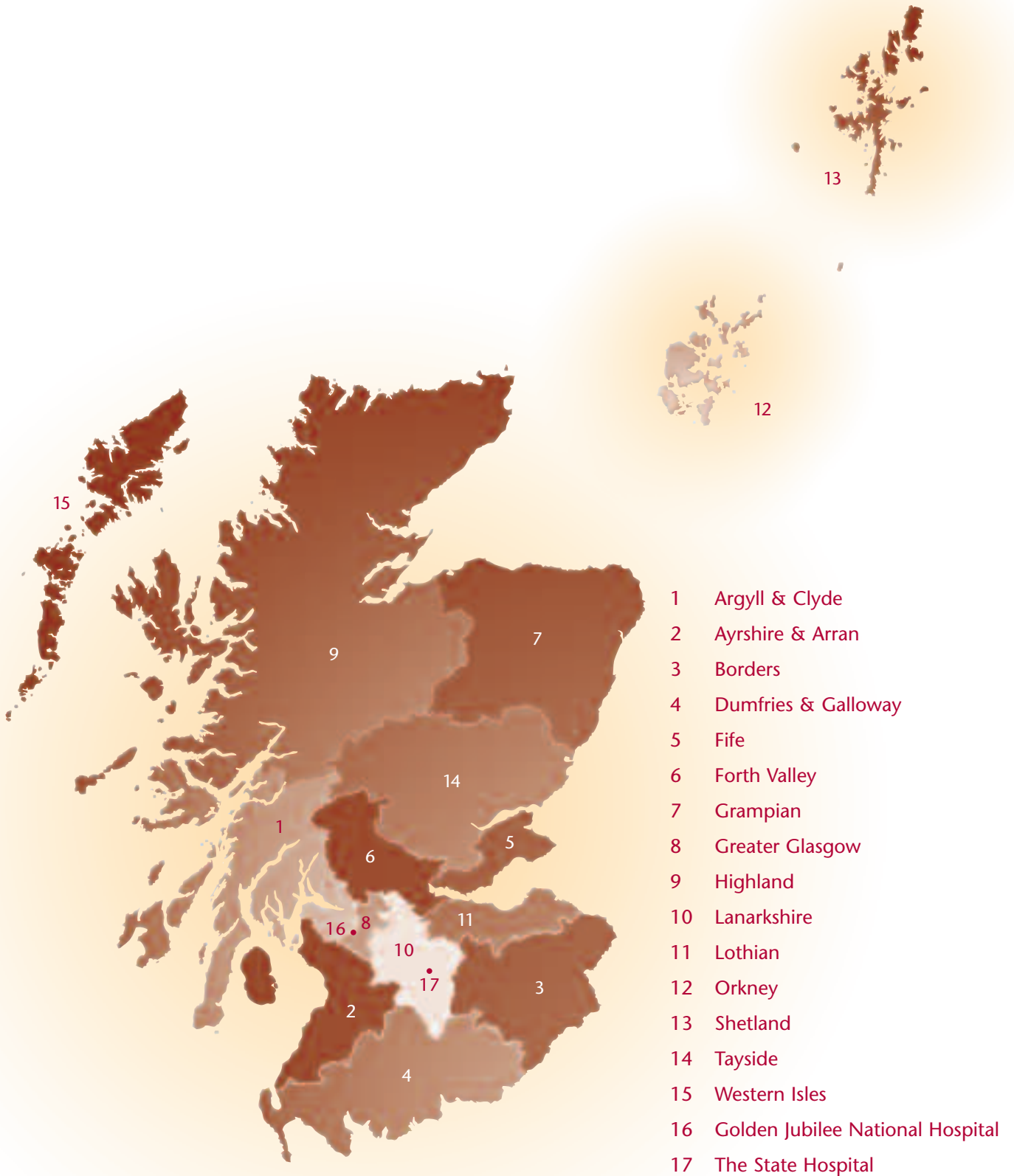


NHS Argyll & Clyde

Local Report ~ *August 2006*

# Food, Fluid and Nutritional Care in Hospitals

## NHSScotland Regional Breakdown (as at the time of the peer review programme)



Local Report ~ *August 2006*

## **Food, Fluid and Nutritional Care in Hospitals**

The effective delivery of food and fluid, and the provision of high quality nutritional care, are crucial for the wellbeing of patients in all hospitals. The NHS Quality Improvement Scotland (NHS QIS) Food, Fluid and Nutritional Care in Hospitals Project Group developed six standards which bring together the patient at all stages in the journey of care, with the processes of planning, preparing and delivering food and fluid. This report presents the findings from the peer review of performance against Standards 1, 2 and 6.

