

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Nutrition and Hydration Policy

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1 Introduction

Meeting the nutritional requirements of all patients throughout our hospitals and in the local community is an integral part of effective healthcare and the provision of appropriate food and fluids to meet their needs is essential to maximise individual health outcomes.

This policy sets out how The Newcastle Upon Tyne Hospitals NHS Foundation Trust will ensure that appropriate food, drink or specialised nutrition is made available to individual patients in order to meet their nutrition and hydration needs. The policy is aligned to the Trust Food and Drink Strategy and is a key policy to ensure delivery of the strategy.

The policy will also set out the process for patients whose care has been transferred to other healthcare teams to continue to support their nutrition and hydration needs in the community.

The policy embraces national and local catering and nutrition guidelines and recommendations. The main relevant documents are outlined in sections 17 and 18.

Nutrition for staff is also addressed in the policy as it has a part to play in well-being, health and in feeling valued by the Trust as an employer. The policy is aligned to the Trust Staff Healthy Eating Guidance document.

Relatives and other visitors to the Trust may need to eat on the premises and will be catered for in a manner sensitive to their preference and nutritional needs whilst acknowledging the Trust's commitment to promote healthy food options and lifestyles.

2 Scope

This policy applies to the nutrition and hydration needs of all patients, staff, relatives and visitors who are treated or consume food and drink on any of the Trust premises.

The policy also applies to patients cared for by NUTH community teams.

3 Aim

The purpose of this policy is to highlight the processes and the pre-requisites involved in optimising the nutrition and hydration care of patients during their hospital

stay and whilst cared for in the community and in the provision of food and beverages on the Trust premises.

4 Roles and Responsibilities in the Provision of Nutrition and Hydration

- 4.1 The Nutrition Steering Group (NSG) oversees all aspects of nutrition services and sets the strategic direction for nutrition policy) within the Trust and is accountable to the Trust Board via Clinical Risk Group. Multidisciplinary Adult & Paediatric sub-groups, including relevant key staff, compile and progress the actions within the nutrition action plan(s) (co-opting additional members when necessary).
- 4.2 Dietitians – respond to medical / nursing (or other HCP) referrals where nutritional screening has been carried out and an interim nutritional action plan has been initiated. Dietitians will respond to urgent referrals within 24-48 hours and routine referrals within 48-72 hours during working hours.
- Assess, review and monitor patients to design appropriate nutrition management plans and adjust the therapeutic nutritional advice accordingly. Dietitians will liaise with their community or local counterparts when patients are to be discharged, ensuring a seamless service.
 - Document individual patient nutrition and hydration action plans and liaise with other MDT staff as appropriate.
 - Work closely with catering services in the provision of hospital and special diet menus, menu analysis to ensure the nutrition and hydration needs of all patient groups are met.
 - Conduct staff training in all areas of nutrition and hydration provision
 - Provide nutrition and hydration advice and support within the multidisciplinary care process
 - Lead the development of evidence based / best practice nutritional guidelines throughout the Trust
- 4.3 Ward Teams – work together to support patients’ nutrition and hydration needs by highlighting issues regarding feeding and hydration in relation to malnutrition risk assessment, diagnosis, co-ordinate menu selection and meal / food provision and also the availability of adapted cutlery, non-slip mats, feeder cups, red jugs, etc. Co-ordinate multidisciplinary care and highlight support requirements via electronic whiteboard and bed based signage such as red triangles.
- 4.4 Medical Teams –Doctors lead the team regarding decisions on appropriate feeding, investigations according to diagnosis and prescription of fluids. Consideration should be placed on the ethical issues regarding the provision of food and fluids to patients where appropriate.

- 4.5 MDT Nutrition Support Teams – are based on the RVI and Freeman sites and principally co-ordinate the assessment, strategic planning and delivery of parenteral nutrition. Combined team meetings are held on a regular basis. The teams consist of representatives from the medical, dietetic, nursing and pharmacy services.
- 4.6 Clinical Nutrition Nurse Specialists – are responsible for setting evidence based, best practice standards for the safe care and management of routes of feeding for patients receiving different types of artificial nutrition and provide advice, support and training to nursing staff and the wider MDT. A key role is to facilitate and embed all aspects of good nutrition and hydration care across the trust. They act as the liaison between the NSG and the nutrition link nurses at ward level and work closely with the dietetic service.
- 4.7 Speech and Language Therapists – respond to medical / nursing / AHP / care home referrals where a concern regarding swallowing has been raised and formal assessment and advice are needed. Response to referrals will aim to be within guidelines set out by the Royal College of Speech and Language Therapists. The role of Speech and Language Therapy is:
- Assessment and management of oro-pharyngeal dysphagia, including instrumental assessment where appropriate.
 - Advice regarding most appropriate food and fluid consistencies, in keeping with National descriptors for fluids and diet. Where oral intake is not considered to be safe – recommendation for consideration of non-oral feeding is made to the MDT.
 - Work closely with catering services and dietetic service in the provision of special diet menus to ensure consistencies are in keeping with national descriptors
 - Liaison with community services regarding dysphagia management of patients
 - Participation in MDT discussion regarding risk feeding, where non-oral feeding is deemed inappropriate.
- 4.8 Pharmacists – are responsible for advising on and supplying parenteral nutrition and for advising on drug-nutrient interactions.
- 4.9 Catering Department / Staff – are responsible for the provision of appealing, nutritious and well balanced meals that meet the diverse nutritional needs of the hospital population. The catering service has a responsibility to provide food for a range of age groups, religious and cultural beliefs as well as providing a range of therapeutic diets. The catering department also provides food and beverages for staff and visitors and therefore has a responsibility where appropriate to provide and encourage healthier food and beverage choices.

