

NHS Greater Glasgow

Local Report ~ *August 2006*

Food, Fluid and Nutritional Care in Hospitals

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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 Greater Glasgow**, against Standards 1, 2 and 6. This review visit took place on **28 July 2005**, 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.

¹References 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 Trusts¹: 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 delivering nutritional care, assessment 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.

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

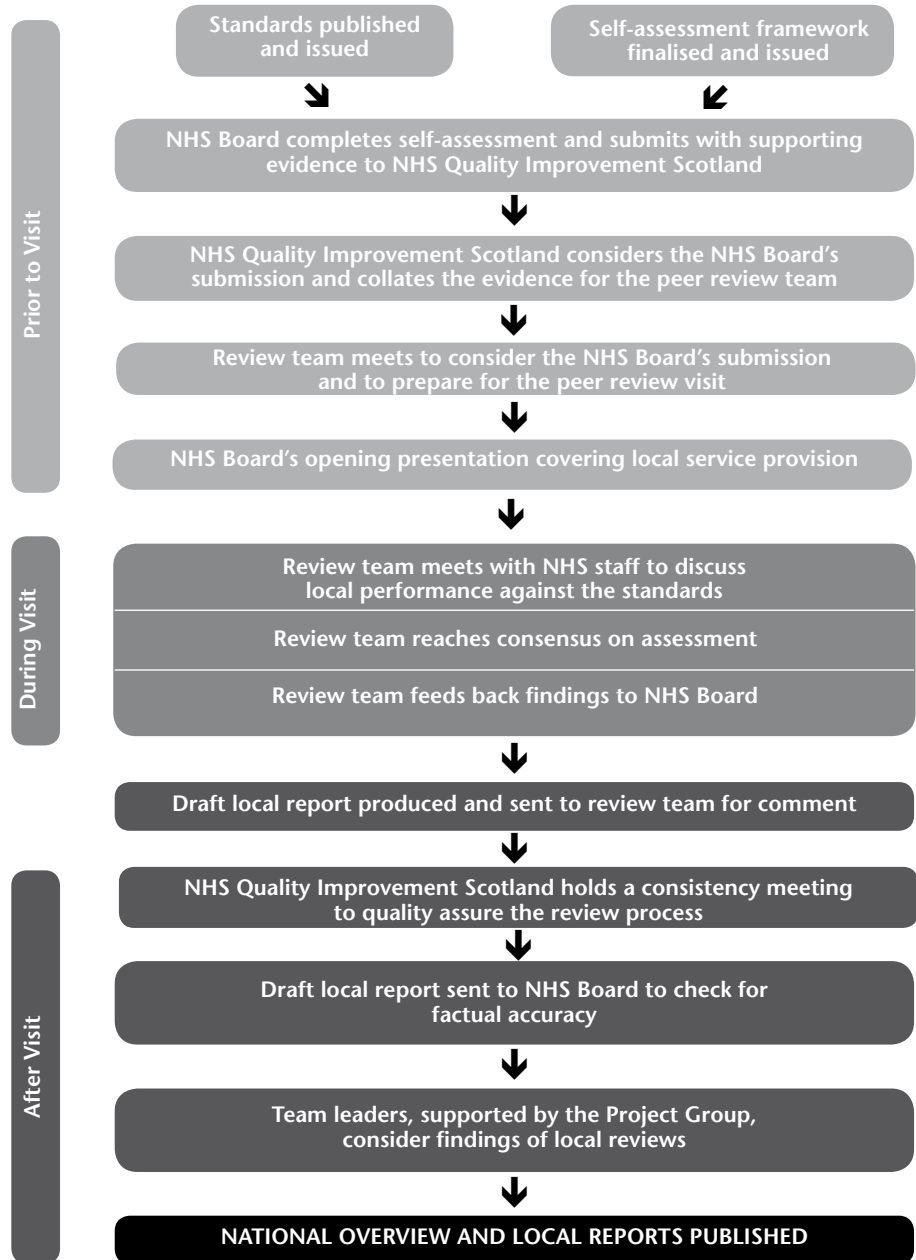
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Greater Glasgow is a compact and densely populated urban region situated in west-central Scotland and has a population of around 867,083. The proportion of older people in the population is below the national average, whereas levels of illness and deprivation are relatively high.

