

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **18th November 2010**

By: **Director of Governance and Community Services**

Title of report: **Review of Nutrition, Hydration and Feeding in Hospitals – Response**

Purpose of report: **To consider the response of the local hospital Trusts to HOSC’s review of nutrition, hydration and feeding.**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on the responses from Brighton and Sussex University Hospitals Trust and East Sussex Hospitals Trust (appendices 1 and 2).**
 - 2. To request an update on progress in June 2011.**
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1. Background

1.1 In 2009 HOSC agreed to review nutrition, hydration and feeding in hospitals as it had been highlighted as an area for improvement nationally through campaigns such as the Dignity in Care programme and Age Concern’s ‘Hungry to be Heard’ work.

1.2 Councillors Hough, Martin, O’Keeffe, Phillips and Tidy were nominated to form the Review Board. Councillor Hough was subsequently nominated to chair the Review Board.

2. Objectives and scope of the review

2.1 The objective of the review was to assess and make recommendations on nutrition, hydration and feeding in acute hospitals which provide services to the people of East Sussex with particular focus on policies and practices in place to ensure that patients are getting the right nutritional care to support them to eat and drink.

2.2 In order to keep the review manageable it was agreed to focus on the main acute hospitals of East Sussex Hospitals Trust (Eastbourne District General Hospital and the Conquest Hospital, Hastings) and Brighton and Sussex University Hospitals Trust (Royal Sussex County Hospital, Brighton and Princess Royal Hospital, Haywards Heath). These hospitals provide the majority of acute care for East Sussex residents.

2.3 In order to investigate the experiences of patients the Board commissioned the Local Involvement Networks (LINKs) for East Sussex, West Sussex and Brighton and Hove to visit a small sample of wards in local hospitals to observe practice at mealtimes and talk to patients and carers about their experience. The feedback gathered from the sample of patients and carers interviewed provided valuable input to the review.

3. Findings and recommendations

3.1 The Review Board’s findings and recommendations were outlined in the final report considered and endorsed by the Committee at its meeting in September 2010. The report is also available from the HOSC website www.eastsussexhealth.org or by contacting Claire Lee on 01273 481327.

3.2 Overall, the Review Board recognised the significant progress that has been made by Trusts over the last few years in implementing national guidance such as ‘Improving Nutritional Care’, National Institute for Health and Clinical Excellence (NICE) guidance and the recommendations of the ‘Hungry to be Heard’ campaign.

3.3 However, the Board also emphasised that there is still work to be done to ensure that the comprehensive policies in place on nutrition and hydration are consistently implemented on a daily basis so that all patients on all wards receive the best possible nutritional care. In light of this, the report made ten recommendations for the local hospitals Trusts to consider and respond to.

4. Trust responses

4.1 Both Brighton and Sussex University Hospitals NHS Trust (BSUH) and East Sussex Hospitals Trust (ESHT) have provided an initial response and action plan covering the recommendations arising from the review. The BSUH response is attached at appendix 1 and the ESHT response at appendix 2.

4.2 Trust representatives will attend the HOSC meeting to clarify any aspects of the responses and action plans. HOSC is invited to consider the initial responses and to request a progress report in approximately 6 months time.

BILL MURPHY

Interim Director of Governance and Community Services

Contact officer: Claire Lee, Scrutiny Lead Officer

Telephone: 01273 481327

Background paper: HOSC, 16 September 2010, item 10

East Sussex Health Overview and Scrutiny Committee – Review of Nutrition and Feeding in hospitals. Final report September 2010.

Brighton and Sussex University Hospitals (BSUH) NHS Trust response to the above report

Introduction

BSUH would like to thank all those involved in producing these recommendations as they have provided an additional perspective to the nutritional care planning within the Trust. The acknowledgement by the HOSC that significant progress had been made in implementing national policy and improving nutritional standards was encouraging, although it is recognised that further work is needed.

Following the publication of the HOSC report an action plan has been drawn up and submitted to the Trust board. There are a wide range of people involved in the delivery of nutrition and hydration within the hospital environment and an action plan based on these recommendations (including time scales) has provided a clear framework for planning the next steps.

Response to Recommendations:

1) The Trusts should continue to work towards MUST screening in all inpatients and appropriate outpatients as per NICE guidelines

There are regular MUST audits carried out across the Trust. As part of the governments QIPP High Impact Actions Malnutrition awareness month (September 2010) was launched and MUST training was delivered in both lecture settings and at ward level, with in excess of 400 nursing staff receiving further training. The Trust has also implemented a programme called the 'Enhanced Recovery Programme' and within this process at pre-admission patients are screened using the MUST tool thus addressing some of screening required for outpatients.

