

Food, Fluid and Nutritional Care in Hospitals 2005–2006 Review Programme

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Executive Summary

This report provides the results and recommendations from the quality assurance (QA) exercise commissioned by NHS Quality Improvement Scotland (NHS QIS). The QA exercise assessed the processes and tools used in the peer review of NHS Boards' performance against Standards 1, 2 and 6 of the *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). The objectives of the QA exercise were:

- to provide independent assessment of the approach adopted for this specific peer review process
- to provide commentary on how successful specific aspects of the review have been and make recommendations on where improvement might be achieved, and
- to assist NHS QIS to determine
 - the usefulness of the methodologies and review tools used in the food, fluid and nutritional care in hospitals review programme
 - where successful methodologies and review tools might be employed in future reviews, and
 - where improvements or alterations in methodologies and tools should be considered.

The peer review visits were conducted between June 2005–February 2006. During the review of food, fluid and nutritional care in hospitals, 17 NHS Boards, including two Special Health Boards which provide direct patient care, were reviewed. The reviews consisted of two main elements:

- completion and submission of the self-assessment materials and supporting evidence by NHS Boards, and
- peer review visits.

The QA exercise included interviewing 29 people, consisting of NHSScotland staff, public partners¹ and NHS QIS staff. NHS Board staff were very supportive of the peer review.

Peer reviewers were generally positive about their training. They were also very positive about the professional and helpful way that NHS QIS staff managed and contributed to the peer review visits.

All interviewees agreed that the issue of the national standards has acted as a considerable catalyst for action to improve performance. There is an equally strong view that the peer review process has been necessary to ensure action was taken to improve the provision of food, fluid and nutritional care.

The draft local reports are generally considered helpful with some considering them extremely helpful. There were, however, many who felt the local reports could be more helpful.

¹ As of 31 May 2006, NHS QIS lay reviewers will be renamed public partners.

As well as the generally positive responses from interviewees, a number of recommendations have come out of the QA exercise. A full list of recommendations is given in Appendix 1. The main recommendations are summarised below.

Recommendations

Review teams

- Recruitment criteria should be developed and all those wishing to be reviewers should be considered against these criteria.
- Training should be given relating to the specific peer review topic which is going to be undertaken. The training should be aimed at how to peer review the topic rather than training in the topic.
- Joint training of NHS staff and public partners should be piloted.
- NHS QIS should offer feedback to reviewers on their performance.

Self-assessment evidence

- The identification of core evidence is helpful and should be used for other peer review topics.
- NHS QIS should consider facilitating the production of national audit tools with representatives from NHS Boards.

Peer review processes

- NHS QIS should take the size and complexity of each NHS Board into consideration when determining the length of peer review visits.
- The practice of the NHS Board presenting very close to the start of the peer review visit should be adopted for future peer reviews topics.
- Given how positive reviewers and NHS Board staffs' views were on performance assessment statements, this approach should be adopted for future peer review topics.
- The 'dual working' approach between team leaders and NHS QIS staff was greatly appreciated and should be used for future peer review topics.
- Consideration should be given to the benefits and logistics of reducing the number of team leaders.

Scope of the peer review process

- Standards 3, 4, and 5 should be reviewed sooner rather than later.

Timing and impact of the peer review process

- For future reviews, NHS QIS should consider undertaking peer reviews at 12 months rather than 18 months after the standards have been published, unless there are compelling reasons to delay.
- NHS QIS should consider how a resource efficient follow-up of the findings of the peer review cycle could be carried out, either by NHS QIS or others. The aim being to ensure that NHS Boards' levels of commitment and action are maintained until the required standards are met.

Reporting

- To help NHS Boards improve performance, NHS QIS should consider how reporting the performance of the various operational sections of each NHS Board against the standards might be provided. This reporting should highlight both good practice and challenges.
- NHS QIS should consider how identification of good practice might be improved. Consideration should be given to specifically asking NHS Boards to provide examples of good practice.
- Consideration should be given to methods (such as the internet) of sharing good practice identified as part of the peer review process.

Conclusion

The findings of the QA exercise were generally positive with a number of the newer processes, such as the performance assessment statements, core evidence, increased communication with team leaders to achieve consistency, and the timing of the NHS Board presentations, being warmly welcomed. The standards and peer review visits were seen as providing much needed catalysts. There is a belief that more could be gained from the reviews, for example, by providing more comment on the variation within each NHS Board's operating divisions.

A large number of recommendations have been made reflecting how seriously the peer review process is taken and therefore how keen interviewees are to improve the process if possible. Recommendations are only listed in this report if they had support from a sizable number of interviewees.

1 Introduction

NHS Quality Improvement Scotland

The purpose of NHS Quality Improvement Scotland (NHS QIS) is to improve the quality of healthcare in Scotland by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

As part of its remit, NHS QIS works in partnership with healthcare professionals and members of the public to set standards for clinical services, assesses performance throughout NHSScotland against these standards, and publishes the findings.

Summary of the food, fluid and nutritional care in hospitals peer review process

A project group comprising healthcare professionals and members of the public developed the *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards) which were published in September 2003. The standards comprise six individual standards each with a number of essential criteria.

The purpose of the peer review process is to assess each NHS Board's performance against the standards. However, this review process assessed NHS Boards against Standards 1, 2, and 6 only. The peer review visits were conducted between June 2005–February 2006. The review process covered all territorial NHS Boards, the State Hospital, and the Golden Jubilee National Hospital. The reviews consisted of two main elements:

- completion and submission of the self-assessment materials and supporting evidence by NHS Boards, and
- peer review visits.

These two stages made use of a number of new or recent developments in the way information is collected and the assessment of performance against the standards is carried out. These developments are considered later in the report.

Review teams are comprised of a team leader and up to seven members. The teams were drawn from a variety of backgrounds but predominately included public partners and representatives from dietetics, nursing, speech and language therapy, hotel services, medicine and public health.

Each review requires a time commitment from the review team of approximately:

- 1 day training (team leaders had additional training)
- 1–2 days preparatory reading of self-assessment material
- 1.5 days peer review visit, and
- time to read and comment on the draft report.

