

Nutrition Policy

Effective: July 2011

Review: June 2014

1. Introduction

- 1.1 Meeting the nutritional needs of all patients throughout our hospitals is an integral part of effective healthcare. There is a wide range of people who may influence the success of delivering full and adequate nutrition. The Trust has undertaken, through this Policy, to co-ordinate the input of each department in order to ensure that appropriate and adequate nutrition may be achieved.
- 1.2 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 each individual patient in order to meet their nutritional needs.
- 1.3 It will do this in a manner which embraces Nutrition Guidelines published by NICE in February 2006 and the Obesity Guidelines published by NICE in December 2006.
- 1.4 Nutrition for staff is 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.
- 1.5 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.

2. The Patient

- 2.1 On admission
 - 2.1.1 All adult/paediatric patients will be screened using the MUST (Adults) and STAMP (Paediatric) Tools as an integral part of the patient assessment undertaken on admission to hospital.
 - 2.1.2 Where the MUST/STAMP Tools demonstrate the presence of nutritional risk, an intervention strategy as printed on the tools documentation, will be implemented. Should referral to a Dietitian be indicated, this will be made and recorded.
 - 2.1.3 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 Enteral Feeding in Critical Care will be implemented.
 - 2.1.4 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.

- 2.1.5 In children, height or length, weight and head circumference for babies, will be recorded on an appropriate growth chart. This will be retained within the medical notes. It will be compared with historical data if available. A Doctor or Dietitian (where available) will make an informed interpretation.
- 2.1.6 Hospitalised infants with chronic conditions where weaning is delayed should be referred to Speech and Language Therapy e.g. following gastrostomy or tube feeding.
- 2.1.7 The needs of patients with swallowing problems will be met through multidisciplinary approach including Speech and Language Therapists, nursing and dietetic staff. Appropriate training will be provided to ward staff.
- 2.1.8 Where necessary, prior to feeding, correct positioning will be explained to the patient and to the patient's named nurse by a Speech and Language Therapist.
- 2.1.9 Should liquids need to be thickened, appropriate thickener, recommended by the 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 ie to discourage staff or visitors offering inappropriate liquids or textures.
- 2.1.10 Adapted feeding utensils may be recommended by the Speech and Language Therapist or an Occupational Therapist. If the utensil is not available on the ward, the Occupational Therapy Department will arrange supply of the appropriate item.
- 2.1.11 Adapted feeding utensils recommended by Occupational Therapists and/or Speech and Language Therapists following assessment, will be provided by the ward whenever needed by those patients who require them. These items will be kept in a designated area at ward level. They will be maintained in a clean condition at all mealtimes.
- 2.1.12 A care plan will be developed for those patients identified with special needs. Care plans will be evaluated regularly and kept in the nursing notes. Where appropriate Occupational Therapists or Speech and Language Therapists will provide additional support and training to nursing staff and carers with the aim of achieving optimal and safe consumption of food and drink.

2.2 During Hospital Stay

- 2.2.1 The Trust will provide all help necessary for patients to receive appropriate nutrition in an environment where food and drink are recognised as an essential part of patient care.
- 2.2.2 Nutritional screening will be repeated, at least weekly, in all cases, using the MUST/STAMP tools. It is the responsibility of the nurse in

charge of the ward to ensure that this takes place. Wherever possible, a nurse or suitably trained healthcare assistant will undertake this screening. Appropriate action will be taken where changes in nutritional status occur. On-going records, which document changes in patients' nutritional status, will be maintained. Changes in each patient's condition which may affect appetite or ability to eat will be recorded in the nursing notes together with the action taken in order to safeguard adequate, safe nutrition. Outcomes of this intervention will also be recorded in the nursing notes.

