The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Interim Director of Nursing	Decision		High	Med	Low
	Discussion			√	
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Valerie Newton Deputy Director of Nursing	Strategic	√			
	Operational				
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Well-Led, Care, Effective Responsive				

Meeting Date: 28th March 2017

Report Title: 6 month update of progress against nursing and midwifery strategy objectives

PURPOSE:

To provide the Board of Directors with a 6 month update report of progress against the objectives set out in the nursing and midwifery strategy.

SUMMARY:

A review of the priorities set indicate the following has been achieved;

- Priority one: Care and quality: consistency and improvement
  - Developed a new system to review harm free care / staffing safety matrix
  - Reduction in Pressure ulcers
  - Reduction in overall fall rates with plans to launch falls campaign to address increased falls with harm
  - Reduction in Hospital Acquired Infections
  - Progress on hydration and nutrition work plan
- Priority two: High quality care for older people: specific attention to areas of high risk to older people.
  - Implementation of a Comprehensive Geriatric Assessment tool that ensures that frail patients are identified and provided with a full assessment in relation to the recognised frailty syndromes and that this in turn supports the development of a patient-focused care plan.
  - Recruitment of a consultant nurse for frailty
- Priority three: Care of patients with mental health needs in an acute setting (including Maternity Services) and people with learning disabilities.
  - The Liaison service has commenced a process to work towards meeting the standards of the national Psychiatric Liaison Accreditation Network (PLAN).
  - The Trust's Mental Health Liaison service has continued to work to develop an integrated service with local mental health service providers; includes introduction of daily MH board rounds

- Priority four: Building a sustainable and capable nursing and midwifery team

- Developments in the leadership skills of senior nursing teams
- Positive progress in workforce plans to develop new roles and in the recruitment and retention of staff and grow our own staff strategy

- Priority five: Funding and efficiency
  - Revision of e roster policy in line with best practice & action plan to address gaps
  - Capture of CHPPD data
  - Grip and control of agency nurse spend
- Priority six: Midwifery modernisation
  - On track with plan to reintroduce the home birth service and implement Maternity IT system
  - Successful bid for money from NHSE from the maternity safety training fund
- Priority seven: End of life care
  - Progress to meet the end of life standards

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√		√		√

RECOMMENDATIONS:

The Quality and Patient Safety Committee is requested to note the progress to date against the priorities within the nursing and midwifery strategy.

6 MONTH UPDATE OF PROGRESS AGAINST THE NURSING AND MIDWIFERY OBJECTIVES

1.0 INTRODUCTION

1.1 In 2015, the Director of Nursing in conjunction with the nursing and midwifery teams developed a strategy for a 3 year period until 2018.

1.2 A series of priorities were developed which have been reported within the Nursing and Midwifery Annual Reports in summer of 2015 and 2016.

1.3 A request was made by the Quality Committee to provide an update in January 2017 and this report provides an update on the priorities set.

1.4 The priorities developed were as follows:

- Priority one: Care and quality: consistency and improvement.
- Priority two: High quality care for older people: specific attention to areas of high risk to older people.
- Priority three: Care of patients with mental health needs in an acute setting (including Maternity Services) and people with learning disabilities.
- Priority four: Building a sustainable and capable nursing and midwifery team.
- Priority five: Funding and efficiency
- Priority six: Midwifery modernisation
- Priority seven: End of life care

A full list of the specific areas within each priority is shown in Appendix 1

PRIORITY 1 CARE AND QUALITY: CONSISTENCY AND IMPROVEMENT

2.0 HARM FREE CARE

2.1 Over the past 6 months, the Trust has reviewed how we assess harm free care and the impact that the different elements can have on each other.

2.2 On a monthly basis, the Trust undertakes the national safety thermometer, this reviews pressure ulcers, falls with harm, catheter related urinary tract infections and VTE assessment, and the results are shared with all the clinical teams.

2.3 A new forum has been set up chaired by the Deputy Director of Nursing that brings the lead from each of these areas as well as the lead for infection control to a monthly meeting to look at how results from one area impacts on another, e.g. pressure ulcers and infection control. The Associate Chief Nurses from the two inpatient divisions attend to review themes from the different areas and use this information at the key actions and learning group. This group has been successful in improving communication between areas and sharing good practice. An example of this. is the work that has been done with pressure ulcers which is being shared with the falls co-ordinator. This is being used to launch a falls campaign using a similar structure to that which was used in the successful pressure ulcer campaign.