In addition to the reviewers' time, there was input from NHS QIS staff in preparing self-assessment material, communication, supporting peer reviews, and drafting reports, etc. Finally, there was considerable time devoted by staff from each NHS Board. This included completing the self-assessment, undertaking an audit of compliance against Standard 2, presenting to the peer review team, providing substantial numbers of staff for the peer review interview process, and commenting on the draft report.

The outputs from the process are individual NHS Board reports and a national overview report (published August 2006).

The external quality assurance exercise

This report provides the results and recommendations from the quality assurance (QA) exercise commissioned by NHS QIS. The QA exercise assessed the processes and tools used in the peer review of NHS Boards' performance against Standards 1, 2 and 6. The report will inform NHS QIS in its deliberations about the continued improvement in the performance assessment process against national standards. (The detailed objectives and scope of this QA exercise are listed in Appendix 2.)

Methodology of the QA exercise

The QA exercise involved:

- review of self-assessment submissions, evidence packs, local reports, training material and other documentation
- observation at three of the peer review visits
- semi-structured interviews with 22 people drawn from eight NHS Boards, one Special Health Board, and public partners (members of the public), and
- interviews with seven NHS QIS staff.

A full list of participants is available in Appendix 3.

2 The high level quality assurance (QA) findings

The purpose of the QA exercise is to assess the specific processes and tools used in the food, fluid and nutritional care in hospitals peer review; to identify where processes and tools have worked effectively; and where improvement may be possible.

The nature of this type of QA exercise is to look at, and comment on, individual components of a peer review. However, before assessing various aspects of the review process it is worth considering views on the overall worth of this food, fluid and nutritional care in hospitals peer review.

There is overwhelming support for the review. All those interviewed considered the process, from issue of the national standards, through self-

assessment and external peer review to the local reports, helpful, with most considering it extremely helpful.

There is agreement that the issue of the national standards has acted as a considerable catalyst for action to improve performance. There is an equally strong view that the peer review process has been necessary to 'galvanise action'. Many interviewees expressed the view that the national standards, and possibly even more so the peer review process, have been very important in achieving the amount of progress that has been made.

Views on the local reports varied, while most found them useful (some very useful) there was a sizable number who felt the reports could have been of much greater value had the variations within each NHS Board been highlighted.

The reviewers were impressed by the professional and helpful way NHS QIS staff managed and contributed to the peer review visits. NHS QIS staffs' contribution was considered to be non-intrusive but extremely helpful in supporting the review teams.

The specific findings and recommendations detailed below should be considered in the context of the overall positive nature of the interviewees' comments. The findings are mainly based on a distillation of the views expressed by the interviewees.

Recommendations are only listed if they had the support of a sizable number of interviewees. Most of the recommendations had support from within all the various groups of interviewees (NHS staff, public partners, NHS QIS staff). Differences of opinion were seldom if ever along group lines. If the findings are from a specific group(s) this is stated in the text.

3 Findings

3.1 Review teams

Recruitment

NHS QIS recruits reviewers from NHSScotland by asking the liaison co-ordinator (the nominated NHS Board contact for NHS QIS) at each NHS Board to seek volunteers. This is normally taken forward by informing heads of services and departments who ask appropriate members of staff if they would like to volunteer.

Members of the public volunteer to be reviewers, undergo training, and, if they meet set criteria, become NHS QIS public partners. They are then asked which reviews they are interested in and their availability.

Although generally those interviewed are happy with the current methods of recruiting, many thought that consideration should be given to:

- how to attract public partners from a wider cross section of society (some suggested that this could only be achieved by offering payment, however, others felt this would be detrimental), and
- identifying specific criteria for peer reviewers and assessing volunteers (lay and from the NHS) to ensure that, as far as possible, a high calibre of reviewer is recruited.

Recommendation

- Recruitment criteria should be developed and all those wishing to be reviewers should be considered against these criteria.

Reviewer training

The training provided to NHS staff included general training, appropriate to any review (eg the use of open questions, being non-judgmental), and training specific to the national standards. The comments about both types of training were positive or very positive. The training relating to the performance assessment statements was deemed particularly helpful and a number of people felt that more time could have been spent on this aspect.

The other aspect of the standards-specific training considered particularly helpful was the role play, making use of a mock self-assessment. All NHS reviewers thought that this was useful, although some thought its usefulness could be increased if public partners and NHS reviewers undertook this training together. This would allow simulated training, using teams with the same composition as required for the peer review visits.

The only suggestion made to improve the training (other than joint training with public partners) is to have a clinical member of the project group, who helped to develop the standards, involved in delivering the training.

Delivering the training so far ahead of some of the peer review visits, is not seen as a problem.

All volunteers who wish to become public partners must complete a 2-day training course and meet set criteria. Public partners often receive no training specifically relating to the topic under peer review. However, for the food, fluid and nutritional care in hospitals peer review programme, they received a half day training, which covered the self-assessment and training on the use of performance assessment statements. Public partners (including some informally interviewed) all agree this training has been useful and similar training should be provided for all peer review topics.

Interviewees were specifically asked their views on public partners and NHS staff being trained separately. With a few exceptions interviewees said they are in favour of joint training although the overriding aim must be to have all peer reviewers prepared for the peer review process. The determining factors are felt to be whether public partners would feel comfortable training with NHS staff and whether the different backgrounds mean the training has to be significantly different in its content.

It was pointed out by several interviewees that the main objective of the training is not to become expert in the subject, but rather to be equipped to undertake a peer review of the standards. It is felt this could be achieved successfully by providing most, if not all, of the training together.

It is generally felt that it would be beneficial to provide joint training, so that both groups of reviewers meet prior to the actual peer review visits. The concern is the logistics of providing some training separately and then some together. Depending on the subject this might be overcome either by supplying public partners with advance reading, or with some form of short pre-training session.

The separate team leader training is considered to be very useful with no particular improvements being suggested.

There are mixed views on whether it would be helpful for NHS QIS to provide feedback to reviewers on their performance. The majority would welcome feedback and a number felt that this would be very helpful. A minority think either they received enough informal feedback or that unless an easy way to provide feedback can be found then the resource implications outweigh the benefits.

As to who should provide feedback, a few thought it should be the team leader, but the majority thought it should be the most senior member of the NHS QIS staff present at the peer review visit. The majority of team leaders thought they should receive formal feedback from the most senior NHS QIS team member.

