

Food, Nutrition and Hydration Policy

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Staff/Groups Consulted	Dietetics, Nutrition Team, Nutrition Working Group, Heads of Nursing, Matrons, Clinical Governance, Pharmacy, Speech and Language Team, Catering Department, Estates and Facilities Directorate, Specialist Nurses		
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Food, Nutrition and Hydration Policy

1. RATIONALE

Good nutrition and hydration are fundamental to the recovery and wellbeing of patients who are under the Trust's care.

Hospital patients are at risk of malnutrition and dehydration as a consequence of their clinical condition, due to their increased nutritional and fluid requirements and/or a reduced appetite for food. If the nutritional and hydration needs of these patients are not met their recovery and/or length of stay can be prolonged and the risk of complications increased.

The Care Quality Commission's (CQC) Essential Standards of Quality and Safety Outcome 5, Meeting Nutritional Needs, and the National Institute for Health and Clinical Excellence's (NICE) Clinical Guideline 32, Nutrition Support in Adults, outline the minimum standards of care in relation to patient nutritional care and experience. Recent publication of Hospital Food Standards (DoH 2014) in NHS hospitals sets out a very clear strategy for all aspects of nutrition and hydration that every Trust In England need to comply with.

2. AIM

2.1. The purpose of this policy is to outline the steps required to ensure all patients receive optimal nutritional care with an aim to:

- reduce harm caused to patients by poor nutrition and/or hydration;
- ensure all patients are screened for their risk of malnutrition and the appropriate nutritional care plan and monitoring arrangements implemented if necessary;
- provide information and signposting to best practice nutritional care and advice for all staff, and to ensure their knowledge is up to date;
- ensuring expert advice and support is provided as required;
- support patients to make good nutritional choices to meet their individual needs and preferences;
- ensure compliance with the standards outlined by the CQC and NICE guidance ensure environment is conducive to eating and follows protected meal times guidance

3. DEFINITIONS

3.1. The following terms are used throughout this policy:

- **Nutrition**; Nutrition is the process of providing or obtaining the food necessary for health and growth.
- **Hydration**; Hydration is the process of providing an adequate amount of fluid to bodily tissues.
- **Malnutrition**; Malnutrition is broad term used to describe under, or over, nutrition, dietary imbalance or nutritional deficiencies.
- **MUST**; The Malnutrition Universal Screening Tool 'MUST' is a five-step screening tool used to identify adults who are malnourished, at risk of malnourishment (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
- **STAMP**; The Screening Tool for the Assessment of Malnutrition in Paediatrics 'STAMP' is a validated screening tool for use in hospitalised children aged 2-16 years.
- **Dementia Champions**; Dementia Champions are multi-disciplinary staff who have received specific training around dementia, confusion and memory problems with a particular emphasis on the importance of nutrition and hydration.
 - ANTS- Advocates for Nutrition & Tissue viability

4. ROLES AND RESPONSIBILITIES

4.1. Board of Directors

The Board of Directors is collectively responsible for ensuring the provision of good nutrition and hydration.

4.2. Director of Nursing and Clinical Governance

The Director of Nursing and Clinical Governance is the designated Trust lead for nutrition and is responsible for ensuring there is an up to date policy approach to food and nutrition.

4.3. Associate Director of Nursing with responsibility for nutrition

The Director of Nursing and Clinical Governance will nominate a Head of Nursing to have operational responsibility for nutrition and hydration. This person will chair the Nutrition Working Group.

4.4. Nutrition Working Group

The Nutrition Working Group reports to the Clinical Governance Delivery Committee and is responsible for overseeing and monitoring the implementation of this policy, including the facilitation of training and education programmes. The Group is also responsible for developing annual work plan which will be informed by national survey results, local audits, complaints and incidents, and best practice guidance from national bodies. The Terms of Reference can be seen at Annex A.