2.4 Development of a staffing and safety matrix to review the potential risks on each ward , on each shift in relation to staffing as well as other issues e.g falls, numbers of patients who require assistance with meals, delays in medications, 1:1 observations etc.

2.5 This tool has been developed from a nurse staffing template and is completed three times a day by each ward and calculates the potential risk of the shift at high, medium or low and allows senior nurses to make more informed decision about the help and support required. The data collected has also been very useful when undertaking investigations into incident as it provides greater context of what was happening at the time of the incident. The tool has been demonstrated to the senior nurses at the Norfolk and Norwich and the James Paget University hospital at a matrons' regional meeting and met with very positive feedback.

3.0 PRESSURE ULCERS

3.1 Over the past 6 months the Trust has seen a 30% reduction in hospital acquired pressure ulcers compared to the same time period in 2015 (Diagram 1) . Work continues on improving documentation to evidence practice of prevention and management of pressure ulcers, particularly around the ASKINS care bundle. This is reflected in Diagram 2 below which shows the reduction of avoidable pressure ulcers. Avoidable pressure ulcers are incidents in which something more could have been done to prevent the pressure ulcer developing. Our goal is to have zero avoidable hospital acquired pressure ulcers; this was achieved for the first time in October 2016.

3.2 There has also been a major improvement in the number of hospital acquired grade 3 pressure ulcers reported from July to December 2016, reducing to 8 compared to the 18 reported from January to June 2016 (Diagram 3), which suggests staff are being more proactive with the prevention measures. There have been zero grade 4 hospital acquired pressure ulcers since January 2014.

Diagram 1 – Hospital acquired pressure ulcers 2015 v 2016

	2015	2016
January	14	12
February	14	11
March	15	13
April	20	12
May	11	7
June	21	9
July	13	10
August	18	6
September	9	11
October	7	2
November	8	12
December	12	5
Totals	162	**110**

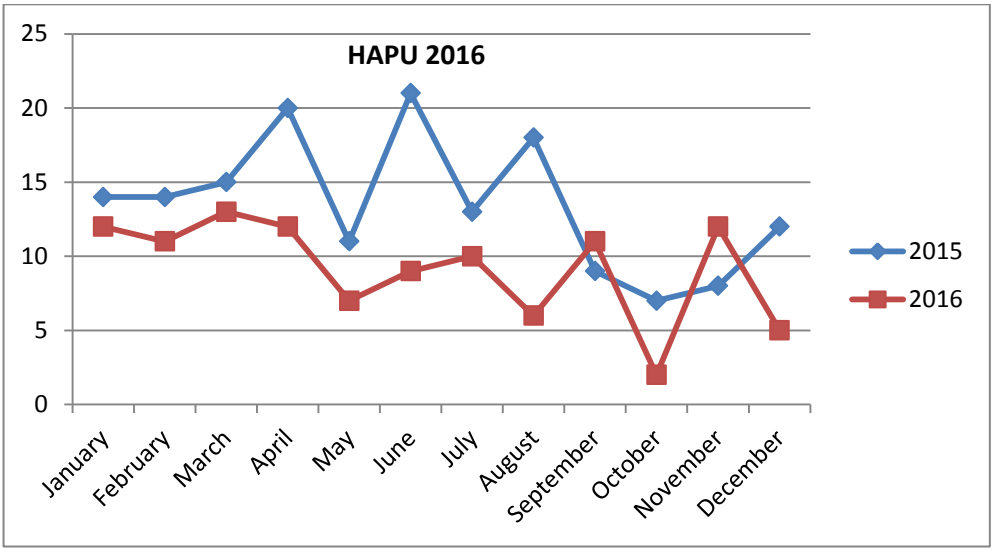


Diagram 2 – Pressure ulcer incidents v avoidable pressure ulcers

	2016 incidents	Avoidable
January	12	4
February	11	3
March	13	2
April	12	4
May	7	2
June	9	2
July	10	4
August	6	2
September	11	4
October	2	0
November	12	3
December	5	3