- 4.10 Mealtime Volunteers – assist patients who require help eating and drinking. They should receive training before beginning this role and regular updates whilst undertaking this role
- 4.11 Health Care Assistants/Housekeepers – act as the conduit between the ward food delivery and the patients’ food service. They may assist patients with eating and drinking, co-ordinate menu collection, provide snacks, maintain ward dry goods stock levels etc.
- 4.12 Porters – are responsible for the safe delivery of meal trolleys to wards and additional product deliveries. This supports the quality of meal and nutrition / hydration provision at ward level.
- 4.13 Health Visitors; District Nurses; Midwives; Community support staff and Nursery staff - are responsible for assessing patients and clients’ nutrition and hydration needs and providing advice appropriate to their skill set.

All staff listed, but especially Dietitians, Speech and Language Therapists and Clinical Nurse Specialists (Nutrition) have a responsibility to provide education and training to others to assist all staff to fulfil their role in the provision of good nutrition and hydration care and the prevention of malnutrition.

5 The Patient Managed in the Acute Hospital

5.1 On Admission

- 5.1.1 Nutritional screening using a validated tool is the first step in identifying patients who may be at nutritional risk (or potentially at risk) and would benefit from appropriate nutritional intervention. The screening should be undertaken by nursing staff who have undertaken appropriate training. It is the responsibility of the nurse in charge of the ward to ensure that this takes place. Appropriate action will be taken where changes in nutritional status occur and a nutrition care plan will be implemented.
- 5.1.2 As an integral part of holistic assessment, all patients should be screened within 24 hours of admission to hospital using the Malnutrition Universal Screening Tool (‘MUST’) for adults and Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) for children. (Other validated tools can be used following appropriate training). Following initial screening it should be repeated weekly.
- 5.1.3 Where the ‘MUST’/STAMP or other recognised Tool demonstrates the presence of nutritional risk, an intervention strategy and nutrition care plan will be implemented. Should referral to a Dietitian be indicated, this will be made and recorded.

- 5.1.4 In critical care areas, where patients may be unconscious on admission, or may be unable to have a 'MUST' / STAMP assessment for other reasons, it will be assumed that they have a medium to high risk and the appropriate guidelines for Artificial (Enteral / Parenteral) Feeding in Critical Care will be implemented.
- 5.1.5 A comprehensive nursing assessment will be completed on admission for each patient. This will identify individual patient needs i.e. where the patient may require help to choose their meals or need physical assistance in managing to eat their food. Support in meeting identified needs will be provided by the ward nursing team and highlighted on the electronic whiteboard if indicated.
- 5.1.6 In children, height or length, weight and head circumference for babies will be recorded on an appropriate growth chart within the electronic patient record. It will be compared with historical data if available. A Doctor or Dietitian (where available) will make an informed interpretation.
- 5.1.7 Hospitalised infants with chronic conditions where weaning is delayed should be referred to speech and language therapy for assessment, e.g. following gastrostomy or tube feeding.
- 5.1.8 The needs of patients with swallowing problems will be met through a multidisciplinary approach including speech and language therapy, nursing and dietetic staff. Appropriate training will be provided if required.
- 5.1.9 If liquids need to be thickened, an appropriate thickener, recommended by a Speech and Language Therapist, will be used. Patients may require soft or pureed foods and once agreed with the patient, an advice sheet will be placed above the bed in order to promote the safety of the individual i.e. to discourage staff or visitors offering inappropriate liquids or textures. Nutrition and hydration support needs should also be highlighted on the electronic whiteboard.
- 5.1.10 Adapted feeding utensils may be recommended by a Speech and Language Therapist or an Occupational Therapist. These items will be kept in a designated area at ward level. They will be monitored to ensure they are in a clean condition at all times.
- 5.1.11 An individualised care plan will be developed for those patients identified with additional support needs, including those above. Care plans will be evaluated regularly within the electronic patient record. Occupational Therapists / Speech and Language Therapists will provide additional support and training to nursing staff and carers when required, with the aim of achieving optimal and safe consumption of food and drink.

