



NHS BORDERS
FOOD, NUTRITION AND HEALTH STRATEGY-
FOR HEALTH CARE SETTINGS
2007-2010

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INDEX

Page	
3	Foreword
4	Extra Copies and Additional Formats
5 & 6	Introduction
6 & 7	Health Population Needs Assessment
7 & 8	The Strategy
9	Key Aims
10	Patient and Public Involvement
10	Implementation of Strategy
10	Steering Group
11	Figure 1:Implementation Groups and Reporting Mechanism
12	Clinical Nutrition Group
12	Nutritional Care Group
13	Catering Forum
13	Training
14	Financial Framework
14	Monitoring & Reporting
14	Evaluation & Audit
14	Equality and Diversity
15	Implementation Plan for NHS QIS Food Fluid and Nutritional Care in Hospitals
15	Public Engagement and Staff Consultation
16 & 17	Appendix 1 Steering Group Membership and Remit Reference Group and Remit
18	Appendix 2 – Clinical Nutrition Group Membership and Remit
19	Appendix 3 – Nutrition Care Group Membership and Remit
20	Appendix 4 – Catering Forum Membership and Remit
21	Appendix 5 – Public Engagement and Staff Consultation
22 & 23	Appendix 6 – References

Foreword



I welcome this updated NHS Borders Food, Nutrition and Health Strategy for Health Care Settings.

Proper nutrition is essential to good health and recovery. Patients have every right to expect food that is nutritious, served at the appropriate temperature, meets their dietary needs and help to eat if required. Good quality food, fluid and nutritional care, are an integral part of the therapeutic care provided in our hospitals.

NHS Borders also recognises its responsibility to promote health through the provision of balanced meals and healthy food choices for staff, patients and visitors within its premises.

This Strategy aims to ensure the delivery of high quality food and nutritional care. Through the Strategy we will meet our commitment to achieve the NHS Quality Improvement Scotland standards on Food, Fluid and Nutritional Care in Hospitals.

The Strategy is not the end of the process. We will monitor delivery against the standards and ensure that nutrition is a central part of the road to recovery and well-being.

John Glennie, Chief Executive, NHS Borders

Extra Copies and Additional Formats

This Strategy document and accompanying information including a simple guide entitled, 'Understanding the NHS Borders Food Nutrition and Health Strategy - for Health Care Settings', is available to read and download from the following websites: -

- ❑ Online Borders: www.onlineborders.com
- ❑ NHS Borders: www.nhsborders.org.uk

This Strategy can also be provided: -

- ❑ in large print
- ❑ on audio tape or CD
- ❑ in Braille, and
- ❑ in community languages

To request any of these formats, please write, telephone, or fax to NHS Borders patient and public Governance Office.

Requests on tape and in alternative formats are also accepted.

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1. Introduction

- 1.1 NHS Borders has had a Food, Nutrition and Health Policy in place since 1997. Following NHS re-organisation and changes in National Policies, it was felt timely to review the Food, Nutrition and Health Policy and amend to a strategy in order to deliver the **NHS Quality Improvement Scotland (NQIS) clinical standards on Food, Fluid and Nutritional Care for Hospitals' (September 2003)**.
In November 2005 NHS QIS carried out a local Borders review. This resulted in the publication of a report **NQIS- NHS Borders Local Report Food, Fluid and Nutritional Care in Hospitals (August 2006)** which provided a steer to the NHS Borders, Food, Nutrition and Health Strategy and for further development of the Implementation Plan for NHS QIS Standards
- 1.2 **The NHS Quality Improvement Scotland Clinical Standards: Food, Fluid and Nutritional Care in Hospitals (2003)**. This document introduced the 6 Clinical Standards recommended by NQIS, which will be used to assess performance in the provision of food, fluid and nutritional care in NHS Boards throughout Scotland. It recognised the importance of identifying patients at high risk of malnutrition and ensuring that appropriate actions are taken in order to prevent unnecessary delay in their recovery. Amongst its recommendations are that each NHS Board should have a strategy relating to food, fluid and nutritional care in hospitals, and a coordinated approach to ensure that all patients in hospital have their food and fluids delivered effectively and receive a high quality of nutritional care.
- 1.3 The UK Government endorsed **The Council of Europe Committee of Ministers: Resolution ResAp (2003) 3 on Food and Nutritional Care in Hospitals on 12 November 2003**. This resolution noted the unacceptable number of undernourished hospital patients within Europe and recommended improvements in nutrition screening, food provision and education and training of staff.
- 1.4 The Scottish Health Plan **Our National Health: A Plan for Action, A Plan for Change, Scottish Executive (2001)**, made a number of recommendations aimed at improving the food and nutritional care patients receive. It identified that in order to improve service standards there needed to be recognition of the key role-played by domestic and catering staff in promoting a safe and healthy environment for patients and staff, and that fresh, nutritious food was essential in improving the health and functional ability of hospital patients.
- 1.5 The National Institute for Clinical Excellence published **Nutrition Support for Adults-Oral Nutrition Support, Enteral Tube Feeding and Parenteral, Nutrition – Methods, Evidence and Guidance (February 2006)** which again reiterated the need for regular screening of patients, multidisciplinary working and education and training. They also state that there should be adequate quantity and quality of food and fluid available in an environment conducive to eating and appropriate support for people who cannot chew and swallow and are unable to feed themselves.

