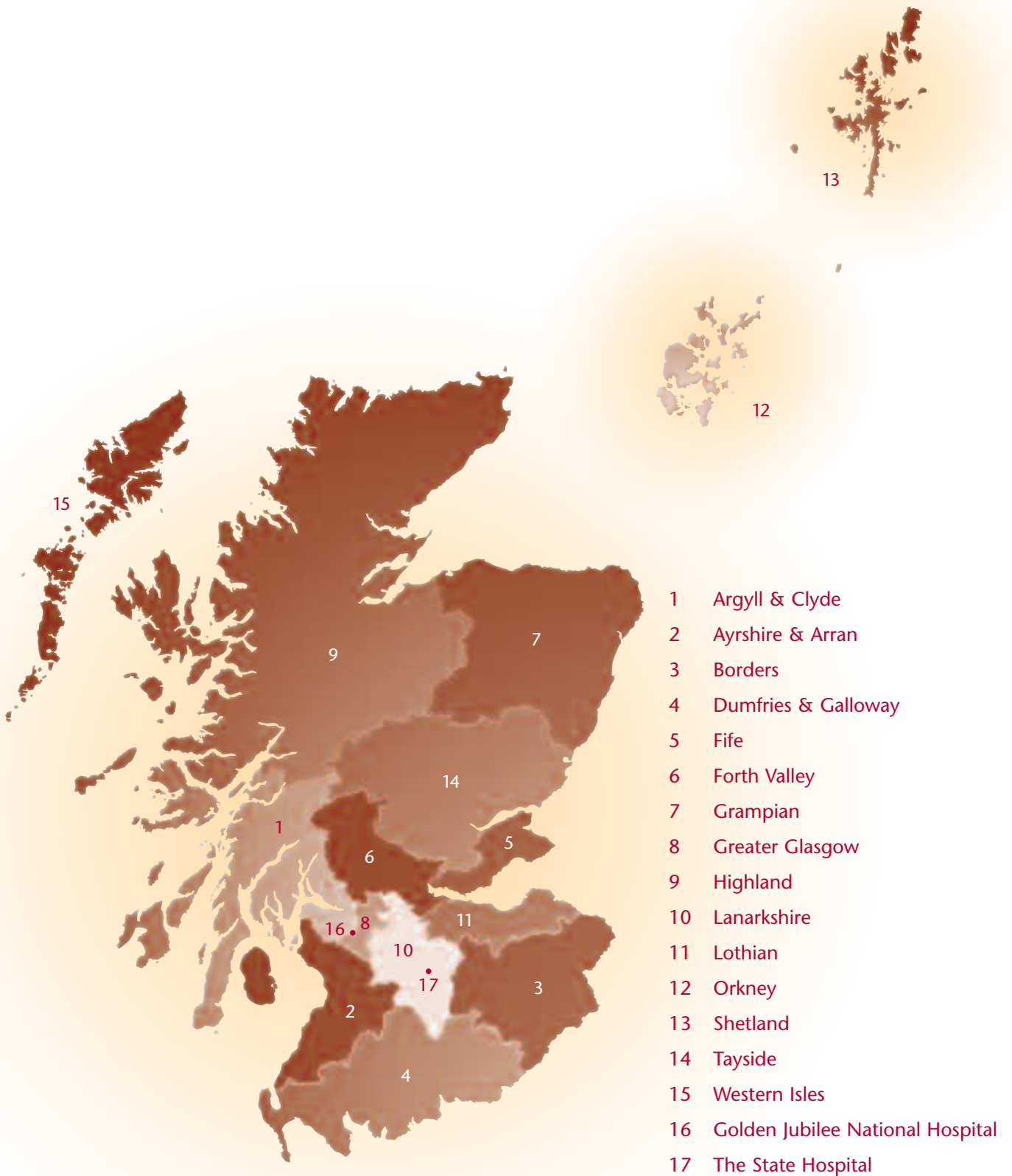


Golden Jubilee National Hospital

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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# Contents

<b>1</b>	<b>Setting the Scene</b>	<b>5</b>
	1.1 How the Standards were Developed	6
	1.2 How the Review Process Works	6
	1.3 Reports	9
<b>2</b>	<b>Introduction to the Golden Jubilee National Hospital</b>	<b>11</b>
<b>3</b>	<b>Outcome of Review</b>	<b>12</b>
	<b>Appendix 1 – Glossary of Abbreviations</b>	<b>20</b>
	<b>Appendix 2 – Details of Review Visit</b>	<b>21</b>
	<b>Appendix 3 – Timetable of Review Visits</b>	<b>22</b>



