

Freedom of Information Request: Our Reference CTHB_303_16

You asked:

- 1. Does the Health Board reference, or work to any guidelines in relation to sip feeds for adults and children? If so, please provide a copy or website link.**

Once referred to the dietetic department for nutrition support, the need for sip feeds is assessed on an individual patient basis by appropriately qualified dietitians. Sip feeds used within the Health Board are selected from the All Wales sip feed contract after consideration of patients needs. These currently available sip feeds to the Health Board are listed on a 'Formulary' (appendix 1).

- 2. If yes, when is/are the document(s) expected to be reviewed?**

The Health Board formulary is updated by the dietetic department and supported by pharmacy at a minimum annually, or more frequently, due to product update/new product availability to the market.

- 3. What is the current referral time for patients to see a dietitian?**

Referral to treatment times to the dietetic department is dependent on the location of the referral i.e. in-patient, community and clinical need. The department has documented clinical standards for various clinical conditions outlining the referral to treatment time, for example, in-patient referral for nutrition support will be seen within 2 working days.

- 4. Is nutrition included in any incentive scheme or other programmes that are being implemented? If so, what are they?**

No, not as part of an incentive scheme for any reward.

- 5. Does the Health Board routinely 'MUST' screen / nutritionally screen patients?**

The Health Board follows best practice that all patients admitted to a hospital ward will be assessed for malnutrition within 24 hours. The Health Board uses the gold standard BAPEN MUST (malnutrition universal screening tool) for all adult patients. Some exceptions do apply such as on palliative care wards. A care plan associated with MUST ensures a pathway for different levels of identification of malnutrition including a routine weekly re-screen of those patients deemed not at risk of malnutrition at first assessment. Compliance of the use of this tool is reported via Fundamentals of Care Audit. Out-

patients are not routinely assessed for malnutrition using MUST but this is encouraged as best practice.

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