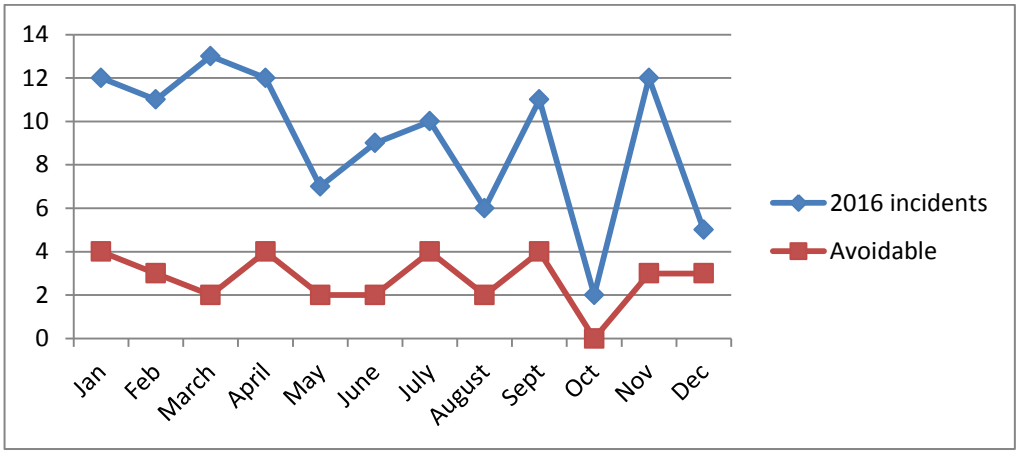
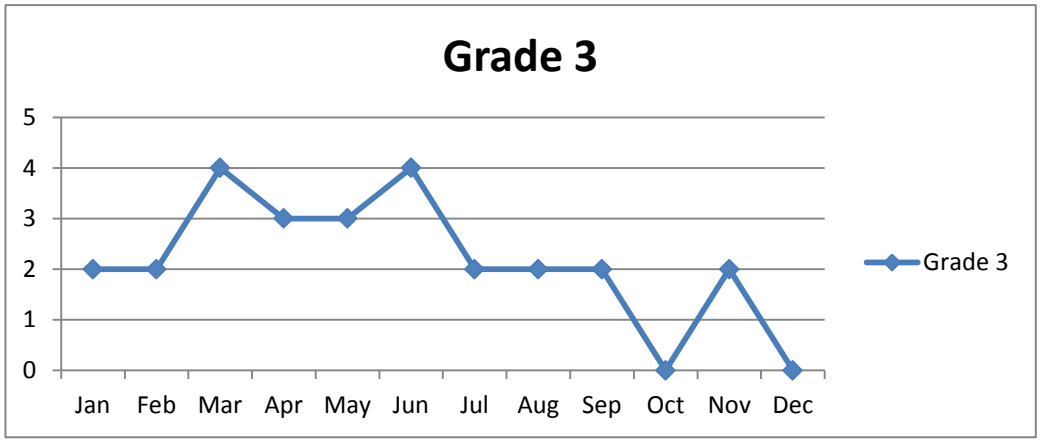


Diagram 3 - Hospital acquired grade 3 pressure ulcers



4.0 HEALTH CARE INFECTIONS

There has been an improvement in infection prevention and control over the past 8 months as demonstrated below:

4.1 C Diff – reduction from 35 HAI cases from April – Dec 2015 to 15 HAI cases for the same period this year

- Improved compliance in cleaning of commodes from 50% soiled (external audit last year) to between 0 – 10 % on average weekly.
- Raised awareness of ward staff in identification of high risk patients, and introduction of diarrhoea and vomiting (D&V) assessment tool to aid priority to isolation in a side room.
- Education to improve awareness and infection prevention and control (IP&C) practices including appropriate use of PPE and hand hygiene compliance.
- Sending of samples for micro testing promptly allowing infectious patients to be identified and treated early, along with the lab introduction of PCR testing to identify patients with Toxin producing strains of C Diff.