- 2.2.3 Patients nutritionally at risk will be identified by means of a Red Jug/Tumbler system in conjunction with a white triangle (with red trim) placed on a wall board above the bed. This is designed to alert ward staff to the need for further surveillance and support in relation to food and fluid intake.
- 2.2.4 Dietitians in the Trust will provide assessment, treatment and education to those patients found to be at highest risk of malnutrition or in need of therapeutic dietetics. Adult and paediatric patients with intermediate risk will be treated using the strategies for nutritional support indicated by the relevant screening tool. Where deemed necessary by a Dietitian, care plans for ward action will be drawn-up by the Dietitian. Nursing, medical, catering and pharmacy staff will be informed of how patient treatment will take place using copies of the action plan.
- 2.2.5 Help with positioning for eating and drinking, as directed by the Speech and Language Therapist and/or Occupational Therapist will be given in advance of a meal to allow the patient to be settled before the 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 feeding techniques will be given to all involved by the appropriate registered nurse or by an Occupational Therapist or Speech and Language Therapist. Particular attention will be given to patients with dysphagia.
- 2.2.6 Provision of meals will be in accordance with the policy on Protected Mealtimes in order to protect mealtimes from unnecessary and avoidable interruptions whilst providing an environment conducive to eating and supporting good patient nutrition. 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 of the patient is not compromised. This may be in the form of a replacement meal or a suitable snack.
- 2.2.7 It is the responsibility of the registered nurse responsible for an individual patient's care to ensure that patients are not subjected to prolonged or unnecessary periods of fasting prior to surgery on investigations. 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.
- 2.2.8 A nutritional care plan will be drawn-up for every ward patient.

2.2.9 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 at any time throughout the 24 hours. These provisions will be extended to any wards where such patients may be accommodated.

2.2.10 The privacy and dignity of all women 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 .

2.2.11 In wards where patients stay for longer periods dining facilities which promote social interaction will be provided.

2.3 On discharge

2.3.1 The outcome of Nutritional Screening and any special nutritional needs of the patient will form an obligatory part of every 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.

2.3.2 Where dietetic assessment has indicated a clear need for the prescription of dietary supplements on discharge, the Dietitian or discharging Doctor will inform the GP of the product and dosage required. 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.

2.3.3 A designated or discharging registered nurse will be responsible for ensuring that clear information and a care plan is provided to the appropriate healthcare team and/or carers on discharge where any nutritional risk or special need has been identified. This will be documented in the nursing records.

2.3.4 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.

2.3.5 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 purchase them.

2.3.6 On patient discharge, receiving healthcare teams will be provided with appropriate information to ensure continuity of nutritional care where necessary.

3. The Food

- 3.1 Arrangements must exist in all areas, including emergency admission areas, to provide appropriate food and drink for patients.
- 3.2 Food will be of visibly good quality with a range of contrasting dishes each day. Meals together with snacks and beverages available on the wards, will be sufficient to meet the nutritional requirements of all patients who can eat normally.
- 3.3 Those who have special needs in terms of therapeutic diet, texture modification or cultural or ethnic needs will be offered a range of contrasting dishes each day of visibly good quality, and where necessary, under the direction of one of the Trust's Dietitians.
- 3.4 There will be a choice of foods for all patients on normal diet and frequently required cultural, ethnic and therapeutic diets. These will be presented on published adults' and children's menus which will be used Trust-wide.
- 3.5 The foods offered on any menu will meet the nutritional requirements of the patient group for whom the menu has been prepared.
- 3.6 Assistance to read and interpret the menu will be given to patients or relatives if needed. Copies in large print are available and all ethnic minority menus can be made available in the 8 most commonly required minority languages used in Newcastle. These may be requested from the catering department.
- 3.7 Where a rarely encountered special diet is required, elements of the meal may be achieved through individual interview with the catering department or dietetic staff, in accordance with the complexity of the regimen. Acceptable food items will be individually agreed.
- 3.8 Foods will be safe and hygienic at all times. Staff involved in the Trust's food chain will receive annual food handling training sessions and be aware of potential risks. Foods contra-indicated by texture or by content for any defined group will not be offered to that group.
- 3.9 Food, beverages and water with a managed microbial content will be provided where clinical evidence supports this.
- 3.10 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.
- 3.11 Catering services to patients will be reviewed annually by a task group, convened by the catering management of the Trust. This group will include a Public Governor, Staff Governor, Dietitian, Speech and Language Therapist, a member of the Patient User Group and Senior Nurses from adult services, midwifery and children's services in the Trust.
- 3.12 Current guidelines on patient nutritional requirements for normal and special diets will be provided to the Catering Managers who will ensure that adequate

