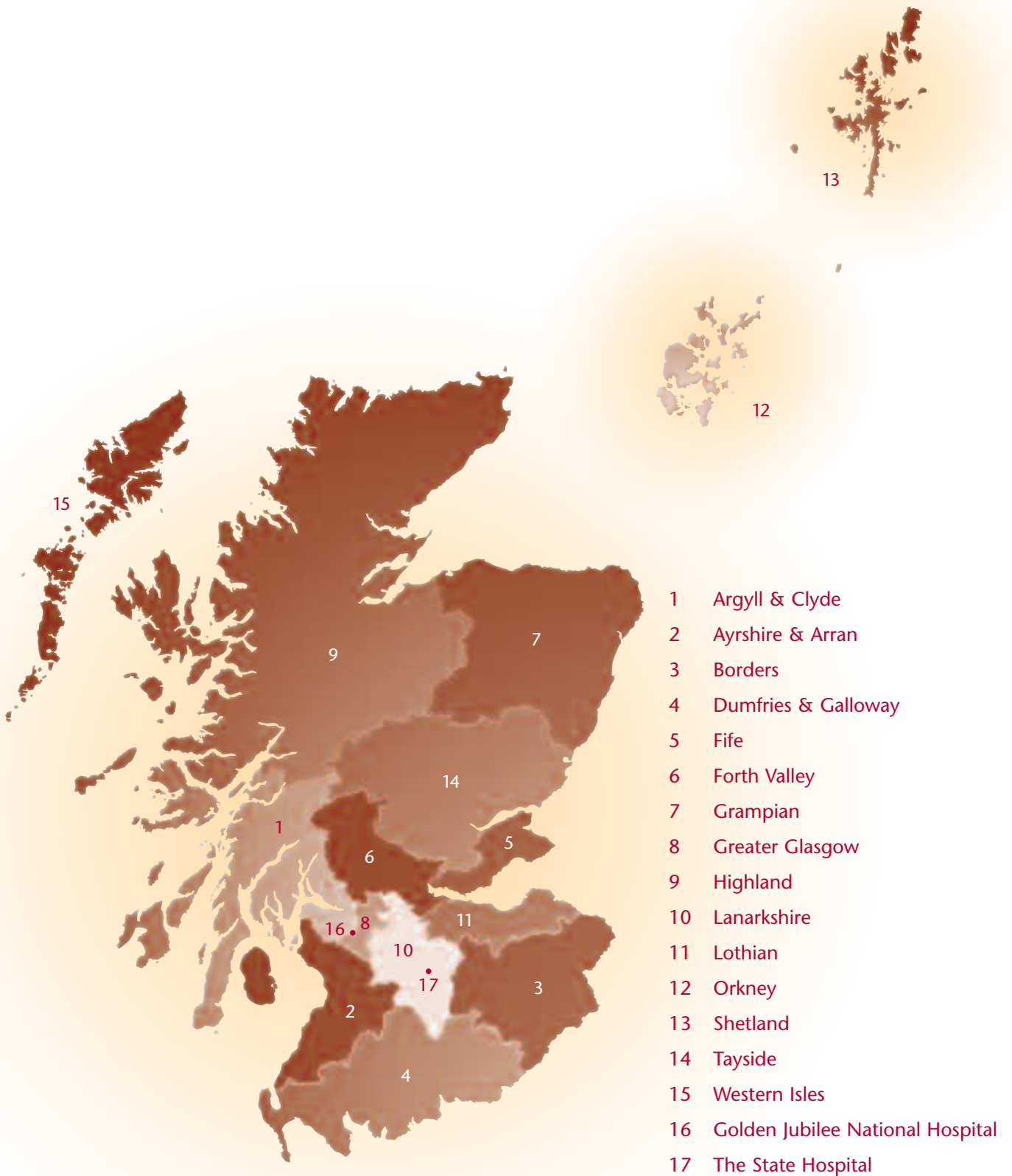


NHS Shetland

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 Shetland**, against Standards 1, 2 and 6. This review visit took place on **23 August 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 NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