Local NHS System and Services

Greater Glasgow 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 Greater Glasgow.

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 Greater Glasgow (www.nhsgg.org.uk).

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.

Greater Glasgow NHS Board is a large and complex NHS Board, and it is appreciated that the review was held at a time of considerable change for the organisation. The Board is currently working towards the delivery of safe and effective healthcare as a single organisation. The review team was informed that the transition to becoming a single organisation will be completed in 2006 and will impact on clinical governance structures across the Board.

At the time of the review visit, NHS Greater Glasgow contained four NHS operating divisions: North Glasgow University Hospitals Division (acute care services); South Glasgow University Hospitals Division (acute care services); Greater Glasgow Primary Care Division (primary care services); and Yorkhill Division (women and child care services, including Scotland's largest children's hospital).

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 Greater Glasgow

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

Greater Glasgow NHS Board has a draft food, fluid and nutritional care policy and strategic plan, and there is evidence of an action plan to facilitate ongoing development of the strategic plan.

The draft nutritional care policy builds upon the Greater Glasgow NHS Board 1993 food and health policy, combining key aspects of the 1993 strategy with the changing food, fluid and nutritional care needs and priorities of the Greater Glasgow population. Its primary aims are to support continuous improvement in the diet of the Greater Glasgow population, and to deliver the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). The policy's scope is broad, reflecting all aspects of the patient's journey. It incorporates nutritional assessment and monitoring, catering provision and health promotion.

A draft strategic plan outlines the range of actions and activities to be undertaken to deliver the nutritional care policy and comply with the national standards. The current version of the strategic plan considered by the review team does not specify lines of responsibility, timelines or resource requirements for each action. It was reported that these aspects of the strategic plan are still at an early stage of development.

The draft nutritional care policy and strategic plan have been developed by NHS Greater Glasgow's food and health policy working group (food and health policy working group), which reports directly into NHS Greater Glasgow's corporate management team. The food and health policy working group was established in 2003 and is comprised of staff and representatives from a range of disciplines, spanning all four operating divisions of NHS Greater Glasgow. Each operating division also has in place its own nutritional care steering group, responsible for developing and monitoring local policies, practices and procedures. A representative of each divisional group is a member of the food and health policy working group, and the minutes of the divisional nutritional care groups are widely shared and disseminated.

To support the activities of the food and health policy working group, a non-executive member of Greater Glasgow NHS Board has been appointed as the NHS Greater Glasgow food, fluid and nutritional care champion. The principal role of the champion

is to facilitate input from the Board and enable delivery of the nutritional care policy and strategic plan. The review team identified this initiative as a strength of NHS Greater Glasgow's food, fluid and nutritional care policy development process.

The review team was informed that the food and health policy working group will undertake a full risk assessment of the draft nutritional care policy and strategic plan. It was further reported that the policy and strategic plan are also to be considered by the clinical governance and risk management committees of Greater Glasgow NHS Board and the four operating divisions. This process will ensure all appropriate risks and issues are identified and mitigated across all disciplines and areas. The review team encouraged further progress in this area.

In developing the draft nutritional care policy and strategic plan, the food and health policy working group has drawn upon a number of studies and surveys of the NHS Greater Glasgow population. These sources have provided information on the demographic, cultural and socio-economic trends, issues and needs that require consideration. The draft nutritional care policy and strategic plan have not, however, been founded upon a comprehensive health population needs assessment focusing on local, ethnic, religious and cultural factors. The review team noted that there is no current commitment to undertake a health population needs assessment in the further development of the draft nutritional care policy and strategic plan.