- 1.6 The **Eating for Health: Meeting the Challenge, Scottish Executive (2004)**, document identified that a key action for achieving the strategic Scottish dietary targets on the promotion, preparation and provision of balanced meals for the public sector (including the NHS) was to implement and monitor nutritional standards.
- 1.7 The Scottish Executive White Paper **Towards a Healthier Scotland (The Scottish Office, 1999)**, states that next to smoking, our diet is the single most significant cause of our poor health, contributing to a range of serious illnesses. It also states that given the important contribution that the NHS makes to health improvement, the NHS must set an example by adopting policies to promote positive health and well being in all settings and activities.
- 1.8 **The Food Standards Agency** in its **Strategic Plan 2005-2010** states, "that it will encourage the public sector to provide healthy food in schools, hospitals and other institutions".

In partnership with the Scottish Executive it is developing nutritional standards for NHS hospitals staff and visitors, which will focus on the promotion of healthier food choices.

- 1.9 **Healthy Working Lives** and **Borders Scottish Healthy Choice Award**, schemes play a role in promoting healthy eating choices within NHS Hospitals for staff and visitors.

2. Health Population Needs Assessment

- 2.1 The Scottish Borders is an area of 4,600km² (1,800miles ²) with a population of 106,000.
- 2.2 The population has a large percentage of elderly people with 22% over retirement age compared to the Scottish average of 18.1%. This is predicted to increase in the next 5 years. The proportion of lone pensioner households is substantially higher than the Scottish average. This observation represents a challenge to the targeting of resources, particularly health and social care, in communities that may have traditionally relied on family support and informal networks.
- 2.3 The percentage of minority ethnic groups in the Borders is small, but growing - approximately 2% of the population (statistics from Equality and Diversity Department, NHS Borders).
- 2.4 The total NHS Borders inpatient population is 606. The main acute hospital is the Borders General Hospital (BGH), which has 329 beds. There are 4 community hospitals spread across the Borders with a mixture of GP acute

beds and continuing care beds, 151 in total. 126 beds for mental health are provided in a number of establishments around the Borders with facilities for the care of general psychiatry, psychiatry of old age long stay.

- 2.5 NHS Borders has a large elderly population, which is reflected in the admissions to hospital care and in particular to the Community Hospitals.
- 2.6 A copy of the full report is available along with the Strategy Document on line as detailed on page 4. Some figures above have been updated to reflect 2007 statistics.

3. The Strategy

There are two main elements to the Strategy:

- 1. Food Fluid and Nutritional Care in Hospitals**
- 2. To Support Health Improvement for Staff and Patients across NHS Borders by promoting Food and Health**

3.1 NHS Quality Improvement Scotland (QIS) Clinical Standards - Food, Fluid and Nutritional Care in Hospitals

- 3.1.1 In 2001 following ministerial concern regarding the standard of nutritional care in Scottish NHS facilities, the Scottish Executive instructed the Clinical Standards Board for Scotland (now NHS QIS) to produce standards for hospital food and nutritional care. A working party was convened which resulted in the publication of the clinical standards 'Food, Fluid and Nutritional Care in Hospital' (2003). The increasing importance of patient's food provision, screening, assessment and monitoring of nutritional status is highlighted throughout this publication. NHS QIS will continue to monitor and assess performances against these standards throughout NHS Scotland.
- 3.1.2 Clinical surveys on hospitalised patients continue to show an unacceptably high incidence of malnutrition. There are consistent data that show whilst 5% of the U.K. population as a whole is malnourished, between 10 and 40% of hospitalised patients suffer from under nutrition. Malnutrition is associated with an increase in complications and prolonged hospital stay. The malnourished patient becomes apathetic and depressed and this may lead to the loss of morale. They develop impaired resistance to infection, which in turn can further worsen nutritional status. Malnutrition in disease is an insidious factor, which prolongs recovery, increases the need for high-dependency nursing care and increases the risk of serious complications of illness and at its worst leads to death.