MUST is not appropriate for use within paediatrics and as a Trust we have implemented STAMP (Screening Tool for the Assessment of malnutrition in Paediatrics) in order to ensure that screening using a validated tool is undertaken for this patient group.

2) Trusts should work towards screening for dehydration on admission. Indications for fluid balance chart should be documented by the admitting nurse and healthcare assistant, along with an audit trail of assessment and action.

There is a review of the documentation currently being undertaken particularly with reference to the risk assessment booklet where it may be appropriate to collate this information. This recommendation is currently work in progress.

3) The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GP's, other health/social care professionals and carers where appropriate.

Discharge checklists are currently in development. Where the patient is known to the dietetic department and discharged on supplements or active dietetic treatment a letter is sent to the GP informing them of this and of the pertinent details of their nutritional status. In order for this information to be available about all patients the documentation on discharge will need review to address this. This work will be undertaken as part of a wider review of discharge documentation, in line with the role out of "Electronic patient Discharge Letters"

There will need to be a coordinated approach to this however as MUST is not as widely used in the community (for example some nursing homes use their own nutritional screening tool) and therefore in order to provide a consistency of approach some negotiation may be required with regards to its implementation with community providers. BSUH would welcome support from the HOSC with regards to this.

4) The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN audits. Additional information could then be used to inform the Trusts' own nutrition strategies and those of local healthcare providers and commissioners.

As these audits are already being undertaken this recommendation should help to provide additional insight into the patterns of malnutrition for those patients who becomes hospitalised. Prior to the next audit we will work with our Trust audit department in order to facilitate the collection of appropriate data and identification as to recipients of this information once collated.

5) Learning and best practice with regards to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors visits during these times.

Following Malnutrition Awareness month in September 2010 new posters for protected mealtimes have been launched alongside training. We will continue to work with our neighbouring Trusts in both the east and west of the county and learn from the experience of other teaching hospitals with regards to sustaining protected mealtime practice. It was encouraging that the HOSC highlighted as part of its report a number of areas of good practice examples within BSUH, demonstrating implementation of protected meal times.

6) Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks as part of infection control.

Following review by the senior nursing team and Nursing delivery unit have raised awareness with regards to the use of wipes or gels and the importance of hand hygiene for patients. A recent audit if the effectiveness has been undertaken on Grant Ward at the RSCH and all wards are now ordering these wipes as standard.

7) Trusts should consider action to:

- a) Raise awareness of the full range of options, including vegetarian, gluten free and diabetic menus as well as snack boxes**
- b) Increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;**
- c) Take measures to ensure that food is hot for the last patient to be served**
- d) Ensure that drinks are available with meals as well as afterwards**

- a) There is currently a review of the menu on Royal Sussex County Hospital (RSCH) site being undertaken which will include descriptions of the various options available including vegetarian, halal, kosher meals etc. The Princess Royal Hospital (PRH) site have had new menus implemented in June 2010 which highlight the different options as listed above. (A copy of this was provided to the HOSC).

Menu coding is undertaken in line with the British Dietetic Association guidelines. These recommend that a healthy eating option and a high calorie option are identified on the menu. It is stated on the new PRH menu that all of the healthy eating options are suitable for those who are diabetic.

- b) Whilst in the general population this recommendation is suitable particularly where 'healthy eating principles' need to be applied, in some patient groups (for example renal) it may not be clinically appropriate (due to the high potassium content of fruit and vegetables). Another consideration is for those patients with poor appetites who are malnourished where a snack of a cake providing 150 kcals towards their daily intake may be more appropriate in comparison to an apple which may only provide 47kcals. In order to give patient choice (and dependant on the clinical area) a trial of offering both cakes and fruit from a visible basket is being undertaken. (The patient identifies the product that they would like and the hostess takes it from the basket for them to reduce the infection control risks of using an open basket.)
- c) The catering departments undertake audits of the temperature of the food served at each mealtime at the beginning and end of food service. Any concerns with regards to food temperature are investigated as a priority.
- d) All patients should have access to drinks during their meals and this recommendation will be audited to ensure compliance.

8) Trusts should have a clear policy on assisted eating and drinking arrangements, including:

- a) Agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with the patient representatives before agreement.**
- b) Clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.**

The implementation of this recommendation is wholly supported and changes to the Nutrition and Hydration policy and further training by the Practice Development Nursing team is ongoing. An update can be provided at the next meeting in November 2010.

9) Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:

- a) The proportion of patients identified as requiring assistance with eating or drinking who are receiving it**
- b) The time between initiation of nil by mouth order to time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery.)**

- a) It is noted that over 90% of the patients in the HOSC report said that 'they received help eating or drinking if they needed it'. The identification and assistance of these patients using suitably qualified staff is of great importance and as part of a number of initiatives including Essence of Care (Food and Drink benchmark 2010), Red Tray and the Malnutrition High Impact Action audits, the aim is to identify and record these patients. There is however subjectivity to this process as some patients may not need direct physical help with feeding (but perhaps some psychological support), and the level of support required day to day for an individual may vary. Further work is needed using the expertise of the Trusts audit department in order to get a true reflection of the requirement for this intervention.
- b) With the implementation of the Enhanced Recovery Programme it is expected that the length of time patients remain nil by mouth pre and post op will reduce and this data is currently being recorded in the patient notes.

In designing this type of audit to review nil by mouth processes, there are a number of complex competing variables that will need to be taken into account, not least that for some patients a period of nil by mouth is clinically the most appropriate course of action at that time (for example for those with intractable vomiting or intestinal pseudo-obstruction). Often it is prudent to wait before initiating alternative feeding (such as parenteral nutrition) as this is not without risk. It is a medical decision to place a patient nil by mouth and any

audit will need to take into account the variety of clinical conditions that can arise prior to this decision being made. Further work needs to be undertaken with the Trust audit department in order to design an appropriate tool.

Data regarding speech and language therapy waits can be provided via the Head of Speech and Language Therapy.

10) The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options

The menu at RSCH is currently under review and the above recommendation will be implemented as part of the new menus. In the meantime the BSUH Dietetic department have produced an information leaflet informing patients of what to expect from the food and drink service at BSUH. Bedside folders have also been developed by the nursing teams to provide information pertaining to that particular ward (including food and beverage service) for patients. Other ways of highlighting availability of the different food and drink products are being explored.

Conclusion

From a BSUH perspective this HOSC review has provided an arena in which to share areas of good practice and learn from other hospitals. Some of the recommendations with regards to audit may need to be adapted in order to produce information that reflects the complexity of the different patient conditions and we would be keen to work with the HOSC to develop this further. We would like to thank the Councillors for providing us with this opportunity to review nutrition and hydration practices within the Trust from a different perspective and for their pragmatic, insightful recommendations.

Joy Churcher

Head of Dietetics BSUH

October 2010

Matthew Hutchinson

Associate Chief Nurse



East Sussex HOSC Nutrition Review Recommendations

Recommendation	Response	Action	Responsible Person	Deadline
The Trusts should continue to work towards MUST (Malnutrition Universal Screening Tool) screening all inpatients and appropriate outpatients as per the NICE guidelines.	There has been improvement in the overall levels of MUST screening across the Trust but is not yet at the target of 100% for inpatients.	Dietetics – implement rolling programme of monthly updates for training of nursing staff.	Joy Churcher	Nov 10
		Nursing - ? monthly audits of MUST	NDU	Nov 10
Trusts should work towards screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of assessment and action.	The Trust needs to improve on the number of patients whose hydration status is recorded and actions taken	Monthly nursing audits	NDU	Nov 10

Recommendation	Response	Action	Responsible Person	Deadline
<p>The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate.</p>		<p>Nursing documentation currently being reviewed.</p> <p>Discharge documentation being led by Dr Barden. NDU will contact to ensure that it is included</p>	<p>NDU</p> <p>NDU</p>	<p>Ongoing</p> <p>Oct 10</p>
<p>The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN (British Association for Parenteral and Enteral Nutrition) audits. Additional information could</p>	<p>Undertake the BAPEN MUST survey – link with audit to look at data patterns.</p>	<p>Check with audit department that this can be done and doesn't breach patient confidentiality.</p>	<p>Joy Churcher</p>	<p>March 11 (post BAPEN audit)</p>

Recommendation	Response	Action	Responsible Person	Deadline
<p>be used to inform the Trusts' own nutrition strategies and those of other local healthcare providers and commissioners.</p>				
<p>Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times.</p>		<p>Protected Mealtimes has been relaunched. Monthly audits to determine effectiveness to be undertaken</p>	<p>NDU/Dietetics</p>	<p>Oct 10</p>
<p>Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy.</p>		<p>Audit undertaken on Grant ward and presented at Matrons meeting</p> <p>All wards now ordering hand wipes</p>	<p>Matrons</p>	<p>Oct 10</p>

