Quality summary report:

Dietetics Service

CLCH Quality Report Jan – Dec 2011

Service exact name: Nutrition and Dietetic Service
Address line 1: Walmer Road Health Centre
Address line 2: Walmer Road
Town/city: London
County: London
Postcode: W11 4ET
No. beds: N/A
Website: www.clch.nhs.uk
Main telephone: 0207 313 3060

Completed by: Mark Mbogo, Maddy Ieriti, Jane Anderson, Esther John-Charles, Louise Wilkie, Beth Menger
Service Manager, Professional Lead for Dietetics and Team Leads

Approval: Joanne Jones
Associate Director for Adults 2
CLCH Quality Report 2011

Summary report for Nutrition and Dietetics

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Adults 2</th>
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<tr>
<td>Service area</td>
<td>Nutrition and Dietetics</td>
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<tr>
<td>Boroughs</td>
<td>Barnet ✗  Kensington &amp; Chelsea ✗  Hammersmith &amp; Fulham ✗  Westminster ✗</td>
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CQC statement of purpose for this service

The Nutrition and Dietetic service provides both clinical dietetic services and public health nutrition services. Services are commissioned differently in each borough and not all boroughs provide the full range of services listed below.

**The aims of clinical dietetic services are to:**

- enable users, their carers and staff groups to understand the impact of nutrition, hydration and physical activity on their health
- use a range of techniques to facilitate these individuals to create nutrition, hydration or physical activity goals that will bring about improvement or maintenance in health outcomes

**The aim of public health nutrition services is to:**

- work with population groups to use a range of techniques including: building healthy nutrition policy; creating supportive environments and strengthening community nutrition actions, in order to create sustainable improvements in nutrition, which will bring about subsequent improvements in health outcomes across populations.

All interventions across clinical and public health services are provided are in accordance with evidence based practice and national guidelines.

Clinical Dietetics: Paediatric Work stream

The Paediatric work stream provides dietetic interventions to children with the following needs:
Clinical Dietetics: Chronic Disease Management (CDM) work stream
The CDM work stream provides dietetic interventions to adults with the following needs:

1) Obesity (BMI $\geq 30$ kg/m$^2$ / BMI $\geq 28$ kg/m$^2$ plus 2 co-morbidities)
2) Cardiovascular Diseases
3) Gastrointestinal Problems
4) Nutritional Deficiencies
5) Food Intolerances
6) Diabetes (Type 2 / Type 1 H&F only)

Clinical Dietetics: Nutrition Support Work stream
The Nutrition Support Work stream provides dietetic intervention to adults with the following needs:

- Malnutrition: Identified as high risk (2+) using the Malnutrition Universal Screening Tool (MUST)
- Underweight: BMI <18.5 kg/m$^2$
- Diagnosed with Swallowing/Feeding Difficulties - Dysphagia
- Receiving a prescription for an Oral Nutritional Supplement (ONS) or for assessment to commence ONS
- Discharged for the Acute setting on ONS
- Home enteral feeding – gastrostomy or nasogastric tube in situ

In addition to clinical intervention the Nutrition Support Service also works in partnership with Medicines Management and GP Practices ensuring appropriate
ONS prescribing initiatives are in place over CLCH. This work includes auditing GP practices and providing MUST/malnutrition training for GPs and health care professionals over CLCH to highlight the detection and treatment of malnutrition.

**Public Health Nutrition service:**
The Public Health Nutrition team provides population-level nutrition interventions targeting:
1) Breastfeeding
2) Early Years
3) Primary School aged children
4) Older People
5) Cook and Taste programmes (new programmes targeting People with Diabetes and weight management)
6) Hard to reach communities – improving access to healthy food and community nutrition development

<table>
<thead>
<tr>
<th>Overall summary of quality performance and next steps</th>
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<tbody>
<tr>
<td>The Nutrition and Dietetics service continues to place a strong emphasis on the quality of the services we provide, ensuring they are safe, clinically effective and provide our users need and want.</td>
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<tr>
<td>We have addressed the quality concerns identified in the January-December 2010 quality report and as a result have:</td>
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<td>1) worked with acute partners to improve the quality of the discharge of patients from our local acute hospitals to our community dietetic services</td>
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<td>2) improved the incidence of Incident reporting, which is increasing year on year, ensuring that safety concerns are formally recorded and allowing any themes to be identified</td>
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<td>3) changed clinic times in response to feedback collected via PREMs and providing more after-school slots to meet patient needs</td>
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<td>In January-December 2011, we have addressed and maintained the quality improvements identified above, but have also identified new quality improvement activities which will be taken forward into 2012, such as:</td>
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<td>• Working with nursing partners to ensure Trust-wide adherence to the</td>
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NPSA alert on ‘Reducing the harm caused by misplaced naso-gastric in infants, children and adults’

- Improving the safety of patient information, by working on electronic and paper-light case notes
- Continually ensuring that interventions are adapted to meet the needs of ‘Hard to reach groups’. Examples include running group sessions in Arabic; assessing the needs of men in weight loss
- Continually ensuring that all interventions are evaluated and adapting interventions in response to this evaluation. This extends into continuing with the service’s strong focus on audit as a method of service improvement
- Rationalising and standardising outcome collection and building robust systems for collecting this data which will allow real-time analysis of the data
- Investigate different methods of collecting patient experience data, part of which will be achieved through a pilot of electronic-PREMs in the adult weight management service.
- Working with occupational health on the purchase of new, light-weight weighing equipment which will help to maintain the physical health of staff
- Reviewing lone working protocols to ensure the safety of all staff

Safety

Overview

We aim to make our Nutrition and Dietetic service as safe as possible at all times.