6 During Hospital Stay

- 6.1 The Trust will provide all help necessary for patients to receive appropriate nutrition and hydration in an environment conducive to maximising food and fluid intake.
- 6.2 On-going records, which document changes in the patients' nutrition and hydration status, will be maintained. Changes in each patient's condition which may affect appetite or ability to eat and drink will be recorded in the clinical records together with the action taken in order to safeguard adequate, nutrition and hydration. Outcomes of interventions will also be recorded in the clinical records.
- 6.3 Patients nutritionally at risk will be identified by means of an amber triangle with a knife and fork on the electronic whiteboard. Staff can also use a red water jug / tumbler system in conjunction with a white triangle (with red trim) signage, containing specific alerts, placed on a wall board above the bed. This is designed to alert staff that a patient requires additional help and support to eat and / or drink and that monitoring of food and fluid intake may be required as appropriate. The purpose of this system will be explained to any patient when implemented.
- 6.4 Dietitians in the Trust will provide assessment, treatment and education to those patients found to be at high risk of malnutrition or in need of therapeutic dietetics. Adult and paediatric patients with low or medium risk of malnutrition will be treated using the strategies for nutritional support indicated by the relevant screening tool. Where appropriate, dietetic care plans will be drawn up by the Dietitian and recorded in the electronic patient record.
- 6.5 Patients will be supported to be in an optimum position of comfort before their meal is served. When relatives, care workers or volunteers assist patients, nursing staff will remain diligent to the patient's needs and safety. Training in nutrition and hydration support techniques will be given to all involved by the appropriate Registered Nurse, Occupational Therapist or Speech and Language Therapist. Particular attention will be given to patients with dysphagia.
- 6.6 Provision of meals will be in accordance with the Protected Mealtime Policy to protect mealtimes from unnecessary and avoidable interruptions. All staff should aim to provide an environment conducive to eating and drinking, supporting good patient nutrition and hydration. Where there are unavoidable but foreseeable interruptions (such as scheduled investigations) these should be anticipated and alternative arrangements made on a 24 hour basis to ensure that the nutrition and hydration of the patient is not compromised. This may be in the form of a replacement meal or suitable snack.

- 6.7 It is the responsibility of the Registered Nurse delivering an individual patient's care to ensure that they are not subjected to prolonged or unnecessary periods of fasting prior to surgery or investigations. ([Preoperative fasting guidelines for adults and children \(NUTH\)](#)) Theatre co-ordinators have a responsibility to inform wards of alterations to operating lists as well as cancellations to minimise fasting. This will be in accordance with the pre-operative fasting guidelines for adults and children. When fasting is required, the reason will be fully explained to the patient beforehand. Staff should be aware that fasting is not required on religious grounds when people are ill, however patients may still wish to fast.
- 6.8 All long stay in-patients will have a nutritional care plan with an individual needs assessment.
- 6.9 In accordance with the Trust breast feeding policy, catering provision on maternity wards will be sufficient to meet the needs of breast-feeding mothers. A substantial evening snack will be available. Food will be made available to mothers after delivery and throughout the duration of their hospital stay. These provisions will be extended to any wards where maternity patients may be accommodated.
- 6.10 The privacy and dignity of all mothers who are breast-feeding children will be maintained. Mothers who are breast-feeding will be provided with a suitable room in which to feed the baby irrespective of whether mother or child is the patient. All resident mothers who are breast feeding will be provided with meals until their child is 6 years of age.
- 6.11 In wards where patients stay for longer periods, particular attention will be made to promote greater social interaction at mealtimes such as serving meals in day rooms to enable patients to eat together.
- 6.12 Appropriate crockery and feeding utensils will be made available to all adults and children during their hospital stay. The standard Trust corporate crockery utilised across all adult wards is also suitable for patients with dementia, delirium or cognitive impairment. Serviettes and hand wipes should be provided to all patients.

7 On Discharge or Transfer of Care

- 7.1 The outcome of Nutritional Screening and any special nutritional needs of the patient will form an integral part of the medical and nursing discharge summary. Hospital medical staff will alert GPs to the need for monitoring of nutritional status and the potential need for nutritional supplementation.
- 7.2 Where dietetic assessment has indicated a clear need for the prescription of dietary supplements on discharge or transfer of care to another healthcare team, the Dietitian or discharging Doctor will inform the GP of the product and dosage required as part of the discharge

process / documentation. They will clearly indicate the time period or criteria for which such supplements may be necessary and whether monitoring will be provided by the NUTH Dietetic Services or whether onward referral / monitoring arrangements must be made.

- 7.3 The Registered Nurse discharging a patient or transferring their care to another healthcare team will be responsible for ensuring that clear information in the form of a plan of ongoing care is provided to the appropriate healthcare team and / or carers where any nutritional risk or special need has been identified. This will be documented in the transfer of care records.

Patients, who are, on the instruction of a Dietitian, continuing enteral or sip feeding on discharge from hospital, will be given a seven day supply of products from ward stock. This is (as with bulk liquid prescribed medicines) in accordance with Trust Policy.

Patients who have reduced function with regards to feeding will be referred to occupational therapy. If adapted feeding utensils are required on discharge, information will be provided to patients, relatives or carers regarding how and where to obtain them.

On patient discharge or transfer of care to another healthcare team, they will be provided with appropriate information to ensure continuity of nutritional care where necessary.