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# 1 Setting the Scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

## About this Report

The *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* were published in September 2003. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Argyll & Clyde**, against Standards 1, 2 and 6. This review visit took place on **9 February 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

## 1.1 How the Standards were Developed

In December 2001, a Food, Fluid and Nutritional Care in Hospitals Project Group was established. Membership of the Group includes both healthcare professionals and members of the public, and is chaired by Ms Philippa Grant (NHS QIS Board Member until 31 December 2005).

The Food, Fluid and Nutritional Care in Hospitals Project Group oversees the quality assurance process of:

- developing standards
- reviewing performance against the standards throughout Scotland, using self-assessment and external peer review, and
- reporting the findings from the review.

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<sup>1</sup>References to Trusts reflect the NHSScotland organisational structure at the time of the pilot review visits. NHS Trusts were abolished on 1 April 2004 to be replaced with operating divisions of NHS Boards.

When developing the food, fluid and nutritional care in hospitals standards, a Scotland-wide consultation process was undertaken. The views of health service staff, patients, carers and the public were sought, and all the relevant evidence available at the time was taken into account. Draft standards were also piloted at two Trusts<sup>1</sup>: Grampian University Hospitals NHS Trust and Tayside Primary Care NHS Trust.

## 1.2 How the Review Process Works

The 2005–2006 national programme of visits focuses on the NHS Boards' strategic approach to providing nutritional care, assessment, screening and care planning, and education and training required for staff to provide nutritional care; therefore, three of the six standards (1, 2 and 6) will be reviewed.

The review process has two key parts: local self-assessment followed by external peer review. First, each NHS Board assesses its own performance against the standards. An external peer review team then further assesses performance, both by considering the self-assessment data and visiting the NHS Board to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 10).

### Self-Assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines and audit reports) required to allow a proper assessment to be made of performance against the standards.

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Standard 2 addresses nutritional assessment, screening and care planning; in order to ensure compliance at this operational level, NHS QIS requested that each NHS Board undertake an audit of its performance against Standard 2 and submit the analysis report with the self-assessment. To support the findings of the NHS Board's audit analysis report, NHS QIS required completed audit forms from sample wards to be submitted with the report.

The NHS Board submits all the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

### **External Peer Review**

An external peer review team visits and speaks with local stakeholders (eg staff, patients and carers) about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit. The visit concludes with the team providing feedback on its findings to the NHS Board.

Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached. The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

### **Performance Assessment Statements**

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS Board is achieving each standard through development, implementation, monitoring and impact on patient care. These four key stages represent the continuous improvement cycle through which each NHS Board can ensure that all patients in hospitals receive a high quality of nutritional care. The review team works through each of the four key stages to arrive at an overall performance assessment statement, which indicates the NHS Board's level of achievement for each standard. The quality improvement tool also enables the review team to provide structured feedback on the NHS Board's delivery of the standards at each key stage, to inform local action plans for continuous improvement.

The overall performance assessment statements are underpinned by criteria that are mapped directly from each standard. The overall performance assessment statements for Standards 1, 2 and 6 are:

### **Standard 1 – Policy and Strategy**

- A Board policy and strategic plan are not yet under development.
- A Board policy and strategic plan are being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.
- A Board policy and strategic plan are being implemented but monitoring by the nutritional care group has not yet commenced in all parts of the organisation.
- A Board policy and strategic plan are being implemented and monitored fully by the nutritional care group, and there is a cycle of continuous monitoring of implementation and impact on patient care reported to the Board.