amount and type of foods are available for patients. The Trust's Senior Chief Dietitian is responsible for ensuring that adequate interpretation of this information is available to the catering management when requested.

- 3.13 All food and beverage items required for patients with special needs which have been identified by the 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 normally be included on the regular menus.
- 3.14 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 must include foods for the age groups from 6 months to 18 years e.g. lower salt, soft foods for weaning.
- 3.15 Nutritional and ingredient content of all recipes and of bought-in food products, will be made available to patients, carers or staff on request.

4. Enteral and Parenteral Nutrition

Organisation of Enteral and Parenteral Nutrition in Hospitals.

- 4.1 Patients being considered for nutritional support/enteral feeding will be referred to a Hospital Dietitian for assessment and prescription of treatment.
- 4.2 In adult services, where referral to a dietitian is not possible prior to the commencement of enteral feeding, agreed protocols will be implemented in the interim period, and the referral made as soon as possible. The protocols are available on the trust intranet under 'Clinical Guidelines'.
- 4.3 In paediatric services standard protocols will be implemented as agreed by the individual sub-specialty areas. Specialist Nutrition Nurses/Clinical Nurse Educators should support ward staff in managing feeding equipment and procedures.
- 4.4 Provision and monitoring of parenteral nutrition and of complex enteral nutrition therapy, should be co-ordinated by Inter-disciplinary Nutrition Teams.
- 4.5 Patients considered candidates for home parenteral nutrition will be fully assessed on an inter-disciplinary basis. The ongoing management will be undertaken by the Hospital Nutrition Team and a Home Parenteral Nutrition Nurse.
- 4.6 The use of enteral and parenteral nutrition products will be subjected to ongoing review in terms of clinical efficacy and outcomes, value for money and quality. A competitive tendering process will be carried out every two years (with the option of a further two-year extension) in accordance with the Trust's Standing Orders.

5. Training

- 5.1 The Trust will develop a learning culture where all staff who influence the successful outcome of nutrition are educated to carry out their part effectively. All disciplines will foster the principals of sound nutritional care.

- 5.2 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 Nutrition Nurses.
- 5.3 The MUST Tool is included as a mandatory part of medical and nurse training in the treatment of adults. The use of growth and development assessments, measurements and charts is mandatory in paediatrics.
- 5.4 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. In doing so, they will provide a comprehensive contribution to nutritional care. The Matron in each Directorate will work collaboratively with the ward sister/charge nurse to ensure this training has taken place.
- 5.5 New staff from healthcare professions, catering and portering will be introduced to the concept of this policy at departmental induction. Detailed departmental training will be provided within three months of appointment.
- 5.6 Induction training for nursing and medical staff and allied health professions will include an introduction to the principles of the Nutrition Policy and essential action to be taken including discharge summaries.
- 5.7 The policy will be introduced at induction for Governors, new Trust Executives and lay Trust members.

6. Monitoring Patient Nutrition

- 6.1 The Catering Department will maintain their own monitoring systems according to the department's service agreement with the Trust.
- 6.2 Regular audit, evaluation and re-audit in the delivery of nutrition will be undertaken such that the Trust may be assured that patients receive adequate, cost effective nutritional support. Programmes may include:
 - Patient and relatives (carers) satisfaction to staff approach to food, feeding, special diets and alternative forms of nutrition.
 - Measurement of nutrition provided to the patient and comparison with national guidelines.
 - Patient satisfaction with food and beverages.
 - Appropriate use of special feeding methods and products.
 - Measurement of patient nutritional intake.