8 The Food in the Acute Hospital

- 8.1 Arrangements must exist in all areas, including emergency admission areas, to provide appropriate food and drink for patients.
- 8.2 Food will be visibly appealing with a range of contrasting dishes each day. Meals together with snacks and beverages provided on the wards will be sufficient to meet the nutritional requirements of all patients who can eat normally and will reflect national standards and guidance in relation to good food and best nutritional practice.
- 8.3 Those who have special requirements in terms of therapeutic diets, texture modification, cultural, religious or ethnic requirements will be offered a range of contrasting dishes each day which are visibly appealing.
- 8.4 There will be a choice of foods for all patients, presented on published adult and children's menus which will be used Trust-wide. Patients will be given the opportunity and encouraged, whenever possible, to make their own food choices.
- 8.5 The foods offered on any menu will meet the nutritional requirements of the patient group for whom the menu has been prepared.

- 8.6 Information relating to the food and catering services offered will be available and assistance to read and interpret menus will be given to patients or relatives if needed. Copies in large print, braille (core menu only) and pictorial format including halal menus are available from the catering department. They are also able to provide menus in the following languages: Czech, Slovak, Arabic, Bengali and Cantonese.
- 8.7 Where a unique special diet is required, elements of the meal may be achieved through discussion with the catering department or dietetic staff, in accordance with the complexity of the diet. Acceptable food items will be individually agreed and provided. Foods contra-indicated by texture or content will not be offered to support patient safety.
- 8.8 Foods will be safe and hygienic at all times. All staff who directly handle / serve food including Catering Assistants, Housekeepers and Health Care Assistants in some areas, will receive annual food handling training sessions and be aware of potential risks. Local infection control guidelines relating to food hygiene and food / feed preparation areas, for example kitchens, will be complied with at all times in accordance with Trust policies e.g. Ward Food Hygiene policy, Healthcare Acquired Infection Prevention and Control Strategy. All staff involved in the handling of ingredients, equipment, utensils, packaging and food products must also be aware of the risk of cross contamination in relation to the 14 major food allergens.
- 8.9 Food, beverages and water with a managed microbial content will be provided where clinically indicated.
- 8.10 All staff involved with the service of meals, snacks and beverages will be sensitive to the need for good presentation of normal and special diets. They will ensure that the potential for the patient's enjoyment of food is maximised and will actively encourage nutritional intake. Particular attention will be paid to texture modified foods to make them attractive and appetising.
- 8.11 Catering services to patients, visitors and staff will be reviewed regularly through a variety of means including audit, inspection (e.g. PLACE assessments), food tastings, PALS surveys, Friends & Family test and other user satisfaction questionnaires.
- 8.12 Every effort will be made to identify and mitigate any risks to patients, staff and visitors which may involve any aspects of food and fluid provision. Appropriate measures will be taken at all times to resolve these as soon as possible.
- 8.13 Current guidelines on patient nutritional requirements for normal and special diets will be provided to the Catering Managers who will ensure that adequate amounts and types of foods are available for patients. The Trust's Head of Nutrition & Dietetics is responsible for ensuring

that this information is available to catering management when requested.

- 8.14 All food and beverage items required for patients with specific requirements which have been identified by a Dietitian or by senior ward staff as essential to the treatment or nutritional support of the individual patient will be made available by the catering department. This may include items which require individual preparation and / or may not usually be included on regular menus.
- 8.15 Foods familiar to children and commonly eaten locally will be included on all children's menus together with healthy choices in order to offer a balanced menu. Planning will include foods for the age groups from 6 months to 18 years e.g. lower salt, soft foods for weaning, suggestions for meal combinations and choices.
- 8.16 Nutritional and ingredient content of all recipes and of bought-in food products will be made available to patients, carers or staff on request.
- 8.17 A range of specialised nutritional products will be held within the Trust to meet the requirements of any patients who need to include such items as part of their clinical / nutritional management.
- 8.18 As the food provider, the Catering Department must provide accurate information and be aware of the 14 major allergens (FIC 2014). It is essential to be able to identify which food items and meals contain these ingredients.

9 Hydration in the Acute Hospital

Close attention will be paid (at all times) to ensuring patients are adequately hydrated. It is the responsibility of the patient's named nurse and medical practitioner to ensure that:-

- Patients are receiving adequate amounts of fluid to maintain hydration. Requirements may differ according to age, height, weight, medical condition and ambient temperature. A minimum of 6-8 (or as advised) hot drinks will be offered daily, as well as providing water jugs for individual patient use, unless a fluid restriction is clinically indicated.
- Sufficient oral fluids are placed within easy reach of the patient.
- Drinks are of a suitable temperature, e.g. a cup of tea is hot, a supplement drink is chilled and available in a suitable drinking vessel based on patient need.
- Assistance to drink is provided where necessary.
- A fluid chart is maintained (if fluid intake is of concern) and that both intake and output is clearly recorded.
- If a patient has swallowing difficulties, speech & language therapy recommendations regarding thickened fluids are followed. If a patient declines to drink thickened fluids this will be recorded in the electronic patient record.

- Red jugs are used to alert staff to patients requiring support with their fluid requirements.
- Where patients are unable to consume sufficient levels of oral fluids (or may be nil by mouth) then alternative methods of fluid administration should be considered.

