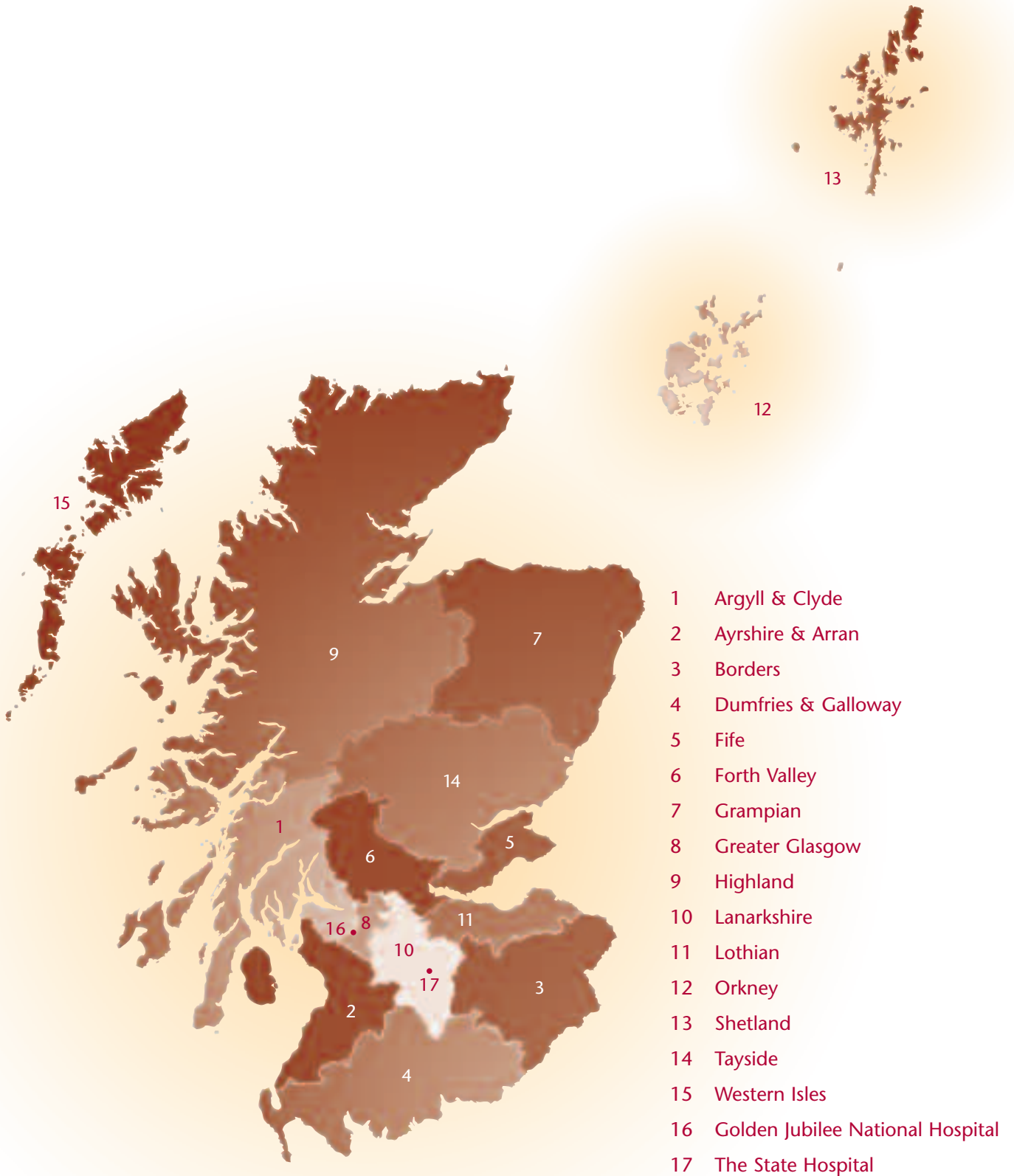


The State Hospital

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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Contents

