

Borders NHS Board



Meeting Date: 24 June 2021

Approved by:	Sarah Horan, Director of Nursing, Midwifery & AHPs
Author:	Elaine Dickson - Interim Lead Nurse
FOOD, FLUID & NUTRITION UPDATE	
Purpose of Report:	
<p>The purpose of this report is to assure the Board that the planned activity relating to Food, Fluid and Nutrition is being delivered with an improvement focus and that this is evident throughout NHS Borders in relation to the Healthcare Improvement Scotland (HIS) Complex Nutrition Care Standards.</p>	
Recommendations:	
<p>The Board is asked to note the report.</p>	
Approval Pathways:	
<p>This report has been produced for the Board. The report was been reviewed by the Board Executive Team on 15 June 2021.</p>	
Executive Summary:	
<p>Following an unannounced inspection by Healthcare Improvement Scotland in June 2017, an action plan had been developed which the board received an update on the 17th January 2019. This paper is an update from 2019 recognising that Covid impacted on both the planned improvement work and the reporting in 2020.</p>	
Impact of item/issues on:	
Strategic Context	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.
Patient Safety/Clinical Impact	This paper is aligned to Clinical Governance & Quality work plan to ensure Health Improvement Scotland standards are delivered within NHS Borders
Staffing/Workforce	There will be minor backfill requirements to release Ward Staff for training, this will be minimised and met from existing staff budgets.
Finance/Resources	Potential financial benefits due to a reduction in spend on avoidable harm. Promotes safe, effective affordable care.
Risk Implications	<p>The key risk are;</p> <ol style="list-style-type: none"> 1. Patient Care, if patient's food, fluid and nutritional

	<p>(FFN) needs are not met then their health and wellbeing will be compromised.</p> <ol style="list-style-type: none"> 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. Reputational risk. <p>The actions in our plan are designed to mitigate these risks.</p>
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	N/A.
Glossary	N/A

Situation

- An unannounced inspection was carried out by Healthcare Improvement Scotland in June 2017. A robust action plan was implemented following this to address actions that were required. This was presented in a paper to the board on 17th January 2019 (Appendix 1). The purpose of this paper is to update the board on continuing progress against the Health Improvement Scotland Complex Nutritional Care Standards.

Background

- The Lead Nurse for Acute is currently the Lead for Food Fluid and Nutrition across the Board area. Initial significant progress was made in relation to staff training in relation to Malnutrition Universal Screening.
- Initial training has been further strengthened by the appointment of 2 senior nurses to support the continuous improvement of nursing practise in relation to meeting the nutritional and hydration needs of patients within NHS Borders. Both these staff members returned to clinical duties providing support during the Covid response; however they have now returned to the clinical governance team and are re focusing on the improvement work required.
- The Food Fluid and Nutrition Strategy group meet on a monthly basis and is chaired by Elaine Dickson and co-chaired by Kim Smith, Practice Development Lead.

Assessment

- Governance and Leadership for Nutritional Care – like many other strategy groups the FFN Strategy Group meetings were suspended over the first and second wave of the COVID 19 pandemic. These meetings have now recommenced and are scheduled monthly moving forward.

