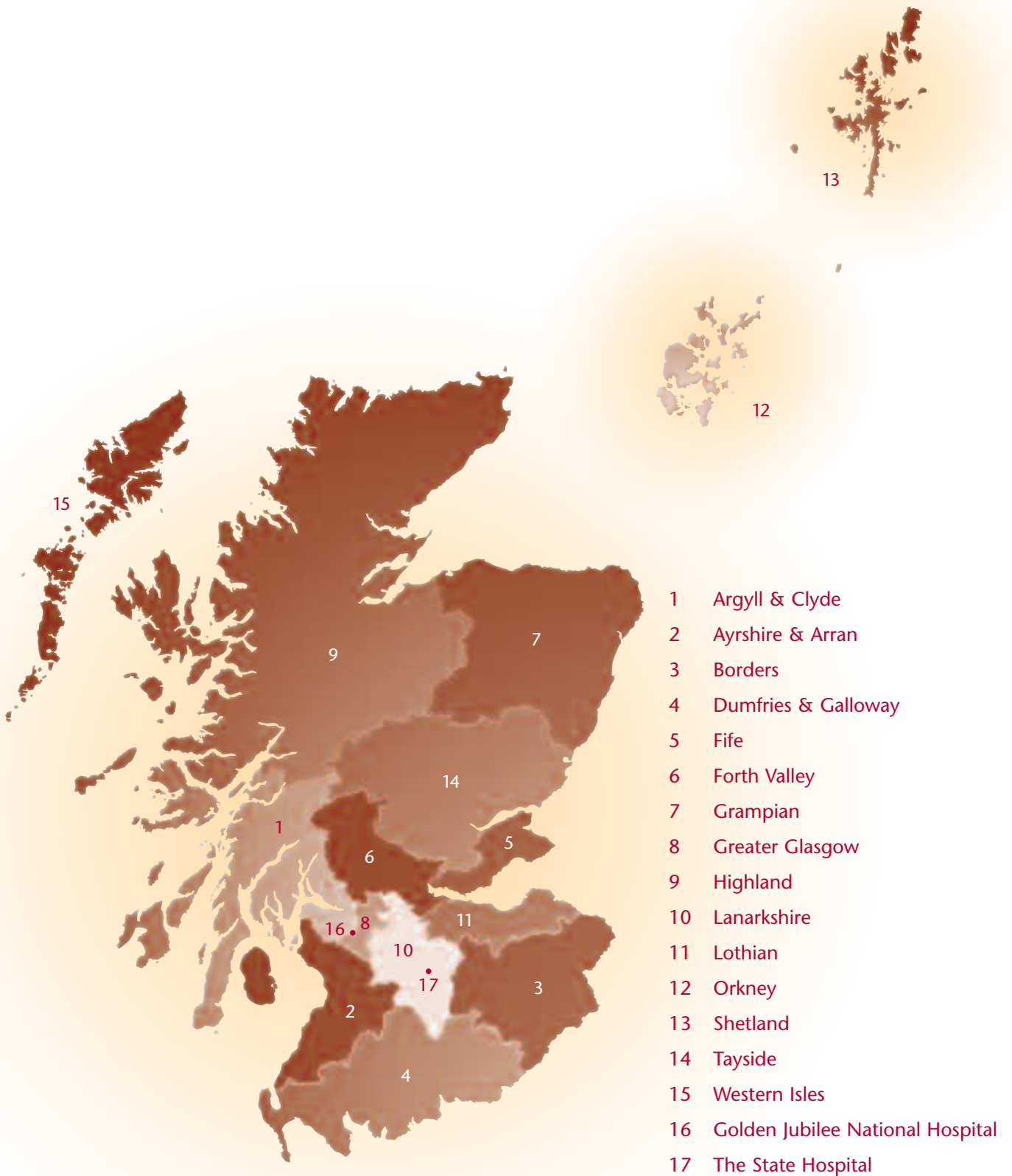


NHS Lothian

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, is 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 Lothian**, against Standards 1, 2 and 6. This review visit took place on **4 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.