1	Setting the Scene	5
	1.1 How the Standards were Developed	6
	1.2 How the Review Process Works	6
	1.3 Reports	9
2	Introduction to the State Hospital	11
3	Outcome of Review	12
	Appendix 1 – Glossary of Abbreviations	21
	Appendix 2 – Details of Review Visit	22
	Appendix 3 – Timetable of Review Visits	23

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 the **State Hospital**, against Standards 1, 2 and 6. This review visit took place on **10 January 2006**, 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

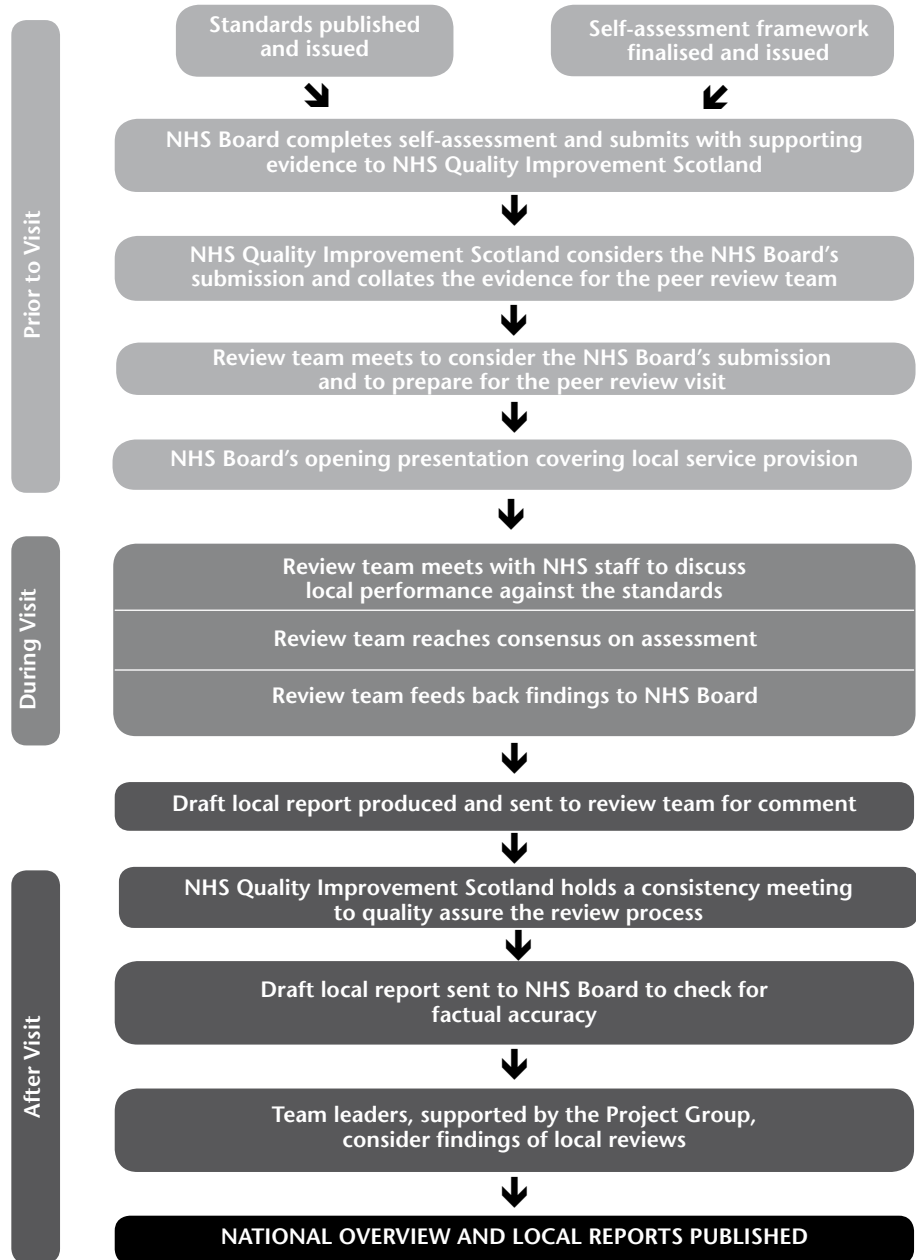
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

