

Borders NHS Board



Meeting Date: 17 January 2019

Approved by:	Nicky Berry, Director of Nursing, Midwifery and Acute Services
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FOOD, FLUID AND NUTRITION ANNUAL REPORT	
Purpose of Report:	
The purpose of this report is to advise the Board with regards Food, Fluid and Nutrition in NHS Borders.	
Recommendations:	
The Board is asked to note this report.	
Approval Pathways:	
This report has been prepared by the Executive Lead for Food Fluid and Nutrition (FFN) and has received input from members of the FFN Steering Group.	
Executive Summary:	
This report provides an overview for NHS Borders Board in relation to the Healthcare Improvement Scotland (HIS) Standards for Food, Fluid and Nutritional Care.	
Impact of item/issues on:	
Strategic Context	Food, Fluid and Nutrition are fundamental to health and wellbeing therefore to quality and safety in healthcare.
Patient Safety/Clinical Impact	Noted in risk implications.
Staffing/Workforce	There will be minor backfill requirements to release Ward Staff for training, these will be minimised and met from existing staff budgets.
Finance/Resources	None.
Risk Implications	The key risk are; <ol style="list-style-type: none"> 1. Patient Care, if patient's 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.
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.
Consultation	This has been consulted with members of the Food Fluid and Nutrition Steering Group.
Glossary	FFN – Food, Fluid and Nutrition HIS – Healthcare Improvement Scotland OPAH – Older People in Acute Hospitals HCSW – Health Care Support Workers Malnutrition Universal Screening Tool (MUST): <i>The ‘Malnutrition Universal Screening Tool’ (‘MUST’) was developed by the Malnutrition Advisory Group, a standing committee of BAPEN and it has been reviewed regularly since its launch in 2003. It is supported by many governmental and non-governmental organisations including the British Dietetic Association (BDA), the Royal College of Nursing (RCN) and the Registered Nursing Home Association RNHA) and is the most commonly used screening tool in the UK.</i>

Situation

Food, Fluid and Nutrition (FFN) are fundamental to health and wellbeing. Health Improvement Scotland (HIS) published revised minimum standards to demonstrate delivery of safe, effective and person centred care in relation to nutrition. These standards allow for monitoring local for improvement and to ensure national consistency.

Background

The standards have been designed to drive improvements in the recognition of malnutrition within hospitals. Healthcare Improvement Scotland reviews the standards in October 2014 during unannounced inspections through their Care of Older People in Acute Hospitals (OPAH) and Thematic Reviews of Food Fluid and Nutrition.

NHS Borders had a thematic review of FFN in June 2017 by HIS with a further OPAH inspection in November 2018.

Assessment

There are six standards for FFN care. The standards are:

- Standard 1-Policy and Strategy:

NHS Borders FFN policy review date is October 2019 and the NHS Borders FFN Care strategy is being reviewed and will be complete by the end of January 2019. The Complex Nutritional Standards have been divided into Adult and Paediatrics and this document is also expected to be approved by the end of January. All policies and strategies will then be reviewed on an annual basis by the steering group.

NHS Borders is compliant in relation to standard 1 regarding FFN steering group which meets monthly and has representation from catering, training and development, meal time volunteer, dieticians, nursing and Consultant Gastroenterologist. This group is chaired by the Associate Director of Nursing and Head of Midwifery.

- Standard 2-Assessment, screening and care planning:

Progress has been made on nutritional care assessment and screening for malnutrition. Further improvement is required in ensuring that nutritional care planning is developed, followed and reviewed. This is monitored through Person Centered Coaching Tool.

- Standard 3-Planning and delivery of food and fluid in hospital:

NHS Borders is compliant with standard 3. The FFN steering group has multi disciplinary input. The minutes of the catering forum are discussed during this meeting.

- Standard 4-Provision of food and fluid in hospital:

NHS Borders is compliant with standard 4. All patients are given choice for all food and fluids with a choice of portion size. Patients are encouraged and assisted if required to clean their hands before mealtimes. Staff assist and support patients as required at mealtimes. There is a mealtime coordinator role for all in patient wards.

- Standard 5-Patient information and communication:

Information and communication about food, fluid and nutritional care are delivered in formats suitable for patients identified communication needs. Communication is essential between staff and patients regarding patient's nutritional needs.

- Standard 6-Education and training for all staff:

MUST training is now included in Registered Nurse induction and is delivered by Dieticians. NHS Borders has developed a LearnPro module to ensure there is an effective way of delivering MUST training. This will be mandatory for all Registered and HCSW employed within in-patient setting in NHS Borders. The FFN steering group is considering the requirement for this to be mandatory for all nursing staff in NHS Borders.