4.2 MRSA – 0 MRSA bacteraemia cases so far this year (April – Dec 2016). Less cases of HAI MRSA colonisation, and a reduction in clusters of cases on individual wards.

This has been achieved through:

- Introduction of Octenisan body wash and Octenialin wound irrigation for all inpatient across the trust (excluding admission areas) from Oct 2016.
- Admission and weekly screening for MRSA compliance rate now 90-95%, previously admission screening 50% compliance in April 2015.
- Education programme to introduce the Aseptic Non-Touch Technique (ANTT) across Trust for all clinical staff – now around 40% of staff compliant and plan to introduce new cannula pack next year and train all clinical staff in ANTT competencies as this is introduced.

4.3 Norovirus – less ward closures and more bay management of cases in last 2 years.

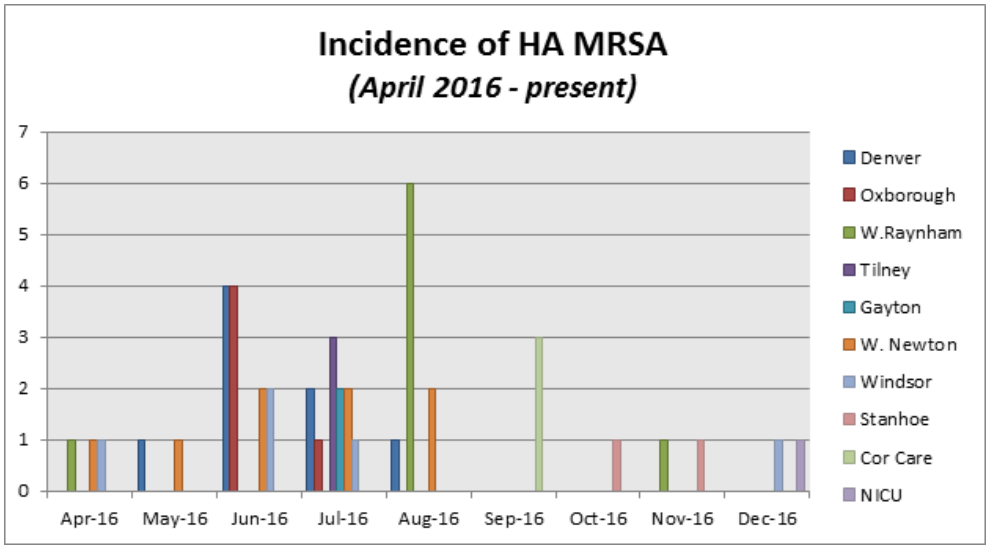
- Introduction of D&V assessment tool to identify patients at first symptom or on admission to aid early diagnosis and management of infected and cohort patients
- Education programme for clinical staff to improve IP&C practices with Norovirus and a development of Immediate responses for suspected Norovirus patients
- Awareness programme for general public

4.4 Gram negative organisms

- Introduction of reduction targets for E Coli BSI from April 2016, IP&C team are planning further education around clinical practice, these include ANTT and Urinary catheter care, further developing the use of a catheter passport with our CCG and Community colleagues.
- Updating and implementation of measures of CPE policy including identification of high risk patients that require screening.

4.5 In addition to these focused areas, IP&C team have been working with clinical areas to increase awareness of IP&C practices, where individual wards have had specific issues the team have supported with a package of education and auditing to raise standards. The team is also currently working closely with cleaning and support staff to ensure that standards for cleaning equipment and ward cleaning including single use equipment (BP cuffs etc) and Matrons /Ward Managers are planning to attend cleaning audits with supervisors.

4.6 Since Autumn 2015 commode cleaning, hand hygiene and MRSA screening compliance have been added to the weekly quality dashboard. Improvements have been seen in all 3 of these quality indicators.



5.0 FOOD AND DRINK STRATEGY REPORTING FOR PERIOD: APRIL - NOVEMBER 2016

5.1 The Trust Food and Drink Strategy has been developed to reflect national guidance, to build on the good practice that is already in place and to set the Trust on the road to meeting the following aims:

1) Improve the nutrition and hydration of all patients
2) Promote healthier eating for both patients and staff
3) Promote sustainability in the procurement of food and drinks

5.2 The strategy sets out the direction of travel for us to achieve these goals and provides a framework for delivery. The strategy is supported by a detailed delivery plan and identifies performance indicators to demonstrate progress.