### **Standard 2 – Assessment, Screening and Care Planning**

- Processes and procedures for assessment, screening and care planning are not yet under development for any specialties and/or wards within the Board area.
- Processes and procedures for assessment, screening and care planning are being developed throughout the Board area but implementation has not yet commenced, or has commenced but not involving all parts of the organisation.
- Processes and procedures for assessment, screening and care planning are being implemented throughout the Board area but monitoring has not yet commenced involving all parts of the organisation.
- Processes and procedures for assessment, screening and care planning are being implemented and monitored fully, and there is a cycle of continuous monitoring of implementation and impact on patient care throughout the Board area.

### **Standard 6 – Education and Training for Staff**

- A Board nutrition awareness, education and training programme is not yet under development.
- A Board nutrition awareness, education and training programme is being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.
- A Board nutrition awareness, education and training programme is being implemented but monitoring has not commenced involving all parts of the organisation.

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- A Board nutrition awareness, education and training programme is being implemented and monitored fully, and continuous monitoring of implementation and impact on patient care is scheduled.

### **1.3 Reports**

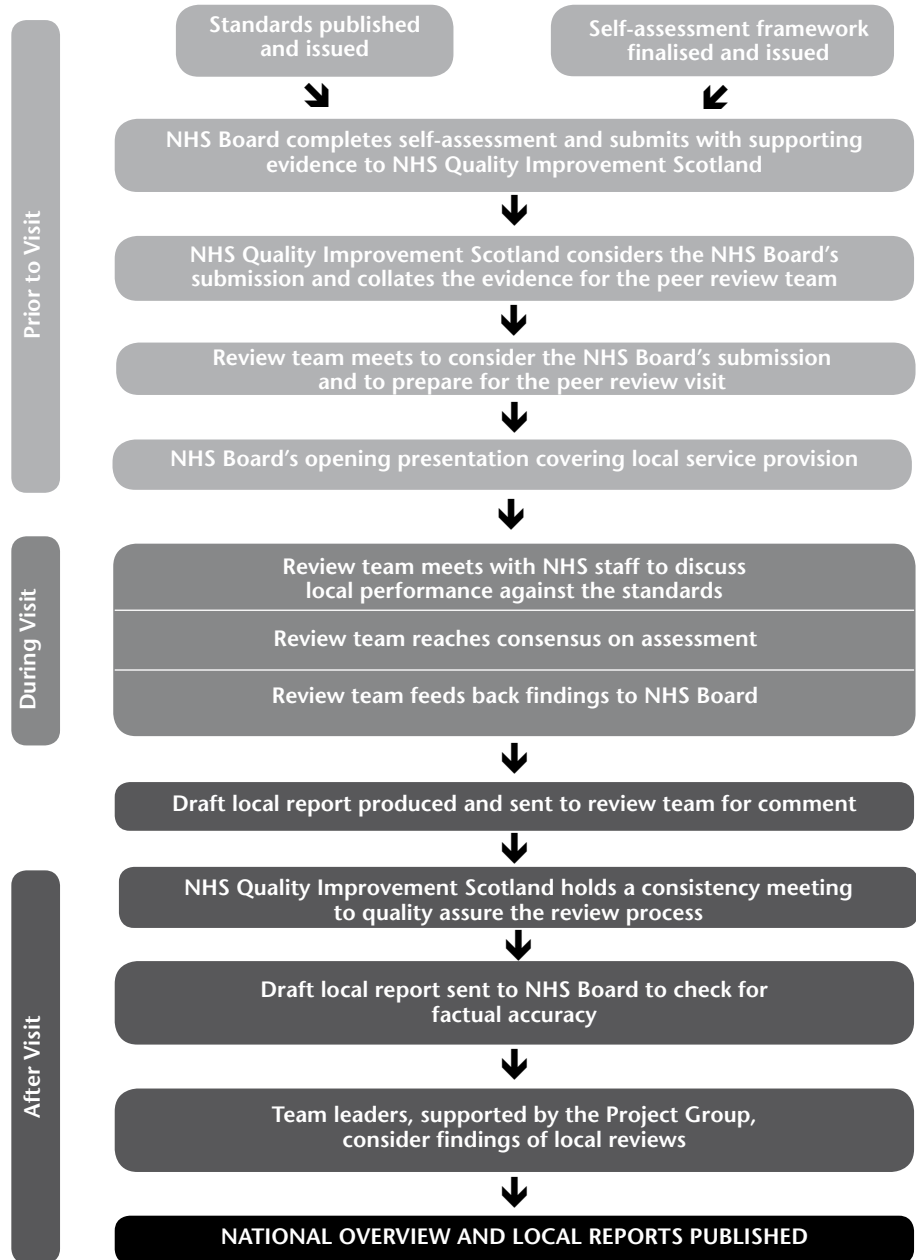
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been undertaken nationwide.

