University Hospitals Bristol and Weston NHS Foundation Trust

# Nutrition and Hydration Policy

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## What is in this policy?

This policy highlights the management process involved in optimising and delivering nutritional and hydration care to University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) patients by providing staff with guidance on their role and responsibilities in the delivery of good nutritional care for our inpatients.

The policy incorporates guidance from national and local initiatives aimed at reducing the impact of malnutrition and dehydration.

Offering patients good nutrition and hydration in hospitals has the potential to reduce recovery times, improve patient outcomes and reduce costs to the NHS [1]. The rationale for this policy sets out the reasons why nutritional care of our patients is crucially important. To ensure this is translated into practice. UHBW has implemented a policy of protected mealtimes, after all, the value of food left uneaten is nil. Patients can expect an environment that is conducive to eating to be created over the protected mealtime, as detailed in our policy: mealtimes matter: protecting mealtimes.

The policy provides guidance primarily on the provision of oral nutrition and hydration for both adult and paediatric inpatients across the Trust, including details of how we meet the needs of patients with specific diet and mealtime requirements. It also provides guidance on how we recognise malnutrition through a process of nutritional screening and the nutrition care pathway.

It is beyond the scope of this document to provide guidance on the implementation of enteral tube and parental nutrition. It is also beyond the scope of this document to discuss food safety requirements; this is covered in the Food Safety Policy.

| Document Change Control | | | | |
|---|---|---|---|---|
| **Date of Version** | **Version Number** | **Lead for Revisions** | **Type of Revision** | **Description of Revision** |
| June 2011 | 1 | | Major | New policy |
| Sept 2012 | 2 | | Major | Review of format of policy, addition of breast feeding, infant feeding, learning disabilities and dementia sections. Also, introduction of protocols for each unit. |
| Sept 2014 | 3 | Senior Specialist Dietitian for Food Policy | Major | Addition of Hydration to title and expansion of reference to hydration. Update of policy to reflect national guidance and local procedures. |
| Sept 2016 | 4 | Senior Specialist Dietitian for Food Policy | Major | Review of information included in appendices to more clearly describe the nutrition and hydration care required for individuals. |
| June 2018 | 5 | Senior Specialist Dietitian for Food Policy | Minor | Addition of menu fatigue protocol for those patients with an extended stay. Also replaced the nutrition care pathway with an updated version. |
| Spring 2021 | 6 | Senior Specialist Dietitian for Food Policy | Major | Inclusion of Weston General Hospital to the scope and update of content. |
| 2024 | 7 | Lead Dietitian for Food Policy | | Review of monitoring to include completion of Digest compliance checklist |

| Sign off Process and Dates | |
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| **Groups consulted** | **Date agreed** |
| Nutrition and Hydration Steering Group Jan 24 | 06/11/2024 |
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| Clinical Quality Group | 04/12/2024 |

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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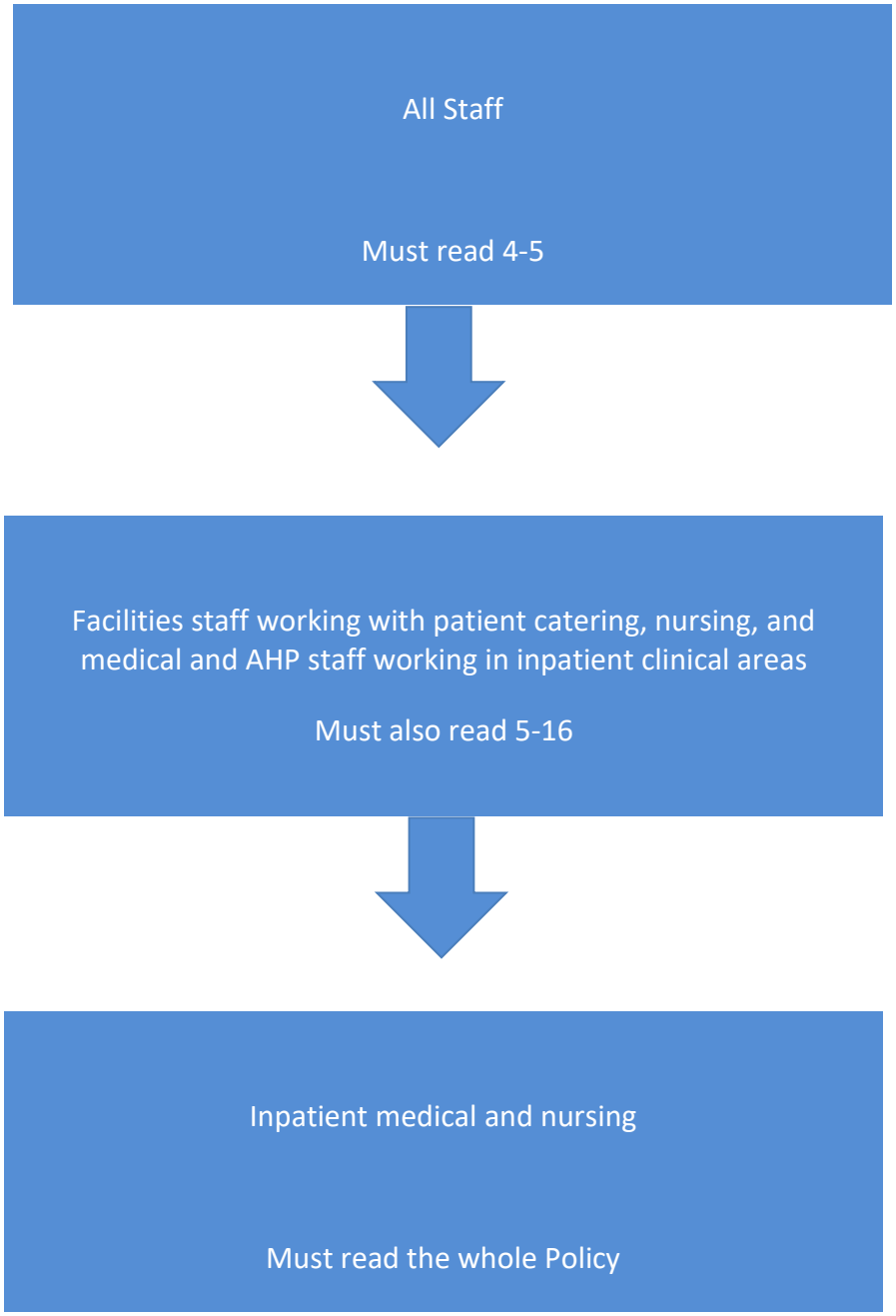
## Do I need to read this Policy?



# 1. Introduction

The Health and Social Care Act (2008) (regulated activities) Regulations 2014: Regulation 14 outlines that providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so (Care Quality Commission, 2015). National Standards for Healthcare food and drink additionally require us to demonstrate compliance with Nutrition and Hydration Digest standards (BDA 3rd Edition 2023). This policy outlines how University Hospitals Bristol and Weston can meet these requirements.

Food is an integral part of a patients care and should be viewed in the same way as they view medication and other therapies.

A healthy balanced diet has enormous health and wellbeing benefit. We know that COVID 19 outcomes are correlated with obesity and diabetes (Public Health England, July 20). Food and drink provided in hospital can impart meaningful positive impact for all patients, by providing adequate nutrition which has been shown to reduce length of stay, improve outcomes (Tappenden et al 2013), but also improve patient satisfaction, by providing a sense of occasion and social interaction at mealtimes and a choice of enjoyable nutritious options.

> "We all know how important good food is, not only to health, but to morale. Eating should be a joy and sense of occasion. Food should be a pleasure. Serving quality food, whether a sandwich or banquet, can be the most satisfying jobs."(Shelly, 2020)

To be able to meet the diverse nutritional needs of our patients we must ensure we have the capacity to provide suitable menu options which allow for patients to choose from dishes that meet with their needs. This means being able to provide options to facilitate good glycaemic control for people with diabetes, to exemplify healthier meal options for people with obesity or providing high energy meal options for those with disease related malnutrition and ensuring we can provide a choice of familiar and suitable options regardless of your religious beliefs and cultural background and medical requirements.

The policy incorporates guidance from national and local initiatives aimed at improving nutrition and hydration care in hospitals, notably this guidance is from the National standards for Healthcare Food and Drink, Care Quality Commission (CQC), the Malnutrition Universal Screening Tool (MUST), the British Association for Parenteral and Enteral Nutrition (BAPEN), the 10 key characteristics of good nutritional care in hospitals (NHS England), the Nutrition and Hydration Digest: 3rd edition 2023(British Association of UK Dietitians, BDA) and NICE Quality Standards for Nutrition Support (2012).

