

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 Malnutrition Universal Screening Tool 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

The previous Food Fluid & Nutrition Report to the Board identified the 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.

Malnutrition Universal Screening Tool (MUST) training has been delivered to 77% of Registered Staff and Health Care Support Workers within the Borders General Hospital. Training will be cascaded to Community Hospitals as of 20 November 2017 and Mental Health Staff to be trained with trajectory of 100% staff within NHS Borders being trained by mid February 2018. For all new nursing staff this will be included in induction programme starting in January 2018. MUST training will be required two yearly thereafter.

The multidisciplinary food, fluid and nutrition steering group has continued to work on process and policy and the Food Fluid and Nutrition Policy will be tabled at Clinical Executive Operational Group on 23 November 2017. The Food, Fluid and Nutritional Strategy will be tabled at the Clinical Executive Strategy Group by 14 December 2017.

The Director of Nursing, Midwifery & Acute Services met with senior colleagues from Health Improvement Scotland early in November. It was agreed that there would be benefits of exploring additional support from the Tailored and Responsive Improvement Support Team (TRIST). They have agreed to provide bespoke improvement advice and coaching for specific local issues and will be working with the Associate Director of Nursing and her team to continue to deliver on Food Fluid and Nutrition within NHS Borders.

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.

Policy/Strategy Implications	This issue is critical to Patient Safety.
Consultation	This paper has been discussed with Senior Nurses Group and the need for Food Fluid and Nutrition approach endorsed by the Joint Older Peoples Inspection Executive Team.
Consultation with Professional Committees	This has been consulted with Nurses, Allied Health Professionals and the Senior Medical Staff Committee.
Risk Assessment	The key risks are: <ol style="list-style-type: none"> 1. Patient Care, if patients' food, fluid and nutritional (FFN) needs are not met then their health and wellbeing will be compromised. 2. If patients FFN needs are not met there will be more likelihood of them remaining in Hospital for prolonged periods with all the attendant risks to them and others. 3. Reputational risk.

	The actions in our plan are designed to mitigate these risks.
Compliance with Board Policy requirements on Equality and Diversity	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.
Resource/Staffing Implications	There will be minor backfill requirements to release Ward Staff for training, these will be minimised and met from existing staff budgets.

Approved by

Name	Designation	Name	Designation
Claire Pearce	Director of Nursing, Midwifery & Acute Services		

Author(s)

Name	Designation	Name	Designation
Nicky Berry	Associate Director of Nursing and Head of Midwifery		

**Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
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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.

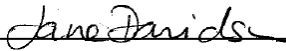
NHS board Chair

Signature: _____

Full Name: John Raine

Date: 27.09.17

NHS board Chief Executive

Signature: 

Full Name: Jane Davidson

Date: 27.09.17

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**Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	<p><u>Area for improvement 1: Screening and Initial Assessment</u> 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 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).</p> <p><i>Actions:</i></p>				
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. Detailed training plan for NHS Borders, BGH ahead of delivery target (77% as	

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.3	Prepare a plan for ongoing update training.	30/08/17	Associate Director of Nursing & Midwifery	at 10/11/17) Complete <ul style="list-style-type: none"> FFN training included in corporate induction from January 2018 Update training commencing August 2019 	30/08/17 15/09/17
1.4	Provide refresher training to FFN champions.	31/12/17	Operational Lead Training & Professional Development	On track for completion December 2017. First refresher training will be 13 th December 2017. Link nutritional nurses identified across NHS Borders. Mop-up date is 5 th February 2018 Complete as above and merge with 1.3.	30/06/17
1.5	Deliver ongoing support and development for FFN champions.	30/10/17	Operational Lead Training & Professional Development	Complete	15/9/17
1.6	Adjust OPAH weekly quality review to focus on accuracy of MUST assessment, re-screening and actions taken	30/06/17	Head of Clinical Governance & Quality	Complete	30/6/17