Recommendation	Response	Action	Responsible Person	Deadline
<p>Trusts should consider action to:</p> <p>a) raise awareness of the full range of options, including vegetarian, gluten- free and diabetic menus, as well as snack boxes;</p> <p>b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;</p> <p>c) take measures to ensure that food is hot for the last patient to be served;</p> <p>d) ensure that drinks are available with meals as well as afterwards.</p>	<p>A leaflet has been drawn up highlighting the different options. From Oct 10 the menus at RSCH are being reviewed to the same format as PRH (which was a format the HOSC approved of).</p> <p>In certain areas it is not appropriate to increase fruit & veg intake (e.g. renal). This issue will be discussed with catering as to how best display fruit without increasing any food safety risks.</p> <p>Regular temperature checks are undertaken of the trolleys</p> <p>Drinks should be available at mealtimes</p>	<p>Leaflet distributed to all patients prior to admission. For emergency admissions the ward hostess will inform patients of these options as well as it being available as part of the bedside pack.</p> <p>Discuss with catering for a workable solution</p> <p>Continue food audits with last meal temperature being recorded.</p> <p>Advice to nursing and catering staff re provision of drinks at mealtimes. Highlight areas of good practice e.g. Chichester</p>	<p>Joy Churcher</p> <p>Gary Loughlin</p> <p>Matt Dew</p> <p>Lauren Weaver</p>	<p>February 2011</p>

Recommendation	Response	Action	Responsible Person	Deadline
<p>Trusts should have a clear policy on assisted eating and drinking arrangements, including:</p> <p>a) agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with patient representatives before agreement.</p> <p>b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.</p>	<p>This is highlighted in the Nutrition and Hydration policy</p>	<p>Review of Nutrition and Hydration policy to add relevant nursing documentation.</p>	<p>Joy Churcher Roo Wheeler</p>	<p>December 2010</p>

Recommendation	Response	Action	Responsible Person	Deadline
<p>Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:</p> <p>a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it.</p> <p>b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).</p>	<p>There are a number of different ways of identifying those patients requiring assistance including red tray etc. Different systems will be trialled to identify the most appropriate which can then be audited.</p> <p>Information from Speech and Language therapy required</p> <p>Information from gastroenterology required</p>	<p>Undertake pilot and audit to ascertain best solution</p> <p>Request information from Speech and Language Therapy</p> <p>Request information from service manager</p>	<p>Joy Churcher</p> <p>Mandy McCleud</p> <p>Shaun Carr</p>	

Recommendation	Response	Action	Responsible Person	Deadline
<p>The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options.</p>	<p>Menu cards at RSCH are in the process of review</p>	<p>Review of menus</p>	<p>Joy Churcher</p>	<p>March 2011</p>

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East Sussex Health Overview and Scrutiny Committee

Review of Nutrition, Hydration and Feeding in Hospitals September 2010

ACTION PLAN RESPONSE

Recommendation	Comment	Action	Lead
The Trusts should continue to work towards MUST (Malnutrition Universal Screening Tool) screening all inpatients and appropriate outpatients as per the NICE guidelines	Screening using the MUST tool was introduced across the Trust in March 2010. Initial Audit completed in June 2010 - data is currently being collated	Review audit data Ongoing training to be organised for clinical staff To review outpatients screening processes	Dietetic Leads Dietetic Leads and Ward managers Dietetic Leads with Clinical Outpatients Managers and Clinical Matrons
Trusts should work towards screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of	A comprehensive review of a patients hydration status is already made on admission as part of the clinical history and examination process for an individual patient.	The Trust is introducing a new fluid balance chart following approval at Health Records Committee	Critical Care Outreach

<p>assessment and action.</p>	<p>This is documented on an ongoing basis in the Integrated patient documentation which form part of the individual patient's clinical notes</p> <p>Decisions in respect to need for fluid balance chart on based upon these assessment and subsequent reassessments</p>		
<p>The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate</p>	<p>Consultants / Doctors currently provide the discharge information / letter as appropriate for the GP's</p>	<p>Need to raise awareness with the consultants for this information to be provided along with all appropriate discharge information. Discussions to be had with Health Records Committee to see how this information can be included with the discharge summary for patients</p>	<p>Medical Director</p> <p>Deputy Chief Nurse</p> <p>Chair of Health Records Committee</p>
<p>The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN (British</p>	<p>The Trust does consider Information from BAPEN audits and other external influences and uses this information to support its decision making regarding policy and strategy</p>	<p>The Trust plan to participate in the next BAPEN audit to be completed in April 2011.</p> <p>The Trust will continue to be involved in a number of relevant clinical audits to support its</p>	<p>Dietetic Lead will co-ordinate BAPEN and other external audit requirements</p>