# 2. Purpose

This policy aims to provide a clear framework for the procedure to follow relating to the management process involved in optimising and delivering nutrition and hydration care to UHBW

patients by providing staff with guidance on their role and responsibilities in the delivery of good care for our inpatients.

The rationale for this policy sets out the reasons why nutritional care of our patients is crucially important and how we endeavour to meet the nutrition and hydration needs of our diverse patient population. To ensure this is translated into practice, UHBW has implemented a [redacted], after all, the nutritional value of food left uneaten is nil.

Patients can expect an environment that is conducive to eating to be created over the protected mealtime.

# 3. Scope

The policy provides guidance on the provision of adequate oral nutrition and hydration for inpatients across the hospital. It includes details of how we identify risk of malnutrition and dehydration and meet the needs of patients with specific diet and mealtime requirements. It also outlines the use of oral nutritional supplements (ONS) for patients meeting ACBS prescribing criteria https://www.bapen.org.uk/education/nutrition-support/nutrition-by-mouth/oral-nutritional-supplements-ons/

This policy and procedure apply Trust-wide to both adults and children's sites across all sites within the Trust.

It is beyond the scope of this document to provide guidance on the implementation of enteral tube and parental nutrition and food safety requirements.

# 4. Definitions

## *4.1 Malnutrition*

Malnutrition refers to an imbalance (either over or under) of macro or micronutrients which leads to adverse effects on the body and/or its functions.

In this document the term will be used to mean a deficiency of energy and/or protein leading to adverse effects on the body and/or its functions.

## *4.2 Dehydration*

"A state in which a relative deficiency of fluid causes adverse effects on function and clinical outcome. In the elderly being short of fluid is far more common, results from limited fluid intake, and is reflected in raised osmolality" (NHS England Guidance 2015).

## *4.3 STAMP*

Screening assessment tool for the assessment of malnutrition in paediatrics.

### *4.4 MUST*

'Malnutrition Universal Screening Tool'. The validated nutrition screening tool in use for adult patients within UHBW.

### *4.5 Oral Nutrition Support (ONS)*

The supplementation of oral intake with prescription nutrition supplements and/or fortified or high energy/protein foods and drinks.

### *4.6 Nutritional Requirements*

A patient's requirements for macro or micronutrients. This will most often relate to energy and protein calculated in calories and grams respectively.

### *4.7 Protected Mealtimes*

Where patients are protected from unnecessary interruptions for the period of the mealtime, and ward-based activities are focused on the mealtime. This covers the whole meal service (starter, main course and pudding) and applies at breakfast, lunchtime and evening meal services 7 days a week across all wards Trust-wide (see separate policy entitled: [redacted] for more details).

## 5. Duties, Roles and Responsibilities

### *5.1 Chief Nurse*

(a) Monitor compliance through Nutrition and Hydration Steering Group.

Nutrition and Hydration Steering Group to report to the Patient Safety Group on compliance and significant issues which prevent compliance at ward level. Where significant issues arise, they should be fed up to the Clinical Quality Group, Senior Leadership Team and Trust Board.

### *5.2 Management (Facilities, Dietetics, Nursing, Speech and language therapy)*

(a) Ensure all staff are aware of the importance of nutrition and hydration in patient care and have appropriate training.

(b) Monitor quality of food and drink service and provision.

(c) Regularly audit and monitor all aspects of food and drink service and provision.

(d) Ensure food safety and hygiene regulations are adhered to in accordance with food safety policy.

(e) Engage patients and public in food service and provision and ensure their social, religious and cultural needs and special dietary needs are met by the food provision.

(f) Ensuring representation from their profession at interdisciplinary nutrition and hydration groups and nutrition and hydration steering group (see section 10.2, governance structure organogram).

(g) Ensure implementation of the National Food & Drink Standards, the 10 key characteristics (See appendix D) of good nutritional care, the NICE quality standard 24, Nutrition Support in Adults and the CQC standards pertaining to food service and provisions are met.

(h) Report to relevant groups on current performance against national standards and patient safety.

### *5.3 Clinical chairs*

(a) Ensure policy is fully implemented in their division and interdisciplinary nutrition and hydration groups are attended by key staff e.g. nutrition and hydration champions and housekeeper representatives from each ward.

### *5.4 Heads of Nursing*

(a) Support modern matrons in delivering 10 key characteristics of good nutritional care to meet CQC standards pertaining to food and drink.

(b) Report to divisional boards on compliance and practice issues.

### *5.5 Modern Matrons*

(a) Ensure regular audits of aspects of food and drink service and provision in their areas take place (e.g. AMaT nutrition and hydration audits) and that results are shared, and action plans developed.

(b) Ensure nursing teams are compliant with essential nutrition and hydration training.

Report to the nutrition and hydration steering group on compliance and practical issues.

(c) Support wards to implement action plans to address areas for improvement.

(d) Be the clinical lead for 10 key characteristics of good nutritional care (see appendix D) and CQC standards for Nutrition and Hydration, regulation 14.

(e) Contribute to ‘power of three’ discussion alongside catering and dietetic representatives, to champion improvements in patient nutrition and hydration care.

### 5.6 Medical team

(a) To ensure the nutrition and hydration of patients is optimised by collaborative working with nursing, dietitians and other colleagues and take accountability for feeding issues where they arise (with reference to the [redacted]).

(b) To comply with the [redacted].

(c) To encourage good hydration for patients by observing use of [redacted] (adults only).

### 5.7 Ward manager/Charge nurse

(a) Oversee the completion of the nutritional care pathway in their area.

(b) To ensure staff are aware of local procedures for ensuring patients with special dietary requirements receive a choice of appropriate options, enabling patients to have adequate information about allergens in food, cultural and religious options and information about how they can safely follow therapeutic dietary recommendations.

(c) Share findings of nutrition audits with ward staff and request additional support where required.

(d) Ensure anthropometric measuring equipment on the ward is appropriate for use and staff are adequately trained and competent in its use.

(e) Ensure staff on wards have completed relevant nutrition and hydration training and attend relevant study days.

(f) Ensure all new staff receives appropriate local induction, related to nutrition and hydration care, including awareness of red lidded jug policy, cutlery sign awareness, food ordering and managing special dietary requirements. Staff should be directed to relevant nutrition and hydration information via inpatient nutrition resource site for adults: ([redacted]) [redacted] nsure food safety and hygiene regulations are adhered to.

(g) Where mealtime volunteers are on the ward to assist with the mealtime, liaise with the Trust's mealtime volunteer coordinator and volunteers to ensure safe working practices.

(h) Ensure staff mealtime breaks are coordinated to best support patients over mealtimes meet the expectations of protected mealtimes.

(i) Participates in regular audits (e.g. AMaT) and compiles actions plans in response to audit results in collaboration with matron to rectify nutrition or hydration related problem areas.

(j) Ensure hydration is monitored and patients at risk of dehydration are identified.

(k) Ensure referral to speech and language therapy (SLT) if any concerns re: oral or pharyngeal swallow safety identified.

(l) Encourage a culture of reporting patient safety incidents related to nutrition and hydration and manage reported incidents, devise action plans and share learning with team and peers.

(m) Identify nutrition and hydration champions (adults and children) and provide them with signposting and support to achieve the expectations of their role.

### *5.8 Registered Nursing staff (Registered Nurses and Registered Nursing Associates) and Associate practitioners*

To ensure that the nutrition and hydration needs of all patients are met by:

(a) Completing Nutrition and Hydration eLearning (adults) or paediatric nutrition e leaning (paediatrics') (essential to role training) and fluids and nutrition (essential training).

(b) Ensuring all patients under their care receive adequate information and support to confidently choose appropriate meals and snacks (according their cultural and therapeutic needs). For example, cultural menu options, allergen information, menu code guidance, carbohydrate counting information and special diet protocol guidance.

(c) To carry out or delegate the meal ordering using the ordering system and to provide patients with appropriate information to support their choice (e.g. explanation of dietary coding, allergens and pictures of meals as required).

(d) To help to safely deliver meals to patients with food allergy by completing e learning training regarding food allergens and implementing the [redacted].

(e) Ensuring all patients receive appropriate assistance to enable them to eat and drink sufficient for their needs.

(f) Ensuring nutrition screening is completed for all patients within 6 hours of admission (adults), 24hours (paediatrics).

(g) To ensure the nutrition care pathway is completed for all patients (for more details please refer to appendix E for adults and paediatrics).