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 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.

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

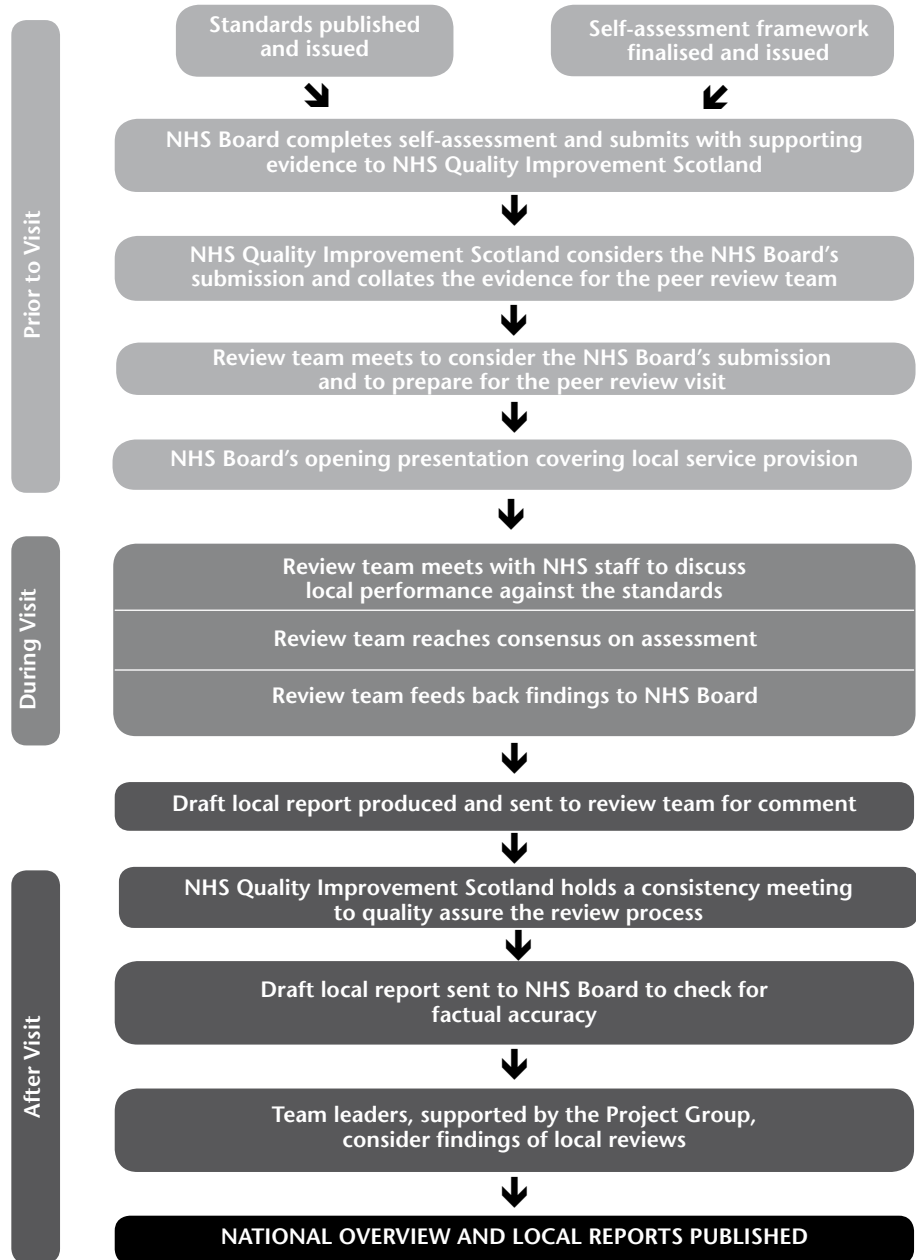
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Lothian is situated in south-east Scotland and has a population of around 787,504. The majority of the population live in densely populated urban areas, of which Edinburgh, followed by Livingston, is the largest in the region. The proportion of older people in the population is lower than the national average, as are levels of illness and deprivation

Local NHS System and Services

Lothian 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 Lothian.

