The Newcastle upon Tyne Hospitals NHS Foundation Trust

Nutrition Policy

<table>
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<th>Version no:</th>
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<td>Effective from:</td>
<td>5 November 2014</td>
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<td>9th September 2014</td>
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<td>Ratified by:</td>
<td>Nutrition Steering Committee</td>
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1 Introduction

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

This policy sets out how The Newcastle Upon Tyne Hospitals NHS Foundation Trust will ensure that appropriate food, drink or specialised nutrition is made available to individual patients in order to meet their nutritional needs.

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

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

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

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

2 Scope

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

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

3 Aim

The purpose of this policy is to highlight the processes and the pre-requisites involved in optimising the nutritional care of patients during their hospital stay and whilst cared for in the community and in the provision of food and beverages on the Trust premises.
4 Roles and Responsibilities in the Provision of Nutrition

4.1 The Nutrition Steering Committee (NSC) oversees all aspects of nutrition services and sets the strategic direction for nutrition policy (through the adult and children’s nutrition action plans) within the trust and is accountable to the Trust Board. Multidisciplinary Adult & Paediatric sub-groups, including relevant key staff, compile and progress the actions within the nutrition action plans (co-opting additional members when necessary).

4.2 Dietitians – respond to medical/nursing (or other HCP) referrals where nutritional screening has been carried out and an interim nutritional action plan has been initiated. Where possible urgent referrals will be seen within one working day and routine/non urgent referrals within three working days.

- Assess, review and monitor patients to design appropriate nutrition management plans and adjust the therapeutic nutritional advice accordingly. Dietitians will liaise with their community or local counterparts when patients are to be discharged, ensuring a seamless service.
- Document nutrition action plans and liaise with other MDT staff as appropriate.
- Work closely with catering services in the provision of hospital and special diet menus, menu analysis to ensure the nutritional needs of all patient groups are met.
- Conduct staff training in all areas of nutrition provision
- Provide nutritional advice and support within the multidisciplinary care process

4.3 Ward Teams – work together to support patients’ nutritional needs by highlighting issues regarding feeding and hydration in relation to diagnosis, co-ordinate menu selection and meal/food provision and also the availability of adapted cutlery, non-slip mats, feeder cups, red jugs, etc.

4.4 Medical Teams – are responsible for the diagnosis and management of malnutrition in conjunction with dietitians. Doctors lead the team regarding decisions on appropriate feeding, investigations according to diagnosis and prescription of fluids. Consideration should be placed on the ethical issues regarding the provision of food and fluids to patients where appropriate.

4.5 MDT Nutrition Support Teams – are based on the RVI and Freeman sites and principally co-ordinate the assessment, strategic planning and delivery of parenteral nutrition. Combined team meetings are held on a quarterly basis. The teams consist of representatives from the medical, dietetic, nursing and pharmacy services.

4.6 Clinical Nutrition Nurse Specialists – are responsible for setting evidence based, best practice standards for the safe care and management of routes of feeding for patients receiving different types of artificial nutrition and provide advice, support and training to nursing staff and the wider MDT. A key role is to facilitate and embed all aspects of good nutritional across the trust. They
act as the liaison between the NSC and the nutrition link nurses at ward level and work closely with the dietetic service.

4.7 **Speech and Language Therapists** – are responsible for assessing oro-motor and pharyngeal musculature and for advising on appropriate food and fluid textures to ensure the safest possible swallow.

4.8 **Pharmacists** – are responsible for advising on and supplying parenteral nutrition and for advising on drug-nutrient interactions.

4.9 **Catering Staff** – are responsible for the provision of attractive, balanced meals and special diets to meet patients’ clinical needs and requirements. They also provide food and beverages for staff and visitors use.

4.10 **Mealtime Volunteers** – assist patients who require help eating and drinking. They should receive training before beginning this role and regular updates whilst undertaking this role

4.11 **Health Care Assistants/Housekeepers** – act as the conduit between the ward food delivery and the patients’ food service. They may assist patients with eating and drinking, co-ordinate menu collection, provide snacks, maintain ward dry goods stock levels etc.