(h) To ensure all patients who require food intake monitoring have completed food record charts and these charts are reviewed after 3 days, with appropriate actions implemented.

(i) Ensuring correct implementation of individualised action plans, for example administering diet kitchen/nourishing snacks/diet plans as recommended, nutritional supplement drinks at prescribed times and thickening fluids where required.

(j) Be aware of where to find relevant nutrition guidelines via use of ward-based nutrition folders and inpatient nutrition resource site (adults) ([redacted]) or the paediatric dietetics intranet site [redacted].

(k) Ensure requirements of the mealtimes matters, protecting mealtime's policy are met by ensuring visitors to the wards are aware of the requirements of the policy.

(l) Ensure the requirements of the nil by mouth policy are met for appropriate patients to ensure patients who are required to be nil by mouth have hydration and nutrition needs considered and are offered food as soon as nil by mouth status is lifted.

(m) Complete clinical incident forms to report nutrition/hydration related incidents where adverse incidents/near miss situations arise.

(n) Delegate specific tasks to mealtime volunteers and be a point of contact for them on the ward to ensure safe and effective working practices (adults)

(o) Ensure consideration is put to whether aids to improve independence with eating are needed and ensure provision at mealtimes.

(p) Ensure appropriate referrals for specialist assessment and advice are made where required in accordance with NMC code of practice, associated documentation for links to referral criteria for dietitians, speech and language therapy and nutrition nurses.

(q) Ensure all information critical to the safe delivery of nutrition and hydration for an individual is handed over upon ward transfers.

(r) Where a patient is required to move wards, it is the responsibility of the admitting ward to check the nutritional screen remains current and accurate and the appropriate plan of action has been implemented.

(s) When a patient is discharged from hospital critical information relating to the safe maintenance of a person's nutrition and hydration needs should be documented in discharge paperwork.

### *5.9 Health Care Support Worker (HCSW) responsibilities*

a) Complete required nutrition and hydration training

b) Following completion of training to complete nutrition and hydration assessments, ensuring they are highlighted to a registered practitioner for countersigning.

(a) To carry out the meal ordering using the ordering system and to provide patients with information and to provide patients with appropriate information to support their choice (e.g. explanation of dietary coding, allergens and pictures of meals as required).

(b) Complete tasks to ensure patients receive good nutritional and hydration care as delegated by registered nursing staff.

(c) To help to safely deliver meals to patients with food allergy by completing kallidus training regarding food allergens and implementing the [redacted].

(d) To help to safely deliver meals to patients by performing a final check of suitability before service to patients e.g. correct texture meal/cultural /vegan or vegetarian meals and food allergies.

(e) Ensure those that require assistance receive it in a timely manner.

(f) Complete clinical incident forms to report nutrition/hydration related incidents where adverse incidents/near miss situations arise.

(g) To ensure all patients who require food intake monitoring have completed food record charts (food and amount taken) and these charts are reviewed after 3 days and countersigned by a registered practitioner.

### *5.10 Nutrition and hydration champions*

This person will be a nominated nurse, nursing associate practitioner or nursing assistant based on an inpatient ward.

(a) Attend interdisciplinary nutrition and hydration groups (adults)/food provision group (paediatrics).

(b) Support people, ensuring special dietary requirements are established and appropriate menus offered, and options explained where required.

(c) Lead by example - Play an active role in ensuring patients received adequate support with eating and drinking and the implementation of protected mealtimes.

(d) Raise awareness of the role of good nutrition and hydration in recovery, among colleagues, patients and relatives.

(e) Make suggestions, ideas and any comments about how we can improve nutritional care and hydration of patients.

(f) Have a close working relationship with your ward dietitian/dietetic assistant/mealtime volunteer/food policy team link.

### *5.11 Ward housekeepers*

(a) Work with the ward team to ensure patients receive equitable access to nutrition and hydration.

(b) Liaise with food service staff and ward staff, dietetic, speech and language therapist to ensure patients receive appropriate meals, snacks and drinks.

(c) Work with ward team to create an environment that is conducive to mealtimes.

(d) To carry out the meal ordering using the ordering system and to provide patients with information regarding allergens and pictures of meals as required in liaison with ward teams regarding special dietary requirements of patients.

(e) Attend interdisciplinary nutrition and hydration groups/housekeeper meetings and report operational issues with food service and provision.

(f) Be present at meal service to ensure standards of food service are met. Where problems are identified, housekeeper to escalate concerns to relevant persons in a timely manner.

(g) Ensure patients have access to food that is appropriate to their nutritional, special dietary requirements social, religious and cultural needs and patients have the information they need to make an informed decision (e.g. allergen, carbohydrate content of meals).

(h) To help to safely deliver meals to patients with food allergy by completing kallidus training regarding food allergens and implementing [redacted].

(i) To help to safely deliver meals to patients by performing a final check of suitability before service to patients e.g. correct texture meal/cultural /vegan or vegetarian meals and food allergies.

### *5.12 Mealtime Volunteers (adults only):*

If present, as an additional resource, mealtime volunteers may undertake any of the following tasks to support the ward:

(a) Volunteers will complete specific training to enable them to complete tasks delegated by members of the nursing team and will demonstrate competencies to safely practice in accordance with requirements

(b) Assisting with preparing patients for mealtimes, i.e. tidying tables, offering hand wipes.

(c) Helping patients remain independent at mealtimes by encouraging the use of aids where required.

(d) Assisting patients with meals, such as opening packets, cutting up food, reminding and encouraging and feeding patients when necessary.

(e) Accurately completing patients' food record charts.

(f) Socialising with patients on the wards.

(g) To help to safely deliver meals to patients by performing a final check of suitability before service to patients e.g. correct texture meal/cultural /vegan or vegetarian meals and food allergies.

(h) To help to safely deliver meals to patients with food allergy by completing kallidus training regarding food allergens and implementing [redacted]

### *5.13 Senior Operations Manager, Facilities*

(a) Contribute to 'power of three' discussions alongside dietetics and nursing to facilitate improvements in patient nutrition and hydration provision where required.

(b) Provide expert and professional advice on best practice in food service and provision.

(c) Nominate an individual to act as food safety lead for the Trust, providing expert and professional advice on food hygiene and food safety legislation.

(d) Oversee contract for suitable provision of food and drink to meet the needs of all hospital patients.

### *5.14 Facilities and Hotel Service Staff who provide meals and supervise those who do so*

(a) This section also applies to external contractors who are responsible for food service provision in UHBW sites.

(b) Attend appropriate training (level two food hygiene certificate and 3 yearly updates) and demonstrate competencies.

(c) Comply with food hygiene and food safety legislation and all aspects of the Trust's Food Hygiene Policy.

(d) Follow instructions regarding regeneration of food to ensure optimum quality of food on plate at the correct times as agreed on that ward.

(e) To communicate with ward staff about when meals are almost ready to be served and inform staff should there be any unavoidable delays to service.

(f) Liaise with ward nursing staff to ensure the right food is served to right patient and the therapeutic nutritional, social, religious and cultural needs of the patient are met.

(g) To present the food on the plate so that it looks inviting to eat.

(h) Establish good communication with ward nursing teams to ensure patients receive excellent nutritional care (e.g. reporting of incorrect ordering of food, escalating food quality complaints, ensuring patients receive updates as required on daily offerings, reporting observed poor appetites to nursing team, liaise with nursing staff about patients who have unmet special dietary needs).

(i) Where red clip boards are in place for food record charts to ensure nursing staff have recorded food intake prior to clearing trays away.

(j) Assist with implementation of red jug lid protocol for patients identified by nursing staff by replacing red lidded jugs with red lidded jugs (adults only).

(k) To provide clean eating aids, where recommended, for individual patients and highlight to ward staff where stock levels become low.

(l) To inform patients of presence of food allergens in foods served when asked.

(m) To ensure SOP's relating to food delivery to the ward are correctly followed, avoiding unnecessary food shortages/wastage.

### *5.15 Operational managers for Adult and Paediatric Nutrition and Dietetic Departments:*

(a) Work with key stakeholders to help deliver responsibilities.

(b) Provide expert and professional advice on best practice, evidence-based nutrition policy and clinical nutritional needs of patients.

### *5.16 Department of Nutrition and Dietetics*

(a) Alongside Catering, support the wards to ensure that the clinical, social, religious and cultural, allergenic nutritional needs of all patients are met through food service and provision through menu analysis and promotion of appropriate menus at ward level.

