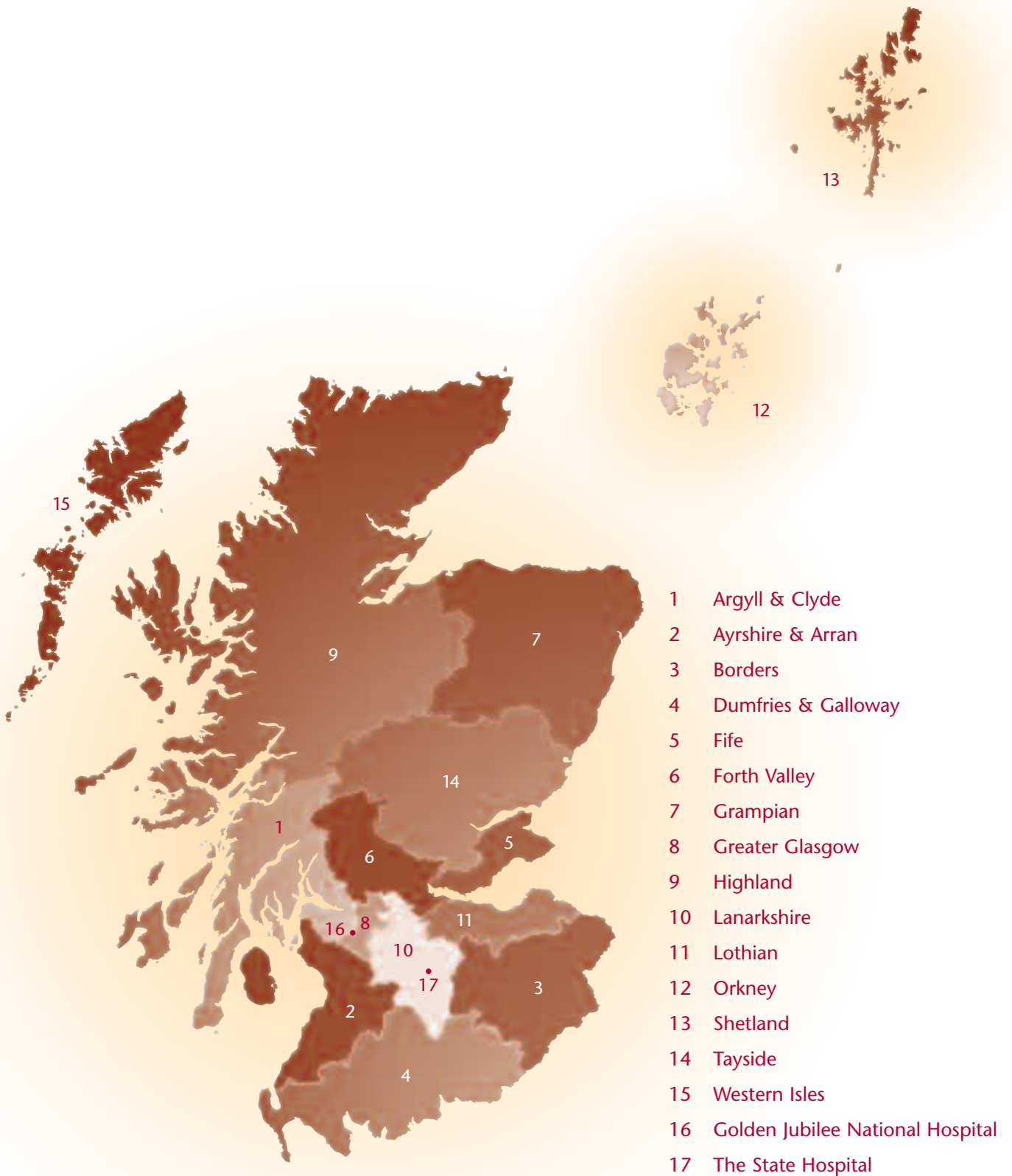


NHS Orkney

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 Orkney**, against Standards 1, 2 and 6. This review visit took place on **8 September 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.

