impact on patient care

As Lanarkshire NHS Board is in the process of developing and implementing the nutritional care policy and strategic plan, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care. The review team encouraged that following the development, implementation and monitoring of the policy and strategic plan, Lanarkshire NHS Board establishes a process for assessing the impact on patient care, which is evaluated, made available for wider application and includes a repeating audit cycle.

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 Lanarkshire

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.

The review team found evidence that processes and procedures for assessment, screening and care planning have started to be developed throughout the Board area. The review team concluded, however, that there is not a strategic approach to developing processes and procedures throughout the organisation and identified this as a challenge for Lanarkshire NHS Board. When the nutritional care policy and strategic plan have been developed and implemented, this should ensure that all inpatients have assessment, screening and care planning.

Implementation

The review team found that there is evidence of a system to implement procedures for assessment, screening and care planning for some specialties and wards. There is not, however, a strategic approach to implementing procedures within NHS Lanarkshire.

Various documentation is used within NHS Lanarkshire to record the patient's initial nutritional assessment. The nutrition audit results indicate a patient's height and weight, eating and drinking likes/dislikes, food allergies and the need for a therapeutic diet, cultural, ethnic and religious requirements, social and environmental mealtime requirements, physical difficulties with eating and drinking, and the need for equipment to help with eating and drinking, are identified in most, but not all, cases. As a result of the audit, the nursing assessment documentation has recently been revised to include the required nutritional information. The revised nursing documentation will be implemented within the acute division. In discussion groups with the review team, staff were unclear if the revised nursing assessment documentation will be rolled out to the primary care division.

Staff reported that none of the different discharge documentation used within NHS Lanarkshire consistently record a patient's nutritional status, their special dietary requirements and arrangements made for any nutritional follow-up. A working group has been set up to assess and revise the discharge documentation used within NHS Lanarkshire.

The nutrition audit results indicate that validated screening tools for undernutrition have not been implemented in all appropriate wards and specialties. As a number of different screening tools are in use, staff reported the intention to streamline the screening process to enable consistent practice across NHS Lanarkshire.

The review team concluded that a challenge for Lanarkshire NHS Board is to include a core nutrition data set in assessment, care planning and discharge documentation.

Staff reported that, where nutritional assessment is carried out, the process identifies the need for referral to specialist services. The review team noted, however, that defining referral criteria and agreed timescales for referral to specialist services represent a challenge for Lanarkshire NHS Board. Allied health professional services are not available at weekends. The speech and language therapy service works across NHS Lanarkshire, providing a co-ordinated and consistent approach to patient care.

In the adult and old age psychiatry mental health department, staff are provided with a practice governance pack, designed to guide the implementation of nutritional assessment, screening and care planning. The pack includes: criteria for referral to the dietetic services and a referral form; guidance on the diet ordering procedure; a food record chart and guidance for completion; advice on promoting fluid intake; a care plan and a dietetic discharge letter template; a weight chart; a nutritional observation sheet; poor appetite advice; patient and carer leaflets on nourishing snacks; and nutritional supplement information. The pack also includes the Malnutrition Universal Screening Tool (MUST) with the associated nutritional screening record chart and action plan, and guidance for completion.

An eating and drinking multidisciplinary support programme was piloted at Hartwoodhill Hospital, Shotts, between March–July 2005. A core team was set up, including a dietitian, speech and language therapist, occupational therapist, physiotherapist, nursing staff, consultant psychiatrist and psychiatry senior house officer. Aims of the team include developing a functional care pathway for referring patients with eating, drinking and swallowing difficulties, carrying out multidisciplinary assessments, and compiling and implementing multidisciplinary guidelines to enable staff to support patients appropriately.

The learning disability service also has an eating and drinking support team in place to promote best practice in nutritional assessment, screening and care planning. The core team comprises nursing staff, medical staff, a speech and language therapist, occupational therapist, dietitian, physiotherapist, and a complex physical needs co-ordinator. There are clear guidelines for referral to the team and a procedure for team intervention.