It is considered that if clear selection and peer reviewer requirements are established, this could help the recruitment process and also provide objective criteria on which to provide feedback. The criteria would also help to make sure that training covers the appropriate aspects. It is understood that feedback to public partners is to be piloted by NHS QIS.

Recommendations

- Training should be given relating to the specific peer review topic which is going to be undertaken. The training should be aimed at how to peer review the topic rather than training in the topic.
- Joint training of NHS staff and public partners should be piloted (with public partners being provided with pre-training material if required). If joint training takes place then the ratio of NHS staff to public partners should be similar to the ratios that there will be in the actual peer review teams.
- NHS QIS should offer feedback to reviewers on their performance. They should discuss with reviewers what format feedback should take. Formal feedback should then be piloted and rolled out once the participants are comfortable with the methodology and criteria. (Food, fluid and nutritional care in hospitals reviewers may not be typical of all

review teams and a wider view might be helpful before implementing changes.)

- Recruitment criteria should be used to provide objective feedback.

Composition of review teams

The issue of clinical and non-clinical team leaders was raised with interviewees. The vast majority do not mind whether the team leader is clinical or non-clinical for this particular review topic. However, several think that many review topics would require a clinical team leader. For this review, leadership qualities were considered by virtually all to be more important than whether the team leader is from a clinical or non-clinical background.

Those interviewed thought the composition of the review team is more important than the background of the team leader. The membership of the food, fluid and nutritional care in hospitals review teams was considered appropriate. Team members were of equal status, were well informed and able to identify the strengths and challenges facing NHS Boards. The review teams came together quickly and focused on what was important.

Reviewers see the size of the team as important. It has to be large enough to be diverse yet small enough to gel as a team.

3.2 Self-assessment evidence

Communication, guidance and self-assessment materials sent to NHS Boards

Communication included:

- an information day for NHS Board liaison co-ordinators to explain the different aspects of the self-assessment and peer review process
- self-assessment documentation including templates
- specified core evidence
- guidance notes
- newsletters, and
- ongoing communication with the liaison co-ordinators.

This is one of the areas where there is the greatest variation in interviewees' views. The vast majority believed that what was requested by way of core evidence and questions for the self-assessment was appropriate.

NHS staff views ranged from guidance being 'very good' to 'needed more guidance on what and how much should be submitted, NHS Board could have submitted more relevant information if aware of what was wanted' and 'there is an assumption the NHS Board will have evidence in exactly the manner specified'. Other comments included 'Communication/self-assessment was quite good but a bit too prescriptive. Good to have core documents but also need to allow more supplementary evidence'.

A number of interviewees think too much was submitted by their NHS Board. To help avoid this, NHS QIS should consider highlighting what they do not want submitted as well as what they do want submitted.

A practical issue raised by a number of NHS staff interviewees was the difficulties users had with the format of the electronic self-assessment. Particular irritations encountered by some were the limited size of information boxes, and if information supplied exceeded the size of the box the excess information was lost. Other problems included not being able to spell check, change font, or insert bullet points. It is understood this problem may be caused by the differences in software used by NHS QIS and NHS Boards.

A minority of interviewees thought it would be helpful if self-assessment submissions provided a short explanation when requested information or documentation is not supplied. For example 'this document is not used by the NHS Board because...', or 'while we are working towards X we have only recently agreed a work plan and so we are unlikely to develop X for another 6 months'.

Communication between organisations is always difficult and in general communication between NHS QIS and NHS Boards appears to have worked well. However, it is clear this is an area that needs to be continually worked on. NHS Board staff change and therefore there is a need to keep reinforcing messages; for example, on what NHS QIS wants to receive as self-assessment evidence from NHS Boards.

Recommendations

- The identification of core evidence is helpful and should be used for other peer review topics.
- Consideration should be given to the format of electronic documents provided to NHS Boards to ensure they are user friendly.
- Where information or documentation requested in the self-assessment is not supplied an explanation of why it has not been supplied should be requested/provided.

Approach taken to assess Standard 2 at NHS Board level

NHS QIS requested that all NHS Boards undertake an audit of each ward to assess whether inpatients at each NHS Board have assessment, screening and care planning carried out.

NHS Boards were asked to submit a selection of completed ward audit forms along with a self-assessment audit report on the performance of the NHS Board against Standard 2. NHS Boards were allowed considerable freedom in the design of the audit tools used and how the audit was carried out.

The audit approach used was considered appropriate (some considered it essential) and successful, subject to the reservations covered below.

There is a split in opinion as to whether it was appropriate to allow each NHS Board the freedom to design and conduct its own audit. It was recognised that

some NHS Boards had recently conducted audits and that it would have been a considerable amount of work for these NHS Boards to complete a very similar audit for very limited benefit.

There is, however, a view that the methodologies used by some NHS Boards could have been much more robust and that the lack of a standard approach made achieving consistency between the peer reviews more difficult. A national audit tool and methodology could have provided this missing standardisation and ensured a robust audit. All NHS Boards that had not recently completed an audit against Standard 2 (the majority) would then have used the national tool and methodology.

It is also thought that, had more consideration been given to the analysis and reporting of the audit findings, the variation within NHS Boards could have been clearly reported for Standard 2 without significant extra work.

A number of interviewees indicated that their view prior to the peer reviews was that each NHS Board should develop its own audit. However, with hindsight they thought a single audit tool and methodology would have been preferable.

Particular problems identified with the individual audits that, it is suggested, a national audit tool and methodology could overcome, include:

- a lack of independence in the audits (ward staff auditing their own ward)
- the audit not including a review of patient notes, and
- in one case no overall audit report being produced which drew the findings of the individual ward audits together.

There is also concern that each NHS Board developing its own audit tool is not an efficient use of limited NHS resources.

It should be emphasised that several audits had none of the problems highlighted above, and that even the less robust audits provided considerable evidence which was used not only to determine performance against Standard 2, but also by NHS Boards to establish ward performance and determine action required.

Recommendation

- NHS QIS should consider facilitating the production of national audit tools with representatives from NHS Boards, or at the very least issuing more prescriptive instructions.

Quality and content of information provided to reviewers

NHS QIS staff compile a pack for each reviewer by copying the most relevant self-assessment material submitted by the NHS Board. The ideal pack provides reviewers with all the important material without overburdening them. An index is provided which covers what is included in the pack and also highlights self-assessment material submitted by the NHS Board, but not

included in the pack. This additional material is available to the reviewers should they wish to review it.