The State Hospitals Board for Scotland is a Special Health Board and legally became part of the NHS in Scotland on 1 April 1995. Situated in rural Lanarkshire, midway between Glasgow and Edinburgh, the State Hospital, Carstairs, provides inpatient psychiatric care in conditions of special security for patients from Scotland and Northern Ireland.

Local NHS System and Services

Referrals to the State Hospital come from other NHS hospitals, the courts and prisons. Patients, whether referred via the NHS or the criminal justice system, are generally transferred back to local NHS services when they no longer require the security of the State Hospital. The State Hospital aims to ensure public safety by providing care and treatment of the highest standards, and it is accountable for the clinical services it provides, through the framework of clinical governance.

Further information about The State Hospitals Board for Scotland can be accessed via its website (www.show.scot.nhs.uk/tsh).

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

The State Hospitals Board for Scotland provides a secure psychiatric service for inpatients at the State Hospital. The review team considered the demographics of The State Hospitals Board for Scotland's inpatient population when reviewing the Board against the national standards. Patients spend on average 6 years in the State Hospital, ranging from 10 weeks to over 36 years. Approximately 66% of patients have a primary diagnosis of schizophrenia and 13% have a learning disability (figures taken from October 2005). The review team noted the particular challenges involved in delivering food, fluid and nutritional care in this unique healthcare setting.

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.

State Hospital

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

Development

The State Hospitals Board for Scotland has developed a policy and strategic plan for food, fluid and nutritional care which was drafted by the chief dietitian with input from multidisciplinary staff and patients. The nutritional care policy and strategic plan includes: an introduction to the provision of nutritional care within the State Hospital, set in a national context; a policy statement; key areas for consideration; patients' choice of food and fluid; guidelines for nutritional screening of patients and managing nutritional needs throughout the patient's journey; information on healthy eating for staff and visitors; intentions for training needs and education; information on identifying a financial framework; a strategic action plan and an area quality framework. The strategic action plan lists action points against each criterion for Standards 1, 2 and 6, identifies the person or group responsible for each action point, and associates a priority status code and end date.

The policy states that The State Hospitals Board for Scotland is committed to the promotion and implementation of the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards) and healthy eating policies. In particular, the Board underlines its commitment to providing a strategic and co-ordinated approach to ensuring that all inpatients have food and fluid delivered effectively and that patients receive a high quality of nutritional care. The policy states that, in order to facilitate this objective, a food, fluid and nutritional care working group (the nutritional care group) was established in 2004. Membership of the nutritional care group includes a director of the Board, a dietitian, a consultant psychiatrist, a clinical services manager, the facilities planning manager, a dentist, a food production supervisor, the hotel services manager, a ward manager, a nursing team leader, a clinical effectiveness facilitator, and an advocacy co-ordinator.

The State Hospitals Board for Scotland has given the nutritional care group ultimate responsibility for ensuring that the national standards are achieved and that the policy and strategic plan for food, fluid and nutritional care is successfully developed and implemented. The nutritional care group's remit is to assist in the implementation of the national standards within the State Hospital, to develop and oversee the implementation of the nutritional care policy and strategic plan, to develop required policies and plans relating to food, fluid and nutritional care, and to ensure that nutrition-related resource issues are communicated to the hospital management team and noted to the Board as

part of the annual reporting structure. Staff reported that the development of a strategic action plan for Standards 3, 4 and 5 will begin in March 2006. The review team identified developing a financial framework to underpin the implementation of the policy and strategic plan as a challenge for The State Hospitals Board for Scotland.