10 Artificial Nutrition Support (Enteral and Parenteral Nutrition)

- 10.1. Patients being considered for nutritional support / enteral feeding will be referred to a hospital Dietitian for assessment and prescription of treatment at the earliest opportunity. Full explanations of the procedures involved will be provided to patients and parents / carers by appropriately trained staff.
- 10.2 In adult services, a wide range of nutrition and hydration protocols are available, including the out of hours enteral feeding regimen, protocol for use of PEG tubes, refeeding guidelines and the procedure for administering Parenteral Nutrition when referral to a dietitian is not possible.
- 10.3 In paediatric services standard protocols will be implemented as agreed by the individual sub-specialty areas. Specialist Nutrition Nurses / Clinical Nurse Educators will support ward staff in managing feeding equipment and procedures.
- 10.4 Provision and monitoring of parenteral nutrition and of complex enteral nutrition therapy in both adults and paediatrics will be co-ordinated by multi-disciplinary nutrition teams.
- 10.5 Patients considered candidates for home parenteral nutrition will be fully assessed prior to discharge and provided with training on the necessary procedures to undertake their feeding effectively and safely. The ongoing management will be undertaken by the Hospital Nutrition Team and a Home Parenteral Nutrition Nurse Specialist.
- 10.6 Patients considered candidates for home enteral feeding will be fully assessed prior to discharge and provided with the required equipment and training on the necessary procedures to undertake their feeding effectively and safely. In order to facilitate the ongoing supply of feeds and ancillary products patients may be registered on a secured web-based database with a commercial company (who hold the nutrition products and consumables contract with the Trust).
- 10.7 Patients receiving artificial nutrition support at home will be offered planned reviews with either the hospital dietitians or local community dietitians
- 10.8 The use of enteral and parenteral nutrition products will be subject to ongoing review in terms of clinical efficacy and outcomes, value for money and quality.

- 10.9 There will be defined protocols in place to control the access, stock control and effective use of prescribable nutrition products.

11 Patients in the Community

- 11.1 Nutritional screening is the first step in identifying patients who may be at nutritional risk (or potentially at risk) and would benefit from appropriate nutritional intervention. Wherever possible, a nurse or suitably trained healthcare assistant will undertake this screening. Appropriate action will be taken where changes in nutritional status occur.
- 11.2 All patients will be screened using the 'MUST' Tool (Adults) and this will be undertaken on the first visit.
- 11.3 Where the 'MUST' Tool demonstrates the presence of nutritional risk, an intervention strategy as printed on the 'MUST' score will be implemented. The patient's GP will be informed and if required a referral to a Dietitian should be requested. Following the assessment nutrition and hydration advice will be offered if required.
- 11.4 Patients who are under the care of Community services long term will be reviewed according to their nutritional care plan. If there are indications that the patient's nutritional status has changed then a re-assessment will be carried out.
- 11.5 Midwives and Health Visitors will promote and support good maternal nutrition and breast feeding in the community.
- 11.6 Health Visitors will assess baby; infant and child nutrition and provide advice to support optimal nutrition.
- 11.7 Health Visitors will refer any concerns about growth and nutrition to appropriate health professionals for further advice.

12 Research

The Trust will continue to encourage and support research into effective clinical nutrition.

13 Staff and Visitor Catering and Nutritional Provision

- 13.1 The Trust makes provision for a range of catering services to cater for the needs of staff and visitors.
- 13.2 Catering is provided which offers the opportunity to eat full meals or snacks during all shift patterns worked in the hospital and for visitors between specified hours.

- 13.3 Food is visibly appealing with a range of contrasting dishes each day. It will be possible for resident staff and relatives to choose sufficient foods to meet normal nutritional requirements.
- 13.4 In order to meet the needs of visiting children, foods that are safe and familiar to children will be available for visitors during the daytime.
- 13.5 Foods for all population groups who regularly work in or visit the hospital are available and meet cultural and religious dietary requirements.
- 13.6 All meals, buffets and vended foods offer the opportunity to choose a healthy diet in line with Government recommendations.
- 13.7 Staff with special therapeutic dietary needs or food allergy and visitors who need to be on site for significant periods of time, are able to request a suitable meal.
- 13.8 Staff and visitor catering will be monitored against the Hospitals Food Standards (DH 2014)

Monitoring of food service within PFI services will be carried out on a quarterly basis by a multidisciplinary team. The contractor should produce menus sufficiently varied to avoid menu fatigue whilst reflecting current food safety legislation to safeguard customers' wellbeing.

- 13.9 There will be ongoing monitoring of patient staff and visitor feedback through Friends and Family, Take two Minutes and national surveys. The catering sub group will monitor and address any issues raised.
- 13.10 Food provision to the Nursery will be visibly appealing and meet nutrition standards. The menus will be seasonal and changed two times per year (April / October), with the agreement of the Nursery Manager. The menus provided will meet the School Food Trust recommendations and be in accordance with Government Guidelines for young children. The Catering Department will work with Nursery Management to ensure dietary needs are met in relation to allergies and under 1's food supply.

14 Assurance Regarding Food Preparation Areas

Ward Kitchens - Inspected annually with "Head of Nursing" inspection with representative from Hotel Services, Estates, Catering and Infection Control.

Trust Catering – Inspected by Environmental Health with an internal inspection by Catering Team, Estates and Infection Control annually.

