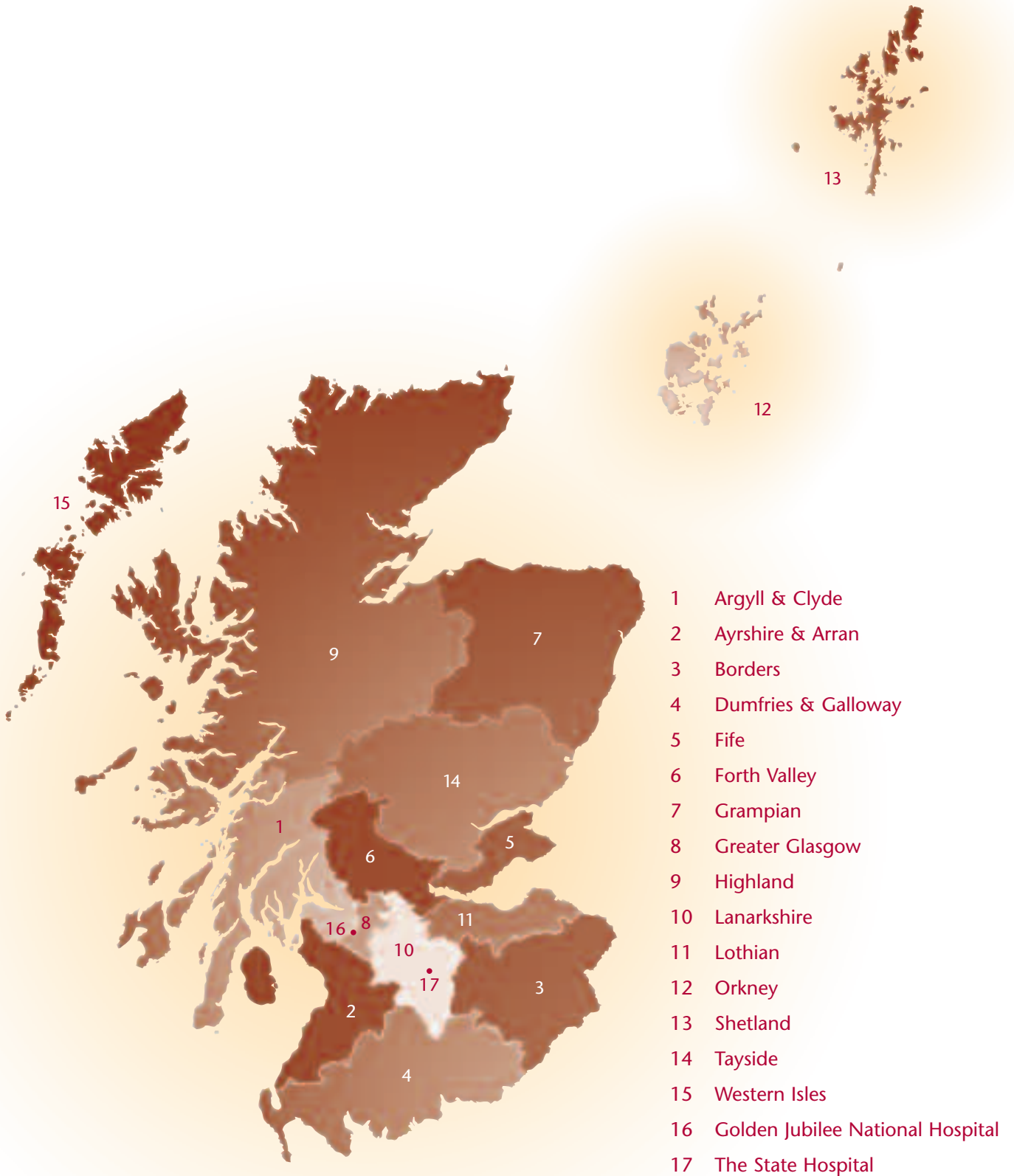


NHS Western Isles

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 Western Isles**, against Standards 1, 2 and 6. This review visit took place on **22 September 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 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.