It was reported that, due to the unique services provided at the State Hospital and the size of the organisation, the processes for reporting and accountability have been streamlined to minimise duplication among committees with similar remits. The policy and strategic plan has, therefore, been submitted to the hospital management team for final ratification. The hospital management team is chaired by the chief executive and includes representation from other members of the Board and senior managers. It was also highlighted that update reports are provided to the NHS QIS standards steering group, which also includes representation from the Board. The review team acknowledged the reporting mechanisms in place, however, from the information provided, there was not clear evidence of communication to The State Hospitals Board for Scotland regarding ongoing assurance of progress in developing and implementing the policy and strategic plan for food, fluid and nutritional care.

The review team noted that a number of working groups have been established within the State Hospital which have a positive impact on the provision of food, fluid and nutritional care and promote a healthier lifestyle for patients. In addition to the nutritional care group, there is a physical health working group, a weight management group, a metabolic interest group, the physical activity working group, the health at work group, the patient partnership group, and a patient partnership catering group. There is shared membership across the working groups to promote joined-up working and to avoid duplication of effort. The review team identified the significant nutrition cultural change within the State Hospital as a particular strength.

The nutritional care policy and strategic plan has been developed based on the needs of the State Hospital's patient population. The average length of stay at the State Hospital is 6 years. Approximately 66% of patients have a primary diagnosis of schizophrenia and 13% have a learning disability. 93% of patients are male, with an average age of 37. Figures from 2004 indicate that 83% of patients are overweight or obese. The nutritional care policy and strategic plan recognises that although the majority of patients are overweight, patients are also at risk of malnutrition. The key areas that are being considered to address the nutritional needs of the patient population are: purchasing and menu planning, for example, the introduction of the menu mark system to ascertain the nutritional content of each meal; helping patients express their food preferences and providing healthy eating options; where appropriate, assisting patients with eating and drinking; adequate provision outside the main menu to meet the reasonable needs of vulnerable patients, for example, patients with food phobias or eating disorders; encouraging the intake of water through patients' individual care plans; auditing patient satisfaction through the patient partnership catering group; and supporting patients' choice through focusing on nutrition education for patients as part of a holistic approach to patient care. The review team noted the particular challenges associated with providing nutritional care to this patient population, and encouraged that the Board considers the impact the nutritional care policy and strategic plan could have on clinical outcome.

The nutritional care policy and strategic plan highlights that complex nutritional care techniques are not available at the State Hospital, and that patients with complex nutritional needs would not be admitted to the State Hospital. Staff reported that if a patient should develop a need for complex nutritional techniques, such as intravenous and enteral tube feeding, formal arrangements would be made with NHS Lanarkshire for treatment.

Implementation

As the nutritional care policy and strategic plan is awaiting ratification by the hospital management team, implementation cannot fully commence across the organisation. However, staff confirmed that a number of key aspects of the policy and strategic plan are already being implemented. It was noted that there has been particular focus on providing healthy food options and raising patients' nutritional awareness. Five portions of fruit and vegetables are available from the hospital menu and healthy snacks are provided. Special dietary needs are catered for (for example diabetic, coeliac, low fat, low cholesterol, etc) with the appropriate education and support for patients. Water fountains are now in place on each ward and patients are encouraged to increase their intake of fresh water. The review team encouraged The State Hospitals Board for Scotland to finalise and fully implement the nutritional care policy and strategic plan with an agreed financial framework, in order to support existing good practice and staff's enthusiasm for delivering high quality nutritional care.

Monitoring

The State Hospitals Board for Scotland needs to fully implement the nutritional care policy and strategic plan 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 reports to the Board via the NHS QIS standards steering group and the hospital management team. The NHS QIS standards steering group reports annually to the clinical governance committee group, which is a standing committee of the Board. The review team noted the close working relationship and cross membership between the groups.