4.5. Catering Manager

The Catering Manager is responsible for the provision and delivery of an optimal food service that meets the needs of patients through the collaboration with nursing, Estates and Facilities Directorate, the Dietetics Team and Speech and Language Team.

4.6. Nutrition and Dietetic Team

The Dietetic and Nutrition Team are responsible for assessing and reviewing the nutritional needs of patients referred to them in an appropriate timescale, according to priority level, following receipt of a referral; the Team's referral standards can be found on the Dietetic Service YCloud. They are also responsible for providing expert knowledge, advice and support to clinical staff.

4.7. All healthcare staff

All healthcare staff have a duty of care to ensure that the nutrition and hydration needs of patients are met in line with their individual needs, preferences and cultural requirements.

4.8. Medical staff

Medical staff are responsible for the diagnosis and management of malnutrition and dehydration by ensuring appropriate referral to other healthcare professionals, deciding on the most appropriate feeding and/or hydration methods, prescribing fluids where required and undertaking the necessary investigations to establish cause.

4.9. Nursing staff

Trained nursing staff must ensure that all patients within their care are screened using the appropriate tool (MUST for patients 16 and over, STAMP for children 2-16) and that the appropriate care plan is implemented.

Trained and untrained nursing staff and health care assistants are responsible for supporting patients in selecting the most appropriate meals from the menu, and providing assistance with eating and drinking if required. They are also responsible for monitoring food and fluid intake.

4.10. **Speech and Language Therapy Team (SALT)**

The SALT Team are responsible for the timely assessment of patients referred to their service. They are responsible for making recommendations with regard to the most appropriate food and fluid consistency to patients and nursing staff. They are also responsible for providing support and training to healthcare staff, including those trained on initial swallow assessment.

4.11. **Housekeepers**

Housekeeping staff are responsible for the provision of meals, snacks and drinks on wards. Their full responsibilities with regard to food and nutrition are outlined in the Housekeepers manual.

5. **PATIENT ASSESSMENT AND NUTRITION PROVISION**

Also refer to nutrition and hydration assessment and monitoring for adult inpatients flowchart (Annex B).

5.1. **Adult screening - Malnutrition Universal Screening Tool (MUST)**

Every in-patient should be screened using MUST and a score documented within 24 hours of admission to hospital and at least weekly thereafter. The MUST score must be clearly documented within the MUST paperwork. Guidance on completing the MUST assessment is available on the Dietetic Service YCloud or Ipad App available on all wards.

Following assessment the appropriate care plan must be implemented, according to the MUST score. Section 5.11 details the patients that require referral to the Dietetic Service.

All patients should have their daily food and fluid intake kept under review; those patients with a MUST score of 1 or above should have their intakes closely monitored and recorded using the food and fluid charts.

5.2. **Paediatric screening - Screen Tool for the Assessment of Malnutrition in Paediatrics (STAMP)**

For further support and guidance on the nutrition or hydration needs of children up to the age of 16, contact the Dietetic Team.

5.3. **Initial Water Swallow Test**

Where swallowing problems are suspected an initial water swallow test should be performed by a trained member of staff. If appropriate a referral to the SALT Team should be instigated.

For further guidance on the water swallow test refer to the documentation and pathway on the Dietetic YCloud site or contact the SALT Team on x 4447.

5.4. **Special dietary needs**

As part of their nutritional assessment any special dietary needs should be identified and clearly documented. This may include intolerances (e.g. gluten or dairy), personal preferences (e.g. vegetarian) and any religious or cultural requirements. Those needs that cannot be met by the standard menus should be discussed with the Catering Department so that special arrangements can be made. Advice on completing menu requests is available on Dietetic YCloud.

Patients with communication difficulties must also have all of their requirements met. A range of strategies should be considered for achieving this including discussions with their relatives/carers.

5.5. **Assistance with eating and drinking**

Patients should be encouraged to eat and drink as independently as possible. As part of the ongoing patient assessment staff should identify patients that require support or assistance with eating and drinking.