The service has responded to the safety concerns identified in the 2010-11 report and as a result:

1) Incident reporting has improved throughout 2011 and we intend to continue to place a strong emphasis on learning from experience
throughout 2012.

2) Discharges from acute hospitals have improved

In 2012, we will maintain a strong focus on safety and are:

- Leading the implementation of the recommendations of the NPSA alert ‘Reducing harm caused by misplaced naso-gastric tubes’.
- Improving the security of patient data by transitioning to electronic and paper-light case notes
- Reviewing the weighing equipment used by staff to ensure it is safe for staff to handle, but also effective in measuring patient's weights.
- Reviewing lone workers protocols to ensure the safety of our staff

<table>
<thead>
<tr>
<th>Key achievements</th>
<th>We identified the following safety improvement actions in our 2010 Quality Report. This section revisits the improvement actions that were identified and reports on the progress made on each of them.</th>
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<tbody>
<tr>
<td>1) 2010-11 safety improvement action: Unsafe patient discharge issues to be raised immediately with the discharging Dietitians. All CLCH Nutrition Support Dietitians to be briefed on this procedure.</td>
<td><strong>Progress in 2011-12 on safety improvement action:</strong> CLCH dietitians have been building and improving relationships with Imperial College Healthcare (ICH) NHS Trust through attending ICH dietetic team meetings and providing updates on local CLCH services and referral processes.</td>
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<tr>
<td>2) 2010-11 safety improvement action: Summary of unsafe discharge issues to be raised with the Imperial College Healthcare NHS Trust Dietetic Manager.</td>
<td><strong>Progress in 2011-12 on safety improvement action:</strong> Any unsafe discharges have been highlighted to the relevant ICH manager and actions taken by ICH.</td>
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<tr>
<td>3) 2010-11 safety improvement action: The Imperial College Healthcare</td>
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NHS Trust discharge form to be redesigned to include all the dietetic information required and ICH staff briefed on the importance of the community Dietitians receiving this.

**Progress in 2011-12 on safety improvement action:** The discharge form has been redesigned and agreed with ICH managers. The form is now used in association with an ICH electronic discharge form providing comprehensive discharge information.

4) **2010-11 Quality improvement action:** A new CLCH Dietetic Dress Code will be implemented that further emphasises health & safety aspects of dress at work

**Progress in 2011-12 on safety improvement action:** The CLCH dietetic dress code has been reviewed and implemented across the service. It has also been incorporated into new staff induction.

In 2011-12, the following safety improvement actions for our users have been identified, which will be addressed throughout 2012:

- **Improving the security of patient data:** The service has completed a project to align its clinical data systems. In K&C this has involved the removal of an externally designed bespoke database and booking system, replaced by a secure national system (Rio) in line with Westminster and H&F. This is allowing the service to work towards a paper light patient record system throughout 2012; moving from paper to electronic records. This will improve the security of patient data.

- **Leading the implementation of NPSA alerts:** The service has been responsible for working with adult and children’s nursing colleagues to implement the recommendations of the NPSA alert: ‘Reducing the harm caused by misplaced naso-gastric tubes in adults and children’. This has involved the creation of a new Trust-wide policy and the creation of a competency framework for staff training. These measures will mitigate the safety risks for patients with naso-gastric tubes in situ.

In 2011-12, the following safety improvements actions for our staff have
been identified, which will be addressed throughout 2012:

1) A number of staff reported concerns regarding carrying equipment in the community, and the potential to cause work related injuries. In response, we have worked in partnership with occupational health and clinical governance, to identify and purchase new lightweight scales resulting in a marked reduction in staff complaints.

2) A number of different lone working protocols exist across the Nutrition and Dietetic service. These are currently under review and will be standardised across CLCH dietetics to ensure the safety of all staff working in the community.

<table>
<thead>
<tr>
<th>Key results</th>
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<tr>
<td>There were 54 incidents recorded across the Nutrition and Dietetic service in Jan-Dec 2011. This compares to 22 incidents reported April-November 2010.</td>
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**Total incidents Jan-Dec 2011 by category**
Total incidents Jan-Dec 2011 by severity

<table>
<thead>
<tr>
<th>Severity</th>
<th>Low</th>
<th>Minor</th>
<th>Medium</th>
<th>High</th>
<th>Catastrophic</th>
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<tr>
<td>Low</td>
<td>32</td>
<td>24</td>
<td>8</td>
<td>0</td>
<td>0</td>
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Level of reporting:

In Nutrition and Dietetics, all incidents are recorded. Near misses are recorded in some cases. In order to improve reporting of ‘near misses’ and ensure the continued reporting of all incidents, a professional practice session for the Nutrition and Dietetic Service was conducted which focused on managing risk.
and incident reporting. This session appears to have increased awareness of incident and near miss reporting, as demonstrated by an increase in the number of incidents and near misses reported (22 in Apr-Dec 2010, rising to 61 in Jan-Dec 2011).

Themes arising from incidents:

1) **IT Network and Equipment**: Issues with access and functionality of RIO, loss of mailbox used to receive information from patients and healthcare professionals during transition to CLCH server, length of IT response time in resolving IT issues

2) **Problem with appointments**: Interpreting service failure to arrive, lateness in their arrival and sending inappropriate interpreters, K&C database issues resulting in double booking of appointments, miscommunication by reception staff resulting in patient being sent to incorrect clinic sites.