Impact on patient care

As The State Hospitals Board for Scotland has yet to fully implement the nutritional care policy and strategic plan, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care. Patient representatives who attended the discussion groups did, however, report a notable change in nutrition culture and the positive impact that has resulted from the implementation of some of the key areas of the nutritional care policy and strategic plan. The review team encouraged that following the implementation and monitoring of the policy and strategic plan, The State Hospitals Board for Scotland 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.

State Hospital

Processes and procedures for assessment, screening and care planning are not yet under development for any specialties and/or wards within the Board area.

Development

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

The State Hospitals Board for Scotland indicated that due to the needs of the patients admitted, assessment procedures within the State Hospital are significantly different from those required in other NHS Boards. It was further noted that, as a result of the complexity of the assessment process, it is not always practical or appropriate for this to be carried out within 1 day of admission. On discussion with staff, it was highlighted that due to the circumstances of patients admitted to the State Hospital, it would be unlikely that a patient is at risk of undernutrition. This was confirmed by a recent study which indicated that a high percentage of patients are overweight on admission and continue to gain weight during their stay at the Hospital.

It is important, therefore, to note that, while the State Hospital has been assessed against Standard 2, it is acknowledged that many areas of this standard may not directly apply, or require to be implemented in a way which is appropriate, to the needs of the patient population. However, the nutritional care policy and strategic plan recognises that although the majority of patients are overweight, patients are also at risk of malnutrition and processes and procedures for assessment, screening and care planning need to be in place. The review team found evidence that there are areas of good practice with regard to monitoring patients' weight and promoting healthy lifestyle options. The review team concluded that Board procedures and processes for assessment, screening for undernutrition and care planning are not yet under development. When the nutritional care policy and strategic plan has 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 are not being implemented throughout the State Hospital.

The nutrition audit results indicate that a patient's initial nutrition assessment is not recorded within 1 day of admission to the State Hospital. Staff highlighted that the admission process focuses on assessing the patient's mental state and conducting a risk assessment; therefore, carrying out an initial nutrition assessment within 1 day of admission may not be appropriate for the State Hospital's patient population. Some of the initial nutrition assessment criteria are recorded as part of the ongoing admission process. There are various admission documents in use that record the patient's height and weight: the medical admission physical examination form; the nursing admission form; the nursing personal data form; the nursing 11 point assessment form used in the Alexandra Ward; and the weight chart. Eating and drinking dislikes, such as preferred foods, may be recorded on the nursing 11 point assessment form, and if the admission process identifies the need for the patient to be referred to the dietitian, a note of preferred food types will be recorded as part of the referral process. Information on food allergies is not routinely recorded. Staff reported, however, that as a result of the audit this has now been addressed and the health centre co-ordinator will begin to record food allergies as part of the patient's past medical history summary. There is not a designated area within the admission documentation that records the need for a therapeutic diet; however, staff reported that this need is assessed during the admission physical assessment. The nursing personal data form has a designated area to record the patient's religion, and the nursing 11 point assessment form has a section to record appetite; however, there is not a direct prompt to record nutritional cultural/ethnic/religious requirements as part of the admission process. Assisting patients with eating and drinking is highlighted in the nutritional care policy and strategic plan as a key area for consideration; however, the need for equipment to assist with eating and drinking is not routinely recorded as part of the admission process. The review team concluded that, although some aspects of the initial nutrition assessment are being implemented in some areas, agreed processes and procedures for recording a patient's nutritional status and requirements are not in place.

The initial assessment does not include screening for risk of undernutrition. The majority of patients are overweight and not acutely physically ill when they are admitted to the State Hospital; as such, staff have concluded that there is not a validated screening tool appropriate for the patient population. The dietetic service is developing a screening tool with the intention of having it validated for use with the State Hospital's patient population. The review team noted that the screening tool should identify the risk of malnutrition and lead to an accurate assessment of the patient's total nutritional status. The review team identified the development of a screening tool as a particular strength, whilst acknowledging the challenges that will be involved in the validation process.

