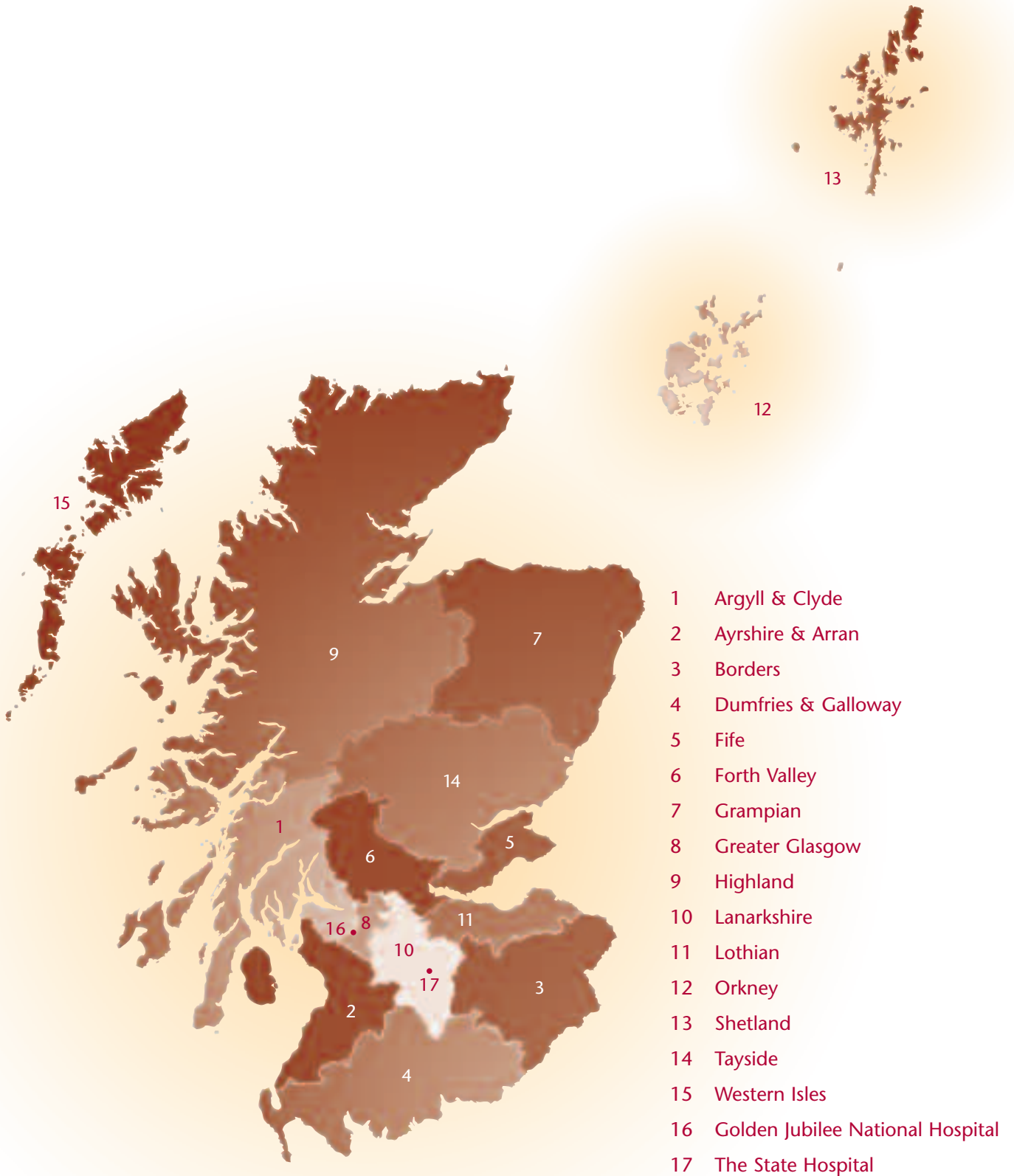


NHS Tayside

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 Tayside**, against Standards 1, 2 and 6. This review visit took place on **15 December 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