# 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 the **Golden Jubilee National Hospital**, against Standards 1, 2 and 6. This review visit took place on **25 January 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 NHS Scotland, 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**

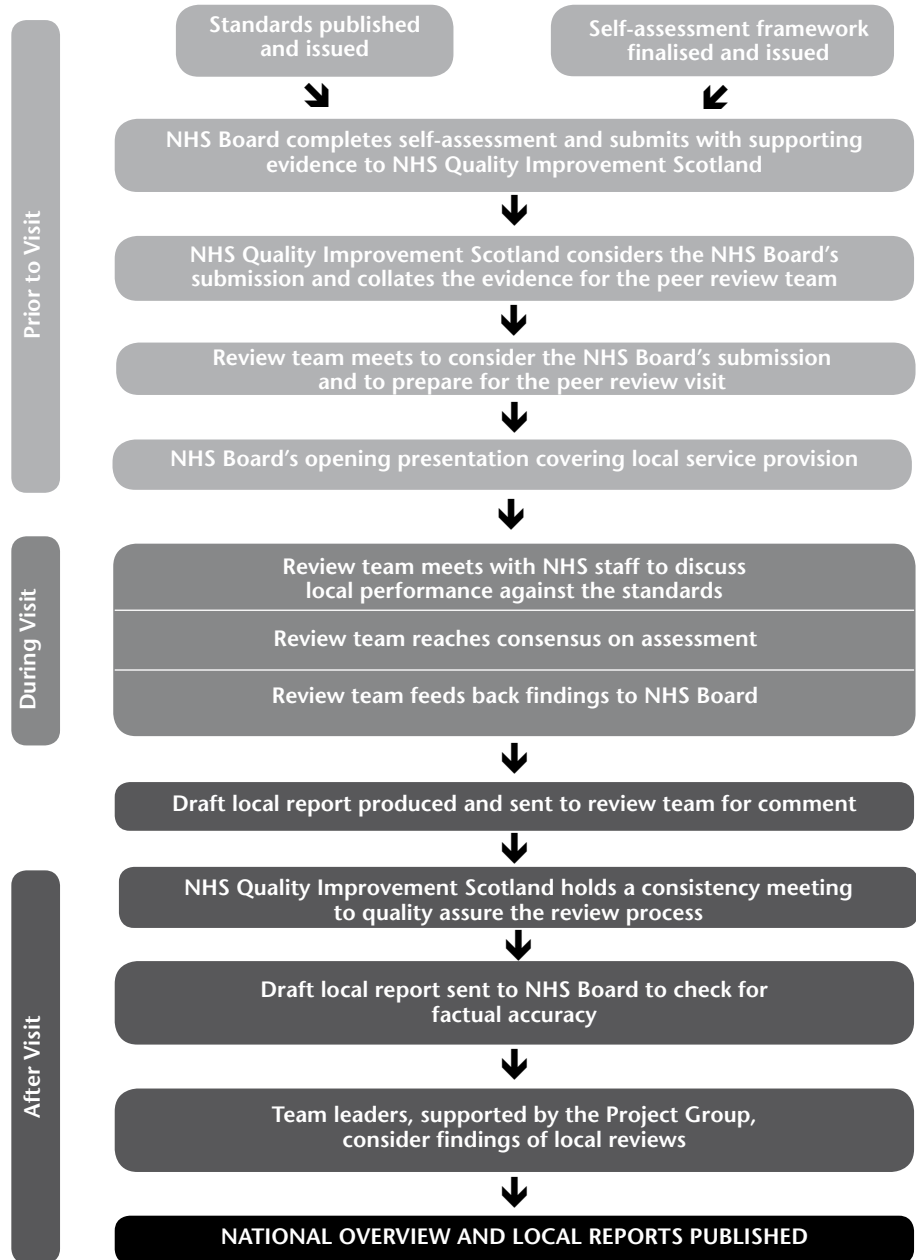
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

The National Waiting Times Centre Board is a Special Health Board, responsible for running the Golden Jubilee National Hospital and the Beardmore Hotel. Situated in Clydebank, just west of Glasgow, the Golden Jubilee National Hospital is Scotland's first wholly elective NHS facility, providing services in key specialties to patients throughout Scotland, in order to assist in reducing waiting times.

### Local NHS System and Services

The National Waiting Times Centre Board is responsible for implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* within the Golden Jubilee National Hospital. The standards require that there is a strategic approach to providing food, fluid and nutritional care throughout the Golden Jubilee National Hospital.