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 Lothian (www.lothianhealth.scot.nhs.uk).

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.

At the time of the review visit, NHS Lothian contained two operating divisions: NHS Lothian – University Hospitals Division (acute care services); NHS Lothian – Primary and Community Division (primary care services). West Lothian Healthcare Division (combining acute and primary care services) had previously been dissolved and incorporated into parts of the acute and primary care divisions.

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 Lothian

A Board policy and strategic plan are not yet under development.

Development

NHS Lothian has a draft policy for nutritional care within hospitals. The draft nutritional care policy was developed by a senior dietitian, seconded for an 8-week period, with input from a wide range of staff from across NHS Lothian who provide nutritional care. Staff reported the intention to undertake a wide consultation process before submitting the draft policy to Lothian NHS Board, via the clinical governance committee, for ratification in November 2005. The review team identified establishing Board ownership of the nutritional care policy, and providing strategic direction, as a challenge for Lothian NHS Board. The draft policy includes: background information on nutritional care; an assessment of the Lothian inpatient population; information on the Lothian nutritional care groups; a summary of key findings from an audit carried out on hospital nutritional care; information on the provision of complex nutritional care; and recommendations for the provision of nutritional care for patients with particular needs. The policy states the intention to implement the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards); it outlines progress made to date and action points for the continued development of the provision of nutritional care.

The review team concluded that identifying action points within the draft policy does not constitute a strategic plan for the delivery of food, fluid and nutritional care, and that the development of a strategic plan needs to be prioritised by Lothian NHS Board. The review team identified that the challenges for Lothian NHS Board are to finalise the draft nutritional care policy, and to translate this into a strategic plan, which is risk assessed and has an associated financial framework.

The NHS Lothian Operational Nutritional Care Group (the nutritional care group) has very recently been established, and had held one meeting by the time of the peer review visit. Its remit will be to oversee the implementation of the national standards, develop and implement the draft nutritional care policy and a strategic plan, and to share good practice throughout NHS Lothian. The nutritional care group has a multidisciplinary membership with senior management representatives from medicine, nursing, catering, dentistry and dietetics, as well as lay representation. The nutritional care group's reporting structure to Lothian NHS Board is via the clinical governance committee. The review team identified raising awareness throughout NHS Lothian of the role and remit of the nutritional care group as a challenge for Lothian NHS Board.

There is currently a nutritional care group operating within each NHS Lothian division (University Hospitals Division, and Primary and Community Division). The nutritional care group reported the intention to restructure the existing divisional nutritional care groups in order to develop four nutrition subgroups covering NHS Lothian. The four nutrition subgroups will focus on the following specific issues: education and training; food planning and provision; nutrition screening; and complex nutritional care. The timescale for establishing the nutrition subgroups is December 2006. The review team encouraged an earlier completion date for finalising the groups' accountability and reporting structure.

Paediatric patients within south-east Scotland, who require complex nutritional techniques, have access to a clinical nutritional support team, based at the Royal Hospital for Sick Children, Edinburgh. The core membership of the team includes a doctor, a dietitian, a specialist nutrition nurse, a pharmacist, a biochemist and a social worker. All members of the clinical nutritional support team are part of the Scottish Managed Clinical Network (MCN) for Home Parenteral Nutrition. The review team commended the current level of service provision of this well-established nutritional support team.

During discussion with staff representatives, the review team was informed that the arrangements in place for the care of those with complex nutritional needs does not fulfil the standard criteria. No clinical nutritional support team is in place for adult patients within NHS Lothian and only one specialist nurse is responsible for providing advice, support and training for the care of patients who have complex nutritional care needs across two hospital sites: the Western General Hospital, Edinburgh, and the Royal Infirmary of Edinburgh. No cover is currently available for this member of staff, who is the only dedicated nutrition nurse specialist for adult patients within NHS Lothian.