(b) Full nutritional assessment of those patients at high risk of malnutrition and those who are referred to the service with special dietary needs.

(c) Liaison with all ward staff and facility staff, medical teams and other AHPS including SLT regarding special and or therapeutic dietary needs of patients.

(d) Ensure food provision meets above needs through robust menu planning and analysis in cross collaboration with patients, nursing staff, and facilities management.

(e) Where clinically indicated and ACBS prescribing guidelines are met, prescribe and regularly review oral nutritional supplement drinks following UHBW prescribing guidelines. https://www.bapen.org.uk/education/nutrition-support/nutrition-by-mouth/oral-nutritional-supplements-ons/

(f) Monitoring and reporting of food provision against agreed standards (e.g. BDA digest: 3rd Edition 2023, plus local policy).

(g) Write evidence based up to date guidelines, protocols and procedures in clinical nutrition.

(h) Provide appropriate resources to support dietary advice for patients and staff.

(i) Provide appropriate training programmes related to inpatient nutrition and hydration for all staff.

(j) Provide training, co-ordination, assessment of competencies and monitoring for the mealtime volunteer programme.

(k) Ensure wards have supplies of dietetic products (e.g. enteral feeds, supplements, diet kitchen snacks) as required.

(l) To provide specific guidance for patients who require therapeutic dietary advice and ensure patient/staff have access to supportive information (where required) to enable them to appropriately implement advice.

(m) Where adverse incidents relating to the nutrition/hydration care of patients have been observed to report using DATIX.

(n) Contribute to 'power of three' discussions alongside catering and nursing to facilitate improvements in patient nutrition and hydration provision where required.

### *5.17 Speech and Language therapists:*

(a) To assess patients with dysphagia and advise on their management.

(b) Providing training to ward staff/MDT re: texture modified diets and rationale and how to recognise and address pts with swallowing problems. To contribute to the development and review of dysphagia e-Learning.

(c) To liaise with medical teams/AHP's including Dietitians where concerns about a persons' nutrition/hydration/ability to eat independently arise. To include the provision of guidance for patients assessed to be eating & drinking at acknowledged risk.

(d) To have an awareness of individuals allergen status when making recommendations/commencing oral trials.

(e) Know where to find information about the allergen content of meals and snacks if required.

(f) Where adverse incidents relating to the nutrition/hydration care of patients have been observed to report using DATIX.

### *5.18 Occupational therapists:*

(a) To complete feeding assessments as required and advise on adapted cutlery requirements in accordance with the adapted cutlery protocol.

### *5.19 Allied Healthcare Professionals:*

(a) To be aware of and comply with the principles of mealtimes matter, protecting mealtime's policy and the red lidded jug policy (adults only) and the [redacted]

(b) To complete nutrition essential training (fluids and nutrition).

(c) Where staff are involved in the preparation of meals/snacks, ensure appropriate food hygiene training has been completed.

(d) Where adverse incidents relating to the nutrition/hydration care of patients have been observed to report using DATIX.

# 6. Policy Statement and Provisions

This policy identifies the responsibility of our organisation to demonstrate its commitment to high quality care at all levels and reduce the clinical consequences of malnutrition and dehydration.

UHBW considers an effective food, nutrition and hydration policy that is implemented at an operational and strategic level to be an essential part of good care.

## *6.1 All patients will have nutrition and hydration needs considered within 6 hours of admission.*

Patients will be asked if they have any special dietary requirements at the time of admission and measures taken to ensure they are aware of menus which will be suitable for them. We routinely provide ward-based paper menus for patients who require higher energy, healthier, easy to chew, gluten free, vegetarian and made without milk meal options. Alternative menus are available on the wards to provide choices for patients who require Halal, Asian vegetarian, Kosher, vegan, gluten free diets and allergy free. We also hold a range of IDDSI compliant texture modified meals, soft and bite sized (level 6), Minced and moist (level 5) and pureed (level 4). The following Specialised medical diets are also available with a dietetic prescription: Low protein diets, Ketogenic diet therapy, and low LCT diet/high MCT diet.

Allergy information is available via the ward-based iPad (city centre sites)/ward kitchens (WGH) for all dishes served and should be made available to patients with food allergies.

Staff can look up suitable options for patients with therapeutic dietary requirements not listed above on the special diet protocol or speak to their ward dietitian about how we can meet the needs of the patient.

## *6.2 Nutritional screening*

Patients will be screened for risk of malnutrition within 6 hours of admission (adults) to UHBW or 24hours (paediatrics)

### (a) Adult areas

All patients will have weight and height/length measured and recorded within 6 hours of admission to hospital (weight will then be recorded a minimum of weekly or more frequently if indicated).

These anthropometric measurements will be completed unless it is not possible due to the patient's circumstances. Circumstances where it is acceptable include:

(a) The patient refuses;

(b) The patient is too clinically unwell;

(c) The patient is on the end-of-life care plan and it is inappropriate.

In these circumstances the reason why weight or height has not been recorded should be documented and patient reported or estimated weight or height should be used.

The 'MUST' tool will be used by nursing staff following completion of appropriate training for all adult patients. Exceptions include maternity patients, patients in ITU and end of life care.

Intensive Care

Patients in ITU will have a daily nutrition checklist completed by nursing staff which will inform when referral for dietetic advice is required.

### (b) Paediatrics areas

All patients will have weight and height/length measured and recorded within 24 hours of admission to hospital (weight will then be recorded a minimum of weekly or more frequently if indicated).

These anthropometric measurements will be completed unless it is not possible due to the patient's circumstances. Circumstances where it is acceptable include:

(a) The patient refuses;

(b) The patient is too clinically unwell

(c) The patient is on the end-of-life care plan, and it is inappropriate.

In these circumstances the reason why weight or height has not been recorded should be documented and patient reported or estimated weight or height should be used.

Paediatric patients will be screened using the nutrition flowchart. Where identified by the flowchart STAMP screening will be completed.

Paediatric patients at high risk will be referred to the dietitian. Children with long term conditions will be known to dietetic services and dietitians will automatically be involved where hospital admission occurs.

Patients identified as being at medium risk will be rescreened within 3days.

## *6.3 Nutrition care planning (adults)*

Nutrition care plans should be implemented for patients identified as being at medium to high risk of malnutrition (Score 1 or more using MUST tool).

Nutrition care plans should provide guidance on **further assessments** required for the at-risk patient, e.g.:

- Completion of food records chart;
- Assessing condition of mouth/presence of nausea/constipation (which will impact on nutritional intake).

Care plans will also provide nursing staff with guidance on **actions** required to address the malnutrition, these actions will include:

- Implementing a communication system to ensure other members of the team are aware the individual is at risk (cutlery sign);
- Encouraging higher energy meals (coded '*ED*' on hospital menu);
- Encouraging ward based snacks between meals;
- Offering 'Cake and shake' (Crusha milkshake and slice of cake mid-afternoon (see [redacted] for more details)

Paediatrics: All children at BRHC will have a nutrition care plan in place.

## *6.4 Food record charts*

(a) All patients who have been identified as being at risk of malnutrition (e.g. 'MUST' score 1 or more in adults, 'STAMP' score 2-3) should have their food intake monitored and accurately recorded for an initial 3 days.

(b) After 3 days the food record chart should be reviewed for adequacy by a suitably trained individual (e.g. registered nurse/nursing assistant with work checked and countersigned by registered nurse/dietitian).

(c) Intake should be recorded on a food record chart which should be kept in an accessible place. A description of all meals and snacks must be recorded including the amount that was eaten.

(d) Patients who are referred to the dietitian should have their food chart continued regardless of the result of the 3-day review unless otherwise instructed by the dietitian.

(e) If a patient refuses their meal, they should be offered an alternative meal where possible and appropriate. If food is conclusively refused this should be clearly documented on the food record chart and a member of the nursing or medical team informed.

(f) If a food record chart is recommenced after the 3-day period then the above standards should be met.

## *6.5 Specialist Referrals*

(ii) Referral for specialist support via dietitians, speech and language therapy and nutrition nurses can be accessed using Careflow EPR.

### (a) Dietitians

Adults:

Dietitians operate a prioritisation system for referrals. Referral guidelines for adult dietetics can be found on connect [redacted]

Paediatrics:

All referrals to be made using Careflow or via the contact number x28802 (BRI)

STAMP screening tool includes reference re: dietetic referral criteria and guidance.

### (b) Speech and language Therapy

(i) Nursing staff to ensure referral to speech and language therapy if any concerns re: oral or pharyngeal swallow safety.