3) **Information**: There have been some incidents relating to information governance including safe handling of patient and staff information.

In 2010-11 slips, trips and falls and unsafe discharges were identified as the main themes.

In 2011-12 there were nil staff related slip, trips and falls incidents, one incident reported was due to patient moving and handling.

The number of unsafe discharges relating to enteral feeding has reduced with 2 incidents recorded in 2011 (lack of equipment, patient training and information for a naso-gastric feeder on discharge from the acute).

<table>
<thead>
<tr>
<th>Safety Improvement Actions for 2012</th>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition and Dietetics service to investigate targeted moving and handling training appropriate for staff.</td>
<td>April 2012</td>
<td>Mark Mbogo</td>
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</tbody>
</table>
Policy for accepting and managing *infants and children* with naso-gastric tubes is disseminated and implemented.

Policy for accepting and managing *adults* with naso-gastric tubes is finalised, disseminated and implemented.

Competency framework for managing naso-gastric tubes is finalised and implemented

The on-going implementation of a ‘paper light’ records system to ensure the safety of patient data.

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
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<tbody>
<tr>
<td>Feb 2012</td>
<td>Maddy Ieriti</td>
</tr>
<tr>
<td>December 2012</td>
<td>Mark Mbogo</td>
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**Effectiveness**

**Overview**

We aim to achieve the best possible outcomes for patients. To do this, we regularly check to see that we are delivering care and treatment according to best practice standards, and we increasingly look to measure and improve clinical and patient reported outcomes.

The service has responded to the clinical effectiveness concerns identified in the 2010-11 report and as a result:

1) Have adapted our interventions to ensure there are suitable for ‘Hard to reach groups’

2) Used service evaluations, NICE guidelines and audit data to constantly review our interventions and make amendments as necessary

In 2012, we intend to continue our work on outcome collection and look to standardise and rationalise our outcome data, as well as building robust systems for data collection that will allow real-time analysis of the data.

We also plan to revisit all the NICE guidance that is applicable to our service
and assess if we are meeting the guidance in all of four boroughs where dietetics is provided.

<table>
<thead>
<tr>
<th>Key achievements this year</th>
<th>We identified the following clinical effectiveness improvement actions in our 2010 Quality Report. This section revisits the improvement actions that were identified and reports on the progress made on each of them.</th>
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</table>

1) **2010-11 clinical effectiveness improvement action:** Ensure interventions are adapted to address ‘hard to reach’ groups: on-going

**Progress in 2011-12 on clinical effectiveness improvement action:**

A variety of interventions have been adapted in 2010 to increase accessibility. Examples of improvements include;

a. The pilot of an Arabic KickStart group for childhood obesity management

b. Needs assessment carried out for male focused weight management services as a potential development area in adult weight management services.

c. Development of Clinical Cook and Taste Programmes to support self-management of diabetes and weight control

d. Early identification and treatment of Malnutrition amongst Older People in RBKC Lunch Clubs and Day Centres. This involves regular screening and development of a clear referral process into clinical nutrition support as required.

e. Referral pathway developed for the Diabetes Hard to Reach groups, predominantly aimed at protecting these groups from the general DNA policy and improving engagement with services. Poster presented at Diabetes UK, National Conference 2011.

f. Partnership working, providing diabetes awareness training to Groundswell Homeless Charity, to up-skill health advocates who work with homeless diabetes patients, in order that they can encourage their clients to engage with diabetes services.

2) **2010-11 clinical effectiveness improvement action:** Adopt service
model that is evidenced as being most clinically effective

**Progress in 2011-12 on clinical effectiveness improvement action:**

a. The service is working towards adopting the most clinically effective service model. This has been a phased approach.

b. Phase 1 has included the prioritisation of the development of standardised outcome measures across nutrition support, chronic disease, diabetes, paediatrics and public health interventions. The development of consistent measures allows for the comparison of different dietetic models and will enable the selection of those shown to be most effective.

c. A series of audits using national guidelines have also been performed to evaluate existing services.

d. Phase 2 involves the adoption of the most effective service model which will be embedded throughout 2012.

3) **2010-11 clinical effectiveness improvement action:** Ensure interventions are re-evaluated at regular intervals

**Progress in 2011-12 on clinical effectiveness improvement action:**

A programme of re-evaluation is in place and is evidenced by the following examples:

a. All childhood obesity treatment and prevention programmes have evaluation tools. This includes pre and post assessments, with individual and collective outcome measure reporting in a structured quarterly cycle. Developments from clinical evaluation in 2011 have included the revision of nutrition content for KickStart—with the addition of regular skills based food preparation sessions and the inclusion of development of a longer term package of care over 12 months.

b. Health & Well Being and Fit for Life (both group weight management programmes) are evaluated post programme. The role of the Dietitian has been extended to include the assessment of blood pressure, to improve this modifiable risk factor and
decrease cardiovascular disease risk.

c. Monthly MUST Training is provided for all staff over CLCH by the Nutrition Support Team. Evaluation of the programme has led to the additional provision of localised MUST Training for District Nursing Teams resulting in an increased uptake of training thus embedding MUST screening throughout the Trust.

d. Evaluation of the clinical ‘Cook and Taste Programmes’ now include changes in participants HbA1c’s, BMI’s and Blood Pressure, along with previous measures of change in dietary intake and behaviour change.

e. The Public Health Nutrition Team has worked in partnership with RBKC Play Service to re-evaluate nutrition at breakfast and afterschool clubs against mandatory national standards, resulting in an increase in compliance.