Patient focus and public involvement in the development of the draft nutritional care policy and strategic plan has, to date, been channelled through the four divisional nutritional care groups, whose multidisciplinary membership incorporates lay representation. At the time of the visit, there was no lay representation on the food and health policy working group. The review team was informed that NHS Greater Glasgow's Involving People Group, the main patient focus and public involvement working group, has also discussed and contributed to the draft nutritional care policy. The review team was further informed that, following NHS Greater Glasgow's transition to a single organisation in 2006, it is planned that the community health partnerships (CHPs) will be actively involved in the further development of the draft nutritional care policy and strategic plan.

The draft nutritional care policy has been approved by the corporate management team as a work in progress. However, neither the policy nor the strategic plan have been formally approved by Greater Glasgow NHS Board; therefore, they are not yet in the public domain. The review team was informed that it is the intention of the food and health policy working group to undertake public consultation once the policy and plan have been approved by Greater Glasgow NHS Board.

Each of NHS Greater Glasgow's four operating divisions provides complex nutritional techniques via clinical nutritional support teams. The review team noted that referral procedures and resourcing varies across and within divisions. It, therefore, encouraged Greater Glasgow NHS Board to share best practice across divisions to inform and improve patient care across and within all the divisions.

Implementation

Greater Glasgow NHS Board needs to fully develop and approve the nutritional care policy and strategic plan before implementation can be rolled out across the Board area. The food and health policy working group meets regularly to plan, develop and deliver the nutritional care policy and strategic plan. Operational and administrative support to the food and health policy working group is provided by the health promotions department, under the guidance of the director for public health.

The review team found evidence that local nutritional care policies are being implemented in some parts of NHS Greater Glasgow. These policies were assessed to be delivering nutritional care in specific settings. However, due to the current absence of an approved Board nutritional care policy, a challenge for Greater Glasgow NHS Board is to provide a strategic and co-ordinated approach to ensure that patients have food and fluid delivered effectively, and receive a high quality of nutritional care.

Monitoring

Greater Glasgow NHS Board needs to finalise and implement the nutritional care policy and strategic plan before a system of monitoring can be put in place. The development of the draft nutritional care policy and strategic plan by the food and health policy working group is being monitored by the corporate management team. The work and progress of each divisional nutritional care group is reported at meetings of the working group, whilst each divisional nutritional care group also reports to their divisional management team and their clinical effectiveness committees, where appropriate.

The development and implementation of local policies and initiatives are monitored in some specialties and wards, and many report their findings through their divisional nutritional care groups. The review team observed good practice in the monitoring undertaken by some specialties and wards, and encouraged greater rationalisation of monitoring procedures across NHS Greater Glasgow to inform and improve practice. It was recognised by the review team that NHS Greater Glasgow's full transition to a single organisation in 2006 will impact on clinical monitoring arrangements across the Board area.

Impact on patient care

As Greater Glasgow NHS Board is in the process of developing the nutritional care policy and strategic plan, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care. There was no evidence of systems or processes to audit and assess the impact of local nutritional care policies and initiatives on patient care and outcomes.

The review team encouraged that, following the development, implementation and monitoring of the nutritional care policy and strategic plan, Greater Glasgow NHS Board establishes a process for assessing their 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.

NHS Greater Glasgow

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.

Greater Glasgow NHS Board did not provide the review team with a full audit of its assessment, screening and care planning procedures and activities across NHS Greater Glasgow. The review team was informed that clinical audit of food, fluid and nutritional care is the responsibility of operating divisions. The North Glasgow University Hospitals Division and the Greater Glasgow Primary Care Division did undertake audits and submit analyses of their findings. At the time of the visit, the South Glasgow University Hospitals Division was in the process of rolling out a validated screening tool and did not undertake an audit due to its early stage of implementation. The review team was informed that the Yorkhill Division does not have a universal screening tool for undernutrition in place and did not undertake an audit for this reason. These two operating divisions submitted evidence relating to annual height and weight audits in place of the audit data requested.

