1) What engagement has taken place with services referenced such as social prescribing, Age Concern etc?

Following on from describing our collaboration with several local services such as AGE UK Salford and our established hospital after care (HAC) services we can also signpost our patients to many other local services, which we like to refer to as social prescribing within our dietetic discharge pathway.

Older people across Salford face complex, interconnected challenges and supporting single issues does not achieve sustained wellbeing. Providing patients with the right information will enable them to access appropriate further support from Salford's thriving third sector who will assess their holistic needs, supporting the whole person and carers through a personalised, empowering journey.

We have already imbedded the principle of the proposed dietetic discharge pathway from hospital into Age UK Salford Hospital Discharge Support Team (HAC) which has led to valuable follow up support for patients at risk from unplanned weight loss or dehydration once they are back in their homes. We include Salford's volunteer services, and during COVID the ACM dietetic team (with help from the community dietetic team) initiated a project which included a call service by a volunteer that offered the HAC support to people after their discharge from hospital, this project increased social prescribing routes and signposting.

Feedback from Age UK Salford about sources of additional support they have provided / arranged for people discharged from Salford's Emergency Village over the last few years demonstrate a clear value to patients discharged from wards who are provided with such information. See below for a list of local services we want to use in routine practice when having discharge conversations with all our patients. Signposting will differ from person to person, and some may need no extra help and others would benefit from several different services to help and support meeting their needs after hospital admission. See our social prescribing links:

Salford Citizens Advice

Salford Advocacy Hub

Salford Carers Centre

MIND in Salford

Salford Welfare Rights

Local Housing Providers

Counselling Services

DWP

Energy and Warm Homes Advice

Fire Service

Foodbanks and Foodclubs

Handyperson Services (Helping Hands)

Stroke Association

Leisure Activities (including The Salfordian Hotel)

Henshaws Society

Registered Tradesmen

Local Authority Services (benefits, environmental, nuisance neighbours)

Salford Community Leisure (local gyms, falls prevention programmes)

Legal Services

Food delivery providers

Victim Support

Age Friendly Salford

Age UK Salford Services (Daycare, Dementia Support, Shopping & Cleaning, information and Advice, Critchley Community Hub)

Contact details for other Age UK's across Greater Manchester

2) How would this work for patients who are care home residents, will training / advice be available to care home staff to support the discharge pack?

The proposed dietetic discharge pathway also works as per existing nutritional screening process using the Malnutrition Universal Screening Tool (MUST). This is because all patients

should be screened within 12hrs (recently changed from 6hrs) of admission as per Trust nutrition screening policy and commenced on the appropriate MUST careplan as per patients MUST score, regardless of patients discharge location and the written resources that can be used to improve nutritional knowledge are the same, regardless of peoples discharge location. All care facilities in Salford have their own nutritional screening process in place (many use MUST) and the community dietetic team carry out regular audits and deliver training to manage the standard of nutritional care in care home. If the proposed dietetic discharge care plan is imbedded into daily practice, patients from care homes and care facilities would be screened appropriately on admissions and any shortfalls of nutritional care can be highlighted at hospital discharge by giving feedback to the care/nursing home and recommended in house training. Additional training can be delivered by our local AGE UK services, community dietitians which all use the same local resources as proposed in the dietetic discharge pathway, because we are keen to make the nutritional educational material a uniform approach.

3) How will staffing availability/recruitment risks be mitigated?

Following on from information in our application to ensure that this QI project doesn't affect staffing availability in ACM we have scoped interest of existing ACM dietitians. The dietitian who has shown interest to lead the project is an experienced ACM static dietitian, understands the projects aims and objectives, knows the ward staff well and has build strong working relationships with the multidisciplinary team. Appointing someone from within the existing ACM team will maintain ACMs team structure and service delivery in case of recruitment delays in appointing to backfill.

Should recruitment to backfill hours prove difficult, support from within the existing dietetic team such as skill mixing or combining with other roles can be carried out. Our department offers a strong teamworking approach which helps when a team needs additional support for short periods. The proposed QI project predicts quick impact and therefore the ACM is projected to receive more appropriate dietetic referrals and overall reduced readmission by month 4 into the project, which will allow more dietetic time for complex patient care, rather

than dietetic time given to admin task such as the completion of incident reports highlighting shortfalls of nutritional screening procedures.

We don't envision any delays in appointing a Band 3 Dietetic Assistant, we frequently get many applicants interested in volunteer and assistant post. This is due to the low number of Band 3 and 4 posts available, thus making this role very competitive. Band 3 or 4 roles are often used as stepping stones into dietetics, AHP roles or other clinical fields. Its often believed that temporary jobs roles are more difficult to fill, however this is not the case for this role as it ticks several boxes, such as clinical practice, audit/project experience and inpatient/outpatient skills alongside the delivery of clinical training session as a one to one and in group settings.