In 2011-12, the following clinical effectiveness improvement achievements have been identified:

- Kensington and Chelsea have been highlighted as the top performing Trust with Westminster being highlighted as the third over London (London Procurement Programme) for reductions made in Oral Nutritional Supplement (ONS) prescribing costs and improvements in appropriate prescribing practice

- Service evaluation of Mini KickStart has been carried out, which involved analysis of both qualitative and quantitative data, showing statistically significance improvements in nutrition knowledge, eating behaviours and physical activity levels

- Assessing approaches of targeted weight management delivery for Males in Kensington and Chelsea, which will lead to the development of more effective targeted services in 2012

- HWB Evaluation report 2010 showing improvement of clinical outcomes as a result of a programme redesign (quality of life measures, goal achievement attainment scaling, BMI)

- A review of the enteral feeding equipment supplied to adults over CLCH
has ensured patients receive and use the most appropriate and clinically safe products for their needs.

- Project engaging “hard to reach” patients with diabetes by proactive case management and partnership working, showed increased uptake of diabetes services, including dietetics.

<table>
<thead>
<tr>
<th>Key results</th>
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<tr>
<td><strong>Patient Reported Outcome Measures (PROMs)</strong></td>
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<tr>
<td>The Nutrition and Dietetic service has embedded standardised methods of collecting and reporting PROMS as part of the regular evaluation cycle of clinical and public health interventions.</td>
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<tr>
<td>Below is a summary of PROMS from a selection of these interventions:</td>
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<tr>
<td>- <strong>KickStart Xpress childhood obesity intensive treatment programme.</strong> Following the one week intensive programme, families demonstrated sustainable behavioural changes at 3 months, compared to baseline measures. Changes included: an increase in availability of healthy household foods; a decrease in unhealthy food items; an increase in physical activity and decrease in television, internet and computer game time spent by children.</td>
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<tr>
<td>- <strong>KickStart childhood obesity 10 week treatment programme.</strong> At the Following the 10 week programme, participants reported: improvement in regular meal patterns; increased fruit and vegetable consumption; 100% participants consuming breakfast everyday (a 30% increase from pre-programme); a 57% decrease in weekly calorie dense food choices; a respective 70% and 25% child and parent increase in nutrition and physical activity knowledge and enhanced child quality of life scores and physical activity levels.</td>
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<tr>
<td>- <strong>Mini KickStart early years childhood obesity prevention programme.</strong> After completing a 6 week programme, the following positive changes to nutrition behaviour were reported: an increase in fruit, vegetable and water consumption; a decrease of takeaways, crisps, fizzy drink and biscuits; an increase in willingness to try new foods, to cook fresh from home and to read food labels. Parents also reported</td>
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that children had regular meal patterns and were eating their evening meal at the table. Less time was spent watching television with an increase in parent lead activity.

- **CDM Service 10 week Group Weight Management programme (HWB)** - Lifestyle Questionnaire patient reported outcome measures. Progress of achievement against goals was rated for 37 participants who nominated 5 most common goals; clothing to fit better (15%), feeling less tired/ having more energy (15%), reduced joint pain (13%), decreased cholesterol (9%) and feeling better about myself. (9%). At programme end, 67% of participants reported on their goals, to being between ‘half-way there’ to ‘completed’.

- **Clinical Cook and Taste Programme** – Throughout the delivery of the 7 week programme participants reported outcome measures are captured on a weekly basis as well as at the completion of the programme. The following positive changes to nutrition and behaviour include: reduction in the amount of oil and salt used in cooking, improved compliance with medication, better portion control and awareness, increased fruit and vegetable intake and improved skill in reading food labels.

**Clinical Outcomes**

All clinical dietetic interventions use clinical outcome measures to evaluate their effectiveness. A few examples of these clinical outcomes are given below:

- **KickStart Xpress childhood obesity intensive treatment programme**. 80% of children achieved a BMI centile reduction and / or maintenance within 3 months of completing the programme.

- **KickStart childhood obesity 10 week treatment programme**. The average Body Mass Index change is -0.2kg/m\(^2\) (range -1.5 to 0.3kg/m\(^2\)) Exercise tests demonstrate increased aerobic fitness by an average of 14% (range 0-23%).

- **Mini KickStart early years childhood obesity prevention**
100% of parents consenting to be weighed lost weight by the end of the 6 week programme. Food frequency questionnaire pre/post show a decrease in the average consumption of the following foods: Fizzy drinks, fruit juice, crisps, biscuits, sweets, takeaways, milk. There is a trend for increasing vegetable and water consumption.

- **Screening of Malnutrition amongst Community Meal Users.** Reduction in the number of Community Meal Users identified as ‘at risk of malnutrition’ reduced from 19.8% (2010) to 3.2% (2011). This audit will be carried out again in 2012 to include all Community Meal Users.

**Other measures of effectiveness**

1) **Nutrition Support - Avoiding Hospital Admissions:** Dietitians working in Adult Enteral Feeding have extended scope training to gain competency in changing balloon gastrostomy tubes in the community. Balloon gastrostomies require replacing every 3 months and all CLCH patients with a balloon gastrostomy in place receive a planned 3 monthly tube change, carried out by CLCH dietetic staff. This planned approach to balloon changes has reduced the need for such patients to make the lengthy visit to hospital for the procedure and has thus improved the patient experience and provided cost savings.