3.1.3 Reasons for the prevalence of under nutrition being high in hospital compared to home are complex and multifactorial, but importantly are not solely related to the disease process.

Studies have indicated that frequently the dietary intakes of patients do not meet their nutritional requirements. Reasons why this is the case include problems with quality, quantity, nutritional content and temperature of the food provided as well as social and physical environment in which it is eaten.

Frequently, malnourished patients are not identified on the ward and so poor nutritional states remain untreated. This situation relates in part to the fact that staff may not regard nutrition as important due to lack of training and information on nutritional issues.

Studies in hospital settings have clearly demonstrated that appropriate nutritional support can improve nutritional status and clinical outcome.

3.1.4 Through implementing NHS QIS Clinical Standards for Food, Fluid and Nutritional Care in Hospitals, NHS Borders acknowledges that good quality food, fluid and nutritional care are an integral part of the therapeutic care provided in its hospitals. The standards reflect a coordinated approach to the delivery of food and fluid by different health professionals and view the patient as an individual with particular needs and preferences. Nutritional care is the process that determines a person's preference and cultural needs, assesses their requirement and then provides them with what they need. It follows a person's progress through an illness and responds to their changing nutritional requirements. It involves the monitoring and reassessment of nutritional status at regular intervals with referral for specialist care when appropriate. Good nutritional care will involve training for staff along 'the food chain' and access to information for staff, patients and carers. Good communications with Community Services is also important if continuation of care is required following discharge from hospital.

3.2 Healthy Eating for Staff and Patients within Hospitals

3.2.1 The NHS is well placed to have an impact on the promotion of good health through good nutrition. It is one of the major employers in the area and an integral part of the Borders culture. Therefore, there is an opportunity to influence the future health of staff, patients and their families.

3.2.2 The health improvement elements of this strategy are developed from and in line with NHS Borders Nutrition Strategy for health improvement, which covers food and nutrition related issues for the whole borders population outwith the health care setting.

3.2.3 NHS Border is currently in the process of applying for a healthy Working Lives Award. As part of this award, "Policy Guidelines for Hospitality Catering" are currently under development. Furthermore, making healthy food available to patients and accessible in staff dining areas, and encouraging and promoting the accessibility of healthy food to staff that do not have direct access to staff dining, are other key areas included within this award application

3.3 Key Aims: -

3.3.1 To implement NHS QIS Clinical Standards: Food, Fluid and Nutritional Care throughout NHS Borders Hospitals.

These 6 standards are as follows: -

1. NHS Borders will develop a policy and a strategic and co-ordinated approach to ensure that all patients in its hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.
2. To ensure that when a person is admitted to a NHS Borders Hospital an assessment is carried out, that screening for risk of under-nutrition is under taken, both on admission and on an ongoing basis and a care plan is developed, implemented and evaluated.
3. To develop formalised structures and processes to plan the provision and delivery of food and fluid.
4. To provide food and fluid in a way that is acceptable to patients.
5. To provide patients with the opportunity to discuss and receive information about their nutritional care, food and fluid. To ensure patients views are sought and inform decisions made about the nutritional care, food and fluid provided.
6. To ensure staff are given appropriate education and training about nutritional care, food and fluid.

3.3.2 To promote healthy food amongst staff, patients and visitors.

This will be achieved through:-

1. Making healthy food available to patients and accessible in staff dining areas.
2. Encouraging and promoting the accessibility of healthy food to staff that do not have direct access to staff dining.
3. Encouraging selection of healthy choices by promoting these foods.
4. Making healthy food available for all aspects of hospitality across all NHS Borders Services.
5. Building capacity and providing appropriate training and support for staff on raising awareness of food and health issues and healthy food choices/ menu planning. This is particularly relevant in non-acute units where obesity among certain long stay patients is more of a problem than under nutrition.