Once the food, fluid and nutritional care in hospitals national review cycle is completed, the team leaders, supported by the Project Group, reconvene to examine review findings and to compile a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

**Please note – all reports published are available in print format and on the NHS QIS website.**

## The Review Process



## 2 Introduction to NHS Argyll & Clyde

Argyll & Clyde is situated in west-central Scotland and has a population of around 415,658. It is a region of contrasts, where the majority of the population live in densely populated urban areas, some of which have high levels of illness and deprivation. However, a significant proportion of the population live in remote and rural areas and on island locations.

NHS Argyll & Clyde will be dissolved on 31 March 2006, and the administrative boundaries of NHS Greater Glasgow and NHS Highland altered to allow them to take over the responsibility for managing the delivery of health services in relevant parts of the Argyll & Clyde area. NHS Highland's extension covers the area of Argyll and Bute Council. The remainder of the area falls within the renamed NHS Greater Glasgow and Clyde.

### Local NHS System and Services

Argyll & Clyde NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Argyll & Clyde.

The NHS Board is accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Argyll & Clyde ([www.show.scot.nhs.uk/achb](http://www.show.scot.nhs.uk/achb)).

### Local NHS System and Services

Each NHS Board is responsible for implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* within its organisation. The standards require that there is a strategic approach to providing food, fluid and nutritional care throughout the NHS Board area.

NHS Argyll & Clyde was the third mainland direct healthcare provider in NHS Scotland to integrate its services and become a single organisation. At the time of the review visit, NHS Argyll & Clyde contained three NHS operating divisions, each of which provide acute and primary care services: Inverclyde Division; Greater Renfrewshire Division; and Lomond & Argyll Division. The NHS Board has responsibility for the operation of clinical services, and the employment of those delivering these services. NHS Argyll & Clyde delivers hospital and primary care/community health services. Mental health services are both hospital and community based.

## 3 Outcome of Review

### Standard 1: Policy and Strategy

#### Standard Statement

*Each NHS Board has a policy, and a strategic and co-ordinated approach, to ensure that all patients in hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.*

#### NHS Argyll & Clyde

**A Board policy and strategic plan are being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.**

#### *Development*

Argyll & Clyde NHS Board has a policy for the provision of food, fluid and nutritional care in hospitals. The policy was developed using local demographic information, although it is not based on a comprehensive health needs assessment of the local inpatient population. The current policy has not been risk assessed. Staff reported the intention to undertake a risk assessment and a full health needs population assessment. The review team encouraged that the outcome of the health needs population assessment and risk assessment is used to inform a revision of the policy.

The policy has been ratified at NHS Board level by the operational management executive group. The policy provides background information on, and acknowledges the importance of, good nutritional care, particularly for some vulnerable groups including children, the elderly, or those with physical or learning disabilities. The policy also contains information on the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards) and states the intention to implement the national standards as a framework to achieve best practice in relation to nutritional care.

The policy is supplemented by the food, fluid and nutritional care project initiation document, which has been ratified by the operational management executive group. The project initiation document provides a strategic framework for the implementation of the national standards across NHS Argyll & Clyde, and includes a strategic action plan and an associated draft outline financial framework. The draft outline financial framework includes incomplete costings which continue to be explored and progressed. A business case, based on the planned risk assessment, will be developed in order to secure the required funding. The action plan provides an assessment of NHS Argyll & Clyde's current position with regard to the key requirements of the national standards and is updated on an ongoing basis. While the action plan contains development actions to ensure future compliance with all aspects of the national standards, there are few associated timescales for delivery.