For those patients where assistance is required staff should agree with them appropriate supportive strategies including:

- Use of supportive equipment
- Encourage relatives and to assist during mealtimes
- Access support and/or advice from a Dementia Champion
- Provision of support from a trained volunteer

5.6. **Protected mealtimes**

Visiting times are restricted to avoid mealtimes, however if a patient requires assistance with eating and drinking, their relatives/carers should be actively encouraged to provide support during these times.

During mealtimes patients should not be interrupted unless they wish to be or an emergency situation arises. Patients away from the ward during a mealtime must be provided with a suitable alternative on their return.

5.7. **24 hour provision**

Food and drinks are available 24 hours a day. Outside of the set mealtimes wards are able to provide snacks and hot beverages and there are vending machines situated in the Restaurant on Level 2. The catering department is also available between the hours of 7am to 9pm to assist with any unexpected special dietary requirements.

5.8. **Food bought into the Trust**

Any food or drink bought into the Trust by relatives, carers and visitors, that needs refrigerating, must be labelled with the patient's name and date it is placed in the fridge. It must be used within 24 hours and food brought in cannot be reheated using ward microwave ovens.

5.9. **Oral nutritional supplements**

Oral nutritional supplements are stocked on wards and information on their use is displayed in ward kitchens and on the Dietetic Service YCloud.

Those supplements that are prescribed, and not available on the wards, should be ordered using the supplement order form which can be accessed on the Dietetic Service YCloud.

The continued need for nutritional supplements must be reviewed by the medical staff and/or Dietetic Service prior to discharge, and the appropriate follow up arrangements put in place. These arrangements should be documented on the discharge letter to the GP and Community Dietitian.

5.10. **Parenteral and enteral feeding**

Full guidelines on the parenteral and enteral feeding can be accessed on the Dietetic Service YCloud.

5.11. **Referral for Dietetic Team review**

All patients with a MUST score of 2 or more, or with specific clinical conditions, should be referred to the Dietetic Service. Full details are incorporated into the MUST documentation. Further guidance on which patients should be referred to the service, and how to refer them, using YCloud referral form, can be found on the Dietetic Service YCloud.

5.12. Fasting/missing mealtimes

Patients should only be subject to fasting for the minimum possible period and should be led by the medical team responsible for their care. Adequate nutrition and hydration should be provided as soon as possible afterwards (see section 5.6 and 5.7).

5.13. Access to facilities for infant feeding

There are facilities available on Ward 10 and Jasmine Ward for the care of both bottle and breast fed babies. Mothers' breast feeding their babies will be provided with food and drinks and given privacy while feeding.

Mothers admitted with young infants will be accommodated with their child on either Ward 10 or Jasmine Ward. Outpatients and the Emergency Department have a curtained area for mothers wishing to breast feed and they will also be provided with drinks.

Further advice can be obtained from Breast Feeding Champions on Ward 10.

6. EDUCATION AND TRAINING

Staff training on nutrition and hydration will be covered by the following:

- Training on the use of MUST is available for all nursing and healthcare staff and is included within the staff passport.
- Continuous professional development in nutrition and hydration management has been incorporated into the QCF (accredited vocational training programme) for all Health Care Assistants and Dementia Champions.
- All Nurse Bank support workers undertake nutrition competencies within their Trust induction programme.

7. PATIENT INFORMATION

Guidance on choosing a balanced diet is available for all patients upon request.

A range of patient information leaflets and guides for completing menus can be accessed via the Dietetic Service YCloud. Ward staff should ensure the appropriate information is made available to meet patients' individual needs.

8. FURTHER INFORMATION FOR STAFF

The Dietetic Service YCloud provides a range of guidance, tools and patient information, see Annex C. Further advice and/or support can be obtained from:

- Dietetic Service adults x4250 Paeds 4688
- Speech and Language Therapy x4447
- Catering Department x4471 or 4218

9. APPLICABILITY

This policy applies to staff employed by the Trust involved in the assessment and care of patients. Patients, visitors and the general public will be made aware of this policy as required.