Standard 2 addresses nutritional assessment, screening and care planning; in order to ensure compliance at this operational level NHS QIS requested that each 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

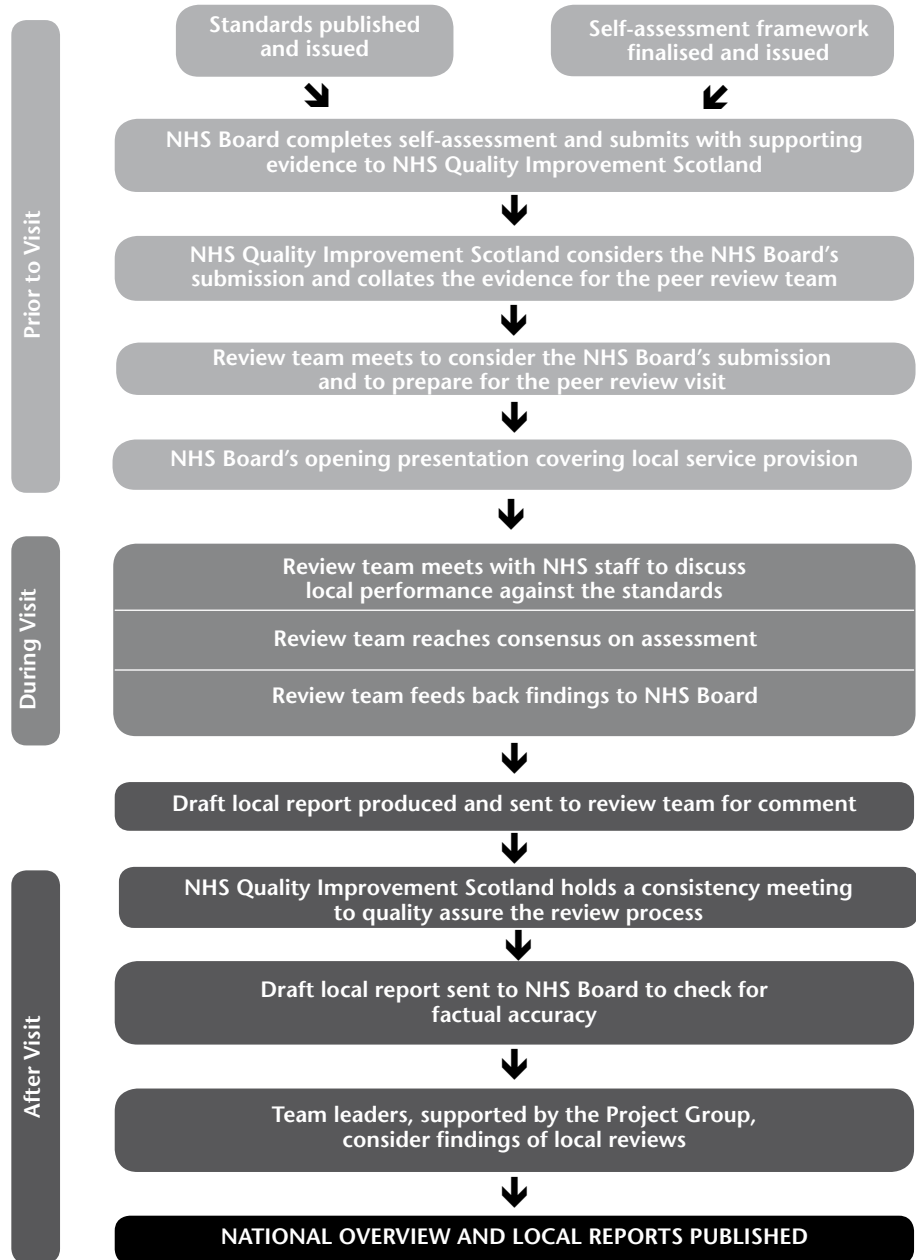
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

The Western Isles is a name covering the Outer Hebrides, an island group situated north-west of mainland Scotland. The population of around 26,260 live on 10 islands, the largest and most populous of which is the Isle of Lewis where the town of Stornoway is located. The proportion of older people in the population is above the national average, as are levels of illness and deprivation.