Where complex nutritional techniques are required, such as the insertion of feeding lines, it was reported that again the specialist support available is very limited and, as a result, referring consultants, and ultimately patients, receive a variable service. It was accepted during discussion that NHS Lothian reviews these arrangements, including cover for the single specialist nurse, as a matter of urgency. In the short term, the provision of complex nutritional care for adults should be risk assessed to ensure that all risks are identified, control measures are in place and adequately managed.

An NHS Lothian community enteral nutrition team has recently been set up. Staff reported that this will allow for a redesign of services to ensure continuity of care for patients when transferred between acute and community services across NHS Lothian.

There are NHS Lothian shared percutaneous endoscopic gastrostomy (PEG) assessment protocols and guidelines in place. The PEG guidelines refer staff to the Lothian best practice statement on enteral tube feeding for adults and children, published in December 2002. The best practice statement was developed by the procedures subgroup of the Lothian Enteral Tube Feeding Group, established to standardise the care for patients who receive enteral tube feeding in Lothian. The best practice statement will be reviewed in December 2005. The review team commended the protocols in place, and the practice of PEG and enteral feeding within NHS Lothian.

Implementation

Lothian NHS Board needs to develop a strategic plan and finalise the draft nutritional care policy before implementation can be rolled out across the organisation. The review team found evidence that local nutritional care policies are being implemented in some parts of the organisation and there are areas of good practice. The review team concluded, however, that Lothian NHS Board does not have a strategic and co-ordinated approach to ensure that all inpatients have food and fluid delivered effectively and receive a high quality of nutritional care.

Monitoring

Lothian NHS Board needs to develop a nutritional care strategic plan, and finalise and implement the nutritional care policy, before a system of monitoring can be put in place. The nutritional care group is responsible for monitoring the development and implementation of the nutritional care policy and strategic plan. The nutritional care group intends to submit an annual report to Lothian NHS Board in March 2006, detailing progress made and action required. Staff reported that the annual report will be a helpful tool for driving forward nutrition objectives.

An audit of hospital nutritional care was carried out on all inpatient wards during March–June 2005, to collect information on nutrition education and training for staff, processes and procedures for nutritional assessment, screening and care planning, and patients’ feedback on the provision of food and fluid. The nutritional care group has produced a nutrition audit analysis report, which will inform the development of the draft nutritional care policy and a strategic plan. The nutritional care group is planning to carry out a further audit of hospital nutritional care in April 2006.

Impact on patient care

As Lothian NHS Board has yet to develop a nutritional care strategic plan, and is in the process of developing a nutritional care policy, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care. The NHS Lothian audit of hospital nutritional care did, however, collect patient feedback on the provision of food and fluid, which can inform the development of the nutritional care policy and a strategic plan. The review team encouraged that following the development, implementation and monitoring of the policy and strategic plan, Lothian NHS Board establishes a process for assessing 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 Lothian

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.

In discussion groups with the review team, ward staff showed an awareness of the importance of nutrition assessment, screening and care planning. Staff reported that electronic assessment and care planning documentation is under development for some specialties, which will include a core nutrition data set. The review team concluded, however, that there is not a strategic approach to developing and implementing processes and procedures throughout the organisation and identified this as a challenge for Lothian 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

Various documentation is used within NHS Lothian to record the patient's initial nutritional assessment. A standard unitary patient record is in place within Lothian University Hospitals Division. The nutrition audit analysis report indicates that a patient's height and weight, eating and drinking likes/dislikes, food allergies and the need for a therapeutic diet, cultural, ethnic, 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 some cases, but this is not consistent across NHS Lothian.