3.4 Patient and Public Involvement

- 3.4.1. Members of the public have representation on the Strategy Steering Group and operational groups. They are able to contribute directly to and influence the development of this Strategy and its implementation by attending regular meetings and sharing patients' experiences.
- 3.4.2. This public representation is through NHS Borders Involving People Network and Borders Equality Forum. NHS Borders Involving People Network recruits and trains members of the public to work alongside NHS Borders staff in delivering health care and health improvement. Borders Equality Forum promotes harmonious community relations, encourages integration of minority and international groups and ensures that the opinions of these groups are heard at various levels throughout a variety of Scottish Borders organisations. Both groups have direct links with voluntary and care organisations in terms of membership and function.
- 3.4.3. Patients and carers views are considered through regular questionnaires and audit.

4. Implementation of Food, Nutrition and Health Strategy

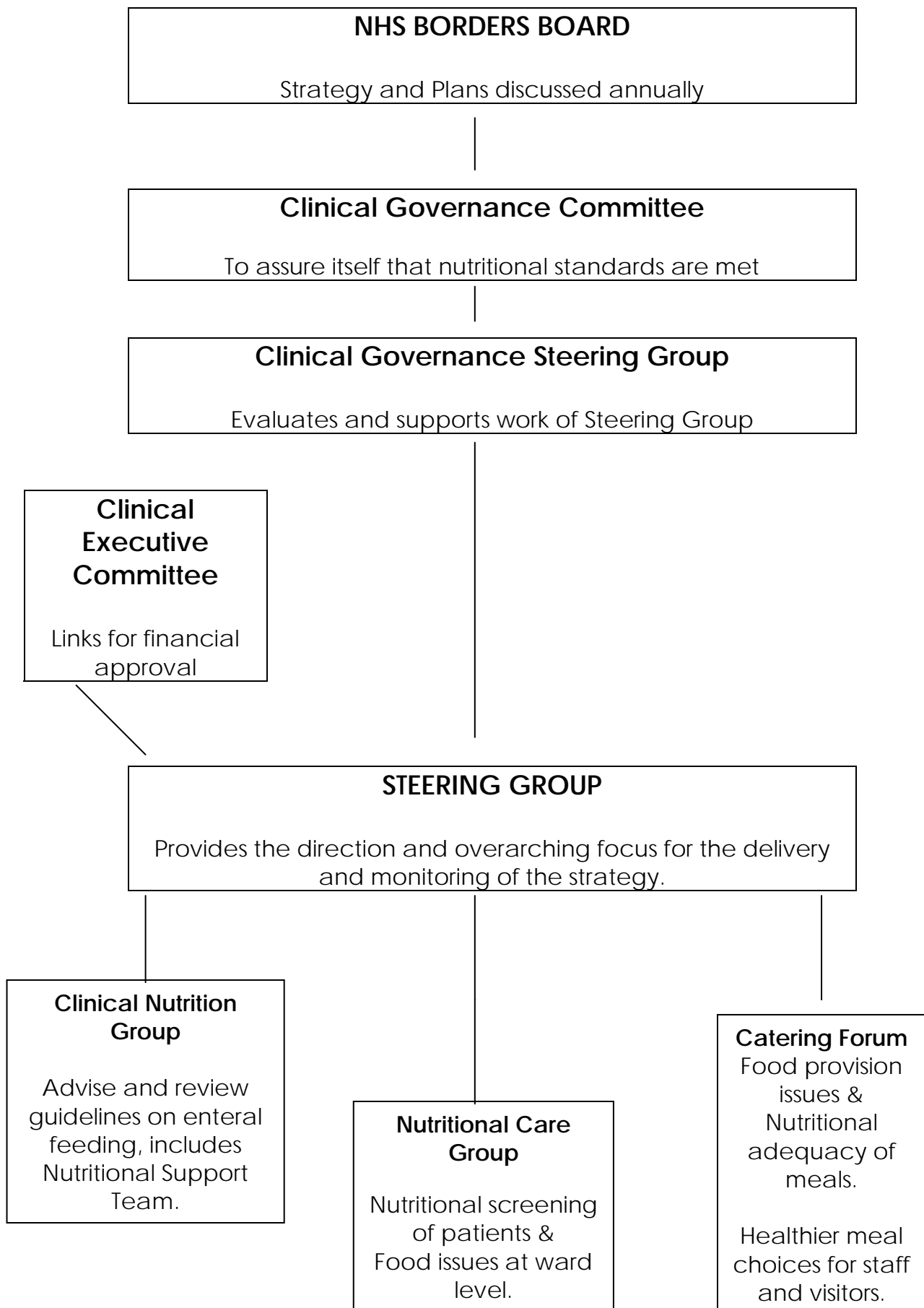
Figure 1 on page 11 shows the structure of the Strategy Implementation Groups and Reporting Mechanism for NHS Borders