Performance Assessment Statements

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

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

Standard 1 – Policy and Strategy


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

Standard 2 – Assessment, Screening and Care Planning

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

Standard 6 – Education and Training for Staff

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

- 
- 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

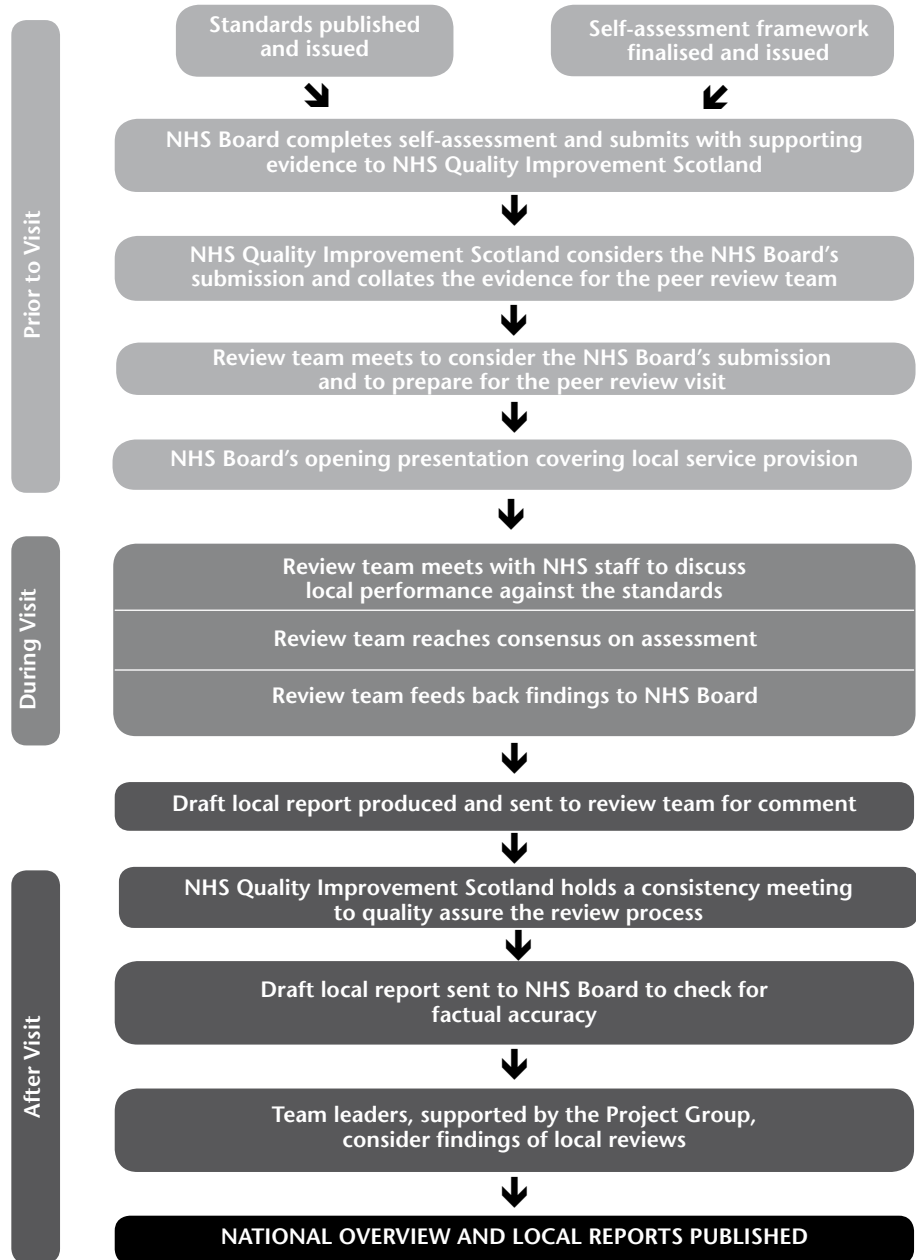
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Shetland is an island group situated north of mainland Scotland and has a population of around 21,940. Many of the population live in the town of Lerwick, although a significant proportion live in rural areas. The proportion of older people in the population is below the national average, as are levels of illness and deprivation.

Local NHS System and Services

Shetland 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 Shetland.

The 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 Shetland (www.show.scot.nhs.uk/shb).

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.

Shetland NHS Board has always worked as a single Board and does not have separate operating divisions. The small numbers of staff necessitate the amalgamation of strategic and operational roles. The review team acknowledged that the size and scope of service provision in NHS Shetland enables effective, informal communication links between staff. However, there appears to be a reliance on informal communication channels which sometimes replace more formal documented methods of communication.