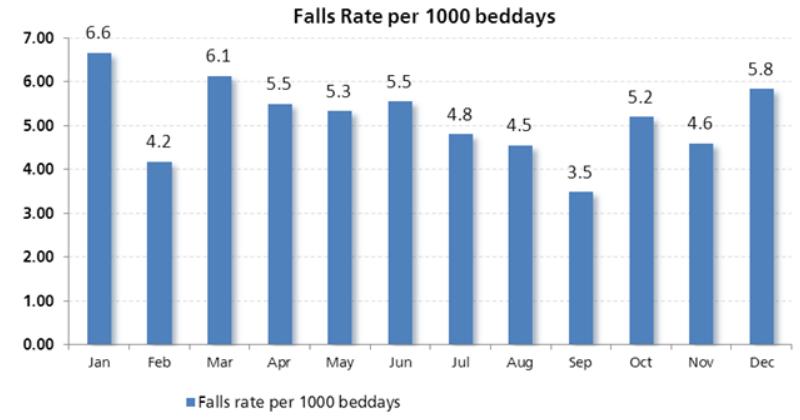
5.3 The Nutrition Steering Group reports on a quarterly basis on progress with the delivery plan; this is the first of such quarterly updates (see appendix 2)

6.0 FALLS

6.1 There was continued reduction in patient falls per 1000 bed days, until October when there has been an increase of falls per 100 bed days and falls with harm.

6.2 The Deputy Director of Nursing has met with falls co-ordinator and a formal falls campaign is to be launched at the end of January 2017 to focus of the key themes that have been identified following route cause analysis (RCA) of the falls.

6.3 The Falls campaign will use the learning from the pressure ulcer campaign used in the past to support change to practice and improvement of outcomes.



7.0 PRIORITY 2 - HIGH QUALITY CARE FOR OLDER PEOPLE: SPECIFIC ATTENTION TO AREAS OF HIGH RISK TO OLDER PEOPLE

7.1 The Trust has supported a system wide programme to improve the care and management of frail, elderly patients and to provide better support for families and carers. The programme has focused on ensuring that frail, elderly patients are appropriately identified, provided with a comprehensive assessment of their needs and then are directed on a patient pathway that focuses on the meeting those identified needs and ensuring that the patient returns at the earliest opportunity to their own familiar home environment.

Nursing has contributed to this overall programme by working with the multi-disciplinary team to develop and implement a Comprehensive Geriatric Assessment tool that ensures that frail patients are identified and provided with a full assessment in relation to the recognised frailty syndromes and that this in turn supports the development of a patient-focused care plan. This approach has been supported by an additional focus on developing and implementing a range of care bundles that are aligned to each of the frailty syndromes and are based on recognised quality standards and published best practice. This has been a nurse-led development.

This overall approach is intended to reduce unnecessary admissions into hospital for frail patients but where an inpatient admission is necessary, to ensure that care is provided and directed at comprehensively identifying and addressing that individual patient's needs and then ensuring that the patient is supported to return to their familiar home environment as soon as it is safe and appropriate to do so.

7.2 Frailty Consultant nurse has been appointed and will commence in post early in 2017.

8.0 PRIORITY 3 - CARE OF PATIENTS WITH MENTAL HEALTH NEEDS IN AN ACUTE SETTING (INCLUDING MATERNITY SERVICES) AND PEOPLE WITH LEARNING DISABILITIES

8.1 The Trust's Mental Health Liaison service has continued to work to develop an integrated service with local mental health service providers. During the last six months this service has been strengthened with the provision of a daily multi-disciplinary Board round to discuss all known patients within the Trust with mental health problems, the implementation of an agreed referral pathway via the Liaison team for an inpatient consultant psychiatrist assessment and the provision of support and training to staff to ensure that care is provided within the requirements of both the Mental Capacity Act and the Mental Health Act.

8.2 The Liaison service is currently focusing on improving the care and management of patients who present with delirium and this work is integrated with the Comprehensive Geriatric Assessment so that patients experiencing delirium are identified early in admission and the factors leading to delirium are addressed and managed as early as possible.