Local NHS System and Services

Western Isles NHS Board has the same functions as mainland NHS Boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in the Western Isles.

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 Western Isles (www.wihb.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 Board area.

Western Isles NHS Board functions as a single Board but has recently reorganised into three divisions, comprising hospital services, community services and public health. The review team noted that the geographical location of NHS Western Isles presents local challenges, particularly for more remote islands, including access to resources, recruiting and retaining staff, and access to training. The limited number of staff means that individuals may perform more than one function.

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 Western Isles

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

Western Isles NHS Board has a policy on nutritional care and a draft nutritional care strategy to deliver the policy and comply with the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). The draft strategy includes a detailed action plan which outlines the range of activities that need to be undertaken to achieve this.

The nutritional care policy states that Western Isles NHS Board is committed to implementing the national standards and ensuring that all inpatients within the Board's three hospitals receive appropriate food, fluid and nutritional care to meet their individual needs. The draft nutritional care strategy states the necessity for Western Isles NHS Board to provide the resources required to do this.

The nutritional care policy was developed by Western Isles NHS Board's nutritional policy team, which was established in January 2003 to oversee the implementation of the national standards and the Board's nutritional care strategy. The nutritional policy team's membership is multidisciplinary, with representatives from medicine, nursing, catering, dietetics, dentistry, senior management and the public. The team is accountable to Western Isles NHS Board through the clinical governance committee and the executive team. The executive team directly oversees the activity of the nutritional policy team, and provides advice and support as required. After circulating the nutritional care policy to a wide range of healthcare professionals, including each hospital's nutrition working group, it was approved by the executive team and implemented in June 2004. At the time of the visit, the draft nutritional care strategy and action plan had been approved by the executive team, and was due to be submitted to the clinical governance committee for approval before being ratified by Western Isles NHS Board.

The review team noted that the nutritional care policy follows the patient's journey of care from admission to discharge. There is good evidence of a patient-focused approach to developing and monitoring the policy through active lay representation on the nutritional policy team and the nutrition working groups.

The nutritional care policy outlines the commitment of Western Isles NHS Board to meeting the individual food, fluid and nutritional care needs of all patients, and there is evidence that the draft nutritional care strategy recognises different nutritional

requirements of individual patient groups, including children. In developing the draft strategy, the Board has drawn upon a local population profile and an inpatient population profile to identify the healthcare needs of NHS Western Isles. While the Board has identified a predominantly ageing population that is projected to increase, the review team encouraged the inpatient profile to be developed further so that the nutritional care strategy reflects the healthcare needs of all patient groups.

Both the nutritional care policy and the draft nutritional care strategy have been risk assessed using the risk management process approved by NHS Western Isles. The nutritional care policy states that the appropriate delivery of food and fluid, and the provision of high quality nutritional care, is an integral part of effective healthcare. The risk management process identified that failure to implement the nutritional care strategy would result in a high risk to NHS Western Isles. It found that if the strategy is approved and resources are provided for implementation, training and monitoring, the risk is reduced to moderate. The review team therefore encouraged the establishment of fixed timescales for Western Isles NHS Board to approve the draft nutritional care strategy.

Both the nutritional care policy and the draft nutritional care strategy are currently accessible as standard written documents only, and as such are unavailable in Braille, large print or in another language. It was reported that, where needs for alternative formats are identified, appropriate arrangements will be made. The review team encouraged the provision of the nutritional care policy and strategy in large print in reflection of NHS Western Isles' predominantly elderly population. It was reported that it is the intention to make the policy and strategy available on the NHS Western Isles website and to provide paper copies within public libraries throughout the Western Isles. The review team noted, however, that a challenge for Western Isles NHS Board is to raise the profile of the nutritional care policy and strategy among the public.