4.12 **Porters** – are responsible for the safe delivery of meal trolleys to wards and additional product deliveries. This supports the quality of meal and nutrition provision at ward level.

4.13 **Health Visitors; District Nurses; Midwives; Community support staff and Nursery staff** - are responsible for assessing patients and clients nutritional needs and providing advice appropriate to their skill set.

All staff listed, but especially dietitians, speech and language therapists and clinical nutrition nurse specialists have a responsibility to provide education and training to others to assist all staff to fulfil their role in the provision of good nutrition and the prevention of malnutrition.

5 **The Patient Managed in the Acute Hospital**

5.1 **On Admission**

5.1.1 Nutritional screening is the first step in identifying patients who may be at nutritional risk (or potentially at risk) and would benefit from appropriate nutritional intervention. It is a rapid, simple and general assessment and 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.

5.1.2 All adult/paediatric patients will be screened using the MUST (Adults) and STAMP (Paediatric) Tools (or other recognised tool) as an integral
part of the patient assessment undertaken within 24 hours of admission to hospital then weekly thereafter.

5.1.3 Where the MUST/STAMP Tools demonstrate the presence of nutritional risk, an intervention strategy, as printed on the MUST score, will be implemented. Should referral to a Dietitian be indicated, this will be made and recorded.

5.1.4 In critical care areas, where patients may be unconscious on admission, or may be unable to have a MUST/STAMP assessment for other reasons, it will be assumed that they have a medium to high risk and the appropriate guidelines for Artificial (Enteral / Parenteral) Feeding in Critical Care will be implemented.

5.1.5 A comprehensive nursing assessment will be completed on admission for each patient. This will identify individual patient needs i.e. where the patient may require help to choose their meals or need physical assistance in managing to eat their food. Support in meeting identified needs will be provided by the ward nursing team.

5.1.6 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.

5.1.7 Hospitalised infants with chronic conditions where weaning is delayed should be referred to Speech and Language Therapy for assessment, e.g. following gastrostomy or tube feeding.

5.1.8 The needs of patients with swallowing problems will be met through a multidisciplinary approach including Speech and Language Therapists, nursing and dietetic staff. Appropriate training will be provided to ward staff.

5.1.9 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.

5.1.10 Should liquids need to be thickened, an appropriate thickener, recommended by a Speech and Language Therapist, will be used. Patients may require soft or pureed foods and, once agreed with the patient, an advice sheet will be placed above the bed in order to promote the safety of the individual, i.e. to discourage staff or visitors offering inappropriate liquids or textures.

5.1.11 Adapted feeding utensils may be recommended by a Speech and Language Therapist or an Occupational Therapist. If the utensil is not available on a ward, the Occupational Therapy Department will arrange supply of the appropriate item.
5.1.12 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 times.

5.1.13 A specialised 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.

5.2 During Hospital Stay

5.2.1 The Trust will provide all help necessary for patients to receive appropriate nutrition in an environment conducive to maximising food and fluid intake.

5.2.2 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, nutritional intake. Outcomes of this intervention will also be recorded in the nursing notes.

5.2.3 Patients nutritionally at risk will be identified by means of a Red Water Jug/Tumbler system in conjunction with a white triangle (with red trim) signage, containing specific alerts, placed on a wall board above the bed. This is designed to direct ward staff that a patient requires additional help and support to eat and/or drink and that monitoring of food and fluid intake may be required as appropriate. The purpose of this system will explained to any patient (by ward staff) who requires it.

5.2.4 Dietitians in the Trust will provide assessment, treatment and education to those patients found to be at high risk of malnutrition or in need of therapeutic dietetics. Adult and paediatric patients with low or medium risk of malnutrition will be treated using the strategies for nutritional support indicated by the relevant screening tool. Where deemed necessary care plans for ward action will be drawn-up by the Dietitian. Nursing, medical, catering and pharmacy staff will be informed of how this treatment will be carried out via documentation on the patient's bed-side notes.