(ii) Nurses trained in swallow screening should complete a swallow screen within 4hours of admission for patients confirmed /suspected of having a stroke. Patients who fail their swallow screen should be referred to speech therapy. If SLT not available, to liaise with the medical team ensuring prompt consideration of hydration needs, medication routes and the need for alternative nutrition.

## *6.6 Food preference recording*

Patients' food likes and dislikes will be recorded for patients who are unable to participate in the menu ordering process. Where the patient is unable to communicate their preferences, this information will be sort from relatives, carer, friends, 'this is me' as appropriate.

Asking and recording of dietary likes and dislikes is inappropriate for patients who are nil by mouth, documenting 'N/A, patient is NBM' will provide evidence this has been considered. Should the patient return to eating likes and dislikes can be revisited.

In paediatrics the recording of likes and dislikes may have limited use as preferences frequently change in younger children.

## *6.7 Hydration*

Water is one of six basic nutrients critical to life. Evidence suggests that adequate hydration helps medicines work more effectively and assists in preventing, treating and managing many conditions including cancer and heart disease (NPSA, 2008).

To help achieve adequate hydration of our patients as part of their nutritional care it is essential that:

(a) All adult inpatients will have a hydration screen completed within 6 hours of admission to the hospital. Where patients are identified as being at risk of dehydration (patient has drunk less than 6 cups of fluid in past 24 hours/passed dark coloured urine/has a cognitive or physical ability impacting on ability to drink/ has clinical signs of dehydration) nursing staff are directed to consider starting a fluid balance chart and implement the red lidded jug protocol.

(b) Where clinically safe and appropriate patients are encouraged to drink adequate fluids.

(c) Where there are concerns that a patient is not drinking enough an accurate record of their fluid intake must be kept and consideration should be given to alternative hydration i.e. IV fluids.

(d) Fresh, clean, safe water is available for patients at any time of day or night.

(e) Water jugs are changed twice daily so that the water available is appealing to drink.

(f) Patients are offered alternative fluid refreshment such as tea and coffee or decaffeinated alternatives or squashes at least 7 times during the day and alternatives to water are always available to patients on request.

(g) Adult patients are offered water from red/orange beakers to promote good fluid intake.

(h) Red jug lid protocol (adults) to be implemented for patients who require assistance/encouragement with oral fluids, see red jug lid protocol for guidance.

(i) Where required adapted drinking cups are available, following assessment, to support independent drinking.

(j) Where patients require thickened fluids due to dysphagia thickener will be provided and nursing staff expected to oversee the thickening of fluids to the correct level. Thickeners are prescribed for individual patients and should be accessible by their bedside and stored according to manufacturer's instructions.

## *6.8 Food based standards: The following standards should be made available for all inpatients across the Trust.*

| Statement: | Reference |
|---|---|
| Nutrition and Hydration Digest compliance checklist completed, and standards met | Nutrition and Hydration Digest 3rd Edition (2022) |

| | |
|---|---|
| Breakfast will include a selection of cereals, toast, yoghurt and fruit with fruit juice, milk and hot drinks available. Gluten free, Vegan and modified texture alternatives will also be available. | Nutrition and Hydration Digest 3rd Edition (2022) |
| To ensure variety, lunch and evening meal menus will operate on a 2-week cycle and main menu a la carte menus will have a minimum of 8 dishes. Specialist dietary requirement menus will be determined by the specialist dietitian, where menus are created specifically for the patients there may be fewer options available. | |
| A slice of bread and butter will be offered for all patients where appropriate to accompany the soup (where soup offered on the main menu) | Local UHBW policy |
| Custard and ice cream will be higher nutrition options, containing minimum of 100kcal/portion (adults) | Local Nutrition and Hydration Policy |
| Yoghurts will be clearly labelled regarding suitability for vegetarians. Yoghurts will contain no more than 10g added sugar/100g | Local policy |
| Cheese used will be suitable for vegetarians | Local policy |
| There will be no hidden sources of alcohol in dishes | Local policy |
| Meals will be sourced free from nuts. | UHBW Policy |
| Information on whether all foods supplied contain one of 14 key allergens will be advertised as available and made available to patients/visitors on request. | European Regulation 1169/2011: Food Information for consumers |
| All modified textures offered will comply with IDDSI descriptors | IDDSI guidance |
| Decaffeinated tea and coffee will be available in addition to caffeinated versions in adult areas | Local Policy |
| Artificial sweetener, will be available on all wards | Local Policy |

### *6.9 Food Allergy and intolerance:*

Patients with food allergy and intolerance are entitled to receive the information they require to make a suitable choice and for an adequate choice to be made available to them. Patients with food allergy and intolerance are entitled to receive the information they require to make a suitable choice and for an adequate choice to be made available to them. Policy statements relating to the management of food allergy and intolerance can be found in the Food Safety Policy.

6.9 Menu fatigue protocol for patients with an extended stay

The standard menu cycle across the trust for those wards offering a bulk service is 14 days. Over those 14 days patients will have the choice of new dishes each day. If a patient is unable to make an acceptable choice from the main menu, then a choice from alternative menus will be offered:

(a) They may be offered a meal from the pre-plated menu. These can be cooked using the microwave on the ward and would need to be ordered via the diet kitchen/iPad/catering dept.

(b) If they have exhausted options on both the standard and the pre-plated menu then they may be offered the cultural meals.

(c) Paediatrics have Z menu a la carte child friendly meals accessible following dietetic assessment

## 7. Infant Feeding

All mothers have the right to make a fully informed choice as to how they feed their babies and the provision of clear and accurate information at an appropriate time is essential. Staff will ensure that information given to mothers is delivered in a manner that is sensitive to her individual cultural needs and concerns.

In the case of specialist milk being indicated the Special Feeds Unit will provide therapeutic feeds as directed by the dietitians.

## 8. Breast Feeding

The Trust is committed to supporting breastfeeding in all settings. All staff can access the breastfeeding policy produced in the Women's and Children's division. The Trust will endeavour to provide an environment in which mothers are supported to breastfeed their babies.

All mothers with babies under 6 months old (where the child is an inpatient) will be entitled to receive meals 3 times a day on request in accordance with the feeding breastfeeding mother's policy.

## 9. Bringing Food in from Outside the Trust for Patients

Food borne illness can be particularly dangerous for patients who are ill. All staff members must be aware of the guidance on bringing food into hospital which enables the Trust to be compliant with the 1990 Food Safety Act.

It is not permissible for anyone other than staff with the relevant catering qualifications to heat (or reheat) food at ward level.

Staff should not store any food for patients at ward level, either in fridges or freezers.

Any items which require refrigeration or heating should not therefore be brought into hospital for patients.

In addition, the following high-risk foods should not be brought into hospital for patient consumption:

(a) Takeaways;

(b) Cold meats;

(c) Soft ice cream;

(d) Egg and egg products;

(e) Desserts made with fresh dairy produce e.g. cream cakes;

(f) Homemade meals, cakes, sandwiches etc.;

(g) Pate;

(h) Shellfish;

(i) Soft unpasteurised cheese and blue cheese.

If visitors do bring these foods on to the ward the procedure below should be followed:

(j) The patient and visitor should be alerted to the policy on bringing food in from home and a copy should be given to them.

(k) The reasons behind this should be explained.

(l) The visitor should be asked not to bring in these items and the patient should be asked not to consume them.

(m) It should be clearly documented in medical notes that this advice has been given.

If visitors persist in bringing inappropriate foods into hospital and patients continue to eat them this should be clearly documented in medical notes on each occasion.

## 10. Sustainability

UHBW provides a large quantity and range of food and beverages every day to patients, staff and visitors and therefore has a responsibility to consider the sustainability of the food service.