4.1 The Steering Group

Membership and Remit in Appendix 1

- 4.1.1 The Director of Nursing, Midwifery and Workforce Chairs the Steering Group. This group provides direction to and is the overarching focus for the delivery and monitoring of the Strategy. A further reference group made up from key organisational and clinical staff supports it and acts as a sounding board to provide additional guidance when required.
- 4.1.2 The Steering Group acts as a forum, which oversees both the implementation of NHS QIS standards on Food, Fluid and Nutritional Care in its Hospitals and the promotion of healthy food provision in hospital settings.
- 4.1.3 The Steering Group monitors the work of three operational groups, Clinical Nutrition Group, Nutritional Care Group and the Catering Forum by reviewing their action plans and reports. To ensure good communication and links between the groups, membership of the Steering Group includes the Chair of each of these three operational groups. The Steering Group produces an Annual Report and Recommendations for future practice to NHS Borders Board for noting and approval as appropriate.

Fig 1: Implementation Groups and Reporting Mechanism



4.2 Clinical Nutrition Group

Membership and Remit in Appendix 2

- 4.2.1 NHS Borders recognises the issues around the nutritional needs of the acutely ill, long –term care patients and those requiring artificial nutrition. It supports the need for a structured multi-disciplinary approach to identifying and treating malnutrition. When initially formed, the Clinical Nutrition Group’s main tasks were to review Enteral Feeding Guidelines for NHS Borders and set up a Nutrition Support Team.
- 4.2.2 The Nutrition Support Team (NST) members include a Consultant Gastroenterologist, Clinical Specialist Nurse in Gastroenterology, Dietitian, Speech and Language Therapist and Pharmacist. The NST advise on enteral feeding, using a multidisciplinary approach in reaching a consensus opinion. They ensure effective and efficient access to available resources for the co-ordination of enteral feeding, including assessment, scheduling and follow-up.
- 4.2.3 Future work of the Clinical Nutrition Group will be to address parenteral feeding and its management in NHS Borders.

4.3 Nutritional Care Group

Membership and Remit: Appendix 3

- 4.3.1 The Nutritional Care Group acts as a forum to assess prioritise and implement those NHS QIS Standards relating to nutritional assessment planning and patients nutrition care.
- 4.3.2 NHS Borders recognises that the implementation of successful screening for under nutrition is central to NHS QIS Food, Fluid and Nutritional Care in Hospital Standards. The Nutritional Care group has recommended that MUST (the validated Malnutrition Universal Screening Tool) is introduced in all NHS Borders Hospitals. Through its action plan the group is supporting implementation of MUST with training all relevant staff groups and improved documentation and will be monitoring its progress.
- 4.3.3. The Group identifies areas for audit in order to monitor performance against the standard criteria and generates new approaches to aid the effective implementation and embedding of nutritional standards relating to patient care.
- 4.3.4 This Group has close links with the Clinical Nutrition Group and the Catering Forum. This aids in the identification of areas of overlap and the development of a co-ordinated approach throughout ‘the food chain and the patients journey of care’.

4.4 Catering Forum

Membership and remit: Appendix 4

- 4.4.1 This Group acts as a forum to assess, prioritise and implement new catering guidelines and those NHS QIS standards relating to meal planning, ordering and delivery.
- 4.4.2 The Forum recognises the catering requirements of all patients. This is based on a local health population needs assessment, which considers:
- local ethnic, religious and cultural patterns
 - the elderly
 - children
 - patients on special therapeutic diets

The Forum also recognises and supports the need for flexibility around food choices and individual preferences and will use the Nutritional Specification for NHS Scotland to guide them.

- 4.4.3 NHS Borders supports the need to take all reasonable steps to promote health through provision of healthy food including every aspect of hospitality across all NHS Borders services for staff and visitors as well as patients.

4.5 Training

- 4.5.1 Nutrition training is critical to ensure that all staff with specific responsibilities at any point in 'the food chain' has the appropriate knowledge to respond successfully to patients' needs for food, fluid and nutritional care.
- 4.5.2 A co-ordinated NHS Borders Training Plan to support the implementation of the Strategy will be delivered in conjunction with the Training and Professional Development Department.
- 4.5.3 The plan will be developed through a small working group comprised of members of the operational groups and Training Department. This group will map present training, identify need and prioritise these within its plan.
- 4.5.4 The Nutrition Training Plan will have an organisation wide approach to ensure that all staff has appropriate nutrition education commensurate with their duties. The plan will reflect the diversity of training required to meet the needs of all relevant staff groups.
- 4.5.5 The cost of any training, which requires financial support, will be identified within the financial framework.