5.2.5 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.

5.2.6 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.

5.2.7 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 or 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. Where and when fasting is required will be fully explained to patients beforehand. Staff should be aware that fasting is not required on religious grounds for people who are ill but they may still wish to fast.

http://www.diabetes.org.uk/Guidetodiabetes/Managingyourdiabetes/Fasting/

5.2.8 All long stay in-patients will have a nutritional care plan with an individual needs assessment.

5.2.9 In accordance with the trust breast feeding policy, catering provision on maternity wards will be sufficient to meet the needs of breast-feeding mothers. A substantial evening snack will be available. Food will be made available to mothers after delivery and throughout the duration of hospital stay. These provisions will be extended to any wards where such patients may be accommodated.

5.2.10 The privacy and dignity of all mothers who are breast-feeding children will be maintained. Mothers who are breast-feeding will be provided with a suitable room in which to feed the baby irrespective of whether mother or child is the patient. All resident mothers who are breast feeding will be provided with meals until their child is 6 years of age.

5.2.11 In wards where patients stay for longer periods particular attention will be made to promote greater social interaction at mealtimes.

5.2.12 Appropriate crockery and feeding utensils will be made available to all adults and children during their hospital stay. The standard Trust corporate crockery utilised across all adult wards is also suitable for dementia patients.
Serviettes and cleansing cloths are available for all patients at ward level.

5.3 **On Discharge or Transfer of Care**

5.3.1 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.

5.3.2 Where dietetic assessment has indicated a clear need for the prescription of dietary supplements on discharge or transfer of care to another healthcare team, the Dietitian or discharging Doctor will inform the GP of the product and dosage required as part of the discharge process/documentation. They will clearly indicate the time period or criteria for which such supplements may be necessary and whether monitoring will be provided by the NUTH Dietetic Services or whether onward referral/monitoring arrangements must be made.

5.3.3 The registered nurse discharging a patient or transferring their care to another healthcare team will be responsible for ensuring that clear information and a care plan is provided to the appropriate healthcare team and/or carers where any nutritional risk or special need has been identified. This will be documented in the nursing records.

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

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

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

6 **The Food in the Acute Hospital**

6.1 Arrangements must exist in all areas, including emergency admission areas, to provide appropriate food and drink for patients.

6.2 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 and will reflect national standards & guidance in relation to good food and best nutritional practice.
6.3 Those who have special needs in terms of therapeutic diets, texture modification, cultural, religious 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.

6.4 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. Patients will be given the opportunity and encouraged, whenever possible, to make their own food choices.

6.5 The foods offered on any menu will meet the nutritional requirements of the patient group for whom the menu has been prepared.

6.6 Information relating to the food and catering services offered will be available and assistance to read and interpret menus will be given to patients or relatives if needed. Copies in large print, braille (core menu only) and pictorial format including halal menus are available and all menus can be made available in the 5 most commonly required foreign languages used in Newcastle. These may be requested from the catering department.

6.7 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.

Foods contra-indicated by texture or by content for any defined patient group will not be offered to that group.

6.8 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. Local infection control guidelines relating to food hygiene and food/feed preparation areas, for example kitchens, will be complied with at all times in accordance with trust policies eg Ward Food Hygiene policy, Healthcare Acquired Infections, Prevention and Control Strategy.

6.9 Food, beverages and water with a managed microbial content will be provided where clinical evidence supports this.

6.10 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.

6.11 Catering services to patients, visitors and staff will be reviewed regularly through a variety of means including audit, inspection (e.g. PLACE assessments), food tastings, PALS surveys, Friends & Family test and other user satisfaction questionnaires.
6.12 Every effort will be made to identify and mitigate any risks to patients, staff and visitors which may involve any aspects of food and fluid provision. Appropriate measures will be taken at all times to resolve these as soon as possible.