2) **Nutrition Support – Oral Nutritional Supplement Prescribing Work:** Dietitians continue to support primary care staff to identify and manage patients who at risk of malnutrition and ensure the appropriate use of food fortification advice and oral nutritional supplements (ONS). In the last year an average of 11% reduction in ONS prescribing costs was achieved over the inner CLCH boroughs. This cost reduction acts as a proxy indicator that patients were receiving these ONS inappropriately. This intervention therefore provides patients with access to more appropriate nutritional care.

3) **Public Health Nutrition – Clinical Cook and Taste Programmes** are currently working in partnership with London Met University to develop a tool to measure the added social value achieved by participants completing the Clinical Cook and Taste Programme.
Clinical Audit

Participation in Trust-wide audits during 2011

The Nutrition and Dietetics service contributed to the CLCH trust-wide health records audit.

All 4 boroughs were involved and audited the following number of records:

- Barnet 26
- Kensington and Chelsea 18
- Hammersmith and Fulham 10
- Westminster 28

The service achieved a mean compliance rating of 69.92%

This year our clinical audit plan has focused on the following audits:

1) Nutrition in CLCH Nursing Homes Audit

All CLCH nursing homes were included in the Essence of Care Nutrition audit. Each Nursing Home has an individual audit report which can be used as evidence in CQC inspections. Re-audits are planned for 2012. Examples of the quality improvement actions recommended following the audit are:

a. Development of Local Nutrition Care Pathway in all homes
b. Development of standardised Nutrition Training schedules for staff
c. Provision of standardised paperwork to record weights, MUST scores, Nutrition Care plans
d. Provision of nutrition resources appropriate for residents, relatives and carers
e. One nursing home to implement Malnutrition screening (MUST)

Improvements for residents in Nursing Homes so far have included: the Introduction of puree food moulds to improve the presentation of puree meals; training for catering staff about portion size and presentation of meals; the introduction of seasonal initiatives such as “Summertime Fluids”
to ensure optimum hydration care all year round and the development of a 24hr snack menu for residents who miss meals or prefer to eat at different times

2) Irritable Bowel Syndrome (IBS) and Dietary Treatment Audit

All IBS cases seen by the CLCH dietetic service over a one year period were audited against NICE CG 61 and the low FODMAP guidelines. As a result of the audit the following quality improvement actions were implemented to improve service delivery;

  a. A package of care was developed for the FODMAP diet
  b. Outcomes measures and PROM tools were developed to include patient goals setting and symptom severity scaling pre/post intervention
  c. All dietitians in the chronic disease work stream attended a training session on the application of the FODMAP package of care

- Enteral Feeding compliance with NICE guidelines – in progress
- Enteral Feeding compliance with CLCH guidelines – in progress

2012-13 Audit Plan

- Audit of the paediatric dietetic care against the CLCH paediatric dietetic clinical guidelines and NICE 43 – Obesity (clinic setting)
- Audit of paediatric allergy seen in dietetic clinics and compliance with NICE CG 116 - Food allergy in children and young people
- Audit of paediatric faltering growth and compliance with CLCH weighing and measuring protocol and paediatric work stream clinical guidelines
- Re-audit of CLCH Nursing Homes. Following on from the 2011 work, re-audits are being carried out in all nursing homes in February/March 2012. New action plans and training sessions will be generated accordingly in line with the findings
- Enteral Feeding compliance with NICE guidelines – Completion
- Enteral Feeding compliance with CLCH guidelines – Completion
Audit of mothers recall on information received at New Birth Visit on Breastfeeding and Bottle feeding

Audit of Healthcare Professionals Breastfeeding knowledge following attendance at CLCH’s UNICEF accredited Breastfeeding Training

How effective is the Weight Management Service to the immobile in the community setting?

Does a healthy lifestyle education group for adults with Learning Disabilities change lifestyle behaviours?

Is maintenance of weight loss influenced by the absence or presence of long term follow-up

Service Evaluation of Fit for Life Group Management Programme

Service Evaluation of Health & Well Being Group Management Programme

Comparison of weight management outcomes of receiving structured lifestyle intervention versus a drop in to weigh in service

Service Evaluation of the Choosing the Chance to Change programme.

The number of Diabetic patients seen in dietetic levels 2 clinics without a recent HbA1c.

**NICE compliance**

The following NICE guidance is either fully or partially relevant to this service:

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<tr>
<th>CG2</th>
<th>Prevention of healthcare associated infections in primary and community care- <strong>Compliant</strong></th>
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<tbody>
<tr>
<td>CG29</td>
<td>Pressure Ulcer management- Partially compliant</td>
</tr>
<tr>
<td>CG32</td>
<td>Nutrition support in adults: Oral nutritional support, enteral nutrition and parenteral nutrition - <strong>Compliant</strong></td>
</tr>
<tr>
<td>CG37</td>
<td>Post natal care- <strong>Partially compliant</strong></td>
</tr>
<tr>
<td>CG43</td>
<td>Obesity- <strong>Compliant</strong></td>
</tr>
<tr>
<td>CG48</td>
<td>Myocardial infarction: secondary prevention- Compliant</td>
</tr>
<tr>
<td>CG61</td>
<td>Irritable Bowel Syndrome- <strong>Partially compliant</strong></td>
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</table>
To ensure that we are complying with these best practice guidance, we have reviewed all NICE guidance that is relevant to the service.