MUST training has been delivered to 100% of Registered Staff and Health Care Support Workers (HCSW) within the Borders General Hospital and 92% of staff within Mental Health have now been trained, the other 8% are currently on sick leave or maternity leave and their training will be provided when they return to work.

In the community, the following have been trained:

- Hawick Community Hospital– 100% complete
- Kelso Community Hospital – Registered Nurses – 90% and HCSW – 90% complete
- Haylodge Hospital – Registered Nurses – 90% and HCSW 69% complete
- The Knoll – Registered Nurses – 90% and HCSW 100% complete

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. Dieticians deliver clinical update sessions during the Registered Nurse clinical update yearly.

Action Plan

The Board is asked to note the progress against the attached Improvement Plan which has one outstanding action. Training is ongoing and the rollout of the Adult Unitary Patient Record will be complete by the end of March 2019.

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: _____

NHS board Chief Executive

Signature: _____

Full Name: Jane Davidson

Date: _____

File Name: Appendix-2019-3 FFN Inspection Action Plan Attach Updated 09.01.18 updated 26.11.18	Version: 1.3	Date: 10/01/2019
Produced by: NHS Borders	Page: Page 1 of 9	Review Date: 16 weeks following inspection

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></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 organisational policy, and the assessment process and indentifying 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	Complete	30/11/17

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	Complete	13/12/17
1.4	Provide refresher training to FFN champions.	31/12/17	Operational Lead Training & Professional Development	Complete	30/06/17
1.5	Deliver ongoing support and development for FFN champions.	30/10/17	Operational Lead Training & Professional Development	Complete	30/06/2017
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 (replaced with PCCT)	22/12/2017 & 31/05/2018
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	Complete	03/11/17

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2	<p><u>Ares for improvement 2 and 3: Person Centred Care Planning</u></p> <p>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).</p> <p><i>Actions:</i></p>				
2.1a	<p>Develop effective & reliable use of person centred nutritional care plans: Provide ward-based education on fundamentals of care planning.</p>	31/01/2018	Associate Director of Nursing & Midwifery	Training commenced on 01/10/17. Nutritional care planning has been covered in MUST training. PCCT will ensure quality of nutritional care planning.	
2.1b	<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>			Costing has been requested for the new AUPR Document in November 2018. Roll out expect mid March 2019. Training is ongoing.	

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2.2	<i>Actions:</i> Capacity training to be included in the Induction training for all new Doctors.	09/08/2017	Associate Medical Directors (AMD's)	Complete	03/08/17
2.3	Annual training to be provided for all Consultants covering capacity for decision making.	31/08/2017	Associate Medical Directors (AMD's)	Complete	31/08/17
2.4	Refine OPAH weekly quality review to facilitate specific feedback to medical staff.	31/08/2017	Associate Medical Directors (AMD's)	Complete (replaced with PCCT)	31/08/2017 & 31/05/2018
2.5	Heads of Clinical Service and Associate Medical Directors to ensure compliance and improvement actions.	30/09/2017	Medical Director	Complete	18/09/2017
6	<p><u>Area for improvement 4 & 7: Food, Fluid and Nutrition</u></p> <p>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).</p> <p>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).</p> <p><i>Actions:</i></p>				
6.1	Establish a consistent approach to mealtimes on wards:	30/10/17	Quality Improvement	Complete	08/11/17

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
6.2	Develop role descriptor for mealtime coordinator. Agree and implement a process for the provision of oral nutritional supplements and ensure accurate recording.	30/10/17	Facilitator for Clinical Effectiveness Catering Dietician and Associate Medical Director and Associate Nurse Director	Complete	June 2018
10	<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). <i>Actions:</i>				
10.1	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	Complete	June-December 2017
10.2	Provide clarity of roles and responsibilities in nutritional care policy.	31/10/17	Associate Director of Nursing and Midwifery	Complete	23/11/17

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
11	<p><u>Area for improvement 9: Leadership and management</u></p> <p>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).</p> <p><i>Actions:</i></p>				
11.1	Develop Food, Fluid and Nutritional Care strategy.	31/12/17	Director of Nursing and Midwifery	Complete.	14/12/17
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	30/09/2017
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	Complete	September 2018
11.4	Ensure improved annual reporting to Board Clinical Governance Committee (CGC) in line	31/03/18	Associate Director of Nursing and Midwifery	Complete	29/11/17

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	with annual workplan.				
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 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> <p><i>Actions:</i></p>				
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	31/01/18	Associate Director of Nursing & Midwifery	Complete (AUPR Document has been sent for quotes for printing)	15/11/18

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	by the Short Life Working Group.				