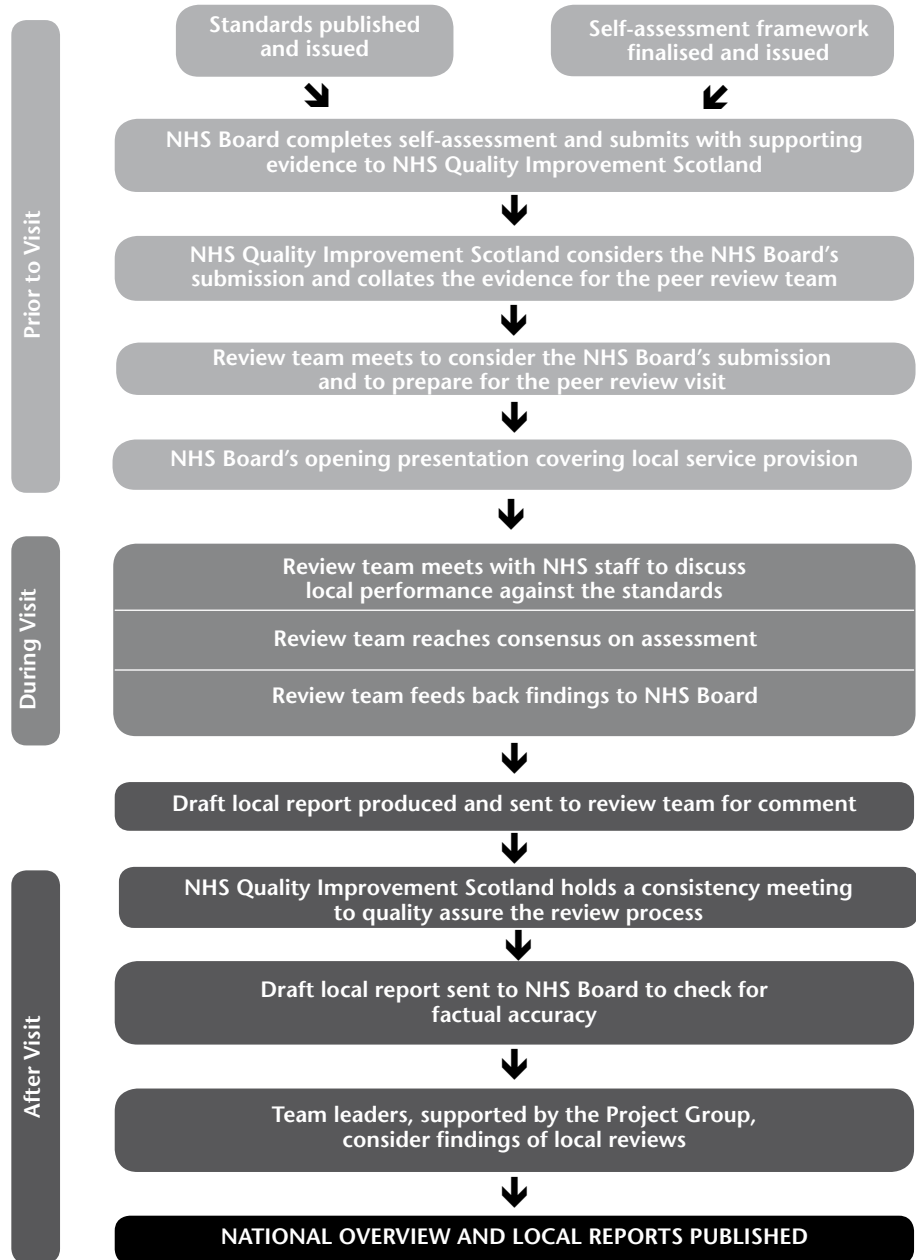
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Tayside is situated in the east of Scotland and has a population of around 387,908. Many of the population live in urban areas, of which Dundee and Perth are the largest in the region, although a significant proportion live in rural areas. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are close to the national average.

Local NHS System and Services

Tayside NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Tayside.

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 Tayside (www.nhstayside.scot.nhs.uk/).

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

At the time of the review visit, NHS Tayside contained two NHS operating divisions: Tayside Acute Services Division (acute care services); and Tayside Primary Care Division (primary care services). The divisions are in the process of being combined to create a single operating division.