<p>Association for Parenteral and Enteral Nutrition) audits. Additional information could be used to inform the Trusts' own nutrition strategies and those of other local healthcare providers and commissioners.</p>		<p>approach in Nutrition, Hydration and feeding using best clinical practise</p>	<p>with support of Deputy Chief Nurse</p> <p>Ward managers</p>
<p>Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times.</p>	<p>The protected meal times initiative was first launched in the Trust in 2004. Due to the activity that is undertaken on the wards our aim is to concentrate supporting this initiative (where appropriate) over the lunch time period as this is considered to be the main meal of the day</p>	<p>To review the guidelines in place</p> <p>To complete an audit of the current situation</p> <p>To re launch the protected meal times initiative across the Trust</p>	<p>Dietetic Leads; Head of Catering and Deputy Chief Nurse</p> <p>Clinical Matrons / ward Managers Medical Director</p>
<p>Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy.</p>	<p>Each ward currently has its own method in preparing patients for their meal.</p>	<p>To develop pre - meal time routines using the <i>Productive Ward</i> Mealtime Module as a vehicle for determining best practise in ensuring patients are well prepared for their meal.</p> <p>To explore volunteer assisted feeding schemes</p>	<p>Head of Catering; Deputy Chief Nurse; Productive Ward Facilitator and Volunteer Services Manager</p>

<p>Trusts should consider action to:</p> <p>a) raise awareness of the full range of options, including vegetarian, gluten-free and diabetic menus, as well as snack boxes;</p> <p>b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;</p> <p>c) take measures to ensure that food is hot for the last patient to be served;</p> <p>d) ensure that drinks are available with meals as well as afterwards.</p>	<p>Fruit bowls are sent to each ward and placed on top of the meal trolleys during service, therefore being more visual and allowing patients to be aware of the availability of fresh fruit</p>	<p>To raise awareness of bed side booklets which include information on catering services and all menu options available for patients. – Hospedia – Introductory video</p> <p>To review special diet procedure to ensure that patients are aware and receive special dietary meal items as appropriate.</p> <p>To implement refresher training for staff – food hygiene and food services awareness</p> <p>To ensure that the ward staff are aware of all options available for their patients</p> <p>To ensure that patients receive a minimum of seven drinks per day</p>	<p>Facilities lead</p> <p>Ward Managers</p> <p>Dietetic Lead</p>
<p>Trusts should have a clear policy on assisted eating and drinking arrangements, including:</p> <p>a) agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable</p>	<p>The completion of the MUST Tool and the Integrated Patient Documentation will go some way to identify those patients who need assistance with feeding.</p> <p>This information will need to</p>	<p>To explore wider use of the Volunteers Assisted Eating Scheme</p> <p>To use the Productive Ward Meal Times Module to identify ‘best practise’ methods for identifying patients who require assistance,</p>	<p>Head of Catering; Deputy Chief Nurse; Productive Ward Facilitator, Dietetic Lead</p>

<p>approach should be discussed with patient representatives before agreement.</p> <p>b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting</p>	<p>be shared using the most appropriate method to ensure that the patient receives the assistance they require</p> <p>The Trust already has a limited Volunteer Assisted Eating Scheme</p>	<p>ensure they receive that assistance and share across the Trust</p>	<p>and Volunteer Services Manager</p>
<p>Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:</p> <p>a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it.</p> <p>b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).</p>	<p>A pilot to be undertaken at Conquest on the stroke orthopaedic and DME ward on the process of assisted eating and drinking. Recommendations will be made thereafter</p>	<p>Dietetic \Department to undertake an audit</p>	<p>Dietetic Lead Ward managers Clinical effectiveness coordinator</p>
<p>The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to</p>		<p>To raise awareness of bed side booklets which include information on catering services and all menu options available for patients. – Hospedia – Introductory video</p> <p>To review special diet procedure to ensure that patients are aware and receive special dietary meal items</p>	<p>Facilities lead Ward Managers Dietetic Lead</p>

raise awareness of these options.		as appropriate. To implement refresher training for staff – food hygiene and food services awareness To ensure that the ward staff are aware of all options available for their patients	
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