

**Borders NHS Board****INSPECTION: FOOD FLUID AND NUTRITION REPORT****Aim**

To assure the Board that the planned activity relating to Food, Fluid and Nutrition is being done with an improvement focus and that this is evident throughout NHS Borders in relation to the Healthcare Improvement Scotland (HIS) Complex Nutrition Care Standards

**Background**

An unannounced inspection was carried out by Healthcare Improvement Scotland in NHS Borders between 12<sup>th</sup> and 14<sup>th</sup> June 2017. This was the first time a thematic review of Food, Fluid and Nutrition has 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**

Following the inspection, 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 patients needs/requests;
- When patients are referred to a dietician the input is positive; and
- Provision of snacks and access to alternate 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 (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

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.

MUST training has been delivered to 98% of Registered Staff and Health Care Support Workers within the Borders General Hospital. Training has also been cascaded to Community Hospitals with 48% of Registered Staff and Health Care Support Workers trained and in Mental Health 35% of staff have been trained. The focus now remains on progressing the training in Community Hospitals and Mental Health inpatient wards. Dietitians have developed an audit tool to allow for screening, care planning accuracy and quality to be assessed. Each of the acute Dietitians then audited 5 patient health records on their wards to provide a sample size of 20 patients. The initial audit was carried out in August 2017 prior to the delivery of MUST training in the BGH and then re-audited in April 2018 which showed that the MUST accuracy, completion and care planning has improved within the Borders General Hospital following the implementation of revised documentation and training.

MUST training has been included in the induction programme for all Registered Nursing Staff and this will be followed up by the link nurses on the wards. A LearnPro module is being sourced which will provide future training to all Health Care Support Workers.

All nutritional link nurses must attend 6 monthly study days which covers all aspects of nutritional care allowing them to progress effective nutritional care within their wards.

Dietitians are now involved at the Registered Nurse clinical update sessions providing expertise advice. Enteral tube feeding is a specialist practice; Nutricia Enteral Nurse Specialists are delivering training to Registered Nurses within the Borders General Hospital and across community, ensuring they are clinically competent in best practice related to enteral tube feeding.

A multidisciplinary food, fluid and nutrition steering group meets monthly and is chaired by the Associate Nurse Director and co-chaired by a Gastro Intestinal Consultant/Lead Clinical Nurse Specialist Gastroenterology and are currently benchmarking against the Complex Nutritional Standards December 2015.

The Food, Fluid and Nutrition Policy and the Food, Fluid and Nutritional Strategy 2017 – 2022 has been finalised and are available on NHS Borders Intranet. There is work ongoing regarding development of pathways and this is expected to be completed by September 2018.

There is significant improvement in compliance of the patient centred coaching tool with 100% compliance noted 25<sup>th</sup> – 31<sup>st</sup> May. This tool monitors compliance of MUST and care-plans.

The outstanding actions on the plan are

- To complete the roll out of MUST training to community and mental health, this will be complete by September 2018
- To continue to test the new unitary patient records and then scale and spread, it is anticipated the spread will commence in October 2018

- To roll out the new documentation to record nutritional supplements, this will commence on 2<sup>nd</sup> July 2018
- To complete the development of food and nutrition pathways, this should be completed by September 2018

### Recommendation

The Board is asked to **note** this report and a further update will be provided at the December Board.

<b>Policy/Strategy Implications</b>	To provide assurance of ongoing focus to achieve the Complex Nutritional Care Standards outlined by Healthcare Improvement Scotland as this issue is critical to patient safety.
<b>Consultation</b>	The content of this report has been discussed with Senior Nurse Group and the need for Food, Fluid and Nutrition approach endorsed by the Joint Older Peoples Inspection Executive
<b>Consultation with Professional Committees</b>	This has been consulted with Nurses, Allied Health Professionals and the Senior Medical Staff Committee
<b>Risk Assessment</b>	<p>The key risk are;</p> <ol style="list-style-type: none"> <li>1. Patient Care, if patient's 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 the attendant risks to them and others.</li> <li>3. Reputational risk.</li> </ol> <p>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>
Nicky Berry	Associate Director of Nursing and Head of Midwifery		