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 Tayside

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

Tayside NHS Board has a policy and strategic plan for the provision of food, fluid and nutritional care in hospitals. The policy and strategic plan was developed in December 2003, and describes the demographic characteristics of the population, explains the purpose behind the development of the document and states the Board's commitment to implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). At the time of the review visit, the policy and strategic plan had not been ratified by Tayside NHS Board, although it had been approved by the quality and clinical governance committee, which is a standing committee of the Board. It was reported that the strategic plan is being updated to ensure that a comprehensive Board-wide approach is taken to progressing implementation of the national standards. The review team highlighted that it may be useful to clearly identify priorities within the strategic plan to ensure it remains focused and achievable.

The nutritional care group, which was established in December 2003, is responsible for overseeing the implementation of the national standards. Membership of the nutritional care group includes: the director of public health and the dietetic consultant in public health nutrition, who report to Tayside NHS Board; and representatives from dietetics, nursing, medicine, catering, dentistry and the public. The nutritional care group's remit is to set nutritional targets for NHS Tayside; develop implementation plans; identify the training needs of staff and ensure that these are met; establish audit and reporting mechanisms; produce annual reports to the quality and clinical governance committee detailing progress, action taken and further action required; and establish appropriate communication mechanisms between local implementation groups. In addition, there is a primary care division nutritional care group, which was established in July 2004, and an acute services division nutritional care group, which was established in November 2004. These groups are responsible for the local implementation of the food, fluid and nutritional care policy and strategic plan, and report to the nutritional care group.

The nutritional care policy and strategic plan has been risk assessed using a web-based NHS Tayside risk management system. When a risk is identified, a risk record is completed which details the likelihood of the risk occurring, who is responsible for managing the risk and the timescale within which the risk should be reviewed. The lead officers for the

nutritional care groups are responsible for assessing and managing any identified risks in implementing the policy and strategic plan, and reporting these to the quality and clinical governance committee.

The review team noted that the current food, fluid and nutritional care policy and strategic plan is not in a format which is easily understood and accessible. The review team, therefore, encouraged consideration of the requirement for publication in different formats to ensure that the policy and strategic plan is fully accessible to staff, patients and the public.

Staff reported that a nutrition standards project was commissioned by the care of the elderly directorate within the primary care division in 2003, with funding being provided for 3 years. The project was initiated following the publication of the Scottish Executive Health Department's *Nursing Homes Scotland Core Standards (Nutritional Care)* NHS MEL(1999)54, and the Clinical Resource and Audit Group's (CRAG) *The Nutrition of Elderly People and Nutritional Aspects of Their Care in Long-Term Care Settings* final audit report in 2000. The project initially included a plan to implement the CRAG nutrition standards, however, the project was adapted to pilot the implementation of the national standards instead across the care of the elderly wards. The project aims to evaluate changes to assessment and screening, delivery of food, provision of therapeutic diets, delivery of patient communication and staff training. It is anticipated that the findings of this project will be reported in February 2006. It was also noted that the acute services division commissioned an analysis of the key actions required to achieve Standards 1, 2 and 6 of the national standards and a corresponding implementation plan has been produced.

Following completion of the nutrition standards project in February 2006, planning for food, fluid and nutritional care across NHS Tayside will be further progressed, taking into account: the findings of the nutrition standards project; the acute services division implementation plan; the review of the NHS Tayside strategic plan; and the outcomes of audit of compliance against the national standards. This will coincide with the amalgamation of the primary care and acute services divisions, which is planned for April 2006. It was reported that, in anticipation of the amalgamation of the primary care and acute services divisions, business planning has already been initiated for the implementation of the recommendations of the nutritional standards project in the new organisational structure.

There is an established clinical nutrition support team at Ninewells Hospital, Dundee, which manages patients' complex nutritional care. At Perth Royal Infirmary, there is not a clinical nutrition support team in place. Instead, the consultant in charge completes a parenteral nutrition request form in liaison with the ward dietitian and ward pharmacist. It was also highlighted that the clinical nutrition support team, based at Ninewells Hospital, can be contacted by telephone for advice if required. When paediatric patients require complex nutritional care, they are referred to a consultant paediatrician or paediatric gastroenterologist at Ninewells Hospital.

Patients at Ninewells Hospital requiring percutaneous endoscopic gastrostomy (PEG) feeding are referred to the nutrition nurse specialist who carries out an assessment and provides the patient with information about the procedure. Patients requiring this

procedure in Perth Royal Infirmary are referred to the consultant surgeon or physician who will assess the patient. All patients and/or their carers receive training, prior to discharge, on how to administer the enteral feed and care for the tube.