The National Waiting Times Centre Board is responsible for the efficient, effective and accountable performance of the Golden Jubilee National Hospital.

Further information about the local NHS system can be accessed via the website of the Golden Jubilee National Hospital ([www.show.scot.nhs.uk/gjnh](http://www.show.scot.nhs.uk/gjnh)).

The Golden Jubilee National Hospital is a national resource for Scotland. At the time of the review visit, the Golden Jubilee National Hospital provided elective general surgery, orthopaedic and diagnostic services, as well as cardiothoracic services for the west of Scotland.

### 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.*

##### Golden Jubilee National Hospital

**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*

The Golden Jubilee National Hospital has a nutritional care policy and strategic plan. The document includes a statement on the National Waiting Times Centre Board's commitment to implement the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). It also details the objectives of the policy, the membership of the nutritional care groups, the key elements of the policy, and includes an action plan. The action plan lists who is responsible for each action point, the initiation date and the current status of the actions. The policy and strategic plan is based on a health population needs assessment, which considers ethnic, religious and cultural patterns and recognises the need for equity of access. The review team encouraged that the financial framework is further developed to underpin the implementation of the policy, taking into account all six of the national standards. Staff reported that a risk assessment tool, based on the Australian/New Zealand Risk Management Standards, has been used to assess the implementation of screening for the risk of undernutrition. The review team encouraged the National Waiting Times Centre Board to undertake a full risk assessment of the implementation of all aspects of the nutritional care policy and strategic plan.

The Golden Jubilee National Hospital has placed the policy and strategic plan on the internet and published a poster which provides general information on the national standards. Staff reported that this poster is displayed in all ward sitting areas. It was further reported that a communication strategy is being developed and, as part of this process, consideration will be given to the requirement for publication of the nutritional care policy and strategy in a variety of formats.

The Golden Jubilee National Hospital has also developed a policies and procedures manual which is an operational document that has been adapted from the nutritional care policy and strategic plan. The policies and procedures manual aims to improve the provision of nutritional care by guiding clinical and support services staff in the practical implementation of the national standards. Staff confirmed that copies of the manual have been placed in all wards and catering departments, and that new staff are made aware of the manual during induction.

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The nutritional care group was established in November 2003 and membership includes the director of nursing and clinical services who reports to the Board, and representatives from: catering services; dietetics; pharmacy; the public; nursing; medicine; dentistry; and laboratory services. The nutritional care group's remit is to develop and review the policy and strategic plan, develop procedures to deliver the strategic plan and promote nutrition training and education. The nutritional care group provides regular reports to the clinical effectiveness committee and produces annual reports which are submitted to the Board. There is also a nutritional planning group which is responsible for the implementation of food, fluid and nutritional care policies and procedures at an operational level.

When complex nutritional techniques are required, patients have access to staff experienced in the clinical aspects of intravenous and enteral tube feeding. However, the review team concluded that there is not a formal multidisciplinary clinical nutritional support team in place. It was reported that only a small number of patients currently require complex nutritional care, although staff acknowledged that this number will increase following the planned development and expansion of services available in the Golden Jubilee National Hospital. Patients requiring enteral tube feeding are referred to the dietitian in the first instance, who will liaise with nursing and medical staff to set up the procedure. For those patients requiring total parenteral nutrition (TPN), the dietitian will arrange this in discussion with the pharmacist and the consultant biochemist. Assessment for percutaneous endoscopic gastrostomy (PEG) feeding is carried out by a consultant gastroenterologist or surgeon. Patients requiring this technique will normally have it carried out within the intensive therapy unit.

Staff confirmed that when a patient is being transferred to another hospital, or discharged, the dietitian will liaise with dietetic and nursing staff in the local area to provide details on the patient's nutritional status.

#### *Implementation*

Following ratification by the National Waiting Times Centre Board in February 2004, a number of different approaches have been used to implement the nutritional care policy and strategic plan. These include a staff awareness leaflet, which was attached to payslips, discussion at team meetings and staff induction. The review team observed the commitment and motivation of staff in prioritising food, fluid and nutritional care and noted this as a particular strength. However, it was concluded that, in order to fully comply with the national standards, the nutritional care policy and strategic plan needs to be fully risk assessed and include a comprehensive financial framework to ensure successful implementation across the organisation.