4.6 Financial Framework

A financial framework to support implementation of the Strategy will be produced and updated annually. The Steering Group has links through its Chair to the Clinical Executive. The Clinical Executive considers costs, which cannot be met from within existing resources for inclusion within the NHS Borders Local Health Plan.

4.7 Monitoring and Reporting (See figure on page 11)

- 4.7.1 The work of the 3 operational groups is monitored by the Steering Group through submission of annual end of year reports and action plans. The Chairpersons of the operational groups also provide regular updates at each of the quarterly Steering Group meetings.
- 4.7.2 The Steering Group is responsible for overseeing the implementation of the Food, Nutrition and Health Strategy and updating the Implementation Plan on an annual basis. It produces an annual report, which includes the previous years activities and following years priorities based on a financial framework.
- 4.7.3 The Steering Group is accountable to the Clinical Governance Steering Group, which also provides guidance and support as required. This group receives copies of all documentation including minutes of the meetings. They in turn report to the Clinical Governance Committee and on to the NHS Borders Board on an annual basis.
- 4.7.4 The NHS Borders Health Board discuss the Food, Nutrition and Health Strategy on an annual basis to ensure its effective implementation.

4.8 Evaluation and Audit

A scoping of the NHS QIS Standards will be carried out supported by the NHS Borders Clinical Audit Facilitator. Areas for audit will be identified and a process of prioritisation put in place, which will form part of the operational groups action plans. In this way a regular audit cycle will be developed which will be reviewed on an annual basis and analysis carried out by the Clinical Audit Support Team (CAST). The purpose of this programme is to regularly assess progress on implementing the NHS QIS Standards and impact on nutritional care.

4.9 Equality and Diversity Rapid Impact Assessment

An Equality and Diversity Rapid Impact assessment was carried out to ensure that Implementation of the NHS Borders Food Nutrition and Health Strategy within its hospitals does not discriminate nor disadvantage any of the population it serves. The assessment will be reviewed on an annual basis.

A copy of the full assessment is available online as detailed on page 4.

4.10 Implementation Plan for NHS QIS Food Fluid and Nutritional Care in Hospitals

4.10.1 In order to fully implement the NHS QIS Food, Fluid and Nutritional Care in Hospitals Standards, NHS Borders has in place a comprehensive Implementation Plan for all 6 standards. This plan is monitored by the Strategy Steering group and when implemented will ensure that patients admitted to NHS Borders hospitals will have improved nutritional care and well-being.

4.10.2 The Plan has a financial framework, is risk assessed and provides a clear view and direction on how these standards will be achieved and monitored. It will be updated annually

4.10.3 A full copy of the Implementation Plan is available alongside the Strategy document as detailed on page 4. It is a working document and will be updated on an annual basis

5 Public Engagement and Staff Consultation

The Strategy reflects consultation with a variety of public groups, NHS staff, patients and voluntary organisations. The process for this consultation is described in more detail in Appendix 5.

NHS BORDERS FOOD, NUTRITION AND HEALTH STRATEGY STEERING GROUP

MEMBERSHIP

Heather Maughan	Director of Nursing, Midwifery & Workforce - Chair
David Clouting	Clinical Director of Community Dental Services
Dr Jonathan Manning	Consultant Physician in Gastroenterology, NHS Borders
Beverley Meins	Senior Nurse, Day & Community Hospitals, NHS Borders
Sheila Murray	Community Dietitian, NHS Borders
Erica Nisbet	Head of Clinical Governance, NHS Borders
Ann Purvis,	Involving People Network
Sheila Rumming	Clinical Services Manager, Borders General Hospital
Ann Rushton Green	Facilities Manager, NHS Borders
Kim Smith	Practice Development Leadership Coordinator, NHS Borders
Leonie Smith	Associate Director of Nursing, Borders General Hospital
Helen Summers	Acting Lead Clinician for Dietetics, NHS Borders
Isabel Swan	Mental Health Lead Nurse, NHS Borders
Jim Torrance	Partnership Forum, NHS Borders

Other representatives will be invited to attend as required including:

George Higgs	Equality and Diversity Officer, Newstead
Jennifer Hood	Human Resources Manager, NHS Borders
Vince Summers	Deputy Chief Pharmacist, NHS Borders