7. Research

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

8. Staff and Visitor Catering and Nutritional Provision

- 8.1 The Trust makes provision for a range of catering services which reflect the activity of the hospital and needs of staff and visitors.

- 8.2 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.
- 8.3 Food is of visibly good quality 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.
- 8.4 In order to meet the needs of visiting children, foods that are safe and familiar to children are available for visitors during the daytime. Foods recommended for children will be free from nuts.
- 8.5 Foods for all population groups who regularly work in or visit the hospital are available and meet cultural and religious dietary requirements.
- 8.6 All meals, buffets and vended foods offer the opportunity to choose a healthy diet in line with current Government recommendations.
- 8.7 Staff with special therapeutic dietary needs or food allergy, when working in a fulltime capacity, and visitors who need to be on site for significant periods of time, are able to request a suitable meal. This will be provided within the normal range of prices charged at the hospital food outlets.
- 8.8 Staff and visitor catering will be monitored against the catering and nutrition protocol 'Food and Nutrition Standards for Staff and Visitors' Meals.
- 8.9 The service will be reviewed on an annual basis to ensure that it meets the needs of staff and visitors. The Review Group will include representatives from the staff-side, junior doctors, dietitians and the patient services co-ordinators or their representative.

9. Monitoring and Review of Policy

- 91 The Policy will be reviewed every 3 years.
- 9.2 This policy will be monitored by audits of areas clinical practice and catering services as outlined in section 6. Areas where audit has found 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 Nutrition Steering Committee for action planning.
- 9.3 This monitoring and review is in addition to the annual monitoring and review of catering services referred to in section 4.6.

10. Any Comments or Enquiries

- 10.1 Person responsible for Policy Review is the Senior Chief Dietitian of the Trust.
- 10.2 Comments and suggestions should be made to the Chairman of the Nutrition Steering Committee.
- 10.3 Guidance will be taken from Consultant Medical staff and Lead Staff in Nutrition and Therapeutic Dietetics, Senior Nurses, Senior Speech and

Language Therapists and Lead Occupational Therapists. Contact with the appropriate members of staff may be made through the Chair of the Nutrition Steering Committee, Head of Nursing or the Senior Chief Dietitian.

Author: Newcastle Nutrition

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

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

Policy Title:		Policy Author:	
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	No	
	• Race *		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender *		
	• Culture		
	• Religion or belief *		
	• Sexual orientation including lesbian, gay and bisexual people *		
	• Age *		
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *		
	• Gender reassignment *		
	• Marriage and civil partnership *		
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):
------------------	---------------------------------------------

Name and Designation of Person responsible for completion of this form: Alan Torrance Date: 10/06/2011
Names & Designations of those involved in the impact assessment screening process: Alan Torrance, Acting Head of Newcastle Nutrition, Freeman Hospital
Frances Blackburn, Head of Nursing Freeman & Walkergate, Patient Services, FRH, Barbara Davidson, Lead Specialist Dietitian, Newcastle Nutrition, Freeman Hospital
Jo Ledger, Specialist Nutrition Nurse, Freeman Hospital, Sandy Harvey, Trust Public Governor, Freeman Hospital, Wayne Reed, Catering Manager, Catering Department, RVI
Geoff Moyle, Catering Manager, Catering Department, Freeman Hospital, Sarah Cunningham, Specialist Nutrition Nurse Paediatrics, Julie Waite, Matron Musculoskeletal Services
Dr Chris Dipper, Consultant Physician, Dr Nick Thompson, Consultant Physician, Jenny Court, Patient Group Representative, James Callaghan, Paediatric Dietetic Services Manager,
Helga Charters. Matron – Children’s Services
(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)