6. An analysis of current policies and guidelines identified a number as expired; these are currently being reviewed and updated by relevant members of the FFN group.
7. The ability to report incidents and adverse events directly in relation to Food, Fluid and Nutrition are now possible by the inclusion of extra criteria on Datix, this has facilitated the thematic review of incidents which will allow for the formulation of improvement plans.
8. Adequate training for staff on aspects of Food Fluid and Nutrition - Following on from the direct educational input from the dietetic team a series of "Tool box talks" which are informal group discussions that focus on MUST training carried out by a Quality Improvement nurse and the lead nurse for excellence in care. A learn pro module on MUST has been introduced and is now accessible for staff to undertake online.
9. Documentation Completion - Amendments were made to the Adult Unitary Patient Record (AUPR) previously to ensure the MUST assessment was more user friendly, to help support compliance. Audits of completion are now being broken down to specific stages of the process; this will facilitate focused improvement work. These audits have now been added onto TRAK and will be undertaken on a weekly basis across the ward areas. A sample of 5 records per week (20 month) will be submitted, with clinical governance team currently supporting staff with the required training.
10. Ongoing Improvements – In line with other Health Boards, NHS Borders continue to support the National Fluid Programme in Scotland where the aim is to standardise fluid prescribing guidelines nationally and encourage assessment and planning for patients receiving intravenous (IV) fluids. Locally this will involve improving the measurement and use of the patient's actual body weight and therefore calculating an appropriate and therapeutic volume of fluid to infuse.
11. The Quality Improvement Nurse (QIN) for Fluid Management continues to educate and mentor staff to achieve this initiative which will in turn improve patient safety outcomes.
12. The fluid management chart was rolled out throughout NHS Borders in March/April 2020 after testing and has been developed within clinical areas. It is recognised that close monitoring input and output was essential during the COVID 19 pandemic.
13. Work is underway with the Dietetic team to adapt the fluid management chart to allow Nasogastric (NG) and Percutaneous Endoscopic Gastrostomy (PEG) prescriptions, with the inclusion of input and output monitoring on same chart.
14. An audit of 30 random intravenous fluid prescription charts highlighted issues with incomplete documentation regarding actual patient weight and correct fluid weight/rate recommendations. The documentation was adapted prior to reprint to reflect the feedback from the audit.
15. Work has been completed with Training and Development to prepare an online LearnPro module for all prescribers following the National Fluid Programme guidelines. Further promotion on using the Guidelines has been done at education

sessions for junior medical staff throughout the year

16. Due to COVID 19 the role out of the traffic light jug system was suspended as bottled water was recommended for infection control purposes.
17. Supplies for jugs/lids for each bed within acute and community settings have been obtained. The new system states that:
 - Each morning, a patient is given a 750ml jug with a red lid.
 - When the first jug is empty, it is refilled and the lid is changed to amber.
 - When the amber jug is empty, it is refilled again and is changed to green.
 - A green lid indicates the patient has consumed more than 1500ml of fluid
 - A blue lid indicates staff are monitoring balance and intake is restricted
18. This will be tested in MAU, two Bays in DME the Community Hospitals , with ward 15 also looking at whether this is something which would increase hydration within the paediatric setting.
19. A feeding at risk document is currently being developed through the strategic group which aims to support healthcare professionals to work together with patients, their families and carers to make decisions around nutrition and hydration that are in the best interests of the patient. The purpose is to acknowledge quality rather than just length of life and will mainly be aimed at patients in advanced palliative stages.
20. As an organisation we are seeing a number of patients presenting in a more deconditioned state with an increased requirement for dietetic input, the strategic group are currently exploring whether there would be benefit to there being a Link person from Social work attend the FFN meetings.
21. Vanessa Hamilton has been appointed as Diatetic Lead and will be working with Lead Nurse as part of the FFN Back to basics forward to excellence work.

Appendix 1

	MUST	Numerator	Denominator	NHS B
Q1	MUST completed within 24 hrs of admission	399	449	88.86%
Q2	Date/time competed on MUST	384	449	85.52%
Q3	Are all 5 steps complete	415	449	92.43%
Q4	Is STEP 4 of MUST calculated accurately (using BMI, weight loss, disease affect) to complete the score	422	449	93.99%
Q5	Based on the MUST score are all sections of STEP 5 completed accurately	392	449	87.31%
Q6	Has the MUST assessment of weight been recorded a minimum of once per week	313	411	76.16%
Q7	Has weight been plotted on graph	270	449	60.13%
Q8	Has the scales used been recorded	166	448	37.05%
Q9	If the patient has a MUST of 1 or above has a food record chart been introduced	96	132	72.73%
Q10	If the patient has a MUST of 2 or above have they been referred to a Dietician	47	81	58.02%
Q11	Where the patient has a MUST of 1 or above has a person centred care plan been developed	64	138	46.38%