Consideration will be given to the sources and types of foods that are purchased in terms of the following factors relating to sustainability:

(a) Use of local producers;

(b) Use of seasonal produce;

(c) Methods of farming and production that are less harmful to the environment;

(d) Fish stocks which are at lower risk;

(e) Products with minimal packaging;

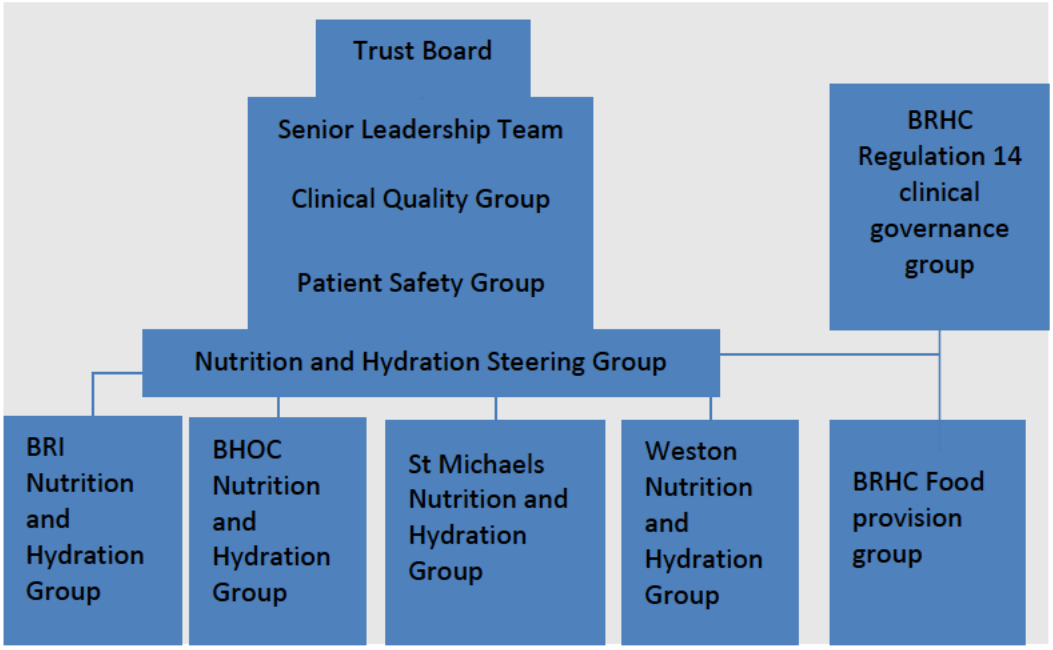
(f) Avoiding bottled water;

(g) Producers with ethical practices in relation to animal welfare;

(h) Fair-trade products.

Where possible the above factors will be considered in menu planning.

## *10.2 Governance of Nutrition*



Issues raised at food group meetings that require escalation will be forwarded to the Nutrition and Hydration Steering Group for action. The Nutrition and Hydration Steering Group is responsible for ensuring food policy compliance and adherence to registration standards.

The food groups at each site will act as action groups implementing policy at ward level. Membership of nutrition and hydration groups/BRHC food provision group will be:

(a) Nutrition and hydration champion from each ward;

(b) Matron or ward sister;

(c) Housekeeper;

(d) Senior catering representative;

(e) Senior dietetic representative.

(f) SLT

Food groups will work to agreed terms of reference.

# 11. Standards and Key Performance Indicators

## *11.1 Applicable Standards*

Nutrition and hydration will follow the standards published by the British Dietetic Association. (The Nutrition and Hydration Digest: 3rd edition: Improving outcomes through food and beverage services, November 2023) and 10 key characteristics of good nutritional care in hospitals (see appendix E). Where appropriate for adult patients, nutritional screening and treatment will follow the standards identified in BAPEN's Malnutrition Universal Screening Tool 'MUST' (adults). Where appropriate for paediatrics, STAMP.

## *11.2 Training*

(a) All adult registered nurses and nursing assistants who work in the inpatient setting will complete a Trust specific e learning module on the completion of 'MUST'. This is part of the essential training matrix.

(b) Paediatric nurses to complete essential specific to role nutrition screening

(c) All clinical staff will receive nutrition updates via the fluids and nutrition e learning.

(d) A nutrition and hydration study event will be held annually for adults. There will be one nutrition and hydration study day each year for paediatrics.

(e) In response to identified needs nutrition and hydration related education content to be delivered in required formats as and when required.

All staff involved in the provision of food to complete essentials of food hygiene e.g. making hot drinks, toast and cereal, provision of ice cubes.

### *11.3 Measurement and Key Performance Indicators*

Implementation of this policy will enable the Trust to demonstrate compliance with key indicators as described in CQC regulation 14: Nutrition and Hydration.

## 12. References

(a) K.Tappenden, B. Quatrara, M. Parkhurst, M. A.M., G.G. and Z. T.R., "Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition," Journal of Parenteral and Enteral Nutrition, vol.37, pp. 482-97, 2013

(b) Public Health England, "Excess weight and COVID 19, insights from new evidence', 24 July 2020. (Accessed online) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19__FINAL.pdf [accessed 27.02.21]

(c) P. Shelley., 'Report of the Independent Review of NHS Hospital Food' page 72, 2020

(d) Nutrition and Hydration Steering Group 'Mealtimes Matter, protecting mealtimes' 2022.

(e) Age Concern (2010). Still hungry to be heard: the scandal of people in later life becoming malnourished in hospital. London: Age Concern.

(f) British Dietetic Association (2022). The nutrition and hydration digest: improving outcomes through food and beverages services. Third edition. British Dietetic Association.

(g) Care Quality Commission (2010). Guidance about compliance: essential standards of quality and safety. London: Care Quality Commission.

(h) Committee of Ministers (2003). Resolution ResAP(2003)3 on food and nutritional care in hospitals. [Online] Available from https://wcd.coe.int/ViewDoc.jsp?id=85747 [Accessed 04.09.14]

(i) Council of Europe (2009). Council of European resolution food and nutritional care in hospitals: 10 key characteristics of good nutritional care in hospitals. [Online] Available via http://www.bapen.org.uk/pdfs/coe_leaflet.pdf [Accessed 04.09.24]

(j) Department of Health (2010). Essence of care 2010: benchmarks for the fundamental aspects of care. Norwich: TSO.

(k) Elia, M. (ed.) (2003). The 'MUST' report. Nutritional screening in adults: a multidisciplinary responsibility. [Online] Available from http://www.bapen.org.uk/pdfs/must/must_exec_sum.pdf [Accessed: 05.10.24].

(l) Elia, M. (ed.) (2009). The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults. [Online] Available from http://www.bapen.org.uk/pdfs/health_econ_exec_sum.pdf. [Accessed 04.09.14]

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

(n) National Institute for Health and Clinical Excellence (2012). Nutrition Support in Adults. London: National Institute for Health and Clinical Excellence. (NICE Quality Standard 24)

(o) National Patient Safety Agency (2008). Water: the forgotten nutrient. [Online] Available from http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59826 [Accessed 04.09.14]

(p) NHS England (2013). Patient-led assessments of the care environment. [Online] Available from http://www.england.nhs.uk/ourwork/qual-clin-lead/place/ [Accessed: 25th July 2014].

(q) Water UK (2007). Water for health: hydration best practice toolkit for hospitals and healthcare. [Online] Available from http://www.rcn.org.uk/__data/assets/pdf_file/0003/70374/Hydration_Toolkit_-_Entire_and_In_Order.pdf

(r) The Hospital Food Standards Panels report on standards for food and drink in NHS Hospitals. DOH, AGE UK August 14. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/Hospital_Food_Panel_May_2016.pdf Accessed online 23.08.16

(s) International Dysphagia Diet Standardisation Initiative (IDDSI) https://www.iddsi.org/ [accessed online 15.03.21]

(t) National Healthcare food and drink standards (2022)NHS England » National standards for healthcare food and drink [accessed online 08.01.24]

## 13. Associated Internal Documentation

| | |
|---|---|
| Policy | [redacted] |
| Policy | Food Safety Policy<br>[redacted] |
| Policy | [redacted] |
| Policy | [redacted] |
| Leaflet | [redacted] |
| SOP | [redacted] |
| SOP | [redacted] |
| SOP | [redacted] |
| Local guidance | [redacted] |
| Local guidance | [redacted] |
| Local guidance | Additional menu options in Hospital (WGH) |
| SOP | [redacted] |
| SOP | [redacted] |

**Enteral Feeding Documentation:**

This policy primarily provides guidance on the provision of good nutritional care via oral nutrition. For some patients enteral or parenteral nutrition will be required in order to meet nutritional requirements, guidance on this is not covered in this policy. Below are a list protocols to provide guidance on the delivery of enteral nutrition (this is not an exhaustive list):

[redacted]

[redacted]

[redacted]

**Paediatrics:**

[redacted]

## 14. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table. **The first line is an example for you and should be removed prior to submission**.