8.3 The Liaison service has also commenced a process to work towards meeting the standards of the national Psychiatric Liaison Accreditation Network (PLAN). It is intended to work to meet these standards by the end of 2017 and in doing so provide patients and the public with the assurance that the Trust recognises the importance of mental health and psychological well-being and the requirement to provide a service to patients that meets national quality standards.

8.4 The Trust is working with Unison to provide further training days for staff in the application of the mental capacity act, this is planned for Spring 2017.

8.5 Learning Disability
The Trust has responded to the national concerns about the care and management of patients with a diagnosis of a learning disability when they are admitted into acute care. A additional safeguard has been implemented in which the deaths of any patient with a learning disability is reviewed not only through the usual mortality review processes but is then subject to a second review by the Learning Disability Liaison Nurse to determine whether there were any factors linked to the patient's learning disability and to ensure that any identified learning is shared across the organisation.

9.0 PRIORITY 4 - BUILDING A SUSTAINABLE AND CAPABLE NURSING AND MIDWIFERY TEAM

9.1 A bespoke programme of leadership master-classes for the senior nursing staff at band 7 and above has been undertaken over the past year resulting in the development and support of the senior nursing teams. A report on the outputs form this programme will be presented to the Trust Board in January 2017.

9.2 A robust system for revalidation has been implemented, providing excellent assurance of the skill sets of the registered nurses and midwifes in practice.

9.3 The development of new roles in the workforce has been a major priority resulting in the development of apprentice nurses, the band 4 role who are then able to undertake the work based learning degree programmes, new consultant nurse posts in frailty and emergency care.

9.4 Work is continuing in the " grow your own" campaign and the Director of Nursing has been part of a Norfolk and Suffolk wide group of DONs to develop a locally delivered degree programme for nurses, with a potential commencement date of autumn 2017 / 2018.

9.5 A number of initiatives have been developed that have included band 6 development programme secondments within surgery, review of nursing skill mix to change ways of working in DSU, appointment of a physiotherapist to ward manager post in orthopaedics.

9.6 A strategy for the recruitment and retention of the nursing and midwifery workforce will be presented to the workforce committee in early 2017.

10.0 PRIORITY 5 - FUNDING AND EFFICIENCY

10.1 the Trust is contributing to the work that Lord Carter has proposed relating to the model hospital and data is being collated form each clinical area, but to date we have not been able to benchmark with other Trust, but will do once this option becomes available.

10.2 CHPPD (care hours per patient day) data is collected monthly and will enable a unit cost measure to be calculated via the model hospital dashboard which will be available to inform workforce reviews and strategies in the future. This measure will be available as a benchmark measure.

10.3 The nursing and midwifery teams have been involved review of clinical products in conjunction with procurement to ensure that products are best value for money as well as being clinically appropriate.

10.4 Improvements in roster management have been made; the e-roster policy has been reviewed and updated in line with best practice and an action plan to address gaps developed which is being monitored at the e-roster management group.

11.0 PRIORITY 6 - MIDWIFERY MODERNISATION

11.1 These priorities relate to:

- Response to the Cumberlege Report
- Implementation of home birth service
- Implementation of technology solutions to support decision making, productivity and efficiency.

11.2 In response to the Cumberlege Report- the Maternity senior nursing team have undertaken a gap analysis and have developed an action plan.

11.3 Implementation of home birth service- the division should be at full establishment by 9th January 2017 following a recruitment drive and will be reinstating the homebirth service as part of their midwifery led pathway. It is due to be officially launched at the beginning of February 2017.

11.4 The Maternity team have had had a successful bid for training money (£71,713) from NHS England to support resilience, decision making this will allow the implementation of technology solutions to support decision making, productivity and efficiency.

11.5 The maternity computer system is due to be launched in early March 2017

11.6 The Norfolk system successfully bid for moneys to improve the provision of mental health care and support to mothers. QEH are participants in the improvement plan and will be working collaboratively to make changes to ensure mothers in West Norfolk receive timely appropriate care for any mental health needs.