In 2012-13, we plan to revisit all NICE guidance relevant to dietetics (listed above) and refresh the compliance assessments.

**Research and innovation**

1) An intensive childhood obesity programme KickStart Xpress was established in Westminster

2) The low FODMAP diet package of care was introduced as a new evidenced
based intervention, enhancing the effective treatment of irritable bowel syndrome.

3) The Lifestyle Weight Management package of care for adult obesity management was implemented across CLCH dietetics, following the success of the model used in Hammersmith and Fulham.

4) A Lifestyle Questionnaire to evaluate patient reported outcomes was implemented across all adult group and individual weight management interventions allowing for comparison of interventions.

5) British Dietetic Association (BDA) 2011 Conference Presentations & Abstracts presented by the dietetic service increasing the evidence base for community interventions;

- ‘Reported patient outcome measures in weight management service evaluation (Presentation)
- ‘Evaluation of obesity service outcomes in general dietetic clinics versus structured lifestyle weight management clinics’ (Presentation)
- Meeting nutrition standards in a day centre for older people: the influence of portion size and plate waste. (Poster)
- Analysis of nutrient content of menu’s in a day centre for older people (Poster)
- Food and Nutrition Policy: An intervention to improve nutrition in lunch clubs for older people
- An intervention to improve the contents of packed lunches in primary school children (Poster)
- Improving Nutrition at Breakfast and After School Clubs (Poster)
- An Innovative Pilot Intervention to Improve Nutrition at Holiday Play Centres (Poster)
- The Effect of an Intervention to Improve Water Consumption on Pupils, Parents and Teachers (Poster)
- An Evaluation of an Intervention to Improve Water Consumption in Primary School Children (Poster)

Primary Care Diabetes Society National Conference 2010
Case study to demonstrate the Effectiveness of Community Diabetes Outreach Service improves Diabetes Care in ‘Hard to Reach’ groups who don’t access care through the Traditional Route. (Poster)

Diabetes UK National Conference 2011

Engaging “hard to reach” patients with diabetes by proactive case management and partnership working. A pilot study in an integrated inner city intermediate care diabetes service. (Poster)

Professional Practice Sessions – Mandatory bi monthly programme for all Nutrition and Dietetic staff which aims to ensure a skilled workforce that meets statutory, organisational and professional requirements to deliver high quality services.

6) Adult Home Enteral Tube Feed Syringes Project – In response to escalating costs, HETF syringe usage was assessed. As part of the findings a ‘Syringe Protocol’ was developed ensuring patients receive the most appropriate equipment for their needs in line with infection control and safety as well as ensuring the most cost effective product is ordered. This has had a positive impact on the budget for adult enteral feeding equipment over the inner boroughs CLCH. Although focusing on Adult HETF this project demonstrated further savings could be identified if Children's Community Nursing were to use this approach.

What the patients say about the outcomes of their care and treatment

“Now my child understands about hunger and cravings and this will set her up for life” KickStart Xpress parent participant

“Joining this programme made me sit back and think about what we had been doing as a family, we had been eating unhealthily and not doing [physical activity] walking to nursery and that's it....I thought ‘we need to change that’ and this programme helped make that decision” Mini KickStart parent participant

“I feel more confident about my diet and how it can help me manage my diabetes. I have enjoyed working with the others in the group and have made some very good friends. The dishes we cooked were delicious and easy to
"I have changed our routine and we all now eat together at 6pm. I don’t cook separate meals for my children and husband anymore’ Early Years Cook and Taste parent participant

<table>
<thead>
<tr>
<th>Clinical Effectiveness improvement actions</th>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Revisit all NICE guidance relevant to dietetics (listed above) and refresh the compliance assessments.</td>
<td>Dec 2012</td>
<td>Maddy Ieriti</td>
</tr>
<tr>
<td></td>
<td>To ensure 2012-13 audit plans are completed and disseminated appropriately</td>
<td>Dec 2012</td>
<td>Team leads</td>
</tr>
</tbody>
</table>

Experience

Overview

We care about treating everybody with kindness, dignity and respect at all times. For this reason we collect Patient reported experience measures from all new patients who visit our clinical services and gather user feedback from participants using our public health services.

The service has responded to the ‘user experience’ concerns identified in the 2010-11 report and as a result we have:

- adapted clinic times to provide slots which better meet user needs e.g. more after school clinic slots in paediatric clinics
- Assign a named dietitian to each clinic location across CLCH
- Assigned a ‘named clinician’ to each clinic to provide continuity of care to patients
- developed CLCH dietetic ‘packages of care’ and clinical standards for each referral type
In 2012, we intend to pilot new ways of collecting user experience data, which will include a pilot of Electronic PREMs in adult weight management services.