When the nutritional care policy and strategic plan have been developed and implemented, this should ensure that all inpatients have assessment, screening and care planning. The review team encouraged Greater Glasgow NHS Board to rationalise processes and procedures, and to audit both current and future nutritional care practices across the Board area.

Implementation

There is evidence of a system to implement procedures for assessment, screening and care planning in some specialties and wards in the four operating divisions of NHS Greater Glasgow, although the review team concluded that there is not a strategic approach.

Varying methods of nutritional assessment are carried out across NHS Greater Glasgow. Audit data and analysis presented to the review team indicate that the patient's height and weight are consistently recorded within 1 day of admission. Not all wards and specialties, however, regularly assess the patient's nutritional preferences and requirements, and consider the need for referral to specialist services within agreed timescales. A variety of documentation is used across NHS Greater Glasgow to record the patient's initial nutritional assessment.

It was reported to the review team, supported by audit data presented, that referral to specialist services, such as dietetics, takes place within 2 working days of assessment. Dietetic services are available across NHS Greater Glasgow, Monday–Friday. At weekends, dietetic advice is available at the North Glasgow and South Glasgow University Hospitals Divisions, and there are dietetic protocols in place for nursing staff to refer to. Yorkhill Division provides an on-call service at weekends and the primary care division operates a 24-hour telephone service for nutrition advice.

Multiple, validated screening tools are employed by different specialties and wards within NHS Greater Glasgow. The Malnutrition Universal Screening Tool (MUST) is the most common tool in use and it was reported that MUST will be implemented in all acute wards in the South Glasgow University Hospitals Division by 2006. The North Glasgow University Hospitals Division reported that it continues to use its own individual screening tool, which has undergone a substantial validation process and was judged by staff to remain effective and fit for purpose. The Yorkhill Division reported that there is currently no validated screening tool for infants, children or pregnant women. To compensate, the Yorkhill Division's local nutritional care policy requires staff to continually assess the patient's nutritional status and risk of undernutrition.

The nutritional needs and requirements of patients are incorporated into care plans in some specialties and wards within NHS Greater Glasgow. If, through the processes of assessment and screening, nutrition is identified to be an area of concern, this is highlighted and addressed through the patient's care plan.

There is a variety of care planning documentation used across and within divisions, although both North Glasgow and South Glasgow University Hospitals Divisions reported that, while the format and structure of their documentation does differ, the same criteria, indicators and prompts are used. The review team concluded, however, that a challenge for Greater Glasgow NHS Board is to include a core nutrition data set in assessment, care planning and discharge documentation.

Monitoring

As there are not yet agreed procedures throughout NHS Greater Glasgow for assessment, screening and care planning, a system of monitoring is not in place that provides assurance to Greater Glasgow NHS Board that these procedures are being followed. Additionally, the Board has not undertaken a full audit of its current nutritional assessment, screening and care planning procedures across NHS Greater Glasgow to inform and support future developments in practice.

Current nutritional assessment, screening and care planning procedures are monitored on an ad hoc basis by specialties and wards, and the results are fed into divisional nutritional care groups for further consideration where appropriate.

Impact on patient care

As there is not yet a system of monitoring in place to inform Greater Glasgow NHS Board that the procedures for assessment, screening and care planning are being followed within NHS Greater Glasgow, 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.

NHS Greater Glasgow

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

Development

The review team noted that Greater Glasgow NHS Board currently has no single nutrition awareness, education and training programme in place, or under development, for all staff within the organisation.

Responsibility for the development of local nutrition awareness, education and training programmes currently rests with each division and their divisional nutritional care groups. The review team was informed of a number of initiatives within the divisions for improving the nutritional awareness and skills of staff, and noted that some of these are being harmonised across NHS Greater Glasgow. Specifically, it was reported that a standardised induction programme, encompassing food, fluid and nutritional care, is being progressed for all nursing staff across the organisation. This initiative is being complemented by the proposal to increase the content of nutritional care components within undergraduate nursing courses provided in the Greater Glasgow area.