PFI Outlets – will be monitored on a quarterly basis by a multidisciplinary team.

15 Training

- 15.1 The Trust will develop a learning culture where all staff who influence the successful outcome of nutrition and hydration are educated to carry out their role effectively. All disciplines will foster the principals of sound nutrition and hydration care. This will include training on any equipment required in the provision of any aspects of nutrition and hydration treatment and / or management.
- 15.2 Under-graduate and post-graduate training in a wide variety of aspects of nutrition is delivered as part of the agreed University syllabus and will be continued through the medical school, dietitians, consultants and Nurse Specialist (Nutrition).
- 15.3 The 'MUST' / STAMP tools are included as a mandatory part of medical and nurse training in the treatment of adults ('MUST') and children (STAMP). The use of growth and development assessments, measurements and charts is mandatory in paediatrics.
- 15.4 Through training and development, nurses will be supported to develop skills which will enable them to participate fully in the recognition of under-nutrition and the management of and provision of adequate individual nutrition and hydration including supporting the Trust's aim to promote / achieve a healthy weight. In doing so, they will provide a comprehensive contribution to nutrition and hydration care. In the acute hospital the Matron in each directorate will work collaboratively with the Ward Sister / Charge Nurse to ensure this training has taken place. In the community this will be the responsibility of the cluster coordinator or line manager
- 15.5 New staff from healthcare professions, catering and portering will be introduced to the concept of this policy at departmental induction. Departmental training and / or awareness in nutrition will be provided within three months of appointment.
- 15.6 Departmental induction training for nursing and medical staff and allied health professions will include an introduction to the principles of the Nutrition and Hydration Policy and essential action to be taken including discharge summaries.

16 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

17 Monitoring compliance

- 17.1 This policy will be monitored by audits in clinical practice areas and catering services as detailed below. Areas where audit has identified

that the Policy is not being implemented or that there is a failure in the Policy to ensure appropriate action is being taken for the care of patients, staff or visitors, must be brought to the attention of the Nutrition Steering Group for action planning.

- 17.2 The Catering Department will maintain their own monitoring systems according to the department's core standards service agreement with the Trust.
- 17.3 Ad hoc audits and evaluation can be undertaken over and above those detailed below and can be shared via the Nutrition Steering Group and other clinical forums

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Screening for Malnutrition	Clinical Assurance Toolkit	Ward/Sisters Matrons	NSG	Undertaken bi-monthly. Review of results annually by NSG
Mealtime Practice / Protected Mealtimes	Matron peer observations of practice audit	Matrons	NSG/Matrons Forum	Annually
Cleanliness of Ward Beverage bays	Annual Head of Nursing Audits	Deputy Director of Nursing	By exception to NSG	Rolling programme across year
Patient Experience	National Annual In-patient Surveys	Picker	NSG	Annual
	PLACE inspection	PLACE process	NSG	Annual
Cleanliness of Trust Kitchen Facilities	Annual inspection	Catering IPC Estates	NSG	Annual
Cleanliness of PFI Catering Facilities	Annual Inspection (minimum)	Catering IPC Estates	NSG	Annual

18 Consultation and review

- 18.1 Responsibility for Policy Review is the Nutrition Steering Group.
- 18.2 Comments and suggestions should be made to the Chair of the Nutrition Steering Group.

- 18.3 Guidance will be taken from Consultant Medical staff and Lead Staff in Nutrition and Therapeutic Dietetics, Senior Nurses, Senior Speech and Language Therapists, Lead Occupational Therapists and Governor Representatives. Contact with the appropriate members of staff may be made through the Chair of the Nutrition Steering Group, Head of Nursing or the Head of Dietetics.

19 Implementation (including raising awareness)

A summary of the key changes will be notified to managers and staff following implementation. Further advice and guidance will be available from the Nutrition Steering Group.

20 References

20.1 On Admission

- BAPEN (2006) Malnutrition Universal Screening Tool. Available at https://www.bapen.org.uk/pdfs/must/must_full.pdf
- Identifying nutrition risk in children: current practice and rationale for nutrition screening (2009). Available at <http://www.stampscreeningtool.org>
- Interpreter Policy [Interpreter Policy](#)

20.2 During Hospital Stay

- NPSA (2012) Dysphagia Diet Food Texture Descriptors. Available at <https://www.scribd.com/document/158893180/National-Descriptors-Texture-Modification-Adults>
- <http://www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/Fasting/>

20.3 The Food

- Council of Europe Resolution (2003) Food and Nutritional Care How to Prevent Under-Nutrition: Report and recommendations of the committee of experts on Nutrition, food safety and consumer protection, Strasbourg: Council of Europe Publishing. Available at <https://wcd.coe.int/viewdoc.jsp?id=85747>
- Hospital Caterers Association (2006) Good Practice Guide. Healthcare Food and Beverage Service Standards. A guide to ward level services. Lansdowne Publishing Partnership Limited, Manchester
- NHS Quality Improvement Scotland (2003) Food, Fluid and Nutritional Care in Hospitals Standards. Available at <http://healthcareimprovementscotland.org/programmes/patient-safety/programme-resources/nutritional-care-standards.aspx>
- The European Parliament and the Council of the European Union (2011) Regulation (EU) No 1169/2011 on the provision of food

information to consumers. Available at <http://eurlex.europa.eu/lexuriserv/lexuriserv.do?uri=oj:l:2011:304:0018:0063:EN:pdp>