<table>
<thead>
<tr>
<th>Key achievements this year</th>
<th>We identified the following ‘user experience’ improvement actions in our 2010 Quality Report. This section revisits the improvement actions that were identified and reports on the progress made on each of them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 2010-11 ‘user experience’ improvement action: Continuation of all PREMs beyond November 2010 with some individualising of PREMs to better suit interventions</td>
<td><strong>Progress in 2011-12 on ‘user experience’ improvement action:</strong> This action is complete and PREMs are collected for all new patients who access our services.</td>
</tr>
<tr>
<td>2) 2010-11 ‘user experience’ improvement action: Redesign of Paediatric PREMs to incorporate a domiciliary visit PREM and more detailed information around clinics times</td>
<td><strong>Progress in 2011-12 on ‘user experience’ improvement action:</strong> This action is complete. Paediatric PREMs have been further defined for domiciliary visits. A limitation with the numbers of questions for surveys has resulted in more specific information around clinic time being unable to be asked. However in response to 2010 results, additional after school clinic slots have been added and an after-hours clinic is being piloted from January 2012.</td>
</tr>
<tr>
<td>3) 2010-11 ‘user experience’ improvement action: Identification of service areas that require their own PREM with view to developing PREMs for each intervention.</td>
<td><strong>Progress in 2011-12 on ‘user experience’ improvement action:</strong> Adult weight management services have developed an E-PREM which allows more sophisticated questions, relating to each specific intervention, to be asked via the PREM. This E-PREM will be trialled in 2012.</td>
</tr>
<tr>
<td>4) User’s experience of dietetic services receiving nutrition support in the community</td>
<td></td>
</tr>
<tr>
<td>5) 2010-11 ‘user experience’ improvement action: Development of</td>
<td></td>
</tr>
</tbody>
</table>
Clinical ‘Cook and Taste’ participant experience measures

**Progress in 2011-12 on ‘user experience’ improvement action:**

Public Health (Community Nutrition Development) Team have further developed PREMs for Clinical Cook and Taste Programmes (Diabetes and Weight management). These have been piloted and are currently being reviewed before being implemented

a) Weight management resources and services have been reviewed and aligned across CLCH

b) Named dietitian assigned to each clinic location across CLCH

c) Dietetic care packages and clinical standards are under development for each referral type

d) Equipment located in clinics are being audited to ensure in good working order

e) Administration training on customer service to improve first point of contact experience

f) Incident reporting outlining poor patient experience with reception staff

g) Refresher Xpert Diabetes Programme to be limited to a maximum of 20 attendees at any one time.

<table>
<thead>
<tr>
<th>Patient survey results</th>
<th>Patient surveys (known as Patient Reported Experience Measures – PREMs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Summary of results for core patient experience measures (Aug-Dec 2011)</td>
</tr>
<tr>
<td>Paediatrics Dietetics N7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Result for this service</th>
<th>Trust-wide average</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>100%</td>
<td>93%</td>
</tr>
<tr>
<td>% patients saying they were definitely involved in planning their treatment</td>
<td>71%</td>
<td>56%</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>% patients saying they were always treated with dignity &amp; respect</td>
<td>86%</td>
<td>92%</td>
</tr>
<tr>
<td>% patients saying they definitely understood explanation</td>
<td>100%</td>
<td>88%</td>
</tr>
<tr>
<td>% patients satisfied with waiting time</td>
<td>86%</td>
<td>74%</td>
</tr>
</tbody>
</table>

**Adult Clinic (DOM) N12**

<table>
<thead>
<tr>
<th>Question</th>
<th>Result for this service</th>
<th>Trust-wide average</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>% patients saying they were definitely involved in planning their treatment</td>
<td>58%</td>
<td>56%</td>
</tr>
<tr>
<td>% patients saying they were always treated with dignity &amp; respect</td>
<td>100%</td>
<td>92%</td>
</tr>
<tr>
<td>% patients saying they definitely understood explanation</td>
<td>92%</td>
<td>88%</td>
</tr>
<tr>
<td>% patients satisfied with waiting time</td>
<td>72%</td>
<td>74%</td>
</tr>
</tbody>
</table>

**Adult Clinic N 85**

<table>
<thead>
<tr>
<th>Question</th>
<th>Result for this service</th>
<th>Trust-wide average</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>% patients saying they were definitely</td>
<td>81%</td>
<td>56%</td>
</tr>
</tbody>
</table>
involved in planning their treatment

| % patients saying they were always treated with dignity & respect | 93% | 92% |
| % patients saying they definitely understood explanation | 95% | 88% |
| % patients satisfied with waiting time | 76% | 74% |

An additional PROM was developed for the paediatric domiciliary but there was low uptake with only 1 returned with the following comment.

“MY DAUGHTERS DIETICIAN IS EXCELLENT. SHE MAKES HOME VISITS AND COMES OUT OF HER WAY TO BRING SPECIAL MILK IF WE CAN’T GET ANY.”

Interpretation of PREM results

Apart for Adult Clinics (N85) the overall response rate of the PREM was significantly low to generalise conclusions from the data. However, the results demonstrate that patients rate the service very highly with a score between 92% -100%. This demonstrates that our staff are providing a high quality service and patient experience using our services is excellent.

Overall the data also suggests that patients felt that our staff treated them with dignity and respect and patients understood the explanation given to them for their care. The results indicate that we need to improve on involving patients in planning their care and also reducing waiting times. A programme of work is already in place that requires staff to engage patients in designing the care they receive. It is expected that this will in return enable patients to take more control of their health.

The PROM return for paediatric domiciliary was very low. There needs to be a concerted effort to encourage staff to distribute the PROM and for parents / carers to complete and return their feedback. This will enable the service to develop a service that meets the needs and expectations of our service users.
**PREM methodology**

The following table summarises the number of patients that responded to a PREM this year, and shows this as a percentage of all referrals during the survey period (August – December 2011). Our aim was to achieve a representative view of patient feedback, so we set out to survey all new patients who visited the service.

