## 1. Summary of the service and the main features

### Location

The CLCH Nutrition and Dietetic service are a team of Registered Dietitians, Nutritionists and Nutrition Assistants who provide a range of clinical and public health services across the four CLCH boroughs. Although not all services are commissioned in each borough, we provide the following as an organisation:

### Aims and Objectives

#### Clinical Dietetics:

- **Nutrition support** services to adults in: their own homes, nursing and residential homes and clinics. These adults may need oral nutritional support or may need feeding through a tube. These adults will be seen if they are malnourished (as identified by the MUST tool); have a BMI under 18.5kg/m²; have dysphagia or require nutritional supplements or tube feeding.

- **Paediatric Dietetic** services to children and young people aged from 0-19 years in a variety of settings including clinics, home, schools or groups. These children may be overweight, have food allergy, require tube feeding, require oral nutritional support, have a nutrient deficiency or have behavioural feeding difficulties. We offer an advisory service to GPs for appropriate prescribing of nutritional supplements/formulae.

- **Chronic Disease Management** services to adults in their own homes, nursing and residential homes and clinics. These adults may require advice for being overweight or obese, where referral criteria is a BMI of >28Kg/m² with 2+ co-morbidities or over 30kg/m² (for South Asian patients the BMI criteria is lower). Alternatively, patients may need dietary advice to manage conditions such as elevated blood lipids, impaired glucose tolerance, diabetes or Irritable Bowel Syndrome.

#### Public Health Dietetics:

- This service runs in Kensington & Chelsea only and provides interventions at a population level, including: Healthy start Scheme; Baby Friendly Initiative; Managing Malnutrition in Older people; Cook And Taste Programmes; Nutrition in Schools and Nutrition in Children centres.
2. Patients at the “heart of everything we do”

We strive to put patients at the heart of everything we do. We often collect feedback from patients and make changes to the service based on the feedback, below is an example of change that was introduced last year based on patients feedback:

**Paediatric Work stream:**

‘I think the programme should have been offered earlier to my family. It definitely needs to be extended for a longer period so that children are monitored and maintain their motivation. The health professionals were very courteous, attentive and polite towards the children and staff alike’.

KickStart – childhood weight management programme, Parent participant quote.

As a result of this feedback and other similar feedback: The KickStart team has increased programme promotion in Westminster schools and has been linked into the referral pathway for the National Childhood Weight Management programme (NCMP) in Westminster. All Westminster school nurses and school health technicians have received training on raising the issue of weight and standardised weighing and measuring procedures and making timely referrals.

KickStart is providing support to families over a 12 month period to help maintain confidence and motivation to maintain healthy lifestyle changes.

3. Looking back what have we done to improve the quality of the service?

The Dietetics Service applies a continuous improvement cycle approach, to how we work with our clients, families and develop service. Paramount to this is a focus on safety, and clinical effective. Below are some examples of how we have achieved this.

- **Patient safety - ‘a culture of being open and safe’**

The safety of our patients is the highest priority to the Dietetics and Nutrition service, we have taken the following actions over the last year to improve patient safety:

- The dietetic service has improved the security of patient data moving from paper based to electronic patient
records using the secure National system RiO.

- A policy for accepting and managing adults and infants & children with naso-gastric tubes was disseminated and implemented in line with NPSA requirements.

- Enteral Feeding Audit carried out to ensure we are complying with the NICE Guidelines and recommendations for adults who are enterally fed.

- Datix completion is common place and used for example: when unsafe Enteral Feeding discharges/transfers occur from an acute unit or another area.

- Implementing NICE guidance: a) screening for malnutrition risk – programme of MUST training developed for nurses and AHPs; b) people having oral nutrition support in the community should be monitored by healthcare professionals with relevant skills and training in nutritional monitoring every 3-6 months or more frequently if there is a clinical condition.

- Oral Nutrition Supplement (ONS) Prescribing work - the ONS practice audit aims to ensure patient safety by highlighting and reviewing all patients receiving ONS therefore ensuring patients are monitored to optimise their nutritional status as well as helping to avoid inappropriate prescriptions with potential adverse effects on an individual’s health.