There was general agreement among reviewers that the evidence packs provided contained the correct level of evidence and were well presented. While the packs were well received, two suggestions made for making the reviewers' task easier were:

- highlighting sections of minutes which are relevant to the review topic where full sets of minutes are included in the review packs, to save reviewers looking through unrelated matters, and
- improving the indexing of the packs.

The timing of when the evidence packs are issued to reviewers is considered good with the exception of over holiday periods or when reviewers were themselves going on holiday. A number of reviewers stated it would be helpful to know at the earliest date possible when the packs will be issued so they can build the review of the evidence into their schedules.

Recommendations

- Consideration should be given to highlighting those sections of minutes that relate to the review topic and improving the indexing of the evidence packs.
- Reviewers should be informed at the earliest date possible when the packs will be issued and holidays should be taken into consideration when deciding when evidence packs will be issued.

Findings relating to processes within NHS Boards

There were criticisms of the processes within interviewees' own NHS Boards. These often related to the process of completing the self-assessment and related matters being poorly time managed: 'aware of the final dates but deadlines needed to be set by the NHS Board' and 'it was all a bit last minute' was another comment. This timing is an issue for NHS Boards as all interviewees agreed that NHS Boards were given more than sufficient notice of the peer review by NHS QIS.

Recommendation

- NHS Boards should produce a schedule that sets deadlines for each stage involved in completing the self-assessment; thereby ensuring a planned approach is taken to collecting, assessing, and, if necessary, changing self-assessment material prior to submission.

3.3 Peer review processes

Time allocated to peer review visits

The time allocated to a peer review visit is important in that too little time does not allow the best level of review, while too much is an inefficient use of a considerable resource.

The time allocated to each peer review visit was:

- day one from 13.30–17:30, and
- day two from 08.45–15.00.

For the majority of reviews this was seen as a tight timetable, which was achievable, as long as the peer review team remained focused. In several instances it was felt the time limitations actually improved the review by forcing the review teams to remain focused.

The exception to this largely positive assessment of the allocated time is the reviews of the largest NHS Boards. There was comment from both reviewers and NHS staff that the time was too tight at the largest NHS Boards. This resulted in reviewers overrunning the planned timetable and staff at the largest NHS Boards feeling that the review was not as robust as it could have been.

Those willing to comment on the amount of extra time needed suggested that this should be kept to a minimum. It was suggested that for large NHS Boards, NHS QIS should consider:

- starting an hour earlier on day one and allocating this extra time to forming and allocating questions, and how these will be asked
- finishing an hour later on day two, and devoting this extra time to both the interviewing and the debriefing assessment sessions after the interviewing is complete.

The largest NHS Board felt a full 2 days would be required.

The difference in size and complexity of NHS Boards is very marked in Scotland. At the time of the visits, one NHS Board had a resident population which represented about 17% of Scotland's population and has now increased to about 23%. The two largest NHS Boards account for almost 40% of Scotland's population while the population of the five smallest boards represents just over 6% of Scotland's population.

Consideration needs to be given to exactly how much extra time is required and this will vary depending on the type of review being undertaken.

Recommendation

- NHS QIS should take the size and complexity of each NHS Board into consideration when determining the length of peer review visits.

Timing of the NHS Board presentation

For the food, fluid and nutritional care in hospitals peer review programme, the NHS Board presentation was moved forward to very close to the start of the peer review visit. All reviewers consider this change beneficial. It informed the main team briefing session, providing a local setting and information that may not be included in the self-assessment. The main team briefing session is devoted to formulating questions for the following day's interviews and this is undertaken more effectively with the benefit of the information provided in the NHS Board presentation.

Recommendation

- The practice of the NHS Board presenting very close to the start of the peer review visit should be adopted for future review topics.

Team briefings

The team briefings were effective but the time allowed for the team briefing sessions was considered inadequate for large NHS Boards (see previous section 'Time allocated to peer review visits'). Tight timescales help focus review teams on what matters and this worked well at most NHS Boards, although a number of teams ran well over the time allotted to the setting of questions.

The interview sessions with staff were considered effective in clarifying points and covering gaps in the self-assessments. Reviewers again considered that there was a need for additional time at the largest NHS Boards.

For NHS Boards to provide the best information it is important that interviewees understand the purpose of the interviews and have thought about their work in this context. It was noted that at least one NHS Board runs briefing sessions for staff prior to the peer review. The purpose of these sessions is not to groom staff but rather to ensure staff think about the issues they may be asked about. At least one other NHS Board conducts debriefing sessions to find out how staff feel the peer review process has gone.

Recommendation

- NHS QIS should take the size and complexity of each NHS Board into consideration when determining the length of peer review visits.

Performance assessment statements

For each standard, the performance assessment statements measure the NHS Boards against four stages of achievement. These are development, implementation, monitoring, and impact on patient care. The standard criteria form a set of sub-statements and it is these that the review teams use to determine an overall position to describe to what extent an NHS Board is achieving each standard.

Using performance assessment statements is considered successful. Both reviewers and NHS Board staff believed this is a much better process than using 'met/not met' assessments. The performance assessment statements allow a more accurate assessment and provide more detailed comments on the NHS Board level of performance against the standards. It makes it clearer to the NHS Board what action is required to meet the standards. Team leaders and NHS QIS staff also felt performance assessment statements helped consistency between peer reviews.

Interviewees felt that the performance assessment statements should be further developed. It is seen as key that performance assessment statements are specific and closely tied to the standards. There is a danger reviewers start to review against the performance assessment statements rather than

the standards. Whilst it was not thought that this had happened in the food, fluid and nutritional care in hospitals review, it should be guarded against when developing and using future performance assessment statements.

Another aspect of the performance assessment statements that interviewees considered needs further development is ensuring they accurately highlight different standards of performance. A criticism of the performance assessment statements used for the food, fluid and nutritional care in hospitals review is that a wide range in level of performance resulted in the same assessment, ie a mid-level assessment.

Although the performance assessment statements cover development, implementation, monitoring and impact on patient care, most NHS Boards were at the implementation stage when the peer reviews took place. However, the implementation stage requires considerable input by NHS Boards and there is, therefore, potentially a sizeable difference in the performance of an NHS Board at the start of the implementation stage and one which has virtually completed the implementation stage.