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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

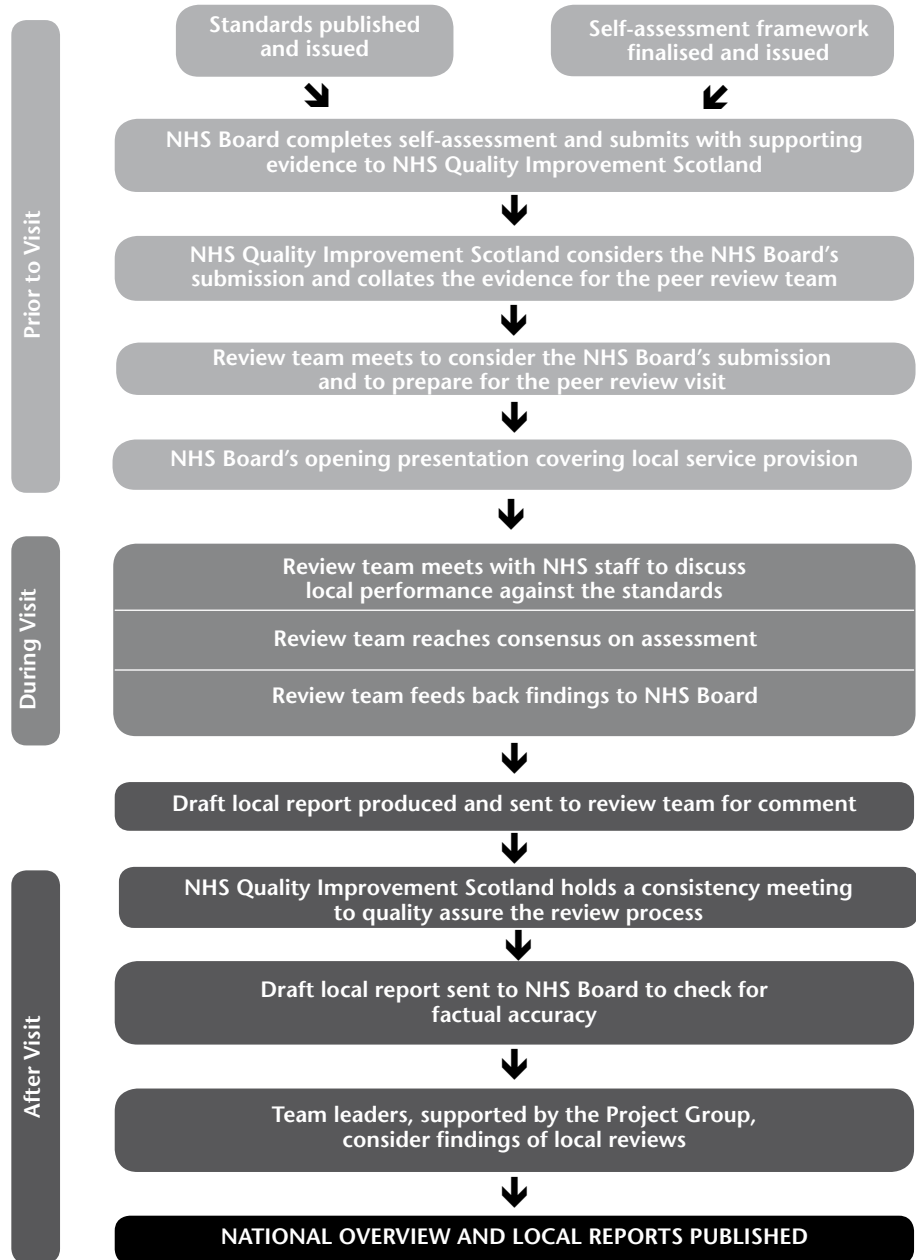
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Orkney is an island group situated north of mainland Scotland. It is made up of about 100 islands, of which 17 are inhabited, and has a population of around 19,500. The majority of the population live on the main island where Kirkwall, the administrative centre of Orkney, is located. 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

Orkney NHS Board has the same functions as mainland NHS Boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in Orkney.

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 Orkney (www.show.scot.nhs.uk/ohb).

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.

Orkney NHS Board operates as a single organisation; however, the clinical governance structure is currently being redesigned. The review team noted that the geographical location of NHS Orkney presents local challenges, such as access to resources, particularly for more distant islands, recruiting and retaining staff, access to training, and maintaining the required skill set. The small numbers of staff necessitate the amalgamation of roles and committees.

