

Appendix A

Health and Wellbeing Scrutiny Committee

Malnutrition in Hospitals: Policy Review recommendations 10/11

Ref	Recommendation	Action	Owner	Due Date	Progress Commentary
1.	The Trust should review roles and responsibilities to enhance patient choice which includes the role for volunteers and the role of the catering department.	<ul style="list-style-type: none"> Clarify roles for catering and ward staff in nutrition process. Consider feasibility of extending Housekeeper Service and present options including cost and benefits to patients. Consider an enhanced role for Volunteers to be involved in food service and assisting patients to eat. 	<p>CHS</p> <p>CHS</p> <p>CHS</p>	<p>August 2011</p> <p>October 2011</p> <p>November 2011</p>	<p>Roles clarified</p> <ul style="list-style-type: none"> Catering team ensure food is sourced appropriately and prepared and delivered to ward areas in a timely and best quality standard. Catering team link with Dietetics to ensure correct calorific and nutritional value. Catering team work with nursing team to ensure sufficient choice and monitor quality assurance and waste. Work has begun through Nutrition Steering Group to look at extension of Housekeeper Service and report/business case to be presented to the Executive Team in October. Volunteer Co-ordinator currently working with Head of Nursing although early indicators suggest very few of existing volunteers wanting to commit. CHS to explore further possibilities with Age UK

2.	<p>To ensure rigorous monitoring the Board should analyse data on:</p> <ul style="list-style-type: none"> - The number of patients identified as malnourished or at risk of malnourishment. - The compliance rate with MUST. - Targets to be set for improvement in compliance with screening. - Actioning of MUST scores. 	<ul style="list-style-type: none"> • Nutrition Steering Group to establish range of performance metrics to demonstrate better use of MUST Tool. 	CHS	August 2011	<ul style="list-style-type: none"> • Revised Nutrition Policy was referred by Executive Committee of the Trust for further work and will be brought for approval in October. It defines the metrics and monitoring arrangements. • Currently Matrons monitor compliance with the MUST tools and has been added to the matrons quality assurance daily and weekly audits. • A formal Trust audit of the tool is to be undertaken in Sept/Oct 2011. • Application of MUST tool was a key element of the Nutrition Standards Day. • Practice days to be held with ward managers and work being undertaken to have links with tissue viability nurses and nutrition link nurses.
3.	<p>To support an approach of consistent best practice, the Trust should consider the use of all available communication tools for the promotion of nutrition for example, newsletters, bulletin boards, and internet to keep this as a priority in the minds of everyone all of the time, similar to the 'Wash Your Hands' campaign;</p>	<ul style="list-style-type: none"> • Trust to identify the rating and choice of hospital food as a key focus of work in the 2011/12 Quality Report. • Nutritional Steering Group to develop communication plan to enhance awareness. 	CHS CHS	Ongoing September 2011	<ul style="list-style-type: none"> • Progress will be measured through National Patient Survey real time feedback. • Monitoring will be undertaken by Patient & Public Involvement Group and Nutritional Steering Group. • Results reported to Board of Governors and Board of Directors. • Trust held Nutrition Standards Day on 8 June 2011 with over 150 staff attending to increase awareness and share good practice.

					<ul style="list-style-type: none"> • Posters developed for '6 points for patient meal-time'. • Ward nutrition link nursing process relaunched and over 120 registered nurses had enhanced training. • Information regarding mealtimes identified in new hospital bedside folder.
4.	The Trust should aim to achieve consistency so that patient choice is delivered with access to a menu, easier access to appropriate versions of the menu, and consistent delivery of alternative menu choices.	<ul style="list-style-type: none"> • Trust to review options for patient meal ordering. • Menu to be displayed at all ward entrances. • Menu to be available at all bedsides. • Menu to be placed on bedside television system 'Hospedia'. 	<p>CHS</p> <p>CHS</p> <p>CHS</p> <p>CHS</p>	<p>August 2011</p> <p>Completed</p> <p>Completed</p> <p>July 2011</p>	<ul style="list-style-type: none"> • Initial work has been undertaken to look at feasibility of hand held options etc but further work needs to be carried out. • Further discussions ongoing with Hospedia who are a private company. More work to be undertaken to assess number of patients who access Hospedia system.
5.	To enhance the eating environment and opportunities for patients to control their enjoyment of a meal, the Trust should consider the use of designated dining areas away from the bed where the physical layout allows this.	<ul style="list-style-type: none"> • Trust to consider feasibility of designated dining areas. 	<p>CHS</p>		<ul style="list-style-type: none"> • 2 further Care of the Elderly wards have identified dining areas. • This will be considered as part of the ongoing refurbishment of wards following the opening of the new ward block which now gives us the additional capacity that we have not previously had to undertake such refurbishment. • The provision of dining areas may now result in the reduction of available beds.

6.	<p>To enhance the quality of food the following options should be consistently applied and communicated to patients:</p> <ul style="list-style-type: none"> - A range of common condiments and sauces should be available either routinely or on request. - Portion sizes should be offered to patients in small, medium and large sizes. - Milky drinks should be offered to patients in the evenings. - Handy snack boxes of pre-packaged fruit, cheese, biscuits should be readily available to patients. 	<ul style="list-style-type: none"> • Reinforcement of options that are available to ward teams to ensure meal service is appropriate. • Introduction of new beverage trolley to offer increased range of choice of beverages and lite bite menu. 	<p>CHS</p> <p>CHS</p>	<p>August 2011</p> <p>August 2011</p>	<ul style="list-style-type: none"> • Salt/pepper/vinegar and sauce sachets are available on every trolley at mealtimes. • Different portion sizes are offered. • Milky drinks are available at all beverage rounds – breakfast, 10.00am, lunch, 3.00pm, tea and 7.00pm. Nursing staff can also make additional drinks at other times. • Handy snack boxes – further work being undertaken but all wards have larger provisions of cheese and biscuits and fruit. • Beverage trolley is a prototype designed by staff at the hospital and production has been delayed until October 2011.
7.	<p>To further enhance assistance to patients a red tray system should be provided to ensure a link between a patient needing assistance and an uneaten meal left on the plate.</p>	<ul style="list-style-type: none"> • Trust to undertake pilot of red tray system. 	<p>CHS</p>	<p>August 2011</p>	<ul style="list-style-type: none"> • Pilot scheme launched on 3 wards and successful. Red trays now being introduced for all patients who need assistance and should be in place across the Trust by October 2011. • Red water jug lids also introduced to prompt staff to ensure that some patients need help to drink fluids and gentle reminder. • Purchase of magnetic visual prompts to be fixed to patient name board to also raise awareness that patient needs assistance.