Recommendations

- Given how positive reviewers and NHS Board staffs' views were on performance assessment statements, this approach should be adopted for future peer review topics.
- Performance assessment statements should be specific and tie directly to the standards. While making use of performance assessment statements, reviewers should be clear it is the standards that the NHS Boards are being assessed against.
- Consideration should be given to developing the performance assessment statements approach so it better reflects the variation in performance between the NHS Boards.

NHS QIS staff and team leaders adopting a 'dual working' approach

For this peer review programme, NHS QIS staff and the team leaders devoted time to agree the best approach to facilitating the peer review process. During the peer review visits, NHS QIS staff were more involved in ensuring the peer review team stayed focused, kept to time, and that there was definite agreement between review team members on what assessments had been made and the evidence that backed the assessments. The team leader's role was not diminished but supported by NHS QIS staff's approach.

Team leaders and reviewers were unanimous that 'dual working' was extremely successful. The NHS QIS staff were praised for their professionalism. Reviewers were also impressed by their ability to leave the review teams to undertake work but to provide support and interject with possible ways forward if the review teams were becoming bogged down. Equally, they were praised for their ability to bring review teams back to points where agreement had not been reached. Their guidance and interventions were particularly appreciated in the later stages of the reviews.

Recommendation

- The dual working approach between team leaders and NHS QIS staff was greatly appreciated and should be used for future peer review topics.

NHS QIS internal quality assurance and consistency processes

Many processes and methods were used to assure quality and consistency. These started at the design of the self-assessment and the identification of core evidence. One of the aims of using a core evidence approach was to increase consistency. NHS QIS project staff had weekly quality assurance/consistency meetings throughout the project.

Team leaders met before any of the peer review visits took place to discuss consistency issues. The team leaders met again after the first three peer review visits to discuss consistency issues arising from these visits. Further meetings were held later in the process. A consistency guideline was produced which gave clarification on the meaning of words or phrases to ensure consistent interpretation. There was ongoing communication to team leaders to help ensure any consistency or interpretation issues arising throughout the peer review cycle were communicated to all team leaders.

In addition to the consistency measures outlined above, NHS QIS has processes to ensure documents fit with the established templates that have been produced with quality and consistency in mind.

At the actual peer review visits, NHS QIS staff discuss with the team leaders how the peer review will be conducted. Review teams have latitude in how they function. However, if their assessments are considered by NHS QIS staff to be inconsistent with assessments at other reviews then this will be discussed with the review team.

NHS QIS staff draw together the findings of the review into a draft report. The reviewers read and comment on the draft report to ensure it reflects their findings and views. NHS Boards receive the draft report to check for factual accuracy.

NHS QIS staff compare the 17 local reports and related evidence to ensure there is consistency. There are NHS QIS report proofing processes, and a project proofing group, with formal check lists and methods to ensure quality and consistency.

The above is by no means an exhaustive list of the quality assurance and consistency processes. It does, however, demonstrate that NHS QIS took consistency and quality issues very seriously at every stage of the project.

There were eight team leaders for 17 review visits and there was a view expressed by several interviewees that fewer (around four) team leaders would help provide consistency. This comment is not a criticism of the

consistency achieved in the food, fluid and nutritional care in hospitals review, but simply a suggestion of how consistency might be improved.

Recommendations

- The methods used to communicate consistency issues between team leaders should be employed for other peer review topics.
- Consideration should be given to the benefits and logistics of reducing the number of team leaders.

3.4 Scope of the peer review process

Performance assessment restricted to three of the six standards

The scope of this round of peer review visits was restricted to three standards (1. Planning and Strategy, 2. Assessment, Screening and Care Planning, and 6. Education and Training for Staff). Views on this approach varied. It was seen by the majority as pragmatic to review only three standards. While reviewing all six standards would have been ideal, it was considered too big a task for one review cycle. However, a minority of NHS staff think that whilst a full review of six standards would have required more resource it would have provided a full assessment. The benefit of being able to assess NHS Boards' overall performance against the standards was considered to be a benefit which would warrant the additional resource required.

Another argument given by those in favour of only undertaking three standards (and in not reviewing until 18 months after the standards were issued) is that the standards are very challenging. It is, therefore, suggested that a full review would have been demoralising and not produced the desired continuous improvement. The counter view is that there have been draft standards, and prior to that the Clinical Resource and Audit Group (CRAG)² recommendations, therefore, NHS Boards have had time to take all six standards forward.

Some reviewers thought it was difficult to review Standard 6 (Education and Training for Staff) without reviewing Standards 3 and 4, and knowing where the NHS Boards are in terms of planning the delivery and provision of food and fluid to patients.

The majority of interviewees thought there was evidence that restricting the peer review cycle to three of the six standards had caused NHS Boards to concentrate on progressing Standards 1, 2, and 6 faster than Standards 3, 4 and 5. This did not mean that Standards 3, 4, and 5 were ignored, but general opinion is that more effort was put into achieving the standards which were under review.

While there were different opinions on whether three or six standards should have been reviewed, there is a common understanding of why only three

² Clinical Resource and Audit Group (CRAG), *The Nutrition of Elderly People and Nutritional Aspects of Their Care in Long-Term Care Settings, Final Audit Report 1997–2000* (2000).

standards were reviewed. The interviewees expressed strong agreement on what should happen next. Standards 3, 4 and 5 should be reviewed ideally within the next 12–18 months. When Standards 3, 4, and 5 are reviewed, progress against the action points for Standards 1, 2 and 6 should also be examined. In this way, an overall assessment could be provided. Given where NHS Boards were with implementing Standards 1, 2, and 6, it is considered important there is a further review to ensure action has been taken to meet the national standards.

Many of those interviewed think that the timing of the next review and its coverage should be agreed by NHS QIS and communicated to NHS Boards as soon as is practical. There is a desire to continue the progress and it is thought that were NHS QIS to inform NHS Boards when the next review will be that would act as a spur.

Recommendations

- Standards 3, 4, and 5 should be reviewed sooner rather than later (ideally, within 12 months). When this review takes place, progress against the challenges identified in the local reports on Standards 1, 2, and 6 should be reviewed.
- The timing and coverage of the next food, fluid and nutritional care in hospitals peer review should be agreed by NHS QIS and communicated to NHS Boards.