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 Orkney

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

Development

Within NHS Orkney, there is a food and health policy to provide a consistent approach to nutrition across the Board area, guiding staff to encourage other patients to choose a healthy diet that will contribute to long-term health. There is not, however, a policy which addresses the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). A draft dietetics health plan is under development; this outlines key objectives in relation to Standards 1, 2 and 6. Staff reported that the dietetics health plan will be developed and incorporated within the NHS Orkney local health plan. The review team identified developing a nutritional care policy and strategic plan to deliver the national standards as a challenge for Orkney NHS Board.

NHS Orkney established a nutritional care group in 1999 to address the food, fluid and nutritional needs of patients on the care of the elderly ward, Balfour Hospital, Kirkwall. The remit of this group has since developed to address food, fluid and nutritional care issues across the organisation. The group has a multidisciplinary membership including senior management who reports to the Board, and representatives from medicine, nursing, catering, dentistry and dietetics. Staff acknowledged that attendance at meetings and participation in the group's work from senior management has been limited. There is currently no lay representation on the nutritional care group and staff reported that efforts are continuing to rectify this. The nutritional care group reports to the Board via the clinical effectiveness and clinical audit committee, and the clinical governance group. The review team identified establishing the role, remit and active membership of the nutritional care group, and establishing clear Board leadership for nutritional care, as current challenges for Orkney NHS Board.

Staff reported that the clinical governance structure is currently under review. Under the proposed structure, the nutritional care group will report directly to the clinical governance committee which will be a standing committee of the Board.

Staff refer patients requiring complex nutritional techniques to the NHS Grampian clinical nutrition support team, based at Aberdeen Royal Infirmary. Staff reported that referral is on a clinician to clinician basis. There is a dietetic-led home gastrostomy service, supported by the community nursing team.

Implementation

Orkney NHS Board needs to develop a nutritional care policy and strategic plan before implementation across the organisation can commence. The review team found that a particular strength of NHS Orkney is the committed and enthusiastic staff and the excellent working relationships at an operational level. There are areas of good practice and a strong focus on meeting the individual food, fluid and nutritional needs of each patient. The review team concluded, however, that Orkney NHS Board does not provide a strategic and co-ordinated approach to support the good practice found at an operational level.

Monitoring

Orkney NHS Board needs to develop and implement a nutritional care policy and strategic plan before a system of monitoring can be put in place. The nutritional care group has submitted a 2004–2005 annual report to the Board. This outlines the history and membership of the group, the key activities undertaken and future work to be taken forward. The report identifies the need for input from senior management to strengthen links to the Board. The review team was not informed of any resulting action.

Impact on patient care

As Orkney NHS Board has yet to develop and implement a 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, Orkney 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 Orkney

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.

Staff reported that standard documentation for assessment, care planning and discharge planning is under development. The intention is to begin using the standard documentation from December 2005.

In discussion groups with the review team, ward staff showed an awareness of the importance of nutrition assessment, screening and care planning. 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 Orkney 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 evidence that procedures for assessment, screening and care planning have been implemented in some wards. The nutrition audit results indicate, however, that there is variability in practice. Not all patients have the following details recorded within 1 day of admission to hospital: their 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. Staff reported that the development of standardised assessment documentation will support the implementation of this initial nutritional assessment.

The nutrition audit results indicate that screening for risk of undernutrition is carried out in some wards. Outcome from screening is recorded in various documentation including medical notes, nursing notes, multidisciplinary care plans and allied health profession records. The dietetic health plan identifies the need to clarify which screening tools are in use and which screening tool(s) should be implemented across the organisation. The dietetic health plan also identifies the need to develop and implement a protocol for nutrition screening and follow-up.

Staff reported that where nutritional assessment is carried out, the process identifies the need for referral to specialist services. The dietetic service aims to respond to referrals within 2 working days. Staff reported, however, that the dietetic service is currently overstretched and, as a consequence, the agreed timescale for referral may not always be achievable. Staff reported that a dietetic service redesign proposal has been put forward to the redesign committee. This includes a proposal to employ an additional dietitian (one whole time equivalent). The speech and language therapy service aims to respond to referrals within 2 working days. The review team noted that nursing staff on the acute wards have been trained in swallow screening. Allied health professional services are not, however, available at weekends.

