

**Borders NHS Board**



## **FOOD, FLUID AND NUTRITION UPDATE**

### **Aim**

The purpose of this paper is to update the Board on progress on the action plan produced in response to the Health Improvement Scotland unannounced inspection report.

### **Background**

An unannounced inspection was carried out by Health Improvement Scotland in NHS Borders between 12- 14 June 2017. This was the first time a thematic review of food fluid and nutrition had been undertaken and took account of nutritional care issues raised during the Joint Older People's Inspection which took place between December 2016 and February 2017.

### **Summary**

The inspectors saw staff treating all patients with dignity and respect and noted that interactions were positive and friendly

The inspectors reported on 4 areas of good practice and 10 areas for improvement.

#### **Good practice**

- positive patient feedback relating to food quality and choices
- flexible approach taken by kitchen staff in trying to meet patient needs/requests
- when patients are referred to a dietician the input is positive
- provision of snacks and access to alternative meals

#### **Areas for Improvement**

- governance and leadership for nutritional care , a strategic group overseeing an implementation plan , up to date policies and pathways to ensure delivery of safe and effective care that meets individual nutritional needs
- significant areas of improvement required in all aspects of documentation, including signing and dating entries in patients notes, accurately documenting all feeds and supplements , completion and updating of MUST documentation and consistent measurement of fluid balance
- completed nutritional care plans for all patients involving patient/carer when appropriate
- adequate training for staff on aspects of food fluid and nutrition
- mealtimes managed consistently

## ASSESSMENT

There is a need to increase the educational input to staff to ensure they are up to date with current best practice and have confidence and understanding in relation to nutritional documentation. A training plan has been developed with appropriate timescales for completion. Some of the required training will be undertaken within the ward area to allow staff to complete it within their normal working day. There are short term educational interventions i.e. 30 minute training for Malnutrition Universal Screening Tool (MUST); however other training that will take several months to implement as they require training then an improvement approach to implement and embed the new process e.g. nutritional care plans. The plan is at Annex A for your reference.

While there has been a local nutrition group which has coordinated key issues the inspection highlighted the need to develop a strategic nutrition plan and to undertake regular reviews of nutrition policies. A multidisciplinary food, fluid and nutrition strategic group has now been formed, which is chaired by a Gastro Intestinal Consultant and Co-chaired by the Associate Nurse Director. This strategic group will update our policies (by 30/11/17); and oversee the development of the food, fluid and nutritional strategy (by 31/12/17).

It is also planned to revitalise the role of meal time co-ordinators and to ensure greater consistency of mealtimes across ward areas.

The Director of Nursing, Midwifery & Acute Services met with senior colleagues from Health Improvement Scotland and the Chief Nursing Officer's Directorate in Scottish Government and they agreed to support this improvement work.

## Recommendation

The Board is asked to **note** this paper. There will be bi-monthly updates on progress against the action plan to the Clinical Governance Committee going forward and to the Board by way of those minutes.

<b>Policy/Strategy Implications</b>	This issue is critical to Patient Safety.
<b>Consultation</b>	This paper has been discussed with Senior Nurses Group and the need for FFN approach endorsed by the Joint Older Peoples Inspection Executive Team.
<b>Consultation with Professional Committees</b>	As yet this has only been discussed with Nurses and some AHPS, it is intended to take the issue to Senior Medical Staff Committee as well. Their next meeting is on 15/11/17.
<b>Risk Assessment</b>	The key risks are: <ol style="list-style-type: none"> <li>1. Patient Care, if patients food, fluid and nutritional (FFN) needs are not met then their health and wellbeing will be compromised.</li> <li>2. If patients FFN needs are not met there will be more likelihood of them remaining in Hospital for prolonged periods with all</li> </ol>

	<p>the attendant risks to them and others.</p> <p>3. Reputational risk. The actions in our plan are designed to mitigate these risks.</p>
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	A rapid impact assessment process has identified the specific cultural and religious dietary requirements of some patients as an area requiring specific focus and education of staff to discover these and ensure the needs are raised with catering staff, all menus and needs are provided by our on-site catering staff
<b>Resource/Staffing Implications</b>	There will be minor backfill requirements to release Ward Staff for training, these will be minimised and met from existing staff budgets.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Claire Pearce	Director of Nursing Midwifery & Acute Services		

**Author(s)**

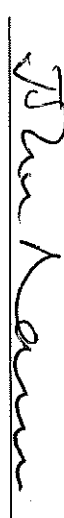
<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Claire Pearce	Director of Nursing Midwifery & Acute Services		

**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	<b>Area for improvement 1: Screening and Initial Assessment</b> 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				

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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 HC SW'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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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.7	Audit of compliance with FFN standards – develop Person Centred Coaching Tool approach as audit mechanism for senior nurses to provide learning and ongoing training to their teams and test effectiveness.	Testing August - October 2017	Head of Clinical Governance & Quality	Currently testing on Wards 9, 10, 12 and BSU. On track for rollout October 2017.	
2	<b><u>Area for Improvement 2 and 3: Person Centred Care Planning</u></b>				
	Must ensure that where assessed as being required, a person centred nutritional care plan is developed, followed and reviewed with the patient or carer (see page 14).				
	<b>Actions:</b>				
2.1 a	Develop effective & reliable use of person centred nutritional care plans: Provide ward-based education on fundamentals of care planning.	30/11/17	Associate Director of Nursing & Midwifery	Training commencing on 01/10/17. On track for completion 30/11/17.	
2.1 b	Develop effective & reliable use of person centred nutritional care plans: Refine and test care planning documentation using improvement approach.  Must ensure that people in hospital are involved in decisions about their care and treatment. Capacity for decision-making must be assessed in line with Adults with Incapacity (Scotland) Act 2000. When legislation is used, it must be fully and appropriately implemented. This includes	31/01/18	Associate Director of Nursing & Midwifery	Commenced July 2017. On track for completion 31/01/18.	

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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	<b><u>Area for improvement 4 &amp; 7: Food, Fluid and Nutrition</u></b> 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	<b>Area for improvement 8: Skills and accountability</b> 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).  <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	<b>Area for improvement 9: Leadership and management</b> 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	<b><u>Area for improvement 5, 6 &amp; 10:</u></b> <b><u>Communication</u></b> 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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