- Age UK (2010) Still Hungry to be Heard: Seven steps to end malnutrition in hospital campaign. Available at <http://www.ageuk.org.uk/documents/en-gb/for-professionals/health-and-wellbeing/id9489>
- EuroFIR (2012) How do recipes and composite foods come to their nutritional values? Available at [EuroFIR » European Food Information Resource](#) network/guidelines/recipe calculation
- Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2008) Available at <http://www.scotland.gov.uk/publications/2008/06/24145312/5>
- Welsh Assembly Government (2011) All Wales Catering and Nutrition Standards for Food and Fluid Provision for Hospital Inpatients. Available at <http://wales.gov.uk/docs/phhs/publications/111027nutritionen.pdf>
- Food Standards Agency (2012) Food Hygiene Legislation. Available at www.food.gov.uk/foodindustry/regulation/foodlaw
- Hygiene Legislation - Food Standards Agency, England. (2006). Safer Food Better Business. Available: [Safer food, better business for caterers | Food Standards Agency](#).

20.4 Hydration

- Water UK (2007) Hydration Toolkit for Hospitals and Healthcare. Available at https://matrix.rcn.org.uk/_data/assets/pdf_file/0003/70374/Hydration_Toolkit_-_Entire_and_In_Order.pdf

20.5 Artificial Nutrition Support

- BAPEN (2007) Report on Organisation of Food and Nutritional Support in Hospitals. Available at <https://www.bapen.org.uk/ofnsh/OrganizationOfNutritionalSupportWithinHospitals.pdf>
- NICE (2006) Nutrition Support in Adults (CG32) Available at <http://www.nice.org.uk/cg032>
- BAPEN (2010) A toolkit for Commissioners and Providers in England. Malnutrition Matters: Meeting Quality Standards in Nutritional Care. Available at <https://www.bapen.org.uk/pdfs/toolkit-for-commissioners.pdf>
- Official Journal of the European Union (2012) Available at <http://www.ojeu.eu>
- NICE (2012) Quality Standard for Nutrition Support in Adults- Quality Standard 24. Available at <http://www.nice.org.uk/qualitystandards>
- NICE (2009) Rehabilitation after Critical Illness (CG 83) Available at <http://www.nice.org.uk/cg83>

20.6 Training

- NICE (2012) CG43: Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and

children. Available at [Obesity prevention | Guidance and guidelines | NICE](#)

- NICE (2014) PH53: Managing overweight and obesity in adults – lifestyle weight management services. Available at <http://guidance.nice.org.uk/ph53>

20.7 **Monitoring**

- CQC (2012) Provider compliance assessment tool – Outcome 5 (Regulation 14): Meeting Nutritional needs. Available at [Regulation 14: Meeting nutritional and hydration needs | Care Quality Commission](#)
- NACC (2012) How to comply with CQC's Outcome 5: Meeting Nutritional Needs, NACC, West Sussex. Available at www.nacc.org.uk
- QIPP improving quality of care (2012). Available at [Join the QIPP collection | News and features | News | NICE](#)
- Patient-led Assessments of the Care environment (PLACE) 2013 Health and Social care Information Centre

20.8 **Research**

- NHS Health & Social Care Act (2012). Available at <http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

20.9 **Associated Documentation**

- [Insertion and management of NG feeding tubes - adult & paediatric policy \(excludes neonates\)](#)
- [Infant Feeding Guideline](#)
- [Breast Pump Guideline](#)
- [Expression, Storage and Administration of Expressed Breast Milk Policy](#)
- [Newcastle Neonatal Services Guidelines: Breast Pump Equipment - Cleaning in Hospital](#)
- [Breastfeeding for mothers who require anaesthesia or sedation](#)
- [Protected Mealtimes Policy](#)
- [Protocol for avoidance of the refeeding syndrome in patients on enteral or parenteral nutrition \(adults only\) NUTH](#)
- [Supporting Employees who are Breastfeeding](#)
- [Ward Food Hygiene Policy](#)
- [Healthy Weight, Healthy Lives Policy](#)
- [Food and Drink Strategy](#)
- [Trust Staff Healthy Eating Guidance](#)
- [Interpreter and Translation Policy](#)
- [Nutritional Guidelines for Food Served in Public Institutions Report prepared for The Food Standards Agency by The Caroline Walker Trust](#)
<https://www.cwt.org.uk/wp-content/uploads/2014/07/Publichealthpolicyreportfinal.pdf>
- [FSA nutrient and food based guidelines for UK institutions](#)
- [Revised 2007](#)
<https://www.ptdirect.com/training-design/nutrition/national-nutrition-guidelines-united-kingdom>

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Nutrition and Hydration Policy

3. **Name and designation of author:**

Members of the Nutrition Steering Committee.