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 Shetland

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

Development

Shetland NHS Board has a nutritional care policy statement, local food policies and a draft healthy eating strategy. The nutritional care policy states that the Board is committed to ensuring that hospital patients receive appropriate and consistent nutritional care, which meets their individual needs and decreases the risk of malnutrition. The review team noted that the policy incorporates a set of patient-focused objectives to help ensure this aim is met. The draft healthy eating strategy aims to improve the health and quality of life of Shetland's population by guiding staff to encourage others to choose a healthy diet. However, there is not a policy which addresses the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards) or a strategic action plan to outline the full range of activities that need to be undertaken to implement the national standards.

The nutritional care policy statement, which has been approved by the Board through NHS Shetland's clinical governance structure, was developed by NHS Shetland's nutritional care group with extensive input from the senior dietitian. The nutritional care group was re-launched in March 2005, under the new chairmanship of the nurse director, to take responsibility for the national standards and to ensure effective delivery of nutritional care throughout Shetland. It is currently reviewing the Board's draft healthy eating strategy. The nutritional care group's membership is multidisciplinary with medical, nursing, catering, dietetic, dental, senior management and lay representation. It was noted that the consultant surgeon has been unable to participate in recent group meetings due to local work commitments. However, the review team was assured by Shetland NHS Board that medical input is integral to the nutritional care group and that staffing resources will be resolved in the near future.

At the time of the visit, an action plan had been developed to take forward the activities required to meet Standard 2 only. The nurse director and assistant director of patient services (nursing) are directly responsible for this as part of the nutritional care group remit. Registered nursing staff, together with the senior dietitian, are responsible for training nursing colleagues throughout the organisation in nutrition-related activities to ensure that the objectives within the action plan are met. Although the review team acknowledged that the size and scope of service provision in NHS Shetland enables effective, informal communication links between staff, it encouraged the development of formal action plans detailing the activities that need to be undertaken to meet Shetland

NHS Board's nutrition-related objectives. The development of formal action plans will ensure that action towards implementing all of the national standards is consistent across the organisation and can be monitored.

In developing the nutritional care policy statement, Shetland NHS Board has drawn upon a health needs assessment to identify the healthcare needs of minority ethnic groups in Shetland, including their food, fluid and nutritional care needs. At the time of the visit, the Board's catering provider was able to supply patients with meals in line with their religious beliefs. The policy statement is in the process of being fully impact assessed to ensure that it meets NHS Shetland's equality and diversity objectives. This process will ensure that the policy statement will recognise all patient groups with particular needs.

There is no evidence that the nutritional care policy statement will be risk assessed. The review team was informed that Shetland NHS Board's risk management structure is robust, and that all policies and procedures within NHS Shetland are subject to consultation with the clinical governance committee before being submitted to the Board for approval. However, the review team encouraged the policy statement to be risk assessed as part of the development process for a nutritional care policy that is in line with the national standards criteria.

The review team noted that a challenge for Shetland NHS Board is to build upon the policy statement to develop a nutritional care policy that complies with the national standards, and implement a strategic plan that will deliver the policy. It needs to confirm a financial framework to underpin implementation of the strategic plan, and ensure that the policy and strategic plan are risk assessed, and equality and diversity impact assessed.

The nutritional care policy statement is available for the public to view on NHS Shetland's website, or can be obtained in print from the Board via the Board secretary or a member of the nutritional care group. It was reported that it can be produced in alternative formats, for example, in large print or on audio tape. The review team noted, however, that a challenge for Shetland NHS Board is to raise the profile of the nutritional care policy statement among the public.

Due to the scale of local service provision, there is no dedicated clinical nutritional support team within NHS Shetland. The review team was informed that initial assessment, which includes screening for risk of undernutrition, identifies the requirement for complex nutritional techniques. Based on the outcome of screening, nursing staff may give patients appropriate nutritional supplements according to local procedures, or refer to the appropriate service, for example the senior dietitian. Decisions in relation to complex clinical nutritional support are made locally, based on discussion between NHS Shetland's consultant surgeons, pharmacist and senior dietitian.