<table>
<thead>
<tr>
<th>PREM volume targets</th>
<th>Total (Aug-Dec 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients who responded to a PREM</td>
<td>104</td>
</tr>
<tr>
<td>Total new referrals</td>
<td>2369</td>
</tr>
<tr>
<td>% of new referrals who responded to a PREM</td>
<td>4.3</td>
</tr>
<tr>
<td>Target % of respondents</td>
<td>15%</td>
</tr>
<tr>
<td>Target achieved?</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Compliments and Complaints**

- Number of compliments Jan 2011 – Dec 2011: 2
- Number of complaints Jan 2011 – Dec 2011: 0

In 2010 there were 5 compliments and 0 complaints.

**Patient user groups and focus groups**

**Kickstart Xpress Focus Group**

A formal focus group is held at the conclusion of each KickStart Xpress programme with parent/carer attendees to discuss the overall experience of attending the programme. From the focus group positive experiences are shared along with learning points for the development of future programmes.

Positive experiences;

- Nutrition information useful, particularly meal timing and understanding food portions
- Practical food preparation sessions are valuable as they result in children being more involved in the kitchen and meal times at home
• The physical activity sessions were enjoyable for children and the use of pedometers encouraged exercise.

Improvement points

➢ Communication of the detail of the programme from referrals, due to variance in initial explanations
➢ Extra physical activity sessions post programme
➢ Development of child friendly resources/hand-outs and translated resources (Arabic)
➢ An earlier start after school could be trialled
➢ Involve parents in physical activity sessions

Early Years Cook and Taste Programme

Focus Groups with parents of children under 5 were held at the end of the Early Years Cook and Taste Pilots, which then shaped the development of this programme.

Positive experiences:

1) The carbohydrate session was helpful for me to learn about the importance of fibre for digestion.
2) Knowledge of calories and calcium in milk was really useful.
3) I thought I knew about portions, but on completing the course I now know how much to give my child
4) The information around behaviour was important. There are things we know we should be doing (like cooking and eating together) but its making time to do it.
5) The recipes were great because the ingredients weren’t too expensive to buy and you can vary the way you want to make them

Areas to improve:

• More nutrition information to take home.
• Making the first session less basic and more interesting.
• We like being able to cook 2 different recipes each week
<table>
<thead>
<tr>
<th>Other qualitative feedback</th>
<th>Nutrition Support Service Evaluation Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This project involved a short telephone questionnaire about our patient’s overall experience of the Nutrition Support dietetic service, the treatment/advice discussed and the impact it had on the individual’s health and quality of life. To conclude, patient education and advice in the form of dietary counselling on food fortification was perceived by the patient as beneficial and useful by the majority of participants involved in this evaluation. There was an overall theme reported by patients that their experience of the Nutrition Support service was positive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mini KickStart Qualitative Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents are provided with the opportunity to provide written feedback on what they enjoy most and what could be improved on the programme. Common responses for enjoyment include;</td>
</tr>
<tr>
<td>• improving or consolidating nutrition knowledge</td>
</tr>
<tr>
<td>• label reading to make healthier food choices</td>
</tr>
<tr>
<td>• socialising with other parents and carers</td>
</tr>
<tr>
<td>• learning from discussions with other parents and carers</td>
</tr>
<tr>
<td>• recipes to increase cooking skills and dietary variety</td>
</tr>
<tr>
<td>• exposing children to healthy foods through the creative play session</td>
</tr>
<tr>
<td>Suggestions for improvement include;</td>
</tr>
<tr>
<td>• Offering morning programmes, not just afternoons”</td>
</tr>
<tr>
<td>• Providing a folder for hand-outs that are given every week</td>
</tr>
<tr>
<td>• Longer sessions</td>
</tr>
<tr>
<td>• Including an extra session once per month for questions and troubleshooting for parents</td>
</tr>
<tr>
<td>94% of parents rate the Mini KickStart programme as excellent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What the patients say</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Attending the Cook and Taste Weight Management Programme has been a revelation. I have learnt so much. I have now been referred to the Specialist Weight Management Service to continue with my success” Diabetes Cook and Taste Participant</td>
</tr>
</tbody>
</table>

<p>| |</p>
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</thead>
<tbody>
<tr>
<td>“Having had diabetes 16yrs, the course has been enlightening” participant X-</td>
</tr>
</tbody>
</table>
Pert Diabetes Education programme

“I would like to thank you from my whole family – you are doing a great job to help our children” KickStart Xpress parent participant

“The staff are very educated and friendly. The amount of discussion was so useful (as were) the activities prepared for children and for parents as well” Mini KickStart parent participant

“Increase length of time of Mini KickStart sessions to 1.5 hours so that the kids get more play and the parents share their opinions as well as experience and tips” Mini KickStart parent participant

<table>
<thead>
<tr>
<th>Patient experience Improvement Actions</th>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Mini KickStart and KickStart Xpress programme will review patient recommendations for the improvement of service delivery and will apply adaptations and developments in 2012</td>
<td>December 2012</td>
<td>Jane Anderson</td>
</tr>
<tr>
<td></td>
<td>The adult weight management interventions will trial electronic PREMS</td>
<td>March 2012</td>
<td>Esther John-Charles</td>
</tr>
<tr>
<td></td>
<td>The N&amp;D service will focus on increasing the number of PREM returns to the service by requiring clinicians to distribute PREM questionnaires for every new contact</td>
<td>December 2012</td>
<td>N&amp;D teams</td>
</tr>
</tbody>
</table>