Non-compliance with this policy could result in patients nutritional and hydration status being compromised which could result in a deterioration of their clinical condition and put them at risk of malnutrition and/or dehydration.

10. IMPLEMENTATION, MONITORING AND EVALUATION

Implementation of this Policy will be led by the Nutrition Working Group,

The following measures have been identified and will be used to monitor and evaluate compliance with this policy:

- Annual Trust wide audit of use of MUST
- Regular review of complaints, Patient Voice and root cause analysis relating to nutrition and hydration
- Regular review of survey results and additional comments

All results will be reported to the Nutrition Working Group in an aggregated form to the Clinical Governance Delivery Committee. The Director of Nursing and Clinical Governance will ensure that the Board of Directors is kept informed of the state of the nutrition and hydration provision in the Trust.

11. DATE OF REVIEW

May 2017.

12. EQUALITY IMPACT ASSESSMENT

This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. See Annex D.

13. REFERENCES

Age Concern (2006) Hungry to be Heard. The Scandal of Malnourished Older People in Hospital.

Age Concern (2010) Still Hungry to be Heard. The Scandal of People in Later Life Becoming Malnourished in Hospital.

BAPEN (2008) C A Russell and M Elia. Nutrition Screening Survey in the UK in 2008. Hospital, Care Home and Mental Health Unit.

Elia M, MCae (2003) the "MUST" report: nutritional screening of adults: a multi disciplinary responsibility. Development and use of the "Malnutrition Universal Screening Tool" (MUST) for adults. A report by the Malnutrition Advisory Group of the British Association of Parenteral and Enteral Nutrition. Redditch: British Association for Parenteral and Enteral Nutrition (BAPEN).

National Institute for Health and Clinical Excellence (2006) Clinical Guidance 32 (2006) Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition.

Stratton RJ, Hackston AJ, Longmore D, Dixon R, Price S, Stroud M et al. (2004) Malnutrition in hospital outpatients and inpatients: prevalence, concurrent validity and ease of use of the "Malnutrition Universal Screening Tool" (MUST) for adults. British Journal of Nutrition 2004; 92(50: 799-808)

Department of Health 2014: The Hospital food Standards Panel's Report on standards for food and drink in NHS Hospital

ANNEX A – NUTRITION WORKING GROUP TERMS OF REFERENCE

Terms of Reference - Patient Nutrition and Hydration

Rationale

To ensure the optimal provision of food, fluid and nutritional status for patients and service users at Yeovil District Hospital NHS Foundation Trust. By this we aim to prevent serious harm to their health from malnutrition or dehydration, which can compromise their well-being and prolong hospital stay.

Nutrition Group Terms of Reference

Aim – To provide a clear direction to the Trust on how best to manage the optimal food, fluid and nutritional status of patients in line with national standards, audit requirements and best practice:-

- Lead the development of appropriate nutritional policies and the associated work plans in partnership with Clinical Governance.
- Lead the implementation of a Nutritional Audit Programme in partnership with Clinical Governance.
- Provide formal nutritional updates to RAD and the Board of Directors.
- Identify the appropriate training and education opportunities and the associated resources to ensure that staff have the right skills in the right place at the right time.
- Involvement with Patient Voice to help improve the patient experience.

Implementation of the Nutrition Work Plan.