The nutrition audit analysis report indicates that the majority of patients within NHS Lothian are not screened for undernutrition as part of their initial assessment. Validated screening tools have been implemented within some appropriate wards and specialties, most consistently within medicine for the elderly. The nutrition audit analysis report indicates that repeat screenings are not consistently carried out for appropriate patients. Where screening for risk of undernutrition is carried out, the outcome is recorded in the majority of cases. A screening group will be established to agree implementation of validated screening tools, appropriate to the patient population, across the organisation and to ensure that the patient's initial nutrition assessment meets the national standards. The review team noted that the draft nutritional care policy states that the screening group will not be established until December 2006 and, given the importance of the group's remit, encouraged an urgent review of this timescale.

Staff reported that, where nutritional assessment is carried out, the process identifies the need for referral to specialist services. The dietetic service and speech and language therapy service aim to see patients within 2 working days of referral. The nutrition audit analysis report indicates that this timescale is not being achieved for all referrals. Allied health professional services are not available at weekends. The draft nutritional care policy highlights that access to specialist services 7 days a week is limited. The review team noted the dietetic service approach to joint working across NHS Lothian, facilitated by the NHS Lothian Dietetics Managers Group; staff reported that this helps to provide a co-ordinated and consistent approach to patient care.

The nutrition audit analysis report indicates that where multidisciplinary care planning is followed, the inclusion of nutrition information, such as outcomes of initial assessment and screening, dates for repeat screenings and action taken, is variable. Where a discharge plan is followed, information on the patient's nutritional status, any special dietary requirements, and any follow-up arrangements for nutritional requirements, is not consistently recorded. The review team noted, however, areas of good practice for nutrition discharge planning, particularly for paediatric patients requiring enteral tube feeding at the Royal Hospital for Sick Children. Staff from the primary care division reported that food parcels for patients returning home can be requested as part of the discharge planning process. The review team encouraged that the nutrition discharge planning in place in some areas is developed and implemented across NHS Lothian.

The review team noted that it may be useful to include a core nutrition data set in all assessment, care planning and discharge documentation.

Monitoring

The NHS Lothian audit of hospital nutritional care includes criteria for assessing if processes and procedures for assessment, screening and care planning are being developed and implemented throughout the Board area. The nutritional care group has produced a nutrition audit analysis report, which will inform the development of the draft nutritional care policy and a strategic plan. Within the nutrition audit analysis report, the nutritional care group recommends that: the nutrition screening group is established to develop and

implement procedures for nutritional assessment and screening; outcomes of the audit are disseminated to all staff to raise awareness and to inform the development of action plans; and that existing good practice and resources are shared across the organisation.

A number of nutrition projects have been carried out within NHS Lothian between 2001–2004, which have included assessments of the availability of nutritional assessment equipment. Staff reported that a direct result of these projects has been the increased provision of necessary equipment to carry out nutritional assessment.

Impact on patient care

The review team noted that as Lothian 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 Lothian

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 within NHS Lothian. The draft nutritional care policy highlights that staff induction training does not routinely include nutritional care, few staff have received dysphagia management training, and although nutrition training is provided for trained and untrained staff, there is not an NHS Lothian nutrition awareness, education and training programme in place. A nutrition education and training group will be established to develop and implement a nutrition education programme for all relevant staff. The review team noted that the draft nutritional care policy states that the nutrition education and training group will not be established until December 2006.

Implementation

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

Staff reported that nursing staff 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 orientation.

Staff receive training in health and safety issues and food hygiene commensurate with their duties. Nursing and domestic staff receive training in food hygiene as part of their induction. Regular awareness sessions in food hygiene are held for all appropriate staff. The catering staff induction programme includes the completion of a certified elementary food hygiene course. Designated catering staff hold a certificate in intermediate food hygiene, and all catering managers hold an advanced food hygiene diploma.

Primary care dietitians, in collaboration with tutors from Telford College, Edinburgh, have delivered an education programme to hospital caterers in dietary requirements. The 2-day programme included lectures and practical sessions on special requirements for eating disorders, general mental health issues around eating, texture modified diets, balanced nutrition, diabetic diets, and low salt and low potassium diets.

The review team commended the catering departments within NHS Lothian for working together and for the nutrition awareness, education and training available to catering staff.