The review team was provided with detailed guidelines for percutaneous endoscopic gastrostomy (PEG) tube insertion used within NHS Shetland. Local consultant surgeons undertake the placement of tubes for those patients who require them, while post-operative care is provided by nursing staff. Some nursing staff in NHS Shetland's hospitals and in the community, as well as GPs, have been trained in PEG feeding. Where there are contraindications to enteral tube feeding, intravenous feeding is the nutritional support method used. Formal total parenteral nutrition (TPN) is ordered from the pharmacy

department at Aberdeen Royal Infirmary, and administered by local consultant surgeons. It can be individualised for each patient. However, staff reported that NHS Shetland is proposing to maintain a range of TPN regimes on-site, in order to make the process for intravenous feeding more rapid and economical.

Where further specialist clinical nutritional support is required, expert advice can be sought from the clinical nutritional support team in NHS Grampian. The senior dietitian, who works single-handedly, reported an effective working relationship with the named dietitian at Aberdeen Royal Infirmary. The review team was informed that this dietitian can be contacted for specialist support in instances when NHS Shetland's senior dietitian is unavailable. During the visit, nursing staff confirmed that this arrangement worked well.

The review team noted that the process for providing patients with intravenous and enteral tube feeding in NHS Shetland is well established, and observed the variety of documentation that is available to assist staff in PEG tube feeding, including guidelines from NHS Lothian. However, in the absence of a dedicated clinical nutritional support team, the review team encouraged the localisation of PEG feeding guidance in order to deliver enteral feeding effectively and consistently throughout NHS Shetland.

Implementation

Shetland NHS Board needs to build upon the policy statement to develop a nutritional care policy that complies with the national standards, and implement a strategic plan that will deliver the policy, before implementation can be rolled out across the organisation. There is evidence that local procedures for the provision of food, fluid and nutritional care are being implemented. However, a challenge for Shetland NHS Board is to provide a strategic and co-ordinated approach to ensure that all patients have food and fluid delivered effectively, and receive a high quality of nutritional care.

A financial framework was provided to the review team which supports the implementation of health promotion activities rather than implementation of the national standards.

Monitoring

Shetland NHS Board needs to develop and implement a nutritional care policy and strategic plan before an overarching system of monitoring can be put in place. NHS Shetland's catering provider is required to undertake an annual patient survey to assess patients' satisfaction regarding food and food service whilst in hospital. The survey seeks to establish, amongst other things, if the menu is varied enough, if it reflects patients' religious beliefs, and if meal times are suitable. The review team noted that most patients are extremely satisfied with the catering service provided. In addition, Shetland NHS Board reported that no formal complaints have ever been received in relation to catering provision.

The nutritional care group had, at the time of the visit, recently finalised its annual report to the Board. The report details the progress made to ensure patients receive a high quality of food, fluid and nutritional care, appropriate to their needs, whilst in hospital. The annual report also states that the outcome of the NHS QIS performance assessment review of the national standards, once available, will be presented to the clinical governance committee, and that the nutritional care group will be responsible for developing and implementing an action plan to indicate the activities that need to be undertaken to implement the standards.

Impact on patient care

As Shetland NHS Board is in the process of developing and implementing a nutritional care policy and strategic plan that complies with the national standards criteria, 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, Shetland NHS Board establishes a process for assessing their impact on patient care, which is evaluated, made available for wider application and includes a repeating audit cycle.

Following local evaluation of the way in which TPN is provided within NHS Shetland, some stocks of TPN products are to be maintained on the island, in order to deliver intravenous nutrition to patients more quickly, and at less cost to the Board. Staff reported that this is expected to be introduced in autumn 2005, after further consultation to confirm operating procedures.

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 Shetland

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.

Shetland NHS Board undertook an initial audit of the Board's performance in respect of assessment, screening and care planning in June 2005 and submitted its audit analysis report. Following this audit, an action plan was developed to improve Board procedures in these areas. A further audit and analysis took place in August 2005 after issues raised by the initial report had been addressed. The review team commended Shetland NHS Board for undertaking this further audit of its compliance with Standard 2 of the national standards, in order to clearly evidence how performance has improved.

The review team noted from the re-audit report that procedures for nutritional assessment and screening for risk of undernutrition have started to be developed throughout NHS Shetland. 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 of a system to implement Board procedures for assessment and screening for risk of undernutrition, and evidence that procedures for care planning, based on the action plan developed after the initial audit, are being implemented in some specialties or wards.