- Must tool and Ipad app.
- Protected meal times
- ANTs
- Local visits
- Menu developments
- Equipment
- CQC requirements
- Dementia work plan
- Outcomes of the Your Care and Patients Survey

Membership

Jo Ryan Associate Director of Nursing (Chair)

Alison Kyle, Kathryn Ferguson Dietitians

Fiona Higginson, Mandy Carney Matron

Chris Routley, Matron/SCBU Infant Feeding

Lorraine Pippard, Ward Representative Charlotte Mitchell, Clinical Governance Jennifer Jones, Physiotherapist, Therapy Rep Ann Beable, Governor

Asst. Facilities Manager – Housekeeping Housekeeping and Domestic Supervisor

Len Johnson, Ward Representative

Alison Dowding, Ward Representative

Risk Management Trainer (Notes of the Nutrition Group meetings only) Patient Voice

Philip Watson, Facilities Manager

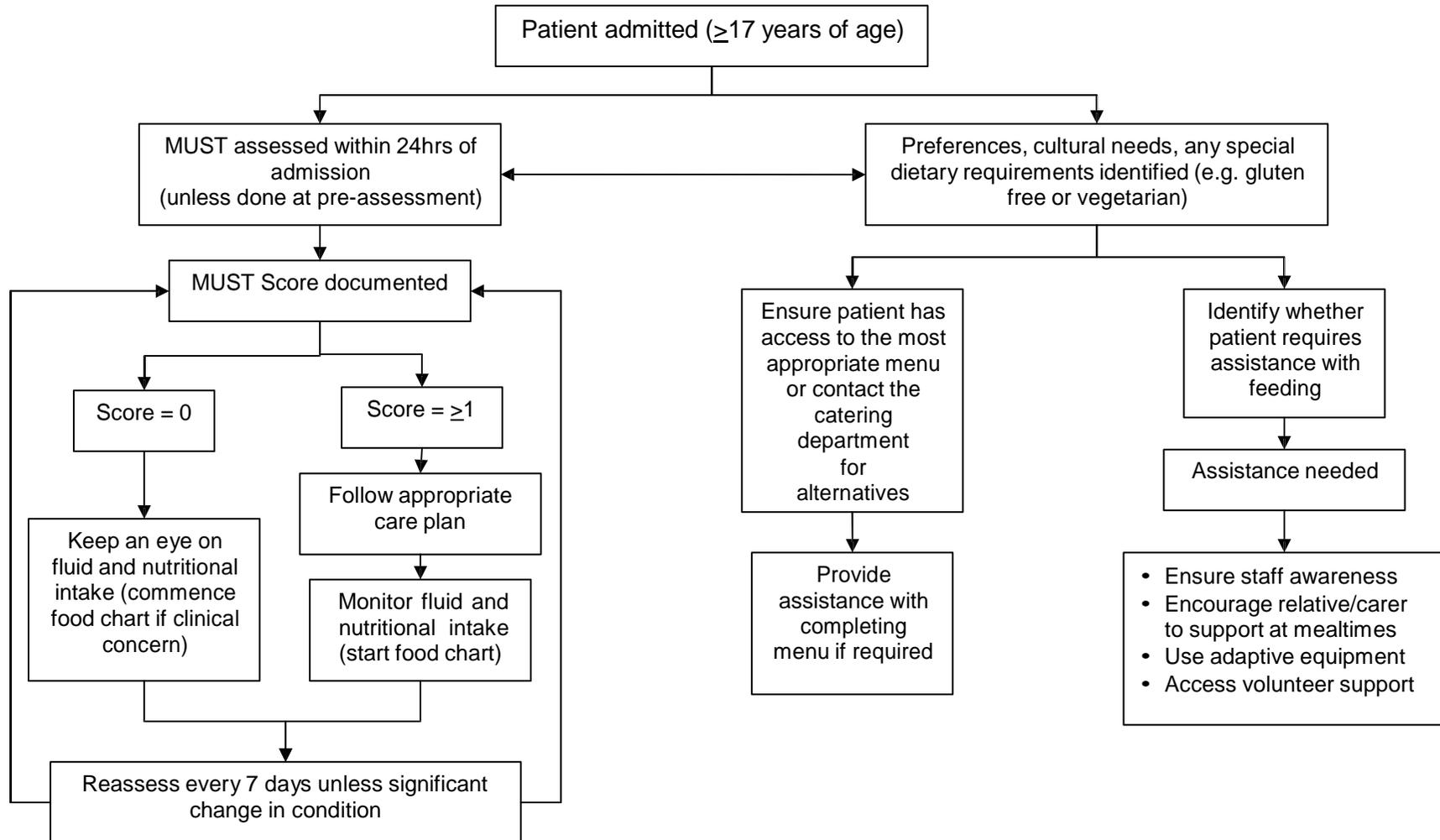
SALT representative to be sought for the group