The Remit of the Steering Group is:

- To support and oversee the implementation of NHS QIS Standards 'Food Fluid and Nutritional Care in Hospitals' through monitoring of reports and action plans of operational groups.
- To review and update annually the NHS Borders, NHS QIS Food Fluid and Nutritional Care in Hospitals Implementation Plan.
- To work in partnership with patients, the public and staff to improve the quality of food and nutrition available in NHS Borders Hospital settings.
- To review and prioritise national nutrition policies and guidelines.
- To produce an annual report and recommendations including a financial framework for implementation. This will contain the previous year's activities report of outcomes against priorities. This will be reported to the Clinical Governance Steering Group, Committee and then onto the NHS Borders Health Board for approval on an annual basis.
- To report to the Clinical Executive for decisions on financial issues which are not covered from within existing resources.
- To disseminate information appropriately through the NHS Borders organisation.
- To act as a discussion forum for food and nutrition issues affecting NHS Borders staff and patients.

Reference Group

MEMBERSHIP

Dr Andrew Riley	Director of Public Health
Dr Ross Cameron	Medical Director
Jennifer Hood	Human Resources Manager
Dr Paul Marynicz	Vice Chair P&CS Board, representing Community Hospitals
Irene Morris	Director of Organisational Change & Development
Ralph Roberts	Director of Integrated Health Services
Dr Frances Rodgers	Consultant Psychiatrist, Learning Disability Service
Vince Summers	Deputy Chief Pharmacist
Dr Ingrid Swan	Consultant Psychiatrist, Mental Health for Elderly Team

The Remit of the Reference Group is:

To act as a sounding board for the Steering Group for practical issues, provision of advice etc.

Clinical Nutrition Group

MEMBERSHIP

Dr. Jonathon Manning	Consultant Gastroenterologist – Chair
Ros Anderson	Lead Pharmacist representing Borders LHCC
Dr Sally Bennett	Consultant Microbiologist, Borders General Hospital
Trish Bisland	District Nurse, Lauder Health Centre
Pamela Briggs	Dietitian, Learning Disability Team
Elaine Cockburn	Nursing Services Manager Midwifery
Erica Barker	Staff Nurse, Teviot Bank, Crumhaugh House, Hawick representing Community Hospitals
Emma Howie	Specialist Nurse in Gastroenterology, Borders General Hospital
Tricia Mitchell .	Speech & Language Therapist- Lead Clinician, Borders General Hospital
Rhona Morrison	Sister Intensive Care Unit, Borders General Hospital
Sheila Murray	Community Dietitian
Ann O’Connor	Deputy Dietetic Manager, Borders General Hospital
Cynthia Wise	District Nurse representing Community Nurses
Locum	Chief Biochemist, Borders General Hospital

Contact for Mental Health Isabel Swan, Mental Health Lead Nurse, NHS Borders

The Remit of the Clinical Nutrition Group is:

- To produce policies and guidelines on enteral and potentially in the future parenteral feeding and to identify training needs arising from these policies.
- Establish a core Nutrition Support Team made of Lead Clinician, Specialist Nurse in Gastroenterology, Dietitian, Speech & Language Therapist and Pharmacist. This group will advise on issues involving complex nutrition support.
- Agree standards for enteral feeding, to include NG, NJ and PEG feeding.
- Agree standards for parenteral feeding.
- Implement agreed process for audit for nutrition support.
- Identify the training needs of staff.
- Promote evidence-based practice.
- The Chair of the Clinical Nutrition Group as a member of Steering Group will provide updates on progress at their quarterly meetings.
- Distribution of minutes will include copy to Chair of Steering Group.
- Provide annual action plans and ensure implementation of these actions.
- Produce an annual report for Steering Group, which summarises progress of previous years activities and outcomes against priorities.

Nutritional Care Group

MEMBERSHIP

Sheila Rumming	Clinical Services Manager, Medical / DME, BGH – Chair
Karen Davies	Support Worker, Huntlyburn, Borders General Hospital
Pamela Domingo	Staff Nurse, Borders General Hospital
Caroline Herkes	Catering Manager, Borders General Hospital
Kirsten Horsburgh	Staff Nurse, Huntlyburn, Borders General Hospital
Angie Little	Staff Nurse, Melburn Lodge, Borders General Hospital
Kath McLaren	Psychiatric Liaison Nurse, MHET, Borders General Hospital
Mary Mitchell	Ward Manager. The Knoll Hospital, Duns
Sheila Murray	Community Dietitian
Ann Purvis	Involving People Network
Ian Scott	Charge Nurse, East Brig, Galavale, Galashiels
Lynn Walker	Senior Dietitian, Borders General Hospital
Sheila Wilson	Staff Nurse, Ward 9, Borders General Hospital
Mary Young	Ward Sister, Hay Lodge Hospital, Peebles