- Clinical effectiveness - ‘no decision about me without me’

We have taken the following steps to improve clinical effectiveness in the last year:

- An audit comparing the NICE guidance 43 with the provision of childhood obesity package of care was conducted. This has highlighted the need for a service re design to introduce a multi component element for physical activity and inactivity education and practical application in the clinic setting. The service redesign will occur during 2013.

- All childhood obesity interventions have realigned data collection to meet the National Obesity Observatory Standard Evaluation Framework (NOO SEF), this has included analysis of weight loss using BMI z scores.

- All adult obesity interventions are realigning data collection systems to meet the NOO SEF (described above).

- Our service users guide their own treatment and care ‘I found the healthcare professional very helpful, options were made available to me and I was able to partake in decision making’ - Parent of a paediatric patient seen in clinic.
• Enteral Feeding Audits on current caseload of Home Enteral Tube Feed patients to ensure NICE Guidelines are adhered to. Action plans with timelines are set in place to ensure improvement.

• Essence of care Audits in NH setting to ensure the Essence of Care Standards for Eating and Drinking and the CQC requirements are being met. In situations when improvements are required the Dietitian works with the NH to set out an action plan to facilitate change and improvement. Re-audits are undertaken to monitor progress.

• Enteral Feeding Tube Changes performed in the community by the Dietitian – patient consent is gained, with the individual being involved in planning their tube care by having the option of returning to the acute unit or having the tube change performed in the community to avoid the hospital admission.

• Consent is gained for all patient intervention/consultation and the patient is copied into all correspondence regarding their care to ensure they are informed at every stage.

- Patient experience - ‘you said-we did’

We have taken the following steps to measure and improve the overall experience of accessing the service that patients have:

Patient Reported Experience Measures

The service carries out a Patient Reported Experience Measure (PREM) so that patients can report on the care they have received and we can learn from their feedback. Last year 59 PREMs were returned, of which 90% reported their overall experience of care as being good or excellent.

Patient Stories

We have been collecting patient stories so that we can gain a deeper understanding of the experience our patients have when they access the service. The patient stories have been collected and are currently being analysed for any consistent themes that have developed, action plans will be produced and implemented based on any themes identified. Below is an extract from one patient story:

From a patient Story from the Nutrition Support service:

‘While I was a hospital inpatient it felt like a battle ground as a patient however the community was a very different experience as I had much more involvement in my care from supportive staff that I felt able to call with my queries and I always received a prompt response. I appreciated my home visit appointments as I was initially unwell when I was discharged from hospital.’

<table>
<thead>
<tr>
<th>‘You said’</th>
<th>‘We did’</th>
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<tbody>
<tr>
<td>1. The hospital did not make me aware of the importance of checking pH prior to using naso-gastric tube.</td>
<td>1. A patient information sheet has been produced to clearly summarise the rationale for pH testing, including the risks if this is not followed.</td>
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</table>
2. I felt surprised that I was not always guaranteed to be reviewed by my "usual" Dietitian

2. To strive for all patients to be reviewed by the same Dietitian however as this may not always be possible due to changes in staffing. All members of staff to explain this to the patient and set expectations at the initial consultation.

3. ‘I did not have sufficient information about various different types of feeding tube available to me’

3. All patients known to the Community Dietitian who are due to have a planned feeding tube placed are to be offer a session with the dietitian to explain the different types of feeding tube

4. When giving advice about food fortification it would be useful to have practical examples of this advice

4. A practical session on FF will be carried out by the Nutrition Assistants in line with the new Nutrition Support Package of Care pilot commencing in April 2013

5. ‘More practical advice and to do physical activity in the clinic session as my child has extra weight’

5. We have commenced the design of a multidisciplinary weight management clinic to include dietetics and a physical activity specialist to enhance childhood obesity sessions offered

4. What resources were utilised in the process of improving quality?

Dietetics has used a range of resources to improve quality, from National Guidance which sets standards to individual staff resource to collect information from users.

Examples of the resources used are outlined below:

- **National Guidance** e.g. NICE Guidelines for Nutrition Support; NICE CG 43 – guidance on the identification, assessment and management of overweight and obese adults and children.

- **NPSA Alert** - Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants.