12.0 PRIORITY 7 - END OF LIFE CARE

12.1 These priorities relate to:

- Our response to discontinuation of Liverpool Care Pathway and introduction of Amber Care Bundles
- Our response to NHS England Actions for End of Life 2014-2016
- The implementation of Integrated Care Pathway for end of life across primary and secondary care

12.2 The amber care bundles task and finish group established and led by Medical Director, the bundles are in the process of being introduced.

12.3 Patients are routinely identified as approaching the end of life in cancer services, as well as many other departments.

12.4 The palliative care link nurses network has been established and is supported by the end of life facilitator. All wards have access to end of life yellow folders for patients and their families containing end of life information. The pack also contains an end of life plan which can be used to identify the patients and family's needs. All cancer Clinical Nurse Specialists (CNS) have level 2 physiology to help and support families with end of life discussions and to help communicate with patients and their families.

12.5 We have a fast track discharge co coordinator for those patients who want to return home or be cared for in a community setting, enabling them to choose their place of care.

12.6 We work closely with Tapping House, the big C and NCH&C to sign post patients families to bereavement help and support.

12.7 We have an excellent bereavement support and a part time registrar of births and deaths service in the hospital. Our mortuary has been upgraded and we routinely capture audit information on transfer to the mortuary.

12.8 The Specialised palliative care service has transferred to NCH&C, however due to sickness QEH are still widely supporting the service, a consultant Palliative care locum has been recruited for 2 days a week. Patients and their families are now being seen more promptly following the introduction of a triage system involving the specialist palliative care nurses at Tapping House. A plan is currently being developed to strengthen specialist palliative care in primary care. A specialist palliative care nurse still attends the trusts palliative care MDT.

12.9 We ensure all patients discharged from our care have a community DNAR if needed as well as a discharge letter. We are still encouraging all areas to use the individual patient plan (in the yellow folders), we identifies more of the patients preferences. We are, as indicated above trying to develop a plan with NCH&C and West Norfolk CCG to move integrated palliative care across primary and secondary care forward.

13.0 CONCLUSION

13.1 It is evident that there has been much progress over the last 6 months and further work is planned to ensure that priorities set are met and a 3rd annual report to update on the work undertaken will be produced in Autumn 2017.

APPENDIX 1

Annual Nursing and Midwifery objectives 2016-17

Priority one: Care and Quality: consistency and improvement

- Harm free care
- Pressure ulcers
- Falls prevention
- Health care associated infections
- Deteriorating patients
- Medicines Management
- Patient experience
- Ward to Board dashboard refinement
- CQC additional recommendations
- Implementation of a staffing and risk matrix
- Nutrition and hydration strategy implementation
- Increase nursing and midwifery contribution to health and well being
- Promotion of partnership with patients and families to make informed choices and manage their own health

Priority two: High quality care for older people: specific attention to areas of high risk to older people

- Performance measured (proxy measures and process measures): % turnover, vacancies, hydration, nutrition, reduced outlier patterns, safe discharge, reduced readmission, carer/family/patient satisfaction score improvement at Quality Committee
- Hot spots: Windsor, West Newton, Gayton, BUT everyone's business in every area.
- Implementation of comprehensive geriatric assessment tool as part of frailty CQUIN

Priority three: Care of patients with mental health needs in an acute setting (including Maternity Services) and people with learning disabilities

- To include compliance with the Mental Health Act and Mental Capacity Act/Deprivation of Liberties, substance and alcohol misuse
- Performance measured by CQC registration compliance metrics at Quality Committee
- Seek to obtain accreditation with the Psychiatric Liaison Accreditation Network (PLAN) by meeting the quality standards for Liaison Psychiatry services.