The director of nursing has responsibility, at NHS Board level, for food, fluid and nutritional care in hospitals within the single system of operation in NHS Argyll & Clyde, and chairs the NHS Board nutritional care group, which was established in 2004. This group has responsibility for overseeing the implementation of the national standards

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and the strategic plan, for development of policies related to food and nutrition and for monitoring implementation. The three operating divisions have also established divisional nutritional care groups which report directly to the NHS Board.

The area nutritional care group has multidisciplinary membership with senior management representatives from medicine, nursing, catering, dentistry and dietetics. However, due to recent changes to staffing, some group members now represent more than one specialty. Staff reported that it has been difficult to retain lay representation on the NHS Board nutritional care group, although there is input into the divisional groups.

The nutritional care group has the remit to review and update the policy and strategic action plan on an annual basis. While the policy is written in plain English, which makes it accessible to the majority of stakeholders, at the time of the review visit, it was not routinely made available in other accessible formats.

There are no formal clinical nutritional support teams within NHS Argyll & Clyde. When complex nutritional techniques are required, patients are referred by medical or nursing staff to dietetic departments. The review team encouraged Argyll & Clyde NHS Board to agree and implement a clinical nutritional support team in line with the national standards.

#### *Implementation*

The nutritional care policy and strategic plan have been formally approved by Argyll & Clyde NHS Board, and implementation has commenced, although not yet involving all parts of the organisation. The strategic action plan, contained within the project initiation document, outlines how the policy and the national standards will be implemented; there are few agreed timescales associated with the action plan. The nutritional care group has developed a formal project management structure by identifying specialist leads for each of the six national standards. These individuals report to the nutritional care group regularly on the implementation of the standards, ensuring any areas of overlap between the standards are adequately addressed. The review team noted that it would be important to continue this current good practice to ensure that the policy and national standards are successfully implemented across NHS Argyll & Clyde.

NHS Argyll & Clyde is in the process of distributing a summary of the national standards to all inpatient areas. The summary document contains information on the patients' right to access the policy document and how to request a copy. NHS Argyll & Clyde also plans to publish the policy on its website.

#### *Monitoring*

As NHS Argyll & Clyde has yet to fully implement the nutritional care policy and strategic plan, an appropriate system of monitoring has not yet been established. There has, however, been some monitoring of patient satisfaction in relation to nutritional care. NHS Argyll & Clyde also plans to undertake an NHS Board-wide patient survey; this is due to commence in the first quarter of 2006. There has been some local development work to improve the way that food and fluid is delivered to patients in hospital, including a significant redesign of catering, nursing and allied health professional services, and a

pilot of protected mealtimes in selected wards at Inverclyde Royal Hospital, Greenock, Ravenscraig Hospital, Greenock, and Mid Argyll Hospital, Lochgilphead.

The strategic action plan contained within the project initiation document is updated on an ongoing basis as progress is made or the project scope is revised. This ongoing review against the action plan is being used to inform an annual report detailing progress towards implementation of the nutritional care policy. Once finalised, the annual report will be presented to the operational management executive group for its consideration.

#### *Impact on patient care*

As NHS Argyll & Clyde is in the process of fully implementing the nutritional care policy and the strategic plan, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care.

## Standard 2: Assessment, Screening and Care Planning

### Standard Statement

*When a person is admitted to hospital, an assessment is carried out. Screening for risk of undernutrition is undertaken, both on admission and on an ongoing basis. A care plan is developed, implemented and evaluated.*

### NHS Argyll & Clyde

**Processes and procedures for assessment, screening and care planning are being developed throughout the Board area but implementation has not yet commenced, or has commenced but not involving all parts of the organisation.**

#### *Development*

In order to assess that each NHS Board has assurance that all inpatients within its hospitals have assessment, screening and care planning carried out, NHS QIS requested that all NHS Boards undertake an audit of their compliance at this operational level. NHS QIS required that each NHS Board submit its audit analysis report with the self-assessment to evidence to the review team how processes and procedures for assessment, screening and care planning are being developed and implemented, and if there is a cycle of continuous monitoring of implementation and impact on patient care throughout the NHS Board area.

In discussion groups with the review team, ward staff showed an awareness of the importance of assessment, screening and care planning. When the nutritional care policy and strategic action plan have been fully implemented, this should ensure that all inpatients have assessment, screening and care planning.