6.13 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 Head of Nutrition & Dietetics is responsible for ensuring that adequate interpretation of this information is available to the catering management when requested.

6.14 All food and beverage items required for patients with special needs which have been identified by a Dietitian or by senior ward staff as essential to the treatment or nutritional support of the individual patient, will be made available by the Catering Department. This may include items which require individual preparation and/or may not normally be included on the regular menus.

6.15 Foods familiar to children and commonly eaten locally will be included on all children’s menus together with healthy choices in order to offer a balanced menu. Planning will include foods for the age groups from 6 months to 18 years e.g. lower salt, soft foods for weaning, suggestions for meal combinations and choices.

6.16 Nutritional and ingredient content of all recipes and of bought-in food products will be made available to patients, carers or staff on request.

6.17 A range of specialised nutritional products will be held within the Trust to meet the requirements of any patients who need to include such items as part of their clinical/nutritional management.

7 Hydration in the Acute Hospital

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

- Patients are receiving adequate amounts of fluid to maintain hydration. Requirements may differ according to age, height, weight, medical condition and ambient temperature. A minimum of 6-7 (or as advised) drinks will be offered daily.
- Sufficient oral fluids are placed within the reach of the patient.
- Drinks are of a suitable temperature, e.g. a cup of tea is hot, a supplement drink is chilled and available in a suitable drinking vessel based on patient need.
- Assistance to drink is provided where necessary.
- A fluid chart is maintained (if fluid intake is of concern) and that both intake and output is clearly recorded.
- If a patient has swallowing difficulties, Speech & Language Therapy recommendations regarding thickened fluids are followed. If a patient declines to drink thickened fluids this will be recorded in the medical notes.
• Red jugs are used to alert staff to address a patient’s fluid requirements.
• Where patients are unable to consume sufficient levels of oral fluids (or may be nil by mouth) then alternative methods of fluid administration are instigated.

8 Artificial Nutrition Support (Enteral and Parenteral Nutrition)

8.1. Patients being considered for nutritional support/enteral feeding will be referred to a Hospital Dietitian for assessment and prescription of treatment at the earliest opportunity. Full explanations of the procedures involved will be provided to patients and parents/carers by appropriately trained staff.

8.2 In adult services, where referral to a dietitian is not possible prior to the commencement of enteral or parenteral feeding, agreed protocols, e.g. refeeding guidelines for starting artificial feeding out of hours, will be implemented in the interim period, and the referral to a dietitian made as soon as possible (e.g. the next working day).

8.3 In paediatric services standard protocols will be implemented as agreed by the individual sub-specialty areas. Specialist Nutrition Nurses/Clinical Nurse Educators will support ward staff in managing feeding equipment and procedures.

8.4 Provision and monitoring of parenteral nutrition and of complex enteral nutrition therapy in both adults and paediatrics, will be co-ordinated by Multi-disciplinary Nutrition Teams.

8.5 Patients considered candidates for home parenteral nutrition will be fully assessed prior to discharge and provided with training on the necessary procedures to undertake their feeding effectively and safely, on an inter-disciplinary basis. The ongoing management will be undertaken by the Hospital Nutrition Team and a Home Parenteral Nutrition Specialist Nurse.

8.6 Patients considered candidates for home enteral feeding will be fully assessed prior to discharge and provided with the required equipment and training on the necessary procedures to undertake their feeding effectively and safely. In order to facilitate the ongoing supply of feeds and ancillary products patients may be registered on a secured web-based database with a commercial company (who holds the nutrition products and consumables contract with the Trust).

8.7 Patients receiving artificial nutrition support at home will be offered planned reviews.

8.8 The use of enteral and parenteral nutrition products will be subject to ongoing review in terms of clinical efficacy and outcomes, value for money and quality. A competitive tendering process will be carried out every five years (with the option of a further two 1 year extensions) in accordance with the Trust’s Standing Orders.
8.9 There will be defined protocols in place to control the access, stock control and effective use of prescribable nutrition products.