Implementation

Whilst implementation of the nutritional care policy and strategic plan has been progressed in the primary care division, as evidenced by the initial findings of the nutrition standards project, implementation in the acute services division is in its early stages. The review team noted that a challenge for Tayside NHS Board is to approve the food, fluid and nutritional care policy and strategic plan and ensure that it is being implemented consistently across NHS Tayside. However, the review team also recognised current constraints to its approval by the Board, particularly the completion of the nutrition standards project and the impending amalgamation of the primary care and acute services divisions to create one operating division. The review team was informed that, until the outcomes of the nutrition standards project are presented and the effects of creating a single operating division are assessed, the nutritional care policy and strategic plan cannot be finalised.

Monitoring

Evidence provided to the review team indicates that the operational and strategic nutritional care groups meet regularly to discuss progress towards implementation of the nutritional care policy and strategic plan. The nutritional care groups within each operating division are responsible for preparing annual reports which are submitted to the NHS Tayside nutritional care group in order to prepare a Board-wide report. The review team was provided with the nutritional care group's first annual report which describes progress on implementation of the nutritional care policy and strategic plan, and details the main challenges faced by NHS Tayside. This report was submitted to the quality and clinical governance committee in September 2005.

Impact on patient care

There is not yet a process in place across NHS Tayside to assess the impact of the nutritional care policy and strategic plan on patient care. The review team encouraged that following full implementation and monitoring of the policy and strategic plan, Tayside 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 Tayside

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.

Tayside NHS Board undertook an audit of its performance against Standard 2 in June 2005. The audit tool was developed by the nutrition standards project team and piloted on an acute ward, and a care of the elderly ward within the primary care division, prior to finalisation. Nursing staff were given responsibility for undertaking the audit, and full guidance and training was provided to ensure that the data collection was consistent and that the audit process was robust. The review team noted from the evidence provided that processes and procedures for assessment, screening and care planning are not yet in place throughout NHS Tayside. However, the review team was encouraged to note that, following completion of the audit, divisional plans have been developed to take forward the actions required in order to ensure that all inpatients have assessment, screening and care planning. 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

Within NHS Tayside, patients' height and weight, food preferences and allergies, cultural, ethnic and religious food requirements, social preferences, physical difficulties with eating and drinking, and the need for special equipment to help with eating and drinking are identified and recorded in some wards. The review team further noted that screening and nutritional assessment is not always carried out within 1 day of admission.

The review team found evidence that while screening for undernutrition is commonly conducted in NHS Tayside, a number of different screening tools are used. Tayside NHS Board stated its intention to implement the Malnutrition Universal Screening Tool (MUST) within all appropriate wards to provide a standard method of screening for undernutrition across the organisation. The review team noted that repeat screening for undernutrition is not conducted routinely, but rather carried out in response to clinical need. It was further noted that there is variation in patient access to specialist services and the timescales within which patients are seen. Various documentation is used within NHS Tayside to record the patient's nutritional assessment; however, staff reported that revised documentation, which includes MUST, is being implemented across the acute services division. Staff confirmed that the revised documentation will be used to record all aspects of patients' nutritional care and that training is being carried out to ensure full completion of this documentation. The review team concluded that the challenges for Tayside NHS Board are to progress implementation of the procedures for assessment, screening and care planning, particularly within the acute services division, and to include a core nutrition data set in assessment, care planning and discharge documentation.

Monitoring

As Tayside 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. Following the Board-wide nutrition audit carried out in 2005, action plans have been prepared and staff reported the intention to undertake a re-audit to monitor progress in October 2006.

Impact on patient care

As Tayside 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 Tayside

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.

Development

Tayside NHS Board is in the initial stages of developing a single nutrition awareness, education and training programme. The strategic plan states the intention to establish a training and education subgroup of the nutritional care group to facilitate this process. The review team noted that there are a variety of local programmes in place for nutrition awareness, education and training. These range from web-based modules to informal ward level training. The nutrition standards project intends to carry out a training needs analysis to: identify what training is already available; agree the type and level of mandatory training required for particular staff groups; and agree how frequently this training should be provided. This analysis will then inform the planning and provision of a Board-wide programme of education and training.