#### *Implementation*

In discussion groups with the review team, staff were aware that an audit of nutrition for all inpatient wards in NHS Argyll & Clyde had been undertaken recently, however, they had not yet seen the results. Staff reported that a detailed evaluation by ward area and a Board analysis report of the audit will be prepared and shared with staff in due course. This evaluation will inform local action plans to improve performance against Standard 2 of the national standards.

The audit results show that a patient's height and weight, food preferences/allergies, cultural, ethnic and religious requirements, social preferences, physical difficulties with eating and drinking, and the need for special equipment to help with eating and drinking are not consistently recorded for all patients on admission. In some areas, the inconsistency in the recording of height and weight on admission was due to difficulties in accessing the appropriate equipment to take these measurements. New equipment has been ordered for the relevant wards. The initial nutrition assessment is not always recorded within 24 hours of admission.

The results of the audit show that, while most admissions would be screened by a qualified nurse for risk of undernutrition, this does not consistently happen within 1 day of admission and not all ward areas use validated screening tools. A standard validated screening tool, the Birmingham Heartlands Hospital nutritional screening tool, has been adopted and is beginning to be rolled out together with a programme of staff training, to the whole of the NHS Board area. Staff reported the intention to carry out a more detailed casenote audit; this will be undertaken after the standard screening tool has been implemented across the NHS Board area.

When nutritional assessment is carried out, the process identifies the need for referral to specialist services. Staff reported that patients are seen by an appropriate specialist within agreed timescales. Most staff noted that they have good support from dietetics and the majority of referrals to the dietetic service are seen within 2 days. In the more remote and rural areas, specialist advice can be provided over the telephone. Ward staff noted that access to dentistry, if required, is also straightforward and patients would be seen shortly after a telephone referral.

Multidisciplinary care plans are in place in some areas, however, nutrition information on individual patients is being recorded in a range of different documents and there is no standardised approach to recording this information across NHS Argyll & Clyde. The strategic action plan includes an action to review and agree a format for multidisciplinary care planning across the NHS Board area. Staff reported that implementation of the standardised screening tool could also help streamline how and where nutrition information is recorded.

Discharge plans, which record the required nutrition information, are not being consistently developed for all patients. The strategic action plan includes an action to ensure that nutritional need is taken into account when planning for a patient's discharge; however, there is no associated timescale for when this will happen. The review team encouraged the inclusion of a core nutrition data set in all assessment, care planning and discharge documentation.

#### *Monitoring*

As procedures for assessment, screening and care planning are not fully developed and implemented throughout NHS Argyll & Clyde, a system of monitoring is not yet in place which provides the NHS Board with assurance that these procedures are being followed. The review team encouraged NHS Argyll & Clyde to further analyse the valuable data collected by the audit of compliance with Standard 2, and use this analysis to inform the nutritional care policy and strategic plan. Further audit work has already instigated some localised action with regard to replacement and purchase of new equipment. Staff reported that it is likely that the audit will be repeated in the future to assess progress against the identified actions.

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### *Impact on patient care*

The review team noted that as NHS Argyll & Clyde has yet to fully implement processes and procedures for assessment, screening and care planning across the NHS Board area, it cannot yet put a system of monitoring in place. Therefore, there is no process to utilise the outcomes of monitoring procedures to assess the impact on patient care.

## Standard 6: Education and Training for Staff

### Standard Statement

*Staff are given appropriate education and training about nutritional care, food and fluid.*

### NHS Argyll & Clyde

**A Board nutrition awareness, education and training programme is not yet under development.**

#### *Development*

The review team noted that there are local programmes of nutrition awareness, education and training in place within NHS Argyll & Clyde. The review team, however, found no evidence that a single Board nutrition awareness, education and training programme is under development. The strategic action plan details the current position against Standard 6 of the national standards and details action required including, undertaking a board-wide nutrition training needs analysis to inform the development of a Board nutrition awareness, education and training programme.

A Board-wide learning and development lead has been identified and this individual has been invited to join the nutritional care group to ensure that education and training is fundamentally linked into implementation of the national standards.

#### *Implementation*

The review team found evidence that local programmes of nutrition awareness, education and training are being implemented within NHS Argyll & Clyde.