There are local education programmes for clinical support workers, and topics include eating and drinking, and nutritional needs. The eating and drinking session covers how to prepare a patient for meals, how to feed a patient, observing a patient during mealtime, the aftercare documentation, and reporting mechanisms to nursing staff. The nutritional needs session provides information on undernutrition, balanced nutrition, food preferences and restrictions, special diets, the menu system and the role of the dietitian in patient care.

The speech and language therapy service provides dysphagia training for nursing staff within NHS Lothian. Ward managers have, however, identified a need for further training to be provided as few have a list of dysphagia trained nurses in their clinical area.

Staff reported that a dietetic ward manual is available on every ward within the Royal Infirmary of Edinburgh and the Western General Hospital. This includes information on the role of the dietitian and the services that they can provide, nutritional screening tools, information on referring a patient to the dietetic service, texture modified diets, other special dietary requirements, and the nutrition training that is available.

The Partners in Active Continuous Education (PACE) learning packs in nutritional care are available to all nursing staff within NHS Lothian. The dietetic service holds information sessions to support nursing staff progress with this learning programme.

The dietetic service holds a range of nutrition education sessions for NHS Lothian staff, including regular sessions for nursing staff to raise awareness about the NHS Lothian best practice guidelines on enteral feeding, and surgical nutrition issues. The provision of nutrition training is a core function of the dietetic service. The draft nutritional care policy indicates that staff shortages within the dietetic service have contributed to a limited and ad hoc approach to delivering nutrition training. The review team noted the dietetic service approach to joint working across the Board area, facilitated by the Lothian Dietetics Managers Group. The review team encouraged that Lothian NHS Board considers how to utilise the dietetic service to improve the implementation of nutrition training across the organisation.

There is an enteral tube feeding course which is run in collaboration with multidisciplinary teams from both acute and primary care services, supported by the practice research development and education unit. This is a 1-day course designed for nursing staff to develop competency in inserting fine-bore nasogastric tubes and gastrostomy tube replacement. Attendees are given a course handbook for continued learning. In addition an enteral feeding support pack is available to nursing staff undertaking in-service training.

A range of NHS Lothian staff are able to undertake Scottish Vocational Qualifications (SVQs). NHS Borders and NHS Fife are using the NHS Lothian model for delivering SVQs. Educational units include: helping individuals to eat and drink; and providing food and drink for individuals.

Monitoring

As Lothian 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.

As part of the NHS Lothian audit on hospital nutrition, each ward manager was issued with a questionnaire to gather information on nutrition training issues. Outcomes of the audit have been analysed and will inform the development of a Board nutrition awareness, education and training programme.

A care of the elderly dietetic service was set up within the Lothian Primary and Community Division in October 2000. An audit was undertaken in July 2005 to identify how the service could improve on multidisciplinary team working and what nutrition training would be required. The audit analysis report recommends that the nutritional screening tool should be revised and re-launched through education and awareness sessions, and that a nutrition training programme should be developed and implemented.

Staff reported that local nutrition training is provided and monitored by each separate division, and the information on training held at ward level. Currently, nutrition training needs are highlighted through staff personal development plans, and staff reported the intention to utilise the Knowledge and Skills Framework to progress nutrition training across the organisation. It is intended that the nutrition education and training group will monitor the Board programme of nutrition awareness, education and training once it has been developed and implemented.

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

MCN	managed clinical network
MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
PACE	Partners in Active Continuous Education
PEG	percutaneous endoscopic gastrostomy

Appendix 2 – Details of Review Visit

The review visit to NHS Lothian was conducted on 4 October 2005.

Review Team Members

Dr Alastair McKinlay (Team Leader)

Consultant Gastroenterologist, NHS Grampian

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Ms Jan Warner

Director of Performance Assessment and Practice Development

Mrs Anna Wimberley

Project Officer

Ms Jane King (Observer)

Executive Assistant to Management Team

During the visit, members of the review team met with representatives from the nutritional care group, Lothian 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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