Frequency of Meetings

Bi-monthly

Accountable to: iCARE Steering

ANNEX B – NUTRITION AND HYDRATION ASSESSMENT AND MONITORING FOR ADULT INPATIENTS



ANNEX C – Guidance, Tools AND Patient Information Available from The Dietetic Service YCloud Page**Patient diet advice leaflets:**

- Build yourself up (high protein and calorie diet)
- Diverticular Disease
- High Fibre
- Low Fibre
- Irritable Bowel Syndrome
- Healthy Eating and Weight loss

Menu Advice Leaflets for patients:

- Gluten (and wheat) Free Diet - inpatients' guide to menu completion
- Dairy Free Diet - inpatients' guide to menu completion
- Low Residue/Low Fibre Diet - inpatients' guide to menu completion
- Enhanced Recovery Diet - inpatients' guide to menu completion
- No Added Salt Diet - inpatients' guide to menu completion
- Low Potassium Diet - inpatients' guide to menu completion

Menu cooked meals/pudding 'free from' lists:

- Free From Dairy
- Free From Egg
- Free From Gluten and Wheat

Enhanced recovery programmes

- Drinks protocol for enhanced recovery programme for colorectal patients
- Drinks protocol for enhanced recovery programme for orthopaedic patients

Order/prescription forms

- Inpatient diet location sheet
- Stores order form for wards (gravy, sauces etc.)
- Supplement order form and Nutritional Supplement Posters on wards
- Pharmacy requisition form

MUST

MUST Screening Tool

Must Food Chart

Emergency feeding regimens/prescriptions:

- Nasogastric feeding
- Nasogastric feeding in Critical Care (frequent NG aspiration)
- Gastrostomy feeding (post PEG placement only)
- Nasojejunal or Jejunostomy feeding
- Flowchart for Emergency Parenteral feeding in Critical Care (only for use in ICU)
- ICU Emergency PN prescription chart

Swallow screening

- Swallow Screening Test (SST)
- Swallow screening pathway

Feeding regimen forms

Nasogastric feeding regimen form

Gastrostomy feeding regimen form

Jejunal feeding regimen form

Parenteral nutrition prescription chart form

Enteral feeding

- Enteral feeding guideline (comprehensive document)
Capacity/best interest flow chart and checklist
- Flowchart on when artificial feeding is appropriate
- Advice on mittens or nasal loops for repeatedly pulled NGT's
- Home enteral feeding discharge checklist
- Howeward training checklist

Parenteral feeding

- Parenteral feeding guideline
- Prescribing parenteral nutrition quick guide

Other guidelines/pathways

- Management guidelines of adults with coeliac disease
- Inpatient eating disorder guidelines for adults
- Patient pathway for nutrition support
- Re-feeding syndrome guidelines
- Advice on mittens or nasal loops for repeatedly pulled NGT's
- Care Pathway for Gastrostomy (PEG) feeding

Enhanced recovery programmes

- Drinks protocol for enhanced recovery programme for colorectal patients
- Drinks protocol for enhanced recovery programme for orthopaedic patients

ANNEX D – EQUALITY IMPACT ASSESSMENT TOOL

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

		Yes / No / N/A	Comments
1.	Does the policy/guidance affect one group less or more favorably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travelers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Trust's lead for Equality & Diversity, together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the Trust's lead for Equality & Diversity.

Signed – Name: Jo Ryan Deputy Director of Nursing
Date: May 2014; Reviewed October 2014