The action plan states that ward sisters are responsible for highlighting the information that has to be identified and recorded within 1 day as part of the initial nutritional assessment. Until recently, not all wards had equipment to record the patient's height.

However, following the initial audit, height measures have now been installed in the appropriate wards. The re-audit shows that the identification and recording of required information, including height, has vastly improved throughout NHS Shetland. The review team concluded, however, that there is not a strategic approach to this across all wards.

The re-audit identified that the validated Malnutrition Universal Screening Tool (MUST) has now been implemented in most wards for appropriate patients groups, which the review team commended. The re-audit also shows that more patients are now being screened for risk of undernutrition as part of the initial nutritional assessment. The outcome of screening is recorded in nursing notes in NHS Shetland's hospitals, or in patient profile documentation in community services.

Where nutritional screening is carried out, the process identifies the need for referral to specialist services. The nutrition care plan used in NHS Shetland helps to guide appropriate referral, and indicates, for example, that patients with swallowing difficulties should be referred to the speech and language therapist or a member of nursing staff who has been trained in swallow screen assessment. If the screening process highlights that the patient is at high risk of undernutrition, referrals are made to the senior dietitian. The review team was informed that the senior dietitian sees all patients within 2 days, or sooner. Nursing staff reported good informal communication links with therapy staff; likewise, the review team was informed that nursing staff are effective in responding to the outcomes of MUST, and are able to refer to nutrition care plans for advice on appropriate nutritional supplements for those patients at medium or low risk of undernutrition. The review team was informed that, where the senior dietitian is unavailable, a pink communication sheet is used to convey clear instructions to nursing staff on all wards on how individual patients should be nutritionally cared for. Staff are also able to contact the named dietitian at Aberdeen Royal Infirmary for specialist advice when NHS Shetland's senior dietitian is unavailable. The review team commended the effective internal working relationship between staff in NHS Shetland and the external working relationship with staff at Aberdeen Royal Infirmary, which helps to minimise demand on the Board's sole dietetic resource.

Multidisciplinary care plans to document the patient's nutritional needs, following initial assessment and screening for risk of undernutrition, have been developed for patients in some specialties and wards. The review team noted from the re-audit that outcomes of the patient's initial assessment, screening, frequency dates of repeat screenings and action taken as a consequence of repeat screenings are not consistently recorded in care plans. However, evidence provided to the review team shows that the care plan used in the surgical ward has been updated to include the required information, and that it is the intention of staff to develop it further for use in all wards in the near future.

The review team was provided with an example of a discharge plan used in NHS Shetland, but it does not provide a specific space to record the patient's nutritional status, special dietary requirements and the arrangements made for any follow-up required on nutrition issues. While staff reported that this information may be handwritten by staff in a free-text section if the patient's nutritional needs have been highlighted as an area of concern, Shetland NHS Board acknowledged the need for discharge documentation to be reviewed to comply with the national standards.

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

Monitoring

A system of monitoring is in place in some specialties and wards to provide assurance to Shetland NHS Board that procedures for assessment and screening are being followed. The nutrition audit, undertaken in June 2005, alerted the Board to key areas within assessment, screening and care planning which need to be addressed. This included the need to provide height measures in every ward to ensure the patient's height is recorded, to implement MUST in every ward so that all patients are assessed for risk of undernutrition using a validated screening tool, and to revise care planning and discharge documentation to comply with the national standards. The re-audit, undertaken in August 2005, shows that the Board's performance has improved in many areas following the development of an action plan.

Impact on patient care

As Shetland NHS Board has recently begun to develop, implement and monitor Board procedures for assessment and screening, and to develop procedures for care planning in some wards, there is not yet a process in place to utilise the outcomes of monitoring procedures to assess the impact on patient care. While the Board's initial nutrition audit informed the development of an action plan to improve performance against Standard 2, the review team noted that the action plan does not encompass all criteria within Standard 2. It encouraged Shetland NHS Board to undertake further work in this area, in order to provide the strategic direction needed to fully develop, implement, monitor and assess the impact of nutritional assessment, screening and care planning across the Board area.