Assessment undertaken at NHS Board level

This peer review was undertaken at NHS Board level. The aim being to assess how the NHS Board was performing as a whole rather than to assess individual hospitals or operating divisions. This is understood to be the most appropriate approach and is considered successful.

Whilst accepting the logic of reviewing at NHS Board level, most interviewees felt a need to provide more comment on the variation in performance between the operating divisions of each NHS Board. If a review is to be of greatest value it needs to highlight the variation and make clear where action is required, whilst encouraging the areas of the NHS Board that are performing well. There is concern that if the variation is not highlighted, then an assessment for the NHS Board as a whole will demoralise those who have worked hard to improve their part of the organisation, while not exposing, and therefore putting pressure on, those parts of the organisation which are required to do more.

None of the interviewees thought that the local reports focus too much on variation. The majority of NHS staff interviewees would have welcomed greater comment on the variation within their NHS Board.

Some NHS Boards were still working towards single system working at the time of the peer review visits. Whilst it is accepted that single system working is important, there is a strong view that there has been an over emphasis on single system working. Highlighting the position in each operational area

would have been more helpful in identifying where the NHS Board needs to do most, not only to introduce a single system, but also to ensure it functions at the same standard across the NHS Board area.

Recommendation

- NHS QIS should consider how to highlight further the variation within different parts of each NHS Board, demonstrating both good practice and challenges, while providing an overall NHS Board level report.

Commitment and involvement from the Board and senior management

As part of this external review, consideration was given to whether the peer review process was able to identify Board and senior management commitment. With a few exceptions, reviewers and NHS Board staff believe that the peer review process was able to identify whether there was Board and senior management commitment.

There is, however, concern about differing views on the role of the Board. There is a strong view that a number of reviewers had not grasped the governance nature of the Board. There was an expectation among some reviewers that the Board (as opposed to standing committees of the Board and the senior management team) would take an active role in all matters.

It is generally accepted that review teams came to the correct assessments. However, it is felt that in several cases time had been wasted as reviewers had not come to the peer reviews with a clear and accurate understanding of a Board management structure. The reviewers' different levels of understanding of this matter was also evident when strategies, policies and plans were discussed.

Recommendation

- It is recommended that as part of the general training provided to reviewers, an overview of the role of the Board, the Board sub committees, and corporate governance, is explained.

3.5 Timing and impact of the peer review process

Timing of the peer review process

All NHS staff agreed that there was sufficient notice of when the peer review visits would take place.

The peer review visits were conducted more than 18 months after the standards had been issued. Interviewees considered that the gap between the issue of the standards and the peer review programme commencing was not ideal. Although about half of the interviewees were happy with the 18-month time gap, about half would have liked it to be shorter, and no one

wanted a longer period. The preferred gap between the issue of the standards and the peer review cycle commencing is 12 months.

Many interviewees pointed out that the draft standards had been out for consultation for a considerable time prior to their formal publication and, therefore, NHS Boards were in a position to establish working groups and determine how the standards would be taken forward prior to publication. It was also argued by many that there was little NHS Board action until the peer review programme was announced; therefore, delaying the review simply delayed action being taken. The national standards are designed to help ensure a high quality of nutritional care for all patients; therefore, this length of time between publication of the national standards and the peer review programme commencing is undesirable. It is, however, acknowledged that NHS Boards should be taking standards forward as soon as they are issued.

Recommendations

- NHS QIS should consider whether the reasons for not undertaking the review until 18 months after the issue of the standards were adequately communicated.
- For future reviews, NHS QIS should consider commencing peer review programmes at 12 months rather than 18 months after standards are published, unless there are compelling reasons to delay.

Impact of the peer review process

Comments from interviewees were very positive about the impact of the national standards. The standards act as a catalyst for action. Examples of comments are:

‘Standards focused those involved, encouraged multidisciplinary team approach. Moved food and nutritional care up the Board agenda’.

‘Standards acted as major catalyst particularly in taking an NHS Board-wide approach’.

‘Working group established as soon as standards came out. Huge catalyst’.

‘Standards big catalyst but peer review a bigger spur to action’.

There is agreement that the review process was a major spur to NHS Boards to take action and that activity increased considerably once the peer review visit dates were known. Many feel that action was not taken until the peer review visit dates were announced. For this reason, many believe that the outcome of the reviews would have been very similar had they been undertaken after 12 months. There is, however, a minority who believe their NHS Board would have been less prepared had the review been undertaken after 12 months.

‘Peer review – resulted in getting on and doing it’.

'Peer review galvanises action, without it would not see necessity for all the work'.

Peer review visits were seen as essential. Many interviewees remarked that although in an ideal world NHS Boards should have implemented the national standards without the need for a review, in reality, this was not the case. The peer review process was essential to raise the topic up the Boards' agenda and to achieve the desired level of action.

The majority of interviewees also felt that there is the need for external follow-up after the peer review process. This could be a less resource intensive process, by simply asking to see evidence of the NHS Board's progress against action points in the NHS QIS reports, and the NHS Board's own action plans. This follow-up would continue until the national standards are met.

Whilst in theory this could be picked up by the Scottish Executive Health Department (SEHD) as part of the accountability process, it is felt by many that the accountability process would not be able to follow-up at individual standards/peer review level. There is a strong feeling that follow-up is an important gap in the process that is most likely to be filled successfully by increasing the NHS QIS process, rather than trying to establish this level of monitoring within the SEHD.

Regardless of who undertakes the follow-up reviews, it is considered important that the current gap in the process is filled.

It is also worth mentioning how many interviewees expressed the view that the self-assessment process was very important in helping to ensure that the NHS Board works together to advance performance.

Recommendation

- NHS QIS should consider how a resource efficient follow-up of the findings of the peer review cycle could be carried out, either by NHS QIS or others. The aim being to ensure that NHS Boards' levels of commitment and action are maintained until the required standards are met.

3.6 Reporting

Time between issuing draft local reports and publishing final local reports

The local reports are published with the national overview report after the peer review process has been completed. The first peer review visit was in June 2005, the last in February 2006, and the national overview report publication date is August 2006. Two consequences of this programme are that:

- the first NHS Board is reviewed 8 months before the last NHS Board is reviewed, and

- NHS Boards reviewed at the start of the process have to wait over a year for their published local report. About 2 months after an NHS Board's peer review visit, they receive a draft report that allows action to be taken as appropriate.