As screening for risk of undernutrition is not part of the initial assessment, repeat screenings are not carried out and outcome is not recorded. The review team noted, however, that a patient's weight is regularly reviewed in a number of different settings. The weight chart is used by ward staff to record a patient's weight on a monthly basis. Staff reported that weight is closely monitored and if a risk is identified then weight may

be recorded on a weekly basis. Staff highlighted that patients may gain weight as a result of medication prescribed on admission. Patients prescribed clozapine attend a weekly clinic where weight and waist measurements are recorded. The measurements are reviewed by the dietetic service and a referral to the dietitian is arranged if a significant deviation is noted. Each patient is offered an annual physical examination, which includes assessing a patient's height, weight, appetite and bowel movement. Patients on the admission ward are offered a FiTech assessment: a software package used to assess physical fitness. As part of the FiTech assessment, height, weight and body mass index (BMI) are recorded, as well as other factors which may inform staff about the patient's nutritional status (for example cholesterol, blood pressure, respiratory function). All results from the FiTech assessment are shared with the responsible medical officer, ward staff, health centre and dietetic service. Patients with diabetes attend a clinic once every 3 months, where their nutritional status is closely monitored and appropriate action taken. In addition, the dietetic service records all patients' height, weight, waist and BMI measurements twice a year. This information is recorded in a statistical software package for comparison with previous years' data and with the general population.

Staff reported that the need for referral to specialist services is identified as part of the admission physical examination. The audit analysis report highlights that a standard referral form to the dietetic service is under development. The review team noted that the dietetic service is not available from Thursday evening to Monday morning. Patients have access to specialist services outwith the State Hospital, for example dental services. The need for referral to specialist services is discussed at the clinical team meetings. The clinical team has multidisciplinary membership with representatives from nursing, social work, occupational health, psychology and medicine. Each profession's notes are kept on the wards, however, there are no multidisciplinary notes. A multidisciplinary treatment plan is being piloted on two wards. This includes a section for the dietetic service to insert a report for each patient seen. There are integrated care pathways in place; however, these do not include designated areas to record the outcomes of the initial nutrition assessment, screening for risk of undernutrition, repeat screenings and action taken as a consequence of screening. Nutritional care is not routinely included as part of discharge planning and will only be addressed if considered relevant, for example if the patient is on a weight reduction diet.

The review team encouraged that a core nutrition data set is included in all assessment, care planning and discharge documentation.

Monitoring

The State Hospitals Board for Scotland undertook an audit to measure its compliance with Standard 2 which involved three methods of assessment: a retrospective review of healthcare records of patients admitted to the State Hospital between January–September 2005; a series of focused discussions with key people directly and indirectly involved in providing food, fluid and nutritional care; and a retrospective review of healthcare records of patients who had an annual physical examination within the period February–May 2005 and were still resident in the State Hospital on 3 November 2005. The audit methodology was first piloted on a 10% sample before being approved and conducted in full. An audit

analysis report was produced in November 2005. The report identifies key action points, which have informed the draft nutritional care policy and a strategic plan. Staff reported that a detailed action plan, with key people or groups responsible for action and dates for completion, is being developed and will be monitored by the nutritional care group. Copies of the analysis report have been disseminated to all staff involved in the audit.

The review team noted that the patient's weight is closely monitored throughout their journey of care and the outcome is used to inform individual care plans.

The audit analysis report highlights that the State Hospital would benefit from developing systems to share key information between departments and consider areas where duplication can be avoided (for example recording weight measurements). General Practice Administration System Scotland (GPASS) was implemented in November 2005; it is recommended within the report that GPASS could be further utilised in the sharing of physical health information. The report also highlights the need to review the impact of initiatives, such as the FiTech assessment and the clozapine clinic, on patients' physical health and nutritional status.