9 Patients in the Community

9.1 Nutritional screening is the first step in identifying patients who may be at nutritional risk (or potentially at risk) and would benefit from appropriate nutritional intervention. Wherever possible, a nurse or suitably trained healthcare assistant will undertake this screening. Appropriate action will be taken where changes in nutritional status occur.

9.2 All patients will be screened using the MUST (Adults) and this will be undertaken on the first visit.

9.3 Where the MUST Tool demonstrates the presence of nutritional risk, an intervention strategy as printed on the MUST score will be implemented. The patient's GP will be informed and if required a referral to a Dietitian should be requested. Following the assessment nutritional and hydration advice will be offered if required.

9.4 Patients who are under the care of Community services long term will be reviewed according to their nutritional care plan. If there are indications that the patient's nutritional status has changed then a re-assessment will be carried out.

9.5 Midwives and Health Visitors will promote and support good maternal nutrition and breast feeding in the community.

Health Visitors will assess baby; infant and child nutrition and provide advice to support optimal nutrition.

Health Visitors will refer any concerns about growth and nutrition to appropriate health professionals for further advice.

10 Research

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

11 Staff and Visitor Catering and Nutritional Provision

11.1 The Trust makes provision for a range of catering services to cater for the needs of staff and visitors.

11.2 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.

11.3 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.
11.4 In order to meet the needs of visiting children, foods that are safe and familiar to children will be available for visitors during the daytime. Foods recommended for children will be free from nuts.

11.5 Foods for all population groups who regularly work in or visit the hospital are available and meet cultural and religious dietary requirements.

11.6 All meals, buffets and vended foods offer the opportunity to choose a healthy diet in line with current Government recommendations.

11.7 Staff with special therapeutic dietary needs or food allergy and visitors who need to be on site for significant periods of time, are able to request a suitable meal. This will be provided within the normal range of prices charged at the hospital food outlets.

11.8 Staff and visitor catering will be monitored against the catering and nutrition protocol ‘Food and Nutrition Standards for Staff and Visitors’ Meals.

Monitoring of food service within PFI services will be carried out on a monthly basis by a multidisciplinary team. The Team consists of personnel from Nursing (IPC), Hotels Services, Estates and is led by Catering Services. The criteria for assessment are benchmarked against the Food Court Deed parameters and include requirements to meet Food Hygiene/Safety Legislation.

The contractor should produce menus sufficiently varied to avoid menu fatigue whilst reflecting current food safety legislation to safeguard customers’ wellbeing.

11.9 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, dieticians, patient services co-ordinators or their representative and governors.

11.10 Food provision to the Nursery will be of visibly good quality and meet nutrition standards. The menus will be seasonal and changed two times per year (April/October), with the agreement of the Nursery Manager. The menus provided will meet the School Food Trust recommendations and be in accordance with Government Guidelines for young children. The Catering Department will work with Nursery Management to ensure dietary needs are met to cover allergies and under 1’s food supply.

12 Training

12.1 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. This will include training on any equipment required in the provision of any aspects of nutritional treatment and/or management.
12.2 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.

12.3 The MUST/STAMP tools are included as a mandatory part of medical and nurse training in the treatment of adults (MUST) and paediatrics (STAMP). The use of growth and development assessments, measurements and charts is mandatory in paediatrics.

12.4 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 including supporting the Trust’s aim to promote/achieve a healthy weight. In doing so, they will provide a comprehensive contribution to nutritional care. In the acute hospital the matron in each directorate will work collaboratively with the ward sister/charge nurse to ensure this training has taken place. In the community this will be the responsibility of the cluster coordinator or line manager.

12.5 New staff from healthcare professions, catering and portering will be introduced to the concept of this policy at departmental induction. Departmental training and/or awareness in nutrition will be provided within three months of appointment.

12.6 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.