Priority four: Building a sustainable and capable nursing and midwifery team

- Performance measured by workforce data at Workforce Committee and Nursing and Midwifery Board
- Performance measured via the Nursing and Midwifery Board and the Trust Board (to include nurses ability to harness technology to support decision making)

Leadership and development

- Scoping capacity and capability of skills and knowledge required from the nursing and midwifery workforce to be best placed for transformation of services and care
- Deputy Director of Nursing/ Associate Chief Nurses Action Learning Sets
- Matrons Leadership Development programme Stage 2 and Action Learning Sets
- Band 7/ PDNs Leadership Development Programme Stage 1 and Action Learning Sets
- Revalidation of nurses – support and development
- Talent management – support and development
- Promotion of research and audit to evidence the impact of what we do

Development of new roles

- In support of the medical Director the development of the Physician's Assistant role to support transformation in the workforce
- Development of the Consultant Nurse role in frail elderly and AEC to support our ageing population
- Development of the Assistant Nurse role to sustain our capability and capacity
- Development of the Apprentice nurse to inspire the next generation for nursing
- Developmental roles and new ways of working that will support the integration agenda with social and community care.
- Maintaining a sustainable supply of nurses and midwives

Retention of nursing and midwifery workforce

- The potential to build our Nursing and Midwifery Academy to support continuous professional development
- Build on outputs of workforce survey
- Celebrating success and valuing our staff

Priority five: Funding and efficiency

- Effective use of all resources (Carter review)
- Develop understanding of productivity and efficiency through use of ward level dashboard (model hospital)

Priority six: Midwifery modernisation

- Response to the Cumberlege Report
- Implementation of home birth service
- Implementation of technology solutions to support decision making, productivity and efficiency.

Priority seven: End of life care

- Response to discontinuation of Liverpool Care Pathway and introduction of Amber Care Bundles
- Response to NHS England Actions for End of Life 2014-2016
- Implementation of Integrated Care Pathway for end of life across primary and secondary care

APPENDIIX 2 – Food & Drink Strategy Priorities

Priorities	Progress To Date
Undertake a gap analysis of the Trust's compliance with the British Dietetic Associations' Digest Checklist to measure compliance and identify where development or remedial action may be required.	Gap analysis started as part of the Nutrition Steering Group.
Continue to embed the use of MUST as a screening tool and audit compliance with the agreed standard for its use and application.	Audit carried out and reported to CCG March 2016 as part of CQUIN for 2015/16. Current training provision: o 2 training sessions for nursing staff on induction each month o 2-3 training sessions for nursing staff for 3-yearly update each month. Changes made since implementation of Food and Drink Strategy: o Introduced nutritional screening into Nursing Auxillary talk (bi-monthly). o Additional support given to Nutrition Champions attending SAIiNTs (a group that reviews, skin, pressure ulcers and infection control issues) o Reviewed current training provided by Dietitians (classroom-based) which is carried out 3-yearly, decision made to switch to workbook based assessment. o Workbook based assessment started in September 2016. To be audited next year.
Monitor the effectiveness of care planning in initiating appropriate nutritional support for the patient, particularly those at risk of malnutrition or requiring specific dietary interventions.	Close links with the above priority in terms of training nursing staff. Discussion between Dietitians and ward nursing staff on receipt of referral of action taken following nutritional screening. Feedback provided on quality of referral as to whether it includes appropriate information, e.g. weight, height, BMI, MUST score reason for referral.
Enhance support for frail elderly patients to improve nutritional intake and choice through menu design, availability of finger foods, tailored presentation of food and personal support with eating	o Scoping exercise by the Catering Department looking at changing evening meal time food availability and timing on the ward o Article written for in-house magazine 'The Knowledge' encouraging the role of Meal Mates. o Reviewed process of engaging volunteers to help with mealtimes o Trial of finger foods menu on Gayton and West Raynham wards to increase food availability across late afternoon and early evening for this group of patients. Trial currently being reviewed by Catering Department, awaiting feedback
Provide further adaptations to promote better nutrition and hydration including the use of specialized cutlery and crockery and tables that match the specific patient bed or chair.	Work ongoing
Audit and monitor effectiveness of the AKI pathway to reduce the risk to patients.	Audit to be undertaken in 2017
Develop and implement a policy for food provision and nutritional care that is patient-centred and reflects the 10 characteristics of good nutritional care.	Draft policy currently being worked on within the Nutrition Steering Group.
Develop and implement oral hydration standards that ensure a similar focus on hydration and fluid management.	Currently being reviewed
Continue to audit compliance with maintaining fluid balance charts as part of the nursing metrics and as a tool to strengthen good practice.	Data available from the nursing metrics.