Impact on patient care

The review team noted that, as The State Hospitals Board for Scotland has yet to implement processes and procedures for 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. The review team noted, however, that the close monitoring of patient's weight has informed weight management and healthy lifestyle initiatives.

Standard 6: Education and Training for Staff

Standard Statement

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

State Hospital

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 for staff within the State Hospital. The nutritional care policy and strategic plan states that a Board nutrition awareness, education and training programme will be developed. It was reported that the nutritional care group is undertaking a scoping exercise between December 2005 and March 2006 to assess staff's training needs and this will inform the development of the Board education and training programme. The strategic action plan includes developing training and good practice guides on all aspects of nutritional care for appropriate staff by July 2006, and establishing an audit process to ensure nutrition training is being implemented. The staff induction programme will be developed to cover food hygiene and health and safety commensurate with staff duties by July 2006. Staff reported, however, that no other aspects of nutrition training are included in the staff induction programme.

Staff will be able to undertake an elementary food and health course, developed by the Royal Environmental Health Institute of Scotland (REHIS) in conjunction with the Scottish Executive, Scottish Health Choice Award, NHS Health Scotland, the Food Standards Agency Scotland and the Scottish Community Diet Project. The course covers basic nutrition and eating for health, the relationship between food and wellbeing, and making appropriate quantitative and qualitative dietary changes. Staff reported that the syllabus is being further developed to include subject areas tailored to the nutrition training needs of the State Hospital staff.

Implementation

The review team found no evidence that a Board programme for nutrition awareness, education and training has been developed and implemented within the State Hospital. A variety of local programmes for nutrition training have, however, been implemented within the organisation.

There is a catering guide for ward staff which includes: processes for ordering and receipt of patient meals; meals and snack times; roles and responsibilities of all staff involved at any point in the food chain; the menu ordering system; a protocol for ordering meals to meet patients' cultural, religious or ethnic requirements; and useful contact names and numbers. The guide also includes the State Hospital catering standards. Staff in discussion groups confirmed that they have access to the catering guide and are aware of local protocols and procedures.

There is a catering guide for patients which provides information on how to request and order meals, snacks and drinks. The guide encourages patients to inform ward staff if they have any suggestions for the catering department or wish to make a complaint. A number of working groups consult with patients and carers to help improve nutrition awareness, including the patient partnership group, the patient partnership catering group, the weight management group and the physical health steering group.

The State Hospital has been awarded the Scotland's Health at Work gold award, in recognition of staff's commitment to providing a healthy environment, including healthy eating initiatives, for staff and patients. The State Hospital catering standards require that all staff within the catering department are qualified in food hygiene to a level appropriate to carry out their duties, and receive further appropriate training on food production and service. The State Hospital is a registered centre for delivering the REHIS elementary food hygiene training. To date, 27 staff from a variety of disciplines have completed the introductory course, 67 members of staff have the elementary qualification, and three catering staff have the intermediate qualification. A member of the catering department has also completed a diet cook course run by Telford College, Edinburgh.

Staff reported that releasing staff for training can be challenging as there are limited resources for covering their duties. The review team encouraged the Board to consider various methods for delivering nutrition training.

Monitoring

The nutritional care group is completing a scoping exercise to identify the nutrition education and training programmes that are in place. The nutritional care group intends to use the outcome of the scoping exercise to ascertain nutrition training and education requirements, which will inform the strategic action plan and corporate training plan. The review team identified undertaking a comprehensive nutrition training needs analysis as a challenge for The State Hospitals Board for Scotland. Currently, staff training needs are identified and monitored through the appraisal system and personal development plans. Training needs are considered by departmental heads and put forward as part of the corporate training planning.

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

BMI	body mass index
GPASS	General Practice Administration System
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
REHIS	Royal Environmental Health Institute for Scotland

Appendix 2 – Details of Review Visit

The review visit to the State Hospital was conducted on 10 January 2006.

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During the visit, members of the review team met with representatives from the nutritional care group, 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
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State Hospital	10 January 2006

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