Monitoring

As Lanarkshire NHS Board has yet to implement processes and procedures for nutritional assessment, screening and care planning across the organisation, it cannot yet put a system of monitoring in place. The nutrition audit demonstrates NHS Lanarkshire's current position in providing food, fluid and nutritional care and highlights the key issues that need to be addressed.

An audit of nutritional assessment in all inpatient wards within NHS Lanarkshire was undertaken during March–May 2005. The review team noted the commitment from ward staff to complete the audit, resulting in a high response rate. At the time of the visit, the audit results were available to the review team; however, Lanarkshire NHS Board had not produced an analysis report. The review team identified that a priority for Lanarkshire NHS Board is to analyse the results of the audit and disseminate the findings to all staff.

The review team noted that action plans based on the audit results are being developed and progressed. The operational nutritional care groups are progressing action plans to implement local procedures for nutritional assessment, screening and care planning. A common action point is to raise awareness of nutritional screening and provide further training in the use of screening tools. Considering and implementing the role of nutrition link nurses for each ward to co-ordinate and cascade information to staff is also highlighted. The review team noted that the Lanarkshire NHS Board nutritional care group's action plan is in its first draft; on completion the action plan, together with Lanarkshire NHS Board's analysis report, will inform the development and implementation of the nutritional policy and provide the strategic direction needed to develop, implement and monitor nutritional assessment and care planning across the organisation.

Impact on patient care

The review team noted that as Lanarkshire NHS Board has yet to implement processes and procedures for nutritional assessment, screening and care planning across the organisation, it cannot yet put a system of monitoring in place. Therefore, there is no process to utilise the outcomes of monitoring procedures to assess the impact on patient care.

Standard 6: Education and Training for Staff

Standard Statement

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

NHS Lanarkshire

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

Development

The review team noted that there are local programmes of nutrition awareness, education and training in place and that Lanarkshire NHS Board is beginning to develop a co-ordinated approach to nutrition training. The review team identified undertaking a training needs assessment to inform the development of a Board nutrition awareness, education and training programme as a challenge for Lanarkshire NHS Board. The review team noted that the Lanarkshire NHS Board nutritional care group intends to undertake a training needs analysis and develop a comprehensive training policy of food, fluid and nutritional care, although this is not scheduled to take place until October 2006.

An NHS Lanarkshire protocol for ordering and delivering food and fluid, and for ordering missed meals is being developed to supersede the separate procedures that are currently in place at each acute hospital and within primary care.

Senior dietitians at Monklands Hospital, Airdrie, are developing food, fluid and nutrition information packs as a reference guide for ward staff in nutritional care. Staff reported that the packs will be available in each ward area within Monklands Hospital by September 2005.

Implementation

The review team found no evidence that a Board programme for nutrition awareness, education and training has been developed and implemented within NHS Lanarkshire. Local programmes for nutrition training have, however, been implemented within the organisation.

Staff reported that nursing staff throughout NHS Lanarkshire are made aware of the local processes for ordering and delivering food and fluid, the procedures for ordering missed meals, and of meal and snack times, as part of their ward induction programme.

Dietitians and speech and language therapists run eating and drinking awareness sessions for nursing staff within the learning disability service. These sessions aim to raise awareness of swallowing difficulties, and to provide training on the classifications of texture modified food and fluid, and the nutritional consequences of modified diets. The training is supported by a nutrition awareness resource pack.

Clinical support workers undertake Scottish Vocational Qualification (SVQ) level 2 which includes a training unit on enabling clients to eat and drink. The unit also includes the monitoring of food and drink intake. There is also a 5-week educational programme for clinical support workers which includes an eating and drinking training pack. Stonehouse Hospital, Larkhall, provides a separate clinical support worker training programme which includes a module on food and nutrition.

The review team commended the diet cook training made available to chefs throughout the Board area on a day release basis. The course runs for 9 weeks and is followed up with an assessment session with the dietetic service.