At the time of the visit, NHS Western Isles did not have a specialist clinical nutritional support team in place. If a patient requires a complex nutritional technique they are referred to the appropriate healthcare professional. The review team was provided with referral documentation for speech and language therapy and dietetic services. Where a patient requires intravenous feeding, the patient's consultant discusses the case with nursing staff and the dietitian. The dietitian then draws up an appropriate total parenteral nutrition (TPN) regime and the prescription is made up by the pharmacist at the Western Isles Hospital, Stornoway. Staff reported that nursing staff in the hospitals servicing the Uists and Barra keep a computerised record of pharmacy stock. When TPN stock needs to be replenished, an order is faxed through to the Western Isles Hospital so that it can be replaced.

The review team acknowledged the comparatively small scale of local service provision, as well as the potential difficulty in providing and maintaining a specialist clinical nutritional support team due to limited numbers of staff. However, it was reported that there have been discussions regarding the development of a specialist nutrition service. This objective is reflected in Western Isles NHS Board's action plan.

Initial nutritional assessment identifies the need for percutaneous endoscopic gastrostomy (PEG) tube feeding. A named medical physician in NHS Western Isles undertakes the placement of tubes, while post-discharge patients are monitored regularly at home by the dietitian responsible for enteral nutrition. The review team was informed that the dietitian is a member of the Parenteral and Enteral Nutrition Group (PENG) and the British Association for Parenteral and Enteral Nutrition (BAPEN).

In order to implement the national standards, the review team encouraged Western Isles NHS Board to audit its inpatient profile in more detail so that the nutritional strategy reflects the healthcare needs of all patient groups, to set fixed timescales for reviewing and approving the strategy, and to ensure the strategy and nutritional care policy are provided in formats easily understood by, and accessible to, the public.

Implementation

The nutritional care policy has been in place since June 2004. The review team encouraged Western Isles NHS Board to set fixed timescales to review and approve the nutritional care strategy in order to drive forward the action required to comply with the national standards.

Western Isles NHS Board intends to agree a financial framework to underpin the implementation of the national standards through the nutritional care strategy when new menus have been fully developed, as it is expected that additional financial resources will be required in this area. Although staff reported that nutrition training can be carried out within the current training budget, the review team encouraged that this is identified within the financial plan.

Monitoring

A system of monitoring is in place to provide assurance to NHS Western Isles that the nutritional care policy is being followed. The three nutrition working groups meet every 2 months to discuss any issues and concerns relating to the implementation of the national standards. This information is reported to the nutritional policy team to consider the arising action points at bi-monthly meetings. The nutritional policy team has drafted an annual report to Western Isles NHS Board which evaluates the progress made across NHS Western Isles to implement the national standards. The review team was provided with a copy of the most up-to-date draft, which states that processes for developing the nutritional care strategy will continue into 2006.

Impact on patient care

Following evaluation of the implementation of the policy, it was confirmed that all catering staff have completed elementary food hygiene training, and some have also completed, or are intending to complete, training at intermediate level.

As Western Isles NHS Board is in the process of developing a nutritional care strategy, there is not yet a process in place to assess its impact on patient care. The review team encouraged that, following the approval, implementation and monitoring of the strategy, Western Isles NHS Board establishes a process for assessing the policy and strategy's 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 Western Isles

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.

Western Isles NHS Board did not provide the review team with a full Board-wide audit of its assessment, screening and care planning procedures and activities. It did, however, submit an audit of the use of the nutrition risk score assessment tool in NHS Western Isles' three hospitals. The review team noted from the audit results, and from discussions with staff on the visit, that agreed procedures for assessment and screening have been developed throughout the organisation. When the nutritional care strategy has been approved, developed and implemented, this should ensure that all patients have assessment, screening and care planning.