The review team identified the strong multidisciplinary team working in assessing and caring for each patient's food, fluid and nutritional needs as a particular strength of NHS Orkney. The Board nutrition audit results indicate, however, that multidisciplinary care plans which document the outcomes of the initial assessment and screening for risk of undernutrition, frequency and dates for repeat screenings, and actions taken as a consequence of repeat screenings, have not been implemented in every ward. The discharge plans currently in use do not consistently include information on each patient's nutritional status, any special dietary requirements and the arrangements made for any follow-up required on nutritional issues. The review team encouraged that a core nutrition data set is included in assessment, care planning and discharge documentation.

Monitoring

As Orkney 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.

Although the review team noted the efforts of staff in undertaking an audit of compliance with Standard 2 and beginning to develop action plans from the findings, it identified Board ownership of this process as a challenge. The results from the audit have informed the dietetic action plan. Ward staff are involved in the development of the dietetic action plan through fortnightly meetings with the director of nursing to progress the key actions identified. There is not, however, an agreed Board action plan for improving procedures for nutritional assessment, screening and care planning. The review team was not provided with a Board analysis report of the findings from the audit. The review team identified analysing the findings of the audit, identifying actions, and disseminating the results to all staff as a challenge for Orkney NHS Board.

Impact on patient care

The review team noted that as Orkney 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 Orkney

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

Development

The review team noted that there are local nutrition training programmes in place, and developing a consistent approach to Board nutrition awareness, education and training is a key objective. The dietetic health plan, which will be revised and incorporated within the NHS Orkney local health plan, identifies the development of a consistent approach to nutrition education and training as a priority. The review team identified developing a Board nutrition awareness, education and training programme as a challenge for Orkney NHS Board. Identifying the Board nutrition, education and training programme within the financial plan, to underpin the Board's nutrition policy and strategic plan, will enable training for all staff who provide nutritional care.

Implementation

The review team found no evidence that a Board programme for nutrition awareness, education and training has been developed and implemented within NHS Orkney. Running local programmes for nutrition awareness and training have, however, been implemented within the organisation informed by staff personal development plans.

Staff reported that nursing staff throughout the Board area 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. The review team noted, however, that there is not a nutritional care component within the induction programme. Staff reported that this is being addressed and will form part of the dietetic action plan.

All staff in contact with patients and their food and fluid receive training in health and safety issues, and food hygiene training commensurate with their duties. Food hygiene training is provided by the environmental health officer. Staff reported the intention to train the infection control nurse enabling yearly refresher courses to be held. The review team commended NHS Orkney for the high number of staff that have received food hygiene training.

Gastrostomy study days are held to update knowledge and skills in percutaneous endoscopic gastrostomy (PEG) tubes and feeding. Ongoing support in raising awareness and improving skills in PEG feeding is provided by the dietetic service. The evaluation of this training indicates that it is well received by staff.

In February 2005, the speech and language therapy service and the dietetic service implemented the national descriptors for texture modification in adults (produced by The Royal College of Speech and Language Therapists and The British Dietetic Association). A series of awareness raising sessions have been held for all staff that serve patients' food. Copies of the national descriptors are available on each ward.

A training programme in swallow screening has recently been implemented for all appropriate staff by the speech and language therapy department. Staff reported that all nursing staff in the acute wards are trained to carry out swallow screening.

The Partners in Active Continuous Education (PACE) learning packs in nutritional care are available to all nursing staff within NHS Orkney. The dietetic development department holds study days to support this learning programme.

The review team commended the strong allied health professional commitment to providing specialist training in food, fluid and nutritional care.

Staff highlighted to the review team that attending training courses held outwith Orkney can be challenging due to resource and time constraints.

Monitoring

As Orkney 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.

The review team noted good practice at a local level of nutrition training needs appraisal, delivery and recording. The training and development department monitors training attendance and an up-to-date summary of attendance is available in each ward area. A nutrition training needs analysis has not, however, been carried out. The review team identified undertaking a nutrition training needs analysis to inform the development of a Board programme for nutrition awareness, education and training, as a challenge for Orkney NHS Board.

Impact on patient care

A Board nutrition awareness, education and training programme has yet to be developed, implemented and monitored. Therefore, the review team concluded 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 Orkney was conducted on 8 September 2005.

Review Team Members

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Senior Nurse Surgical and Anaesthetic Directorate, NHS Lanarkshire

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Clinical Governance Development Manager, NHS Highland

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Lay Representative, Ayrshire & Arran

NHS Quality Improvement Scotland Staff

Miss Karen Tarn

Senior Project Officer

Mrs Anna Wimberley

Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, Orkney NHS Board, senior management, 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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