| Objective | Evidence | Method | Frequency | Responsible | Committee |
|---|---|---|---|---|---|
| Implementation of protected mealtimes | Monitored in quarterly nutrition regulation 14 and ward monthly AMaT ward audit | Audit | Quarterly | Ward manager, Matron, divisional leads<br>Dietetics | Dietetics Nutrition and Hydration Steering Group |
| Completion of Nutrition and Hydration Digest compliance checklist | Digest qualitative assessment checklist | Completion of checklist | Annually/following menu changes | Dietetics | Nutrition and Hydration Steering committee |
| Completion of nutritional screening and nutrition care pathway.<br>Assurance of compliance | Monitored in quarterly nutrition regulation 14 perfect ward audits and ward monthly AMaT ward audit | Audit | Quarterly | Ward manager, Matron, divisional leads,<br>Dietetics | Dietetics Nutrition and Hydration Steering Group. |

| Objective | Evidence | Method | Frequency | Responsible | Committee |
|---|---|---|---|---|---|
| against 10 key characteristics | | | | | |
| Completion of nutrition related essential training e.g. Nutrition and Hydration e-learning | Essential training records | Audit | Quarterly | Ward manager, Matron, divisional leads, | Dietetics Nutrition and Hydration Steering Group. |
| Completion of the three-day review of the food record chart | Quarterly & Monthly nutrition regulation 14 AMaT ward audit | Audit | Monthly | Ward manager, Matron, divisional leads. | Nutrition and Hydration Steering Group |
| Monitoring of provision of correct diets | Clinical incidents/complaints | Audit | Quarterly | Ward manager, Matron, divisional leads, | Dietetics Nutrition and Hydration Steering Group. |

## 15. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

| Plan Elements | Plan Details |
|---|---|
| **The Dissemination Lead is:** | Food Policy Lead Dietitian |
| **Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:** | A |
| **If answer above is B: Alternative documentation this policy will replace (if applicable):** | [DITP - Existing documents to be replaced by] |
| **This document is to be disseminated to:** | Nutrition and Hydration dissemination plan |
| **Method of dissemination:** | Email |
| **Is Training required:** | Yes |
| **The Training Lead is:** | Food Policy Lead Dietitian |

| Plan Elements | Plan Details |
|---|---|
| Additional Comments | |
| [DITP - Additional Comments] | |

## 16. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

[redacted]

| Query | Response |
|---|---|
| What is the main purpose of the document? | To ensure nutrition and hydration needs of patients are recognised and met |
| Who is the target audience of the document?<br>Who is it likely to impact on?<br>(Please tick all that apply.) | Add ☑ or ☒<br><br>**Staff ☑ Patients☑ Visitors Carers Others** |

| Could the document have a significant negative impact on equality in relation to each of these characteristics? | YES | NO | Please explain why, and what evidence supports this assessment in relation to your response. |
|---|---|---|---|
| **Age** (including younger and older people) | | x | |
| **Disability** (including physical and sensory impairments, learning disabilities, mental health) | | x | |
| **Gender reassignment** | | x | |
| **Pregnancy and maternity** | | x | |
| **Race** (includes ethnicity as well as gypsy travelers) | | x | |
| **Religion and belief** (includes non-belief) | | x | |
| **Sex** (male and female) | | x | |
| **Sexual Orientation** (lesbian, gay, bisexual, other) | | x | |
| **Groups at risk of stigma** or social exclusion (e.g. offenders, homeless people) | | x | |
| **Human Rights** (particularly rights to privacy, dignity, liberty and non-degrading treatment) | | x | |

| Could the document have a significant positive impact on inclusion by reducing inequalities? | YES | NO | If yes, please explain why, and what evidence supports this assessment. |
|---|---|---|---|
| Will it promote equal opportunities for people from all groups? | x | | By ensuring basic provision of nutrition and hydration, regardless of cultural, religious, special dietary requirements |
| Will it help to get rid of discrimination? | | x | |
| Will it help to get rid of harassment? | | x | |
| Will it promote good relations between people from all groups? | x | | By demonstrating people from various backgrounds have equal access to good nutrition within the Trust |
| Will it promote and protect human rights? | x | | |

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

| **Positive impact** | | | | **Negative Impact** | | |
|---|---|---|---|---|---|---|
| **Significant** | Some | Very Little | NONE | Very Little | Some | Significant |

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Is a full equality impact assessment required? NO

Date assessment completed: 08.01.24

Person completing the assessment: [redacted]

## 17. Appendix D – 10 Key Characteristics of Good Nutritional Care in Hospitals:

1. All patients are screened on admission to identify the patients who are malnourished or at risk of becoming malnourished. All patients are re-screened weekly.

2. All patients have a care plan which identifies their nutritional care needs and how they are to be met.

3. The hospital includes specific guidance on food services and nutritional care in its clinical governance arrangements.

4. Patients are involved in the planning and monitoring arrangements for food service provision.

5. The ward implements protected mealtimes to provide an environment conducive to patients enjoying and being able to eat their food.

6. All staff have the appropriate skills and competencies needed to ensure that patient's nutritional needs are met. All staff receive regular training on nutritional care and management.

7. Hospital facilities are designed to be flexible and patient centred with the aim of providing and delivering an excellent experience of food service and nutritional care 24 hours a day, every day.

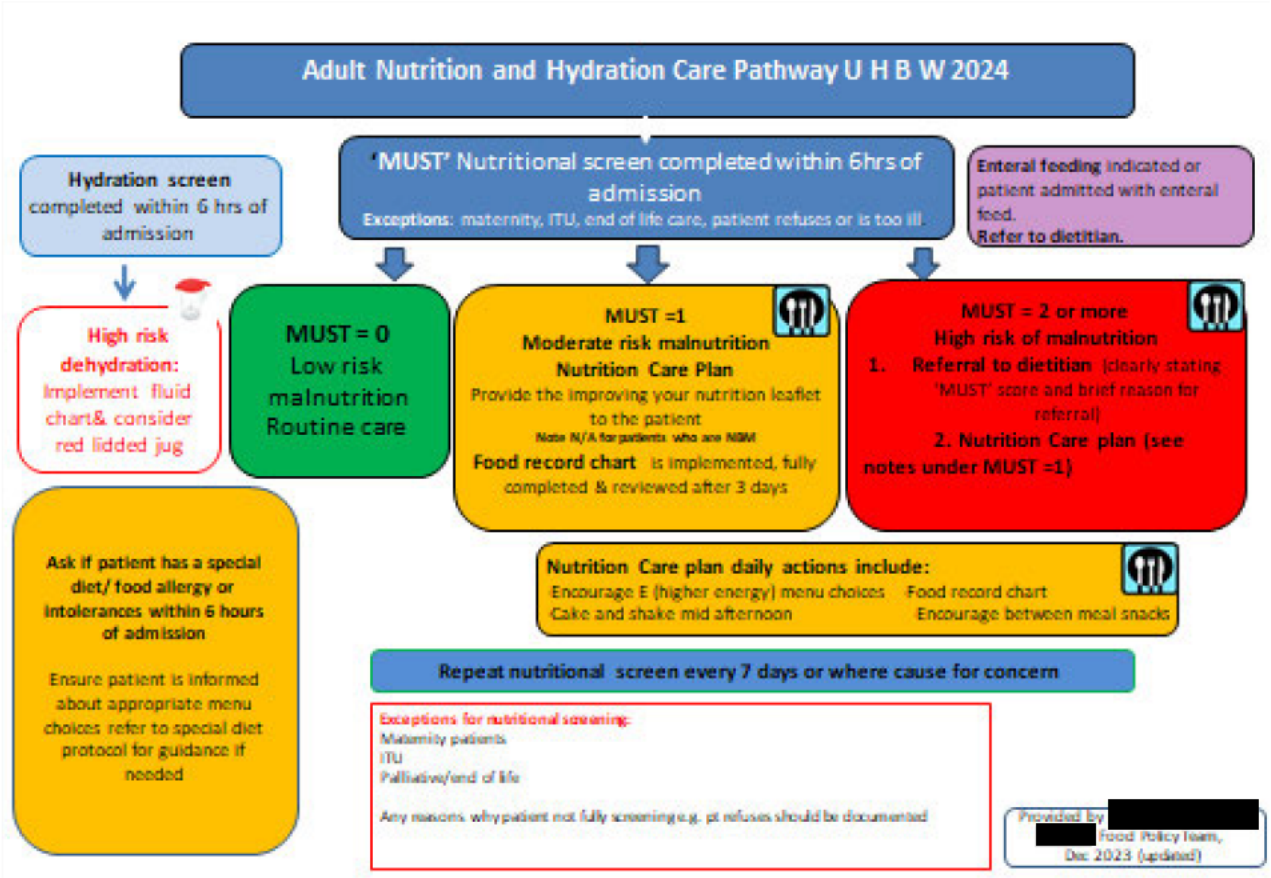
8. The hospital has a policy for food service and nutritional care which is patient centred and performance managed in line with home country governance frameworks.