The review team, however, found no evidence that structured education and training programmes are being developed within each division. The lack of central co-ordination of nutrition education and training was identified by the review team as a further area for development for Greater Glasgow NHS Board. However, the review team recognised that NHS Greater Glasgow's progression to a single organisation in 2006 will have a significant impact upon the provision of education and training across the Board area.

The review team noted that there is no evidence that Greater Glasgow NHS Board, or any of its operating divisions, has undertaken and completed a nutrition training needs analysis to comprehensively assess the training requirements of its staff. The review team encouraged Greater Glasgow NHS Board to undertake a nutrition training needs analysis to help inform the design and development of a Board-wide nutrition awareness, education and training programme.

The draft nutritional care policy does not address the requirement to develop a Board awareness, education and training programme. This was highlighted by the review team as a particular challenge for NHS Greater Glasgow, following its transition to a single organisation in 2006.

Implementation

Each division has local arrangements in place to enhance the awareness and skills of staff in the provision of food, fluid and nutritional care. It was reported that each division's corporate induction programme provides all staff with an introduction to, and an overview of, nutritional care. On induction, new staff are also provided with information on each division's food and health policies, practices and guidelines. Such information is also made available to existing staff via each division's internet sites and staff notice boards.

Staff in all four divisions who handle food are required to undertake elementary food hygiene training. Beyond induction and food hygiene, further and specialist nutrition training for staff is primarily identified and organised through personal development planning systems. This process is supported by each operating division's practice development unit. The practice development units provide information on available nutritional care courses and events, and assist specialties and divisions in the development of in-house training programmes.

Staff from NHS Greater Glasgow's North, South and Primary Care Divisions reported that Partners in Active Continuous Education (PACE) learning packs in nutritional care are available to nursing staff. Staff reported a willingness and enthusiasm to complete the PACE nutritional learning packs, but securing time to complete the learning packs can be challenging.

NHS Greater Glasgow's catering services departments have internal training programmes in place to develop and enhance the skills and competencies of their staff, from catering assistants to catering managers. It was reported that North Glasgow University Hospitals Division's catering services department is in dialogue with a number of local colleges to investigate the feasibility of developing a nutritional care syllabus. This will provide catering staff from across NHS Greater Glasgow with the opportunity to undertake an accredited course of structured learning and development.

The review team identified the commitment, coverage and quality of food hygiene training to all relevant staff across all four operating divisions as a strength of NHS Greater Glasgow's nutrition-related training arrangements.

Monitoring

As there is no Board programme of nutrition awareness, education and training in place, there is subsequently no system in place to monitor its delivery.

The monitoring of introductory nutrition training and education is led by each division's practice development unit, which is responsible for corporate induction programmes and supporting personal development planning. The units also maintain training registers and databases, providing managers with specific training information. The monitoring of further specific training is devolved to specialties and wards.

There are separate and distinct monitoring arrangements for catering staff where each division's catering/hospital services department takes overall responsibility for assuring all its staff are trained to the levels required and expected.

Impact on patient care

A Board nutrition awareness, education and training programme has yet to be developed, implemented and monitored; therefore, the review team concluded that there are not yet processes in place to utilise the outcomes of monitoring to assess the impact of nutrition education and training on patient care.

Appendix 1 – Glossary of Abbreviations

Abbreviation

MCN	managed clinical network
MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
PACE	Partners in Active Continuous Education
PDP	personal development plan
PEG	percutaneous endoscopic gastrostomy

Appendix 2 – Details of Review Visit

The review visit to NHS Greater Glasgow was conducted on 28 July 2005.