The NHS Lanarkshire infection control department provides food hygiene training. All food handlers receive elementary food hygiene training and further training commensurate with their duties, for example, chefs receive intermediate level training. Staff trained in food hygiene include catering staff, nurses, occupational therapists, domestic staff, ward hostesses and porters. An infection control nurse at Monklands Hospital facilitates food hygiene awareness sessions and provides information booklets for nurses within the hospital. An instruction leaflet on the essentials of food hygiene is supplied to all food handlers at Wishaw General Hospital to support their elementary level training.

Staff acknowledged the need to raise awareness and deliver further training sessions on the use of nutritional screening tools to improve compliance. At Wishaw General Hospital, six training sessions have been arranged which will be led by the dietetic service. Staff at Hairmyres Hospital, East Kilbride, have agreed an action plan to raise awareness of the importance of nutritional screening. At Monklands Hospital, there are ongoing training sessions for ward managers to enable them to support their staff in completing the nutritional screening tool. Within primary care, dietitians have trained all G grade ward-based staff to use the nutritional screening tool, with the intention that the training is cascaded to all relevant staff within their ward. Primary care staff reported the intention to use the results of the nutrition audit to inform an action plan to follow up training on nutritional screening.

Link nutrition nurses will be introduced for each ward area in Monklands Hospital by July 2005. The nutrition nurses will provide a link for ward staff to all aspects of nutritional care and will help to deliver ongoing training and awareness sessions.

The speech and language therapy service provides ongoing training in swallow screening for nursing staff across NHS Lanarkshire. The training has been prioritised for clinical areas, for example the stroke wards in each acute hospital. The training generates appropriate referral to speech and language therapists for a full swallow assessment.

Gastrostomy study days are held once a year for all nursing staff and allied health professionals within NHS Lanarkshire. Topics covered included PEG insertion, the ethical issues of gastrostomy, post-operative care, pump feeding and refeeding syndrome, and medications. There are various education programmes in nutritional care available to medical staff. These include tutorials on issues relating to nutritional assessment,

care and dysphagia delivered by both the head of the dietetic and speech and language therapy services, and 6-monthly lectures delivered by a senior dietitian on malnutrition in hospitals.

The eating and drinking support team within the learning disabilities service works to raise awareness of the importance of nutritional care, and identifies the training needs of both staff and carers.

The Partners in Active Continuous Education (PACE) learning packs in nutritional care are available to all nursing staff within NHS Lanarkshire. The practice development department holds study days to support this learning programme. Staff reported a high uptake of the PACE learning packs.

Monitoring

As Lanarkshire NHS Board has yet to implement a Board programme of nutrition awareness, education and training, it cannot yet put a system of monitoring in place.

Monitoring of local training needs has taken place within the organisation, for example, Hairmyres Hospital undertook an audit of nutritional screening in August 2004. Further action for raising awareness and delivering training in nutritional screening has since been agreed. Staff also reported that monitoring of food hygiene training is undertaken at a local level as part of performance management; however, this needs to be further developed to ensure full compliance across the Board area.

The Lanarkshire NHS Board nutritional care group reported the intention to undertake an audit to ensure that all staff are aware of the importance of nutritional care for patients' health and quality of life. The audit is scheduled for December 2005 and will inform the development of the Board programme of nutrition awareness, education and training programme.

Impact on patient care

A Board nutrition awareness, education and training programme has yet to be developed, implemented and monitored. Therefore, the review team noted that there is not yet a process to utilise the outcomes of monitoring to assess the impact of staff nutrition education and training on patient care.

Appendix 1 – Glossary of Abbreviations

Abbreviation

CHP	community health partnership
MCN	managed clinical network
MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
SVQ	Scottish Vocational Qualification
PACE	Partners in Active Continuous Education
PEG	percutaneous endoscopic gastrostomy

Appendix 2 – Details of Review Visit

The review visit to NHS Lanarkshire was conducted on 14 July 2005.

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

Appendix 3 – Timetable of Review Visits

Organisation Reviewed	Visit Date(s)
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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