4. **Names & Designations of those involved in the impact analysis screening process:**

James Callaghan Head of Nutrition.
Paula Coulson Associate Nurse Consultant Vulnerable Older Adults (Dementia & Nutrition)

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

Meeting the nutritional requirements of all patients throughout our hospitals and in the local community is an integral part of effective healthcare and the provision of appropriate food and fluids to meet their needs is essential to maximise individual health outcomes.

This policy sets out how The Newcastle Upon Tyne Hospitals NHS Foundation Trust will ensure that appropriate food, drink or specialised nutrition is made available to individual patients in order to meet their nutrition and hydration needs. The policy is aligned to the Trust Food and Drink Strategy and is a key policy to ensure delivery of the strategy.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	Dieticians and Speech and Language Therapists provide additional assessments and advice to meet nutritional needs. The Trust will provide Interpreters and menus in other languages, pictorial menus are also available. Interpreter and Translation Services Policy Food provided to meet the cultural needs of	Review patient feedback Review access and DNA data Review equality evidence, ask for professional evidence. Communication support for patients needs to be available to support the strategy. Minority ethnic patients are	Action Undertake a Training Needs Analysis to promote understanding of healthy diets within diverse communities. Who Head of Dietetics and Senior Nurse Nutrition. Timescale June 2018.

	<p>patients and staff.</p> <p>Mandatory staff EDHR Training. Public and Public Health representation on the Nutrition Steering Group. Nutritional assessments for all inpatients</p>	<p>sometimes given information about foods that does not relate to the food they eat. Staff need to be aware of these dietary differences so that they can support patients to eat well. Some minority ethnic people would be considered obese at a lower rate than White British people because of higher rates of diabetes and heart disease. This needs to be taken into account during individual assessments.</p>	<p>BMI in relation to ethnicity should be considered in patient assessments.</p>
Sex (male/ female)	<p>Single Sex accommodation policy. Mandatory EDHR Training Women's Health and Sexual Health Services available for advice and support</p>		<p>Include issues related to equality in training related to this policy.</p>
Religion and Belief	<p>Food to meet the religious needs of patients is available. Chaplaincy Team available for advice and support. Religion, Belief and Cultural Practices Policy and Guidance We need to provide support for spiritual needs such as a quiet/prayer space. Provide privacy by screening bed space if required for example removal of Yashmak or Niqab.</p>	<p>Patients may wish to fast in relation to their religion. Staff can refer to the Trust fasting guidelines. http://policies.app/cgdocs/PreoperativeFastingGuidelines201511.pdf</p>	<p>Include issues related to equality in training related to this policy.</p>
Sexual orientation including lesbian, gay and bisexual people	<p>Mandatory EDHR Training Trust support of Northern Pride LBGBT Staff Network</p>		<p>Include issues related to equality in training related to this policy. Promote an LGB friendly environment that lets people know they are welcome.</p>
Age	<p>Elderly Medicine Services and Children and</p>	<p>Older people are more at risk of</p>	<p>Include issues related to</p>

	<p>Young People's Services. Trust work in relation to Dementia Care. Adapted crockery and cutlery. SALT input and modified diets such as soft diets and thickened fluids to support any swallowing difficulties (Dysphagia). Your'e Welcome Accreditation for Children and Young People's Services Services for teenagers for example Cancer Services Mandatory EDHR Training</p>	<p>malnutrition. Staff can access guidance for clinical management of complex feeding problems in adults with cognitive impairment.</p> <p>http://policies.app/cgdocs/ComplexFeedingProblemsandCognitiveImpairment201408.pdf</p>	<p>equality in training related to this policy. Promote Dementia and Children and Young people friendly spaces. Utilise support of Trust volunteers to support older patients and make mealtimes a more social event.</p>
<p>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</p>	<p>Psychological and Mental Health Services Rehabilitation Services Professions Allied to Medicine services Accessible Information Standard Provision of BSL Signers and Deaf Blind Guides Trust carers' packs and the sign up to John's campaign. Carers are very welcome and can be provided with meals to support them in their caring role. This also promotes a more social aspect to mealtimes. LD Liaison Nurse, flagging of learning disability and patient passport. Trust work to support Carers Mandatory EDHR Training Disability Staff Network</p>	<p>People with a disability may be more vulnerable to malnutrition.</p>	<p>Include issues related to equality in training related to this policy. Information should be widely available to promote support available.</p>
<p>Gender Re-assignment</p>	<p>Trust Gender Identity Working Group Mandatory EDHR Training</p>		<p>Include issues related to equality in training related to this policy.</p>
<p>Marriage and Civil Partnership</p>	<p>Mandatory EDHR Training</p>		<p>Include issues related to equality in training related to this policy.</p>

Maternity / Pregnancy	Maternity Services available for advice and support including the Trust Infant Feeding Co-ordinator. Staff Breast Feeding Policy and signage Mandatory EDHR Training	Staff can refer to the clinical guidelines Nutrition: Improving maternal and child nutrition. Quality standards 98 NICE. Maternal and child nutrition Guidance and guidelines NICE	Include issues related to equality in training related to this policy.
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9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No, this policy supports good nutrition and hydration and has considered the needs of vulnerable patients.

PART 2

Signature of Author

P Coulson

Print name

Paula Coulson

Date of completion

January 2018

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)