To improve the total lapse time significantly would require peer reviews to take place two at a time. This was considered undesirable as the amount of NHS resource devoted to conducting and contributing to peer review visits could be detrimental to the service provided to patients.

Another alternative to speed up the publication of local reports would be to publish as soon as possible after each individual NHS Board's peer visit. This was not considered a good solution as this could result in inconsistencies in the standard of reporting (see '3.3 NHS QIS internal quality assurance and consistency processes').

Given the need for consistency, and the limitations on how much resource NHSScotland would wish to devote to undertaking peer review at any one time, it was considered that the present reporting arrangements are the most appropriate. It is, however, recognised that the process is 'slightly unfair' for the NHS Boards reviewed at the beginning of the peer review programme, as they have less time to reach the national standards. The published report gives an out of date and therefore, poorer picture, of performance against the national standards for the NHS Boards reviewed earlier in the peer review programme.

Local reports

The main audience for local reports was seen by interviewees as being NHS staff, including senior management, and the Board. The secondary audience is seen as being the public. The main purpose of the local report is seen as providing a position statement to assist NHS Boards' to continuously improve against the national standards. The reports should highlight examples of good practice as this helps NHS Boards to disseminate good practice. The reports should also highlight areas and processes that need to be improved if the national standards are to be met. This allows NHS Boards to target those areas or processes which need improvement.

Overall, the local reports were seen as helpful or very helpful. Most final drafts were seen as accurate and fair. Several interviewees considered that using performance assessment statements produced local reports with more accurate and precise commentary, and therefore the reports are more helpful. The style of the reports is considered easy to read and understand. NHS Boards have created working groups to take the national standards forward. Each NHS Board has an action plan and these action plans are revised as necessary in light of the local report findings. Progress is monitored by measuring against the action plans which include timescales.

Many interviewees considered that the local reports could be of much greater value if they identified more good practice. Also, and perhaps more

importantly, a clearer description of the level of performance, including highlighting poor performance, of the different operational areas within the NHS Boards would be of great value.

Recommendations

- To help NHS Boards improve performance, NHS QIS should consider how reporting the performance of the various operational sections of each NHS Board against the standards might be provided. This reporting should highlight both good practice and challenges.
- NHS QIS should consider how identification of good practice might be improved. Consideration should be given to specifically asking NHS Boards to provide examples of good practice along with the self-assessment submissions.

National overview report

The purpose of the national overview report is seen to be:

- to publicly communicate the degree to which NHS Boards meet the national standards
- to allow comparison
- to highlight good practice as a means of sharing it across NHS Boards
- to act as a catalyst for action, and
- to identify themes which could be addressed jointly by NHS Boards or by central bodies such as the SEHD and NHS Education for Scotland (NES).

At the time of writing this report, the national overview report has not been issued. It is therefore not possible to comment on how the actual national overview report will be received.

Other communication

There was concern that although the peer review process identified good practice, the constraints of a national overview report limit the sharing of good practice. It is felt more consideration should be given to how the good practice that was identified could be shared between NHS Boards. The use of a website that highlights good practice and provides contact details, with the appropriate permission obtained, is suggested as a possible way forward.

Recommendation

- Consideration should be given to methods (such as the internet) of sharing of good practice identified as part of the peer review process.

Appendices

Recommendations

Review teams

Recruitment and reviewer training

- Recruitment criteria should be developed and all those wishing to be reviewers should be considered against these criteria.
- Training should be given relating to the specific peer review topic which is going to be undertaken. The training should be aimed at how to peer review the topic rather than training in the topic.
- Joint training of NHS staff and public partners should be piloted (with public partners being provided with pre-training material if required). If joint training takes place then the ratio of NHS staff to public partners should be similar to the ratios that there will be in the actual peer review teams.
- NHS QIS should offer feedback to reviewers on their performance. They should discuss with reviewers what format feedback should take. Formal feedback should then be piloted and rolled out once the participants are comfortable with the methodology and criteria. (Food, fluid and nutritional care in hospitals reviewers may not be typical of all review teams and a wider view might be helpful before implementing changes.)
- Recruitment criteria should be used to provide objective feedback.

Self-assessment evidence

Communication, guidance and self-assessment materials sent to NHS Boards

- The identification of core evidence is helpful and should be used for other peer reviews topics.
- Consideration should be given to the format of electronic documents provided to NHS Boards to ensure they are user friendly.
- Where information or documentation requested in the self-assessment is not supplied, an explanation of why it has not been supplied should be requested/provided.

Approach taken to assess Standard 2 at NHS Board level

- NHS QIS should consider facilitating the production of national audit tools with representatives from NHS Boards, or at the very least issuing more prescriptive instructions.

Quality and content of information provided to reviewers

- Consideration should be given to highlighting those sections of minutes that relate to the review topic and improving the indexing of the evidence packs.
- Reviewers should be informed at the earliest date possible when the packs will be issued and holidays should be taken into consideration when deciding when evidence packs will be issued.

Findings relating to processes within NHS Boards

- NHS Boards should produce a schedule that sets deadlines for each stage involved in completing the self-assessment; thereby ensuring a planned approach is taken to collecting, assessing and, if necessary, changing, self-assessment material prior to submission.

Peer review processes

Time allocated to peer review visits

- NHS QIS should take the size and complexity of each NHS Board into consideration when determining the length of peer review visits.

Timing of the NHS Board presentation

- The practice of the NHS Board presenting very close to the start of the peer review visit should be adopted for future review topics.

Performance assessment statements

- Given how positive reviewers and NHS Board staffs' views were on performance assessment statements, this approach should be adopted for future peer review topics.
- Performance assessment statements should be specific and tie directly to the standards. While making use of performance assessment statements, reviewers should be clear it is the standards that the NHS Boards are being assessed against.
- Consideration should be given to developing the performance assessment statements approach so it better reflects the variation in performance between the NHS Boards.

NHS QIS staff and team leaders adopting a 'dual working' approach to the reviews

- The dual working approach between team leaders and NHS QIS staff was greatly appreciated and should be used for future peer review topics.

NHS QIS internal quality assurance and consistency processes

- The methods used to communicate consistency issues between team leaders should be employed for other peer review topics.
- Consideration should be given to the benefits and logistics of reducing the number of team leaders.