Implementation

Procedures for assessment and screening are being implemented throughout NHS Western Isles, and the review team particularly commended the systematic approach to implementing screening procedures throughout the organisation. The nutritional care strategy states that the three nutrition working groups are responsible for developing protocols and procedures to operationally implement the national standards. A patient profile care plan provided to the review team states that the patient's height and weight should be recorded within 1 hour of admission. The care plan also has a tick box to indicate if the patient's nutritional needs have been assessed. The review team was informed that the patient's height and weight is recorded within 24 hours of admission as part of the screening process. Staff reported that the patient's food preferences/allergies, cultural, ethnic and religious requirements, social preferences, physical difficulties with eating and drinking, and the need for equipment to help with eating and drinking are also

identified and recorded in nursing notes, and in the 'activities of daily living' section of the care plan. However, as this section relies on free text the review team was unable to conclude that these are identified and recorded in all patient cases. It therefore encouraged Western Isles NHS Board to undertake an audit of its nutritional assessment procedures to be assured that all inpatients within its hospitals have this carried out within 1 day.

The nutritional care policy states that all staff who carry out screening for risk of undernutrition are trained in the use of the nutrition risk score assessment tool, which has been adapted for local use from the Birmingham Heartlands Hospital nutritional screening tool. The nutritional care strategy reflects this and states who is responsible for the training activity. The Board audit of the tool's use identified that there is not yet full compliance across the organisation, although there is evidence that it is improving as a result of awareness raising and training. The outcome of screening is consistently recorded in the patient's care plan at the Western Isles Hospital only.

Where screening for risk of undernutrition is carried out, the process identifies the need for referral to specialist services. The nutrition risk score assessment tool guidance states that patients with special dietary needs should be referred to the dietitian. The Board audit identified that the majority of patients with a high risk score, or with special dietary needs, are referred to the dietitian and that patients are seen within 2 days, or receive appropriate dietetic advice until they can be seen. In urgent cases, staff reported that specialist services can be accessed Monday–Friday, but that at weekends an on-call service is operated.

The review team noted that the patient profile care plan enables a date to be set for repeat screening. The Board audit identified compliance with this criterion in some wards, however, the review team noted that this was inconsistent across NHS Western Isles.

The review team identified strong multidisciplinary team working in assessing and caring for each patient's food, fluid and nutritional needs. However, it could not conclude if the patient's initial assessment, nutritional status, special dietary requirements and actions taken as a result of repeat screening are consistently recorded in the care planning documentation used within NHS Western Isles. Therefore, the review team encouraged that a core nutrition data set is included in assessment, care planning and discharge documentation.

Monitoring

A system of monitoring is not yet in place within NHS Western Isles to provide assurance to Western Isles NHS Board that procedures for assessment, screening and care planning are being followed, although staff reported that the Board intends to re-audit the use of the nutrition risk score assessment tool. There are also plans to develop patient satisfaction questionnaires to gain feedback on patients' nutritional requirements, including their eating and drinking likes/dislikes.

Impact on patient care

The review team noted that, as Western Isles NHS Board has yet to develop and implement procedures for care planning across the organisation, and to monitor the implementation of processes and procedures for nutritional assessment and screening, it is not at the stage of utilising the outcomes of monitoring 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 Western Isles

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

There is evidence that a Board nutrition awareness, education and training programme is being developed for all staff commensurate with their duties. The nutritional care policy states that all staff in contact with patients at any point in the food chain must receive appropriate and regular training on an annual basis, and that all staff in contact with food and fluid receive appropriate training in food hygiene, portion control and meal presentation. The draft nutritional care strategy outlines the requirement to raise awareness of the nutritional care policy among catering staff, to undertake a rolling programme of training in the use of the nutrition risk score assessment tool with nursing staff in each ward area, and to ensure that staff in contact with patients at any point in the food chain are aware of the local protocols for ordering and delivering food and fluid, meal and snack times, and procedures for ordering missed meals. While the review team commended NHS Western Isles for identifying and highlighting training needs for groups of staff, it encouraged a more structured approach to analysing staff training needs to ensure training is targeted and relevant. In doing so, it noted that a cohesive, overarching nutrition training programme could be developed, which meets the identified needs of all appropriate staff.