12.7 The policy will be introduced at induction for governors, new Trust executives and lay Trust members.

13 Equality and Diversity

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

14 Monitoring compliance

14.1 This policy will be monitored by audits in clinical practice areas 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 attention of the Nutrition Steering Committee for action planning.

14.2 This monitoring and review is in addition to the annual monitoring and review of catering services referred to in sections 11.8 and 11.9.
14.3 The Catering Department will maintain their own monitoring systems according to the department’s service agreement with the Trust.

14.4 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.
- Review of patient satisfaction with food and beverages in both adult and children’s services.
- Appropriate use of special feeding methods and products.
- Measurement of patient nutritional intake.

14.6 Feedback on nutrition and catering services throughout the Trust will be encouraged by users of the facilities. Comments received will be considered as part of the overall auditing process in maintaining and improving services.

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<th>Monitoring and audit</th>
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<tr>
<td></td>
<td>Method</td>
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<tr>
<td>Overall governance of nutrition provision within the Trust</td>
<td>NSC chair</td>
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<tr>
<td>Delivery of the key elements of the nutrition policy through the implementation of the adult &amp; children’s nutrition action plans</td>
<td>Sub group chair</td>
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15 Consultation and review

15.1 Responsibility for Policy Review is the Nutrition Steering Committee.

15.2 Comments and suggestions should be made to the Chair of the Nutrition Steering Committee.

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

16 Implementation (including raising awareness)

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

17.1 On Admission

17.2 During Hospital Stay

17.3 The Food
- EuroFIR (2012) How do recipes and composite foods come to their nutritional values? Available at http://www.eurofir.net/compilernetwork/guidelines/recipecalculation


17.4 Hydration


17.5 Artificial Nutrition Support


17.6 Training


17.7 Monitoring


NACC (2012) How to comply with CQC’s Outcome 5: Meeting Nutritional Needs, NACC, West Sussex. Available at www.nacc.org.uk

QIPP improving quality of care (2012). Available at www.improvement.nhs.uk/quipp/

Patient-led Assessments of the Care environment (PLACE) 2013 Health and Social care Information Centre

17.8 Research

18 Associated Documentation

- **Insertion and management of NG feeding tubes - adult & paediatric policy (excludes neonates)**
- **Maternity Services Document for Newborn Feeding**
- **Protected Mealtimes Policy**
- **Protocol for avoidance of the refeeding syndrome in patients on enteral or parenteral nutrition (adults only) NUTH**
- **Supporting Employees who are Breastfeeding**
- **Ward Food Hygiene Policy**
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. **Assessment Date:** 31 July 2014

2. **Name of policy / strategy / service:**
   Nutrition Policy

3. **Name and designation of Author:**
   Alan Torrance

4. **Names & designations of those involved in the impact analysis screening process:**
   Nutrition Steering Committee

5. **Is this a:**
   - Policy [x]
   - Strategy [ ]
   - Service [ ]

   **Is this:**
   - New [ ]
   - Revised [x]

   **Who is affected**
   - Employees [x]
   - Service Users [x]
   - Wider Community [x]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?**
   (These can be cut and pasted from your policy)
   The purpose of this policy is to highlight the processes and the pre-requisites involved in optimising the nutritional care of patients during their hospital stay and whilst cared for in the community and in the provision of food and beverages on the Trust premises.

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

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   Policy is designed to meet the nutritional needs of all patients, staff, relatives and visitors to the trust irrespective of race, ethnic origins, nationality, gender, culture, religion or belief, sexual orientation, age, disability, gender reassignment or
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male/ female)</td>
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<tr>
<td>Religion and Belief</td>
<td></td>
<td></td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td></td>
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<td></td>
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<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td></td>
<td></td>
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<tr>
<td>Gender Re-assignment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
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<td></td>
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</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

   no

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

   Do you require further engagement?   Yes [ ] No [x]

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

   no
PART 2

Name: Alan Torrance

Date of completion: 31/07/2014

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