Standard 6: Education and Training for Staff

Standard Statement

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

NHS Shetland

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

Development

The review team found no evidence that a Board nutrition awareness, education and training programme is in place, or under development. The nutritional care policy statement does not address the requirement to develop this. The review team encouraged this to be built into the detailed nutritional care policy so that an action plan can be developed to ensure that high quality nutrition training is provided to all staff within NHS Shetland. At the time of the visit, no training needs analysis specifically aimed at identifying training needs in nutritional care had been conducted, although other general training needs assessments have included nutritional care training elements, for example, the training needs assessment for stroke services. The review team identified undertaking an analysis of nutrition-related training needs to inform the development of a Board nutrition awareness, education and training programme as a challenge for Shetland NHS Board.

Implementation

All staff, on commencement of employment with NHS Shetland, attend a Board induction programme. While there is no specific nutrition component, the programme includes a session on policies, which alerts staff to the Board's nutrition policies. The policies are available for staff to browse on the day and staff are told these are also available on the Board's intranet. Board-wide mandatory refresher training will also include a session on food handling. These sessions are due to commence in September 2005 and all staff will be required to attend on an 18-month basis.

Board-wide induction is supplemented with local department-based programmes which identify processes and procedures for ordering and delivering food and fluid, and the procedures for ordering both missed meals and additional meals that are not on the menu, in order to meet individual patients' requirements. The review team was informed that the robust working relationship between Shetland NHS Board and its catering provider enables additional food for patients to be obtained easily. Staff in the surgical ward reported that there is an orientation pack which informs new staff of meal and snack times in the ward. The review team was informed that facilities to make snacks are available within wards so that patients' requirements can be accommodated outwith stipulated mealtimes.

Training measures in health and safety, and food hygiene, are identified commensurate with each staff member's duties. Both the senior dietitian and Shetland NHS Board's general services manager hold an intermediate food hygiene qualification, and are able to provide advice and guidance to all staff in contact with patients and their food and fluid, as required. All staff employed by the catering provider have undertaken a basic food hygiene course and comprehensive training records are maintained of staff who have completed this training. At Montfield Hospital, Lerwick, a programme of basic food hygiene is currently being developed for staff, in collaboration with the catering provider's assistant hotel services manager. As staff at the Gilbert Bain Hospital, Lerwick, do not handle food directly, no training has been established relating to food hygiene. However, the review team was informed that various training programmes take place which incorporate aspects of nutrition awareness and food hygiene, including Scottish Vocational Qualification (SVQ) training.

NHS Shetland offers Partners in Active Continuous Education (PACE) learning packs to both registered and nursing auxiliary staff across primary and secondary care settings. These help staff to develop knowledge and skills in understanding and improving the nutrition and wellbeing of patients. The benefit of PACE learning packs was acknowledged and staff reported that they would welcome further nutrition-related training. The review team was informed that it is the intention of Shetland NHS Board to provide every member of nursing staff with PACE learning packs, with priority being given to nursing auxiliaries.

Although the review team commended the variety of nutrition awareness and education training initiatives in place within NHS Shetland, it encouraged the provision of more planned and structured training in order to fully comply with the national standards. The review team identified developing and implementing a Board-wide nutrition awareness, education and training programme as a challenge for Shetland NHS Board. Identifying the Board programme within the financial plan that will underpin the Board's nutrition policy and strategic plan will enable training for all staff who provide nutritional care.

Monitoring

As Shetland NHS Board has yet to develop and implement a Board programme of nutrition awareness, education and training, there is subsequently no system in place to monitor its delivery.

Completion of the Board-wide induction programme, and department-based nutritional care programmes, is monitored by returning a signed, completed induction checklist to the personnel department, which is placed in individual staff members' files.

Impact on patient care

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

Evaluation of the PACE learning packs in nutritional care has highlighted that patients with special nutritional needs may require assistance with eating and drinking. As a consequence, NHS Shetland has introduced red trays at mealtimes to indicate to domestic staff that they are not to remove these trays before checking with nursing staff that patients have completed their meals.

Appendix 1 – Glossary of Abbreviations

Abbreviation

MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
PACE	Partners in Active Continuous Education
PEG	percutaneous endoscopic gastrostomy
SVQ	Scottish Vocational Qualification
TPN	total parenteral nutrition

Appendix 2 – Details of Review Visit

The review visit to NHS Shetland was conducted on 23 August 2005.

Review Team Members

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