Implementation

All staff, on commencement of employment with NHS Western Isles, attend a Board induction programme, which includes a section on food hygiene. It was reported that all catering staff must achieve food hygiene training at an intermediate level. The review team was informed that other members of staff are also given the opportunity to attend these sessions in order to update their knowledge and skills.

A nutrition information folder is available in all wards and catering areas, which includes copies of the nutritional care policy, protocols in line with the standards criteria and guidance on use of the nutritional risk score assessment tool. Each ward is represented by a member of staff on the nutrition working groups, and it is the responsibility of these members of staff to keep the information folders up to date with appropriate nutrition information and minutes of the working group meetings.

Board-wide induction and nutrition information provision is supplemented with local department-based programmes. The speech and language therapy department at the Western Isles Hospital, in conjunction with the dietetic department, has provided training sessions for nursing and auxiliary nursing staff in dysphagia and swallow screening procedures. Staff reported this training can also be provided on an informal basis on request.

Due to the difficulty in releasing staff from duty to attend non-mandatory training, it was reported that the dietetic department now use a 'hands on' approach to train nursing staff on the ward in the use of the nutrition risk score assessment tool. The review team commended NHS Western Isles for its innovative approach to meeting staff's training needs. However, the review team noted that a challenge for Western Isles NHS Board is to ensure that dietetic staff receive nutrition training and education at the appropriate level.

NHS Western Isles offers Partners in Active Continuous Education (PACE) learning packs in nutritional care to nursing auxiliary staff to help them develop knowledge and skills in understanding and improving the nutrition and wellbeing of older adults. However, the review team noted that uptake could be improved and highlighted that a challenge for Western Isles NHS Board is to encourage and support nursing auxiliary staff to undertake PACE training.

Monitoring

As there is currently no Board programme of nutrition awareness, education and training, there is subsequently no system in place to monitor its delivery. However, it was reported that the nutrition training planned through the strategic action plan will be monitored and evaluated on a 6-monthly basis by the nutritional policy team to ensure progress is made within each identified objective. It is also the intention of NHS Western Isles to develop an online knowledge and skills database to map the skills of staff against service requirements and highlight areas for staff development.

NHS Western Isles' human resources department has a comprehensive database, which identifies the training needs of individual staff, and is updated when training is undertaken.

Impact on patient care

As a Board nutrition awareness, education and training programme has yet to be fully developed, implemented and monitored, the review team concluded that a process is not in place to utilise the outcomes of monitoring to assess the impact on patient care. The review team encouraged Western Isles NHS Board to develop a structured approach to evaluating the impact of current nutrition training on patient care.

Appendix 1 – Glossary of Abbreviations

Abbreviation

BAPEN	British Association for Parenteral and Enteral Nutrition
NHS QIS	NHS Quality Improvement Scotland
PACE	Partners in Active Continuous Education
PEG	percutaneous endoscopic gastrostomy
PENG	Parenteral and Enteral Nutrition Group
TPN	total parenteral nutrition

Appendix 2 – Details of Review Visit

The review visit to NHS Western Isles was conducted on 22 September 2005.

Review Team Members

Ms Sue Kilby (Team Leader)

Head of Nutrition and Dietetics, NHS Tayside

Mrs Heather Bett

Acting Head of Operations, NHS Fife

Mrs Susan Kinsey

Lay Representative, Grampian

Mrs Sandra Munro

Practice Development Nurse, NHS Greater Glasgow

Ms Adri Vermeulen

Clinical Advisor for Nutrition and Dietetics, NHS Highland

NHS Quality Improvement Scotland Staff

Ms Laura Blair

Project Officer

Miss Karen Tarn

Senior Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, Western Isles NHS Board, senior management, patient representatives, 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

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NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