Review Team Members

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Lead Therapist Adult Dietetics, NHS Lothian

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Lay Representative, Highland

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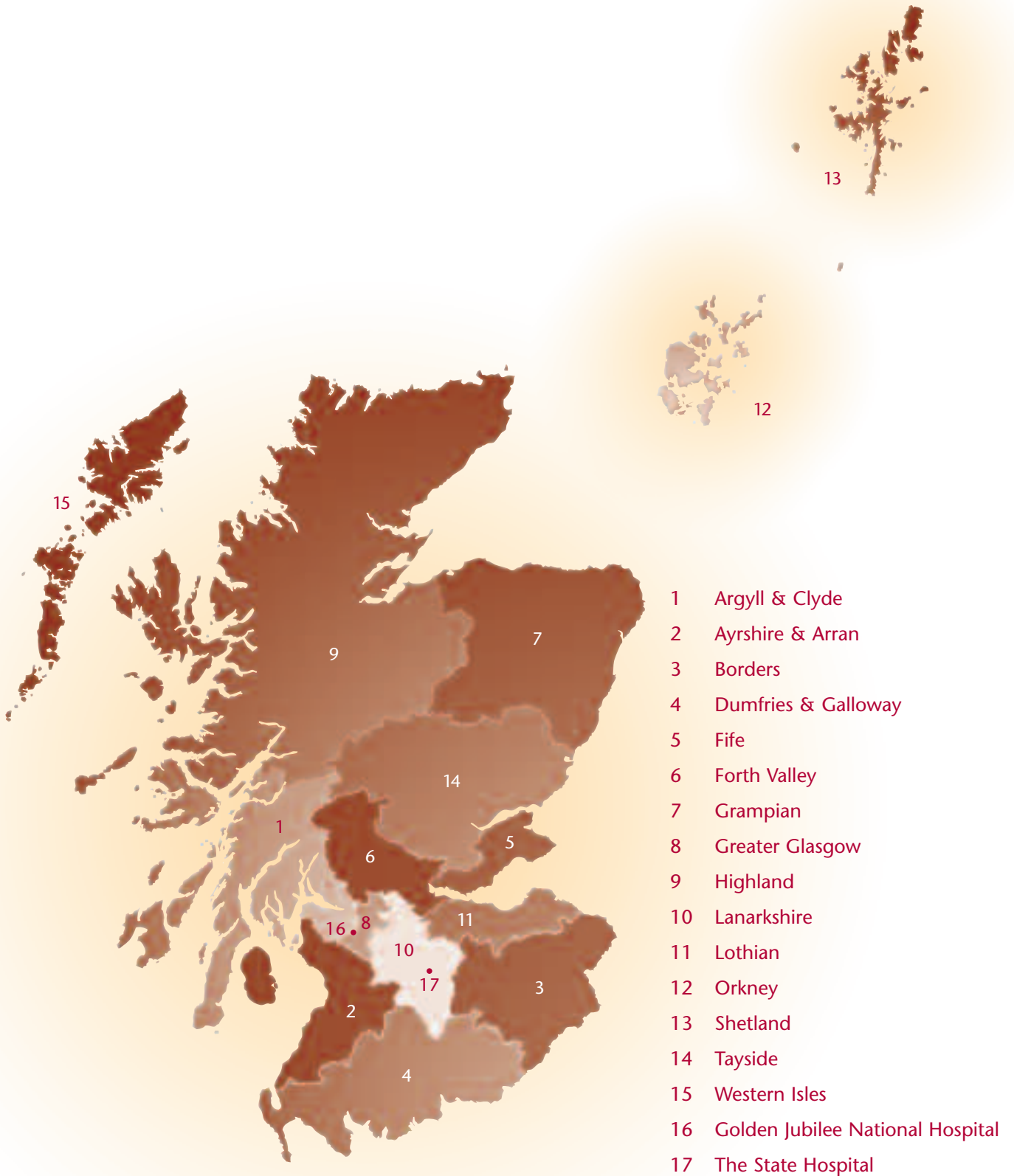
Director, Scottish Intercollegiate Guidelines Network

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

Appendix 3 – Timetable of Review Visits

Organisation Reviewed	Visit Date(s)
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

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



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