#### *Monitoring*

The nutritional care group meets monthly to monitor the implementation of the nutritional care policy and strategic plan. The nutritional care group provides an update to the clinical effectiveness committee every 6 weeks and produces a report for the clinical governance committee in March and September. An annual report is also provided to the National Waiting Times Centre Board via the clinical effectiveness committee. The

2003–2004 annual report, which was provided to the review team as evidence, states the progress made to date in implementing the national standards and highlights the proposed objectives for the following year.

*Impact on patient care*

While the National Waiting Times Centre Board is in the process of implementing a nutritional care policy and strategic plan, there is not yet a process in place across the organisation to assess the impact on patient care. The review team encouraged that, following full implementation and monitoring of the nutritional care policy and strategic plan, the Board establishes a process for assessing the impact on patient care, which is evaluated, made available for wider application and includes a repeating audit cycle.

## 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.*

### Golden Jubilee National Hospital

**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, ward staff showed an awareness of the importance of, and commitment to, assessment, screening and care planning. The review team found evidence that there are areas of good practice with regard to monitoring patients' height and weight. The review team concluded that procedures for assessment, screening and care planning have been developed throughout the Golden Jubilee National Hospital and that implementation of these procedures has commenced in a number of areas. When the nutritional care policy and strategy has been fully implemented across the organisation, this should ensure that all inpatients have assessment, screening and care planning.

#### *Implementation*

The review team found that there is evidence of a system to implement procedures for assessment, screening and care planning for some specialties and wards within the Golden Jubilee National Hospital.

The nutrition audit analysis report indicates that a patient's height and weight are recorded within 1 day of admission as part of the initial assessment, which the review team commended. However, eating and drinking likes/dislikes; food allergies and the need for a therapeutic diet; cultural/ethnic/religious requirements; social/environmental mealtime requirements; physical difficulties with eating and drinking; and the need for equipment to help with eating and drinking are not always consistently identified and recorded within 1 day of admission. Staff reported that this issue will be addressed by the development of nutrition data sets and the implementation of an electronic care plan.

The National Waiting Times Centre Board has implemented use of the Malnutrition Universal Screening Tool (MUST) across the organisation to ensure a consistent approach to screening for risk of undernutrition. It was noted that MUST documentation is included as part of the integrated care pathway used for orthopaedic patients; however, the integrated care pathway in use for cardiac surgery patients does not incorporate this documentation. Instead, MUST scores are recorded on a separate sheet which is then added into the existing integrated care pathway. It was reported that this may result in screening not being completed. However, staff reported that, as part of a project to develop electronic medical records, the cardiac surgery integrated care pathway will be revised to include MUST documentation. It is anticipated that these electronic records will be piloted in May 2006. The Golden Jubilee National Hospital has an agreed policy of carrying out repeat screenings for all patients within 5 days following the surgical procedure for which they were admitted. However, the nutrition audit analysis indicates that this is not being carried out consistently throughout the Golden Jubilee National Hospital.

The assessment process identifies the need for referral to specialist services. All patients admitted for cardiac surgery, regardless of screening results, are seen by a dietitian. Patients admitted for orthopaedic surgery are seen by the dietitian if they are on a therapeutic diet or when they are referred by nursing staff following initial assessment. There are referral guidelines in place which are detailed in the policies and procedures folder. The review team noted that dietetic services are accessible during working hours, Monday–Friday, and an on-call system operates at the weekend. Speech and language therapy and dental services are also available. The review team noted that there appeared to be no agreed timescales for accessing these services, although it was highlighted that urgent cases can be seen within 24 hours, Monday–Friday.

The Golden Jubilee National Hospital has developed integrated care pathways for orthopaedic patients and cardiac surgery patients to ensure that all information relating to the patient's care, from admission to discharge, is captured. Staff reported that the outcomes of nutritional assessment, screening and repeat screenings are recorded in the relevant integrated care pathway. It was also noted that the dietitian will record any ongoing nutritional requirements in this documentation at the point of the patient's discharge and liaise with staff in the patient's area to organise follow-up support if required. However, the review team concluded that a challenge for the Board is to ensure that a core nutrition data set is included in assessment, care planning and discharge documentation.

#### *Monitoring*

As agreed procedures have not yet been fully implemented throughout The Golden Jubilee National Hospital for assessment, screening and care planning, a system of monitoring is not in place that provides assurance to the National Waiting Times Centre Board that these procedures are being followed. However, the nutrition audit highlighted key actions which the Board is now taking forward. These include: maintaining nursing staff's education and training on completing assessment documentation; rolling out electronic

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medical records, which include mandatory fields for recording the outcomes of screening and repeat screening; and re-auditing against Standard 2 following implementation of the electronic medical records.