- **Audit tools developed by the team** – Nursing Homes Nutrition Audits, Enteral Feeding Audit Tool which are partly based on CQC outcome 5.

- **ONS usage / cost data** from medicines management and in house practice system searches (EMIS/VISION) performed by the Dietitian.

- **Datix Incident Reporting system.**

- **Dictaphone for patient stories.**

- We have piloted **short phone interviews** to collect patient experience questionnaires.
• A range of focus groups and patient stories were collected by staff.

5. Top Tips

Things that worked well

• Phone calls to service users to complete experience questionnaires resulting in sharing of more detailed areas for the service to make on going improvements to current delivery.

• The integrating of the Nutrition Support team over the 4 boroughs of CLCH to ensure resources are used more effectively by sharing work and working on smaller joint projects. Audit work developed and rolled out over 4 borough (where appropriate).

• Inclusion of paediatric patients in the Oral Nutritional Supplements search work in GP practices. Working with our paediatric colleagues in the review of patients (now adult and paediatric) receiving an ONS prescription. Therefore improving patient care/safety, outcomes and results while utilising our dietetic resources effectively.

Things that didn’t work as well

• Implementing the ‘Goal Attainment Scoring’ PROM in Nutrition Support and using RIO as a system to collect agreed outcomes.

• Record keeping audit results in November 2012 were poor in some areas for Dietetics.

• Large variance in individual dietitians approach to patient intervention and length of time a patient remains on the caseload.

Lessons learned

• The need to develop and implement a PROM for our Nutrition support clients.

• Highlighted the need for a Nutrition Support Package of Care to standardise interventions

• Need to focus on improving record keeping standards

• Valuable data can be gained by using a range of methods to access patient / user/ stakeholder feedback.
## 6. Key Improvement Areas

1. Implementation of a Nutrition Support Package of care (April 2013 pilot roll out)

2. Collecting and collating outcome measures across Dietetics, with work stream specific outcomes in mind e.g. develop an alternative PROM in Nutrition Support as the GAS system has not worked effectively / streamline the weight management PROM used in the Chronic Disease team

3. Continue to improve our patient / user / stakeholder involvement as we develop the service

4. Record keeping: All work streams within dietetics to be fully compliant with all areas on the record keeping audit tool
<table>
<thead>
<tr>
<th>Improvement area</th>
<th>Our target</th>
<th>How will we measure?</th>
<th>Who is responsible?</th>
<th>By when?</th>
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<tbody>
<tr>
<td><strong>1.</strong> Implementation of a Nutrition Support Package of care (April 2013 pilot roll out)</td>
<td>To have a clearly defined entry and exit point for patients, with anticipated outcomes attached at each contact</td>
<td>Review outcomes of patients who have completed package of care and compare to anticipated outcomes &amp; current outcomes</td>
<td>Louise Wilkie, Nutrition Support work stream lead</td>
<td>Pilot to start April 2013</td>
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<td><strong>2.</strong> Collecting and collating outcome measures across Dietetics, with work stream specific outcomes in mind</td>
<td>To ensure each work stream has identified outcome measures in place to demonstrate effectiveness and that our infrastructure supports the easy collection and collation of these</td>
<td>Outcomes are recorded for all patients and outcome reporting is quick, timely and accurate.</td>
<td>Maddy Ieriti, Professional Lead for Dietetics, in conjunction with Work stream clinical leads</td>
<td>Throughout 2013</td>
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<td><strong>3.</strong> Continue to improve our user / stakeholder involvement as we develop services</td>
<td>To ensure that each work stream uses a range of feedback mechanisms such as patient stories, phone PREMS, meetings with third sector stakeholders as a standard part of practice</td>
<td>Review feedback as part of clinical leads meetings and share experience of each method</td>
<td>Clinical leads within each dietetic work stream</td>
<td>Throughout 2013</td>
</tr>
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<td><strong>4.</strong> Improve Record keeping standards within dietetics</td>
<td>To ensure all record keeping entries are consistently of a high standard which adhere to professional standards and Trust policy</td>
<td>Regular record keeping audits</td>
<td>Maddy Ieriti, Professional Lead dietetics All dietetic Work stream clinical leads Mark Mbogo, Service manager for dietetics</td>
<td>From February 2013 onwards</td>
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