Implementation

The review team was provided with evidence to indicate that there is a strategic and planned approach to developing a Board nutrition awareness, education and training programme. A comprehensive training needs analysis will be undertaken to identify and agree the provision of training across NHS Tayside, prior to the implementation and roll-out of a single Board programme.

Evidence provided to the review team indicates that there are nutrition components included in the NHS Tayside induction programme. Catering and dietetic staff attend in-service nutrition training in both the primary care and acute services divisions, and the nutrition and dietetic department runs various education programmes on food, fluid and nutritional care for ward staff and catering staff. Awareness of opportunities for training is raised through the NHS Tayside learning and development website and, where training is mandatory, staff are directed to attend by line managers.

MUST training is provided to nurses and medical undergraduates. The review team was informed that a CD ROM to further support MUST, and training in weighing and measuring patients, is being developed by the acute services division in conjunction with a modernisation consultant and representatives from the acute and primary care divisions. NHS Tayside also offers Partners in Active Continuous Education (PACE) learning packs in nutritional care to nursing staff, healthcare assistants and allied health professionals. The key elements of PACE nutritional care training are also delivered within the standard National Incremental Competencies in Healthcare Education (NiCHE) development

programme for all healthcare assistants in the acute services division, and dietitians provide a formal teaching session on nutritional care to participants on this programme.

Speech and language therapists provide dysphagia training to nursing staff throughout NHS Tayside, and the review team was informed that some wards have identified specific training requirements at induction which include managing patients who have complex nutritional requirements due to problems with swallowing. The nutrition standards project offers a dysphagia and oral health study day, involving input from a dietitian, speech therapist and dental officer.

There are policies within the primary care division and acute services division which require that staff are trained in food hygiene and safety matters commensurate with their duties. The policies state that catering managers, clinical ward managers and heads of departments identify those staff who require training, and ensure that training is monitored and refreshed on a regular basis. A range of food hygiene training is available for catering staff. This includes the Royal Environmental Health Institute of Scotland (REHIS) elementary and intermediate training on food safety, and an introductory programme on food safety that is delivered by the infection control department.

The review team particularly noted the development of the Professional Certificate in Therapeutic Dietary Needs for Caterers and Diet Cooks. This course has been developed by the nutrition standards project in partnership with colleges in Tayside. The course examines the nutritional needs of particular patient populations who may require modified diets. The course is open to relevant NHS Tayside catering staff, and local catering and dietetic staff contribute to the delivery of the programme. The first course, delivered in 2004, was fully evaluated and two further courses commenced in August and September 2005.

The review team was informed that attendance rates at training courses and the provision of education is often restricted due to difficulties in providing staff cover and securing protected time to attend events. It was also noted that it may be useful to raise awareness of the statutory training requirements among staff and managers.

Monitoring

As there is currently no Board programme of nutrition awareness, education and training, there is subsequently no system in place to monitor its delivery. However, the nutritional care group receives regular reports from the operational groups within the acute and primary care divisions regarding the existing local training programmes available, and progress in moving towards a single Board training programme is detailed in the strategic plan. The review team was informed that a new web-based training database is being developed which will record individual staff training.

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

CRAG	Clinical Resource and Audit Group
MCN	managed clinical network
MEL	Management Executive Letter (former name for Health Department Letter)
MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
NiCHE	National Incremental Competencies in Healthcare Education
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 NHS Tayside was conducted on 15 December 2005.

Review Team Members

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Miss Karen Tarn

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

Appendix 3 – Timetable of Review Visits

Organisation Reviewed	Visit Date(s)
Golden Jubilee National Hospital	25 January 2006
NHS Argyll & Clyde	9 February 2006
NHS Ayrshire & Arran	10 August 2005
NHS Borders	16 November 2005
NHS Dumfries & Galloway	2 November 2005
NHS Fife	16 June 2005
NHS Forth Valley	29 June 2005
NHS Grampian	30 November 2005
NHS Greater Glasgow	28 July 2005
NHS Highland	20 October 2005
NHS Lanarkshire	14 July 2005
NHS Lothian	4 October 2005
NHS Tayside	15 December 2005
NHS Orkney	8 September 2005
NHS Shetland	23 August 2005
NHS Western Isles	22 September 2005
State Hospital	10 January 2006

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