It was noted that the results of the audit analysis have been circulated to all wards and departments and staff confirmed that the findings have been discussed at team meetings.

#### *Impact on patient care*

As there is not yet a system of monitoring in place to assure the National Waiting Times Centre Board that the procedures for assessment, screening and care planning are being followed within the Golden Jubilee National Hospital, there are not yet processes in place to utilise the outcomes of monitoring assessment, screening and care planning 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.*

### Golden Jubilee National Hospital

**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.**

#### *Development*

The review team noted that, within the Golden Jubilee National Hospital, there are local programmes of nutrition awareness, education and training. A training needs assessment was carried out for nursing staff in November 2005 to: review the current provision of education and training for screening for undernutrition; to obtain feedback on the information received at ward orientation; and to identify staff's individual training requests. A training needs assessment was also carried out for catering staff in November 2004. The review team encouraged the National Waiting Times Centre Board to undertake a full training needs analysis for all staff to inform the development of a comprehensive Board nutrition awareness, education and training programme.

The nutritional care policy and strategic plan states the National Waiting Times Centre Board's commitment to the continuing development in nutritional care for all staff involved in the assessment, monitoring and delivery of food and fluid. The action plan, contained in the nutritional care policy and strategic plan, details the assessment of training needs, resulting action plans and the development and delivery of training programmes as ongoing priorities.

#### *Implementation*

The review team noted that local nutrition awareness, education and training programmes have been implemented. The review team particularly noted the comprehensive nutrition components included in the nursing orientation provided for new staff. As part of the orientation, staff are provided with an information leaflet which includes details such as meal times, fluid provision and missed meals. Departmental inductions are also provided for catering staff to explain the procedures for providing food and fluid to patients within the Golden Jubilee National Hospital. During interview sessions, staff confirmed awareness of the local processes for ordering and delivering food and fluid, the procedures for ordering missed meals and of meal times. It was also noted that this information is included in the policies and procedures folders which are available on all wards.

The review team commended the number of nursing staff who have received MUST training. It was noted that this training was initially provided to nursing staff during team meetings within their own ward areas. As part of the training, staff are required to reach particular competencies to ensure that they understand, and successfully implement, the screening tool. The review team was informed that this training is ongoing and will be

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provided to any new members of staff on a one-to-one basis when required. Competency-based training programmes in assistance with feeding and textured meal provision were also introduced in November 2005 for nursing staff.

The dietetics department provides a range of nutrition training events for catering staff which were developed in response to the outcome of the training needs assessment. These include seminars on: general nutrition; diabetes; allergies; and weight reduction. It was noted that attendance at these events will form part of the NHS Knowledge and Skills Framework for catering staff. Evaluation of these seminars is being carried out to inform the development of future events. All catering staff are required to undertake elementary food hygiene training which is provided by the Royal Environmental Health Institute of Scotland (REHIS), and a number of staff have now progressed on to undertaking the intermediate level course.

All staff have training records and a record of attendance is held for each of the nutrition training programmes.

The review team noted the emphasis which has been placed on raising awareness of nutrition issues. It was highlighted that, due to the relatively small staff numbers, the dietitians are often approached for specific requests for training. However, a challenge for the Board is to develop a more formalised programme of continuing education, particularly for nursing staff.

#### *Monitoring*

As the National Waiting Times Centre Board programme of nutrition awareness, education and training is currently being developed and implemented, there is not yet a system in place to monitor its delivery. However, the nutritional care group receives regular reports from the nutritional planning group regarding the existing local training programmes available. Progress in moving towards implementation of a single Board training programme is monitored via the action plan detailed in the nutritional policy and strategic plan.

#### *Impact on patient care*

A Board nutrition awareness, education and training programme has yet to be fully developed, implemented and monitored. The review team, therefore, concluded 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>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
<b>REHIS</b>	Royal Environmental Health Institute of Scotland
<b>SVQ</b>	Scottish Vocational Qualification
<b>TPN</b>	total parenteral nutrition

## Appendix 2 – Details of Review Visit

The review visit to the Golden Jubilee National Hospital was conducted on 25 January 2006.

### **Review Team Members**

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External Evaluation

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

**Mrs Susan Lovatt**

Senior Project Officer

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Project Officer

**Ms Jennifer Bruce (Observer)**

Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, the National Waiting Times Centre Board, patient representatives, 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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