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.7	from MUST assessment. 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. Rollout to other BGH wards and Community hospitals commenced 06/11/2017	03/11/2017
2	<u>Ares for improvement 2 and 3: Person Centred Care Planning</u> 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). <i>Actions:</i> Develop effective & reliable use of person centred nutritional care plans: Provide ward-based education on fundamentals of care planning.	31/01/18	Associate Director of Nursing & Midwifery	Training commencing on 01/10/17. On track for completion 30/11/17. Nutritional care planning has been covered in MUST training. PCCT will ensure quality of nutritional care planning.	
2.1 a					

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2.1 b	<p>Develop effective & reliable use of person centred nutritional care plans: Refine and test care planning documentation using improvement approach.</p> <p>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 consulting with any appointed power of attorney or guardian. These discussions including any discussions with the patient's health records (see page 14).</p>	31/01/18	Associate Director of Nursing & Midwifery	Commenced July 2017. On track for completion 31/01/18.	
2.2	<p><i>Actions:</i> Capacity training to be included in the Induction training for all new Doctors.</p>	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 AMDs working on plan for 2018	31/08/17
2.4	Refine OPAH weekly quality review to facilitate specific feedback to medical staff.	31/08/17	Associate Medical Director	Complete David Love developing delivery plan to address poor compliance with AWI	31/08/17

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2.5	Heads of Clinical Service and Associate Medical Directors to ensure compliance and improvement actions.	30/09/17	Medical Director	and 4AT. Improvement plan commenced 10/11/17. 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).				
6.1	<i>Actions:</i> Establish a consistent approach to mealtimes on wards: Develop role descriptor for mealtime coordinator.	30/10/17	Quality Improvement Facilitator for Clinical Effectiveness	Complete	08/11/17
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	Testing new processes highlighted further issues to be resolved and that	

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
			Nurse Director	new processes are required. At present the supplements are still being prescribed on a drug Kardex. BSU and Ward 4 will test new documentation and processes, with the intention to scale up and spread. New processes to be developed before December 2017 and scale up plan defined.	
10 10.1	<p><u>Area for improvement 8: Skills and accountability</u> 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).</p> <p><i>Actions:</i> Provide education as outlined above in actions 1.2, 1.3, 1.4, 1.5, 2.2 and 2.3.</p>	Timescales as outlined above	Associate Director of Nursing and Midwifery/Operational Lead for Training and Development/ Associate Medical	As above timescales.	

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
10.2	Provide clarity of roles and responsibilities in nutritional care policy.	31/10/17	Director Associate Director of Nursing and Midwifery	Has been on track for completion 31/10/17, but governance route for this development requires broader engagement and agreement by CEOPs. To be presented to CEOPs Group 23/11/17	
11	<u>Area for improvement 9: Leadership and management</u> Must ensure there is governance and leadership for 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).	31/12/17	Director of Nursing and Midwifery	On track for completion 31/12/17. To be tabled at CE Strategy Group 14/12/17	
11.1	<i>Actions:</i> Develop Food, Fluid and Nutritional Care strategy	30/09/17	Associate Director of Nursing and Midwifery	Complete	18/09/17

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
11.2	Refresh steering group for FFN to provide a strategic focus, including a review of membership	30/11/17	Director of Nursing and Midwifery	On track for completion 30/11/17. HIS to provide TRIST Support to ADON	
11.3	Develop appropriate NHS Borders wide policies and pathways to ensure delivery, using learning from other NHS organisations				
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 by CGC 29/11/17	
12	<p><u>Area for improvement 5, 6 & 10: Communication</u></p> <p>Must ensure that fluid balance and food record charts are 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</p>				

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Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	18). 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). <i>Actions:</i>				
12.1	Agree consistent process for recording fluid balance.	31/10/17	Associate Director of Nursing & Midwifery	Complete	18/09/17
12.2	Reinforce standards of good record keeping and audit compliance including testing a Person Centred Coaching approach.	31/10/17	Director of Nursing & Midwifery	Complete	18/09/17
12.3	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.	31/01/18	Associate Director of Nursing & Midwifery	On track for completion 31/01/18. Claire Pearce has asked Lanarkshire for their version and Short Life Working Group commenced on 24 th October 2017.	

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