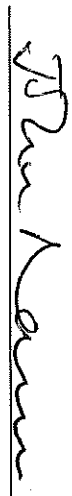


**Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
unannounced inspection to Borders General Hospital, NHS Borders (12-14 June 2017)**

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above.


NHS board Chair

Signature: 

Full Name: John Raine

Date: 27.09.17

NHS board Chief Executive

Signature: 

Full Name: Jane Davidson

Date: 27.09.17

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	<p>Area for improvement 1: Screening and Initial Assessment</p> <p>Must ensure that a nutritional care assessment is undertaken and recorded within 24 hours of admission to hospital for all patients. This includes accurately recording measured height and weight, with the date and time that these measurements were taken (if estimates are used, this should be stated and a rationale provided), eating and drinking likes and dislikes and oral health status, screening for the risk of malnutrition and re-screening as appropriate, all assessments and screening activity in line with local</p>				

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	organisational policy, and the assessment process and identifying the need for referral to specialist services, for example dental and oral health, dietetic, occupational therapy, and speech and language therapy (see page 12).				
	<i>Actions:</i>				
1.1	NHS borders use MUST tool as Nutritional care tool, this will be expanded to include date, time and action or estimated weight.	30/09/17	Associate Director of Nursing & Midwifery	Complete	15/09/17
1.2	Deliver training on MUST assessment and the importance of completion of documentation within 24 hours of admission for RN's and HCSW's.	30/11/17	Associate Director of Nursing & Midwifery	On track for completion 30/11/17.	
1.3	Prepare a plan for ongoing update training.	30/08/17	Associate Director of Nursing & Midwifery	Complete	30/08/17
1.4	Provide refresher training to FFN champions.	31/12/17	Operational Lead Training & Professional Development	On track for completion December 2017.	
1.5	Deliver ongoing support and development for FFN champions.	30/10/17	Operational Lead Training & Professional Development	Complete	15/09/17
1.6	Adjust OPAH weekly quality review to focus on accuracy of MUST assessment, re-screening and actions taken from MUST assessment.	30/06/17	Head of Clinical Governance & Quality	Complete	30/06/17

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	consulting with any appointed power of attorney or guardian. These discussions including any discussions with the patient's health records (see page 14).				
2.2	<i>Actions:</i> Capacity training to be included in the Induction training for all new Doctors.	03/08/17	Associate Medical Director	Complete	03/08/17
2.3	Annual training to be provided for all Consultants covering capacity for decision making.	31/08/17	Associate Medical Director	Complete	31/08/17
2.4	Refine OPAH weekly quality review to facilitate specific feedback to medical staff.	31/08/17	Associate Medical Director	Complete	31/08/17
2.5	Heads of Clinical Service and Associate Medical Directors to ensure compliance and improvement actions.	30/09/17	Medical Director	Complete	18/09/17
6	<u>Area for improvement 4 & 7: Food, Fluid and Nutrition</u> Must ensure that mealtimes consistently are managed in a way that ensures that patients are prepared for meals and that are principles of Making Meals Matter are implemented (see page 18). Must ensure that oral nutritional supplements are available and are accurately recorded for patients who require them and appropriate action taken in relation to intake as required (see page 18). <i>Actions:</i>				

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
6.1	Establish a consistent approach to mealtimes on wards: Develop role descriptor for mealtime coordinator.	30/10/17	Quality Improvement Facilitator for Clinical Effectiveness	On track for completion 30/10/17	
6.2	Agree and implement a process for the provision of oral nutritional supplements and ensure accurate recording.	30/10/17	Catering Dietician and Associate Medical Director and Associate Nurse Director	On track for completion 30/10/17	
10	Area for improvement 8: Skills and accountability Must ensure that staff have the knowledge and skills required to meet patients' food, fluid and nutritional care needs; commensurate with their duties and responsibilities and relevant to their professional disciplines and area of practice (see page 19).				
10.1	<i>Actions:</i> Provide education as outlined above in actions 1.2, 1.3, 1.4, 1.5, 2.2 and 2.3.	Timescales as outlined above	Associate Director of Nursing and Midwifery/Operational Lead for Training and Development/ Associate Medical Director	As above timescales.	
10.2	Provide clarity of roles and responsibilities in nutritional care policy.	31/10/17	Associate Director of Nursing and Midwifery	On track for completion 31/10/17.	
11	Area for improvement 9: Leadership and management Must ensure there is governance and leadership for				

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	nutritional care in order to provide assurance to the NHS Borders' Board that the provision of food, fluid and nutrition meets the required national standards for safe and effective patient care. This must include (but not restricted to): a strategic hydration and nutritional care group which produces an annual report, policies and pathways to ensure delivery of safe and effective care that meets individual nutritional care needs, and evidence of appropriate risk assessments and management (see page 20).				
11.1	<i>Actions:</i> Develop Food, Fluid and Nutritional Care strategy	31/12/17	Director of Nursing and Midwifery	On track for completion 31/12/17.	
11.2	Refresh steering group for FFN to provide a strategic focus, including a review of membership	30/09/17	Associate Director of Nursing and Midwifery	Complete	18/09/17
11.3	Develop appropriate NHS Borders wide policies and pathways to ensure delivery, using learning from other NHS organisations	30/11/17	Director of Nursing and Midwifery	On track for completion 30/11/17.	
11.4	Ensure improved annual reporting to Board Clinical Governance Committee (CGC) in line with annual workplan.	31/03/18	Associate Director of Nursing and Midwifery	Will be considered to CGC in October 2017.	
12	Area for improvement 5, 6 & 10: Communication Must ensure that fluid balance and food record charts are				

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	<p>commenced and accurately completed for those patients who require them and appropriate action is taken in relation to patients intake or output as required (see page 18).</p> <p>Must ensure all artificial feeds and water are fully and accurately recorded in line with local protocol (see page 18).</p> <p>Must ensure that all documentation is dated, timed and signed and space should be made available for this on the activities of daily living section of the Adult Unitary Record and each Rapid Risk Assessment (see page 21).</p>				
12.1	<p><i>Actions:</i></p> <p>Agree consistent process for recording fluid balance.</p>	31/10/17	Associate Director of Nursing & Midwifery	Complete	18/09/17
12.2	<p>Reinforce standards of good record keeping and audit compliance including testing a Person Centred Coaching approach.</p>	31/10/17	Director of Nursing & Midwifery	Complete	18/09/17
12.3	<p>Add space for date, time and signature to the activities of daily living section of the Adult Unitary Record and each Rapid Risk Assessment form as part of a full revision of the full Adult Unitary Record by the Short Life Working Group.</p>	31/01/18	Associate Director of Nursing & Midwifery	On track for completion 31/01/18.	

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