The Remit of the Nutritional Care Group is:

- To act as a forum to assess, prioritise and implement new patient nutrition guidelines
- To ensure NHS QIS standards relating to nutritional assessment, screening, care planning and patients' nutritional care at ward level are implemented throughout NHS Borders hospitals.
- To report and liaise with other groups as appropriate.
- To continue to audit practice.
- Identify the training needs of staff.
- The Chair of the Nutrition Care Group as a member of Steering Group will provide updates on progress at their quarterly meetings and a copy of the minutes will be sent to the Chair of the Steering Group.
- Provide annual action plans and ensure implementation of these actions.
- Produce an annual report for Steering Group, which summarises progress of previous years activities and outcomes against priorities.

Catering Forum

MEMBERSHIP

Ann Rushton- Green

Carol Emslie
 Caroline Herkes
 George Higgs
 Sheila Murray
 Ann Laird

Dr Andrew McLaren

Beverley Meins
 Amanda Noble
 Moira Pflug
 Ann Purvis
 Fraser Rankine

Facilities Manger - Chair

Healthy Working Lives Co-ordinator
 Catering Manger
 Equality & Diversity Officer, Newstead
 Community Dietitian
 Clinical Services Manager Surgical &
 Orthopaedics, Borders General Hospital
 Consultant Physician, Borders General Hospital
 Senior Nurse, Day & Community Hospitals
 Staff Nurse, Poynder View, (Mental Health)
 Catering Dietitian, Borders General Hospital
 Involving People Network
 Health Promotion Specialist – Food & Exercise

Contact for Children's Services Heather Bruce, Staff Nurse, Ward 15, BGH

The Remit of the Catering Forum is:

- Act as a forum to assess, prioritise and implement new catering guidelines and standards.
- To promote health to staff and patients by ensuring the provision of healthy eating choices throughout NHS Borders.
- To ensure the food and fluid offered by the catering department meets the various nutritional requirements of the patient.
- To ensure choices for all patients including those with special needs e.g. therapeutic diets, the elderly, ethnic minorities, religious requirements, vegetarians, children and breast-feeding mothers.
- To report and liaise with other groups as appropriate.
- To continue to audit customer satisfaction with food provision.
- To identify training needs and promote suitable information and training to all staff involved in food production.
- The Chair of the Catering Forum as a member of Steering Group will provide updates on progress at their quarterly meetings and a copy of the minutes from the Catering Forum meetings will be sent to the Chair of the Steering Group.
- Provide annual action plans and ensure implementation of these actions.
- Produce an annual report for Steering Group, which summarises progress of previous years activities and outcomes against priorities.

Public Engagement and Staff Consultation

Public

A public engagement paper outlining the main points of the Strategy will be produced and distributed to the groups below for information and comment. The full Strategy document will be available on request.

The public engagement paper will be available during the consultation process on line:

www.nhsborders.org.uk
www.onlineborders.com

Public/Key Stakeholder Distribution

Borders Voluntary Community Care Forum and User Care Groups

Borders Equality Forum

Borders Voluntary Youth Work Forum

Citizens Advice Offices

NHS Borders Involving People Network

Patient Participation Groups

Public and Mobile Libraries

Scottish Borders Community Councils

Scottish Borders Council Contact Centres (rent offices)

Scottish Health Council – Borders Branch

NHS Borders Distribution – as NHS Locations where public likely to visit

Pharmacies

Dental surgeries

General Practice Surgeries

Borders general Hospital health Shop

NHS Borders Hospital / Day Services/ Health Centres/ and other NHS sites

Other Key Stakeholders, including NHS Boards and specific voluntary groups

Staff Consultation – Full Strategy

NHS staff will have an opportunity to comment on the full Strategy document. This will be distributed via:

- Global e-mail to all staff and directly to managers for distribution to staff who are unable to access intranet
- Clinical Boards and supporting groups
- Governance groups
- Staff Newsletter
- Consultation and Surveys page on Intranet- which will also contain the accompanying information to the Strategy e.g. Implementation Plan

Throughout this consultation process, staff will be encouraged to comment on the Strategy and assured any comments they make will be welcomed

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