Scope of the peer review process

Performance assessment restricted to three of the six standards

- Standards 3, 4, and 5 should be reviewed sooner rather than later (ideally, within 12 months). When this review takes place, progress against the challenges identified in the local reports on Standards 1, 2, and 6 should be reviewed.
- The timing and coverage of the next food, fluid and nutritional care in hospitals peer review should be agreed by NHS QIS and communicated to NHS Boards.

Assessment undertaken at NHS Board level

- NHS QIS should consider how to further highlight variation within different parts of each NHS Board, demonstrating both good practice and challenges, while providing an overall NHS Board level report.

Commitment and involvement from the Board and senior management

- It is recommended that as part of the general training provided to reviewers, an overview of the role of the Board, the Board sub committees, and corporate governance, is explained.

Timing and impact of the peer review process

Timing of the peer review process

- NHS QIS should consider whether the reasons for not undertaking the review until 18 months after the issue of the standards were adequately communicated.
- For future reviews, NHS QIS should consider undertaking peer reviews at 12 months rather than 18 months after the standards have been published, unless there are compelling reasons to delay.

Impact of the peer review process

- NHS QIS should consider how a resource efficient follow-up of the findings of the peer review cycle could be carried out, either by NHS QIS or others. The aim being to ensure that NHS Boards' levels of commitment and action are maintained until the required standards are met.

Reporting

Local reports

- To help NHS Boards improve performance NHS QIS should consider how reporting the performance of the various operational sections of each NHS Board against the standards might be provided. This reporting should highlight both good practice and challenges.
- NHS QIS should consider how identification of good practice might be improved. Consideration should be given to specifically asking NHS Boards to provide examples of good practice along with the self-assessment submissions.

Other communication

- Consideration should be given to methods (such as the internet) of sharing of good practice identified as part of the peer review process.

Objectives and scope of the quality assurance (QA) exercise

Objectives of the QA exercise

- To provide independent assessment of the approach adopted for this specific peer review process.
- To provide commentary on how successful specific aspects of the review have been and make recommendations on where improvement might be achieved.
- Assist NHS QIS to determine:
 - the usefulness of the methodologies and review tools used in the food, fluid and nutritional care in hospitals review programme
 - where successful methodologies and review tools might be employed in future reviews, and
 - where improvements or alterations in methodologies and tools should be considered.

Scope of the QA exercise

- Provide comment and recommendation on each stage of, and methodology used during, the review programme.
 - Consider the format of the review programme, and in particular the change in approach to having the NHS Board presentation prior to the main team briefing.
 - Consider the composition of evidence packs distributed to reviewers.
 - Assess the use of the performance assessment statements.
 - Assess the success of using core evidence, set to ensure a consistent approach to assessment, and the resulting national report.
 - Assess NHS QIS internal QA processes and methods used to ensure consistency of peer review visits and reports.
- Consider the composition of the review teams and the recruitment and training of the reviewers.
 - Assess the adequacy of the training provided, the timing of the training, and the impact of providing different training to reviewers nominated by NHS Boards and public partners.
- Assess the impact of restricting the review to only three of the six standards.
- Determine if the level of Board and senior management commitment and involvement could be identified.
- Determine if the approach to the Board-level assessment was understood.
- Comment on the success of the approach taken to assess Standard 2 at NHS Board level.
- In addition, the evaluation will also obtain views and comment on the:
 - timing of the review (18 months after the standards had been issued)

- timing of receipt and publication of local reports, and
 - composition of teams – multidisciplinary/public partners with a mix of clinical and non-clinical team leaders.
- Consider the approach of NHS QIS staff and team leaders adopting more of a 'dual working' approach to the reviews.

Appendix 3

Interviewees

I am very grateful to those listed below who agreed to be interviewed and gave invaluable input to the quality assurance (QA) exercise. In all, 29 people were interviewed (including NHS QIS staff). All those interviewed were interviewed face to face. The selection of interviewees was based on obtaining views from people with a wide variety of backgrounds who were involved in the food, fluid and nutritional care in hospitals review process (either as reviewers or as those providing NHS Board evidence, or, in many cases, as both reviewers and NHS Board staff).

NHS staff interviewees came from seven NHS Boards and one Special Health Board; however, those interviewed were asked for their own views and did not represent the views of their NHS Board.

Reviewers

Judith Catherwood	Dietetic Manager	NHS Grampian
Fiona Clark	Nutrition & Dietetic Service Manager	NHS Greater Glasgow
Eileen Clarke	Senior Nurse	NHS Lanarkshire
Bob Dickson	Catering Manager	NHS Fife
David Foreman	Director of Operational Services	NHS Dumfries and Galloway
Muriel Holroyd	Public Partner	Forth Valley
Ken Kinghorn	Pharmacy Manager	Golden Jubilee National Hospital
Alastair McKinlay	Consultant Gastroenterologist	NHS Grampian
Mirian Morrison	Clinical Governance Development Manager	NHS Highland
Nancy Robson	Public Partner	Highland
Fiona Steven	Lead Therapist Adult Dietetics	NHS Lothian
Diane Stewart	Speech & Language Therapist	NHS Lanarkshire
Joyce Thompson	Dietetic Consultant in Public Health Nutrition	NHS Tayside
Jacqueline Walker	Project Facilitator Department of Dietetics	NHS Tayside
Bill Wilson	Public Partner	Highland
Anne Woodcock	Project Leader Nutrition Standards	NHS Tayside

NHS Board staff

Carol Anderson	Chief Dietitian Mental Health	NHS Lanarkshire
Anna Baxendale	Health Promotion Manager	NHS Greater Glasgow
Libby Campbell	Associate Nurse Director	NHS Lothian
Rosslyn Crocket Carol Reece	Director of Nursing Head of Clinical Governance	NHS Greater Glasgow NHS Dumfries & Galloway
Drew Walker	Director of Public Health	NHS Tayside

NHS QIS staff

Jacqueline Ellis	Project Administrator
Anne Hanley	Team Manager
Rosemary Hector	Practice Development Project Co-ordinator (Reviewer Training)
Susan Lovatt	Senior Project Officer
Karen McGeary	Communications and Publications Co- ordinator – Project Editor
Karen Tarn	Senior Project Officer
Anna Wimberley	Project Officer

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