In some ward areas, the information on the back of the ward menu card is printed in a range of languages and includes: information for both patients and staff on ward mealtimes; how to order meals; procedures for ordering missed meals; and instructions on how to fill out the card. The review team commended this area of innovative practice and encouraged this approach to be adopted for all ward areas.

Food hygiene training is included in the induction programme for catering staff. Hazard Analysis and Critical Control Point (HACCP) training has commenced and will be rolled out to all catering staff. In discussion groups, the review team found a good awareness of the national standards among catering staff. At Johnstone Hospital, food, fluid and nutritional care training is delivered to all staff, including catering and auxiliary nursing.

Specialist dysphagia training has been developed and it is planned to extend this training across NHS Argyll & Clyde. Staff who met with the review team indicated that the training has been well received and appreciated by those who have already had the opportunity to attend. The review team noted that it would be important to keep up the momentum and ensure that the training continues to be rolled out.

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The Partners in Active Continuous Education (PACE) learning packs in nutritional care are available to NHS Argyll & Clyde staff and local authority partners. This training is delivered by the dietetics department with administrative and organisational support from the learning and development team.

#### *Monitoring*

As NHS Argyll & Clyde has yet to implement a Board programme of nutrition awareness, education and training it cannot yet put a system of monitoring in place. There is however, evidence of some monitoring within specialties and wards; for example, a training needs analysis has been undertaken within the catering departments, the outcome of which is informing training development.

Local monitoring of staff attendance is undertaken and work is planned to extend this approach on a Board-wide basis.

A training and education paper has been developed which outlines the current status with regard to implementation of the training and education element of the national standards. The paper recognises the importance of good staff training and education to ensure that the national standards are implemented successfully and the need for an overarching analysis of the training needs of all staff involved in the provision of food, fluid and nutritional care. The review team identified ensuring dedicated time for staff to attend training as a challenge for NHS Argyll & Clyde.

#### *Impact on patient care*

A Board nutrition awareness, education and training programme has yet to be developed, implemented and monitored. Therefore, the review team noted that there is not yet a process to utilise the outcomes of monitoring to assess the impact of staff nutrition education and training on patient care.

## Appendix 1 – Glossary of Abbreviations

### Abbreviation

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<b>HACCP</b>	Hazard Analysis and Critical Control Point
<b>MCN</b>	managed clinical network
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>PACE</b>	Partners in Active Continuous Education
<b>PEG</b>	percutaneous endoscopic gastrostomy

## Appendix 2 – Details of Review Visit

The review visit to NHS Argyll & Clyde was conducted on 9 February 2006.

### **Review Team Members**

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Project Facilitator, NHS Tayside

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Divisional Nurse Director - Primary Care, NHS Lanarkshire

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Catering Manager, NHS Fife

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Head of Speech & Language Therapy, NHS Ayrshire & Arran

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**Mr Ron Marsh**

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**Ms Margaret Moss**

Head of Service - Nutrition & Dietetics, NHS Highland

**Mr Robert Stewart**

Lay Representative, Ayrshire & Arran

### **NHS Quality Improvement Scotland Staff**

**Ms Jane Byrne**

Project Officer

**Mrs Anne Hanley**

Team Manager

During the visit, members of the review team met with representatives from the nutritional care group, Argyll & Clyde NHS Board, senior management and staff involved in providing food, fluid and nutritional care to patients.

## Appendix 3 – Timetable of Review Visits

<b>Organisation Reviewed</b>	<b>Visit Date(s)</b>
Golden Jubilee National Hospital	25 January 2006
NHS Argyll & Clyde	9 February 2006
NHS Ayrshire & Arran	10 August 2005
NHS Borders	16 November 2005
NHS Dumfries & Galloway	2 November 2005
NHS Fife	16 June 2005
NHS Forth Valley	29 June 2005
NHS Grampian	30 November 2005
NHS Greater Glasgow	28 July 2005
NHS Highland	20 October 2005
NHS Lanarkshire	14 July 2005
NHS Lothian	4 October 2005
NHS Tayside	15 December 2005
NHS Orkney	8 September 2005
NHS Shetland	23 August 2005
NHS Western Isles	22 September 2005
State Hospital	10 January 2006







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