9. Food service and nutritional care is delivered to the patient safely.

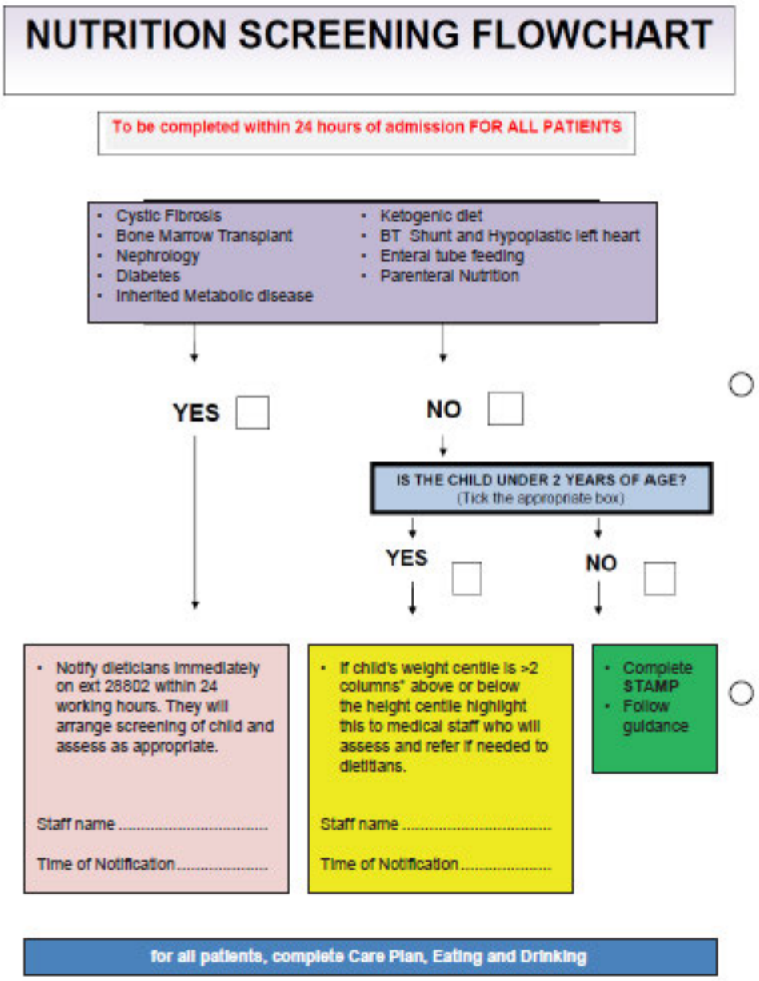
10. The hospital supports a multi-disciplinary approach to nutritional care and values the contribution of all staff groups working in partnership with patients and users.

## 18. Appendix E – Adult Nutrition Care pathway & Paediatric Nutritional Screening flowchart

The following diagrams below provide an overview of the Adult Nutrition Care pathway & Paediatric Nutritional Screening flowchart.

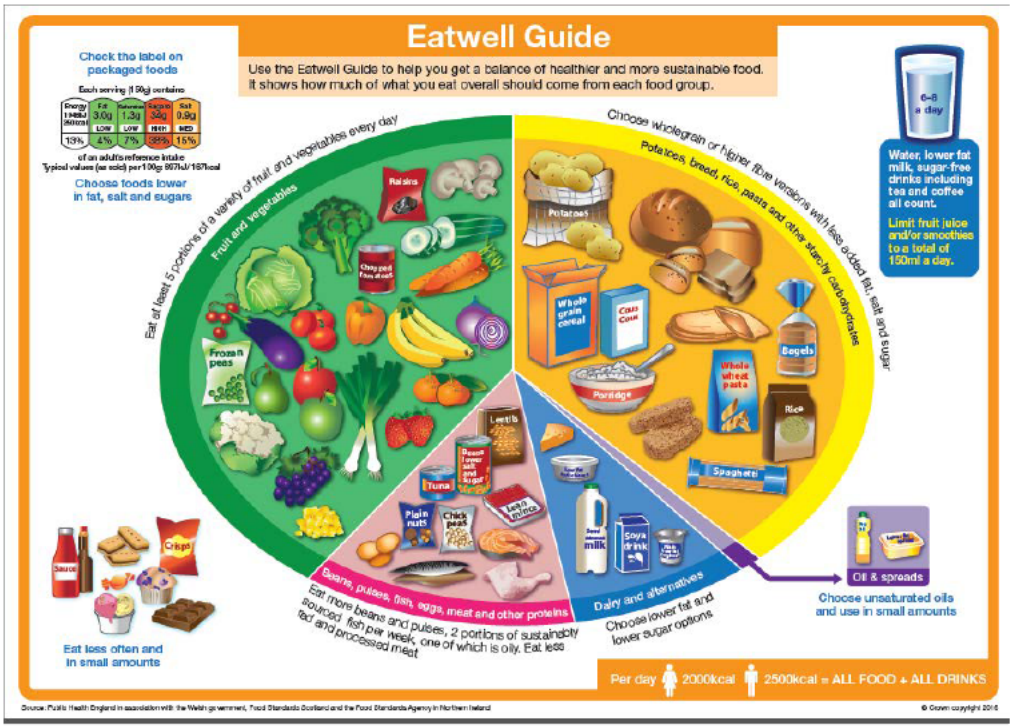

Adult Nutrition and Hydration Care Pathway U H B W 2024
'MUST' Nutritional screen completed within 6hrs of admission
Exceptions: maternity, ITU, end of life care, patient refuses or is too ill
Hydration screen completed within 6 hrs of admission
Enteral feeding indicated or patient admitted with enteral feed.
Refer to dietitian.
High risk dehydration: Implement fluid chart& consider red lidded jug
MUST = 0
Low risk malnutrition
Routine care
MUST =1
Moderate risk malnutrition
Nutrition Care Plan
Provide the improving your nutrition leaflet to the patient
Note N/A for patients who are NBM
Food record chart is implemented, fully completed & reviewed after 3 days
MUST = 2 or more
High risk of malnutrition
1. Referral to dietitian (clearly stating 'MUST' score and brief reason for referral)
2. Nutrition Care plan (see notes under MUST =1)
Nutrition Care plan daily actions include:
Encourage E (higher energy) menu choices
Food record chart
Cake and shake mid afternoon
Encourage between meal snacks
Ask if patient has a special diet/ food allergy or intolerances within 6 hours of admission
Ensure patient is informed about appropriate menu choices refer to special diet protocol for guidance if needed
Repeat nutritional screen every 7 days or where cause for concern
Exceptions for nutritional screening:
Maternity patients
ITU
Palliative/end of life
Any reasons why patient not fully screening e.g. pt refuses should be documented
Provided by [redacted] Food Policy Team, Dec 2023 (updated)

**Paediatric Nutritional Screening flowchart**




## 19. Appendix F – Food Provision

Our menus are designed to meet the nutritional needs of the diverse patient population of UHBW. At its core are the accepted principles of healthy eating and the Eatwell guide. Nutrition provided at UHBW sites for inpatients will meet the basic principles as laid out in the "Nutrition and Hydration Digest third edition: Improving Outcomes through food and beverage services (June 2022)"




## *19.1 Food Provision Standards and KPI's*

The main food provision provides each patient with three main meals each day. At each lunch and dinner service patients without dietary restrictions will have a choice of a minimum of two hot meals in addition to a range of salads and sandwiches.

Any patients who have the following special or therapeutic dietary needs will be provided with a choice of meals. Special diets routinely catered for include:

**High Energy:** higher energy and protein for people with a smaller appetite.

**Healthy:** low fat sugar and salt suitable for people advised to eat a 'healthy' diet.

Vegetarian and Vegan.

**Gluten free:** suitable for people who avoid wheat, e.g. patients with coeliac disease.

**Cultural menus**: Halal, Asian Vegetarian, Afro Caribbean, Kosher

**Additional menus:** Additional Gluten free and vegan meals.

**Texture Modified:** Level 4 (puree), Level 5 (Minced and Moist) and Level 6 (soft and bite sized).

**Other therapeutic diets** in accordance with special dietary requirements e.g. milk free/allergen free/low potassium.

The way these meals are offered varies according to site, special diet protocols for each hospital site detail how these diets are accessed.

## 20. Appendix G – The Cutlery Sign

The cutlery sign: to be displayed for adult patients who have been identified as being at medium to high risk of malnutrition or need assistance with meals or on a special diet.