#### unannounced inspection to Borders General Hospital, NHS Borders (12-14 June 2017) Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)

#### Improvement Action Plan Declaration

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 It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete

_ <b></b>	Ref.				
Area for improvement 1: Screening and Initial Assessment  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	Action Planned	Date: 27.09.17	Full Name: John Raine	Signature: Thun A accurate	NHS board Chair
	Timescale to meet action	Date:	Full	Sign	NHS
	Responsibility for taking action	e: 27.09.17	Full Name: Jane Davidson	Signature: Chine Planicks	NHS board Chief Executive
	Progress				
	Date Completed				

Borders FINAL	Date: 27/09/2017
Produced by: NHS Borders Page: Page 1 of 8	Review Date: 16 weeks following inspection

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Ref.	Action Planned	to meet action	taking action	rrogress	Completed
	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).				
	Actions:				:
_ <del>_</del>	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.	
ယ	Prepare a plan for ongoing update training.	30/08/17	Associate Director of Nursing & Midwifery	Complete	30/0817
<u></u> - <b>4</b>	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
	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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Produced by: NHS Borders Page: Page 2 of 8 Review Date: 16 weeks following inspection	File Name: action plan template 12.14 June 2017 NHS Borders FINAL	Version: 1.0	Date: 27/09/2017
	Produced by: NHS Borders	Page: Page 2 of 8	weeks folic

			Transfer Control of the Control of t		
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	Ares for improvement 2 and 3: Person Centred Care Planning				
	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).			·	
2.1 a	Actions:  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.	31/01/18	Associate Director of Nursing & Midwifery	Commenced July 2017. On track for completion 31/01/18.	
	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				

Produced by: NHS Borders Page: Page 3 of 8 Review Date: 10	plate 12.14 June 2017 NHS Borders FINAL Version: 1.0 Da
view Date: 16 weeks following inspection	ate: 27/09/2017

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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).	Heads of Clinical Service and Associate Medical Directors to ensure compliance and improvement actions.  Area for improvement 4 & 7: Food, Fluid and Nutrition	Refine OPAH weekly quality review to facilitate specific feedback to medical staff.	Annual training to be provided for all Consultants covering capacity for decision making.	y training to be included in the Induction training for Doctors.	consulting with any appointed power of attorney or guardian. These discussions including any discussions with the patient's health records (see page 14).	Action Planned	
	30/09/17	31/08/17	31/08/17	03/08/17		Timescale to meet action	
	Medical Director	Associate Medical Director	Associate Medical Director	Associate Medical Director		Responsibility for taking action	
	Complete	Complete	Complete	Complete		Progress	
	18/09/17	31/08/17	31/08/17	03/08/17		Date Completed	

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	Page: Page 4 of 8	Version: 1.0	
	Review Date: 16 weeks following inspection	. 27/09/2017	7.4.37000047

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Area for improvement 9: Leadership and management  Must ensure there is governance and leadership for	Provide clarity of roles and responsibilities in nutritional care policy.	Actions: Provide education as outlined above in actions 1.2, 1.3, 1.4, 1.5, 2.2 and 2.3.	Area for improvement 8: Skills and accountability 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).	Agree and implement a process for the provision of oral nutritional supplements and ensure accurate recording.	Establish a consistent approach to mealtimes on wards: Develop role descriptor for mealtime coordinator.	Action Planned
	31/10/17	Timescales as outlined above		30/10/17	30/10/17	Timescale to meet action
	Associate Director of Nursing and Midwifery	Associate Director of Nursing and Midwifery/Operational Lead for Training and Development/ Associate Medical Director		Catering Dietician and Associate Medical Director and Associate Nurse Director	Quality Improvement Facilitator for Clinical Effectiveness	Responsibility for taking action
	On track for completion 31/10/17.	As above timescales.		On track for completion 30/10/17	On track for completion 30/10/17	Progress
					1	Date Completed

File Name: action plan template 12.14 June 2017 NHS Borders FINAL Version: 1.
Produced by: NHS Borders Page 5 of 8 Re

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Area for improvement 5, 6 & 10: Communication Must ensure that fluid balance and food record charts are	Ensure improved annual reporting to Board Clinical Governance Committee (CGC) in line with annual workplan.	Develop appropriate NHS Borders wide policies and pathways to ensure delivery, using learning from other NHS organisations	Refresh steering group for FFN to provide a strategic focus, including a review of membership	Actions: Develop Food, Fluid and Nutritional Care strategy	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).	Action Planned
-	31/03/18	30/11/17	30/09/17	31/12/17	Λ	Timescale to meet action
	Associate Director of Nursing and Midwifery	Director of Nursing and Midwifery	Associate Director of Nursing and Midwifery	Director of Nursing and Midwifery		Responsibility for taking action
	Will be considered to CGC in October 2017.	On track for completion 30/11/17.	Complete	On track for completion 31/12/17		Progress
			18/09/17			Date Completed

File Name: action plan template 12.14 June 2017 NHS Borders FINAL	Version: 1.0	Date: 27/09/2017
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Borders	Page: Page 6 of 8	Review Date: 16 weeks following inspection
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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.	Reinforce standards of good record keeping and audit compliance including testing a Person Centred Coaching approach.	Actions: Agree consistent process for recording fluid balance.	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).	Must ensure all artificial feeds and water are fully and accurately recorded in line with local protocol (see page 18).	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).	Action Planned
31/01/18	31/10/17	31/10/17	• .			Timescale to meet action
Associate Director of Nursing & Midwifery	Director of Nursing & Midwifery	Associate Director of Nursing & Midwifery				Responsibility for taking action
On track for completion 31/01/18.	Complete	Complete			-	Progress
-	18/09/17	18/09/17				Date Completed

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Produced by: NHS Borders	nge. Page 7 of 8	Review Date: 16 weeks following inspection
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Produced by: NHS Borders Page	ĀL \	
ge: Page 8 of 8	ersion: 1.0	
Review Date: 16 weeks following inspection	Date: 27/09/2017	