

CONTROLLED DOCUMENT

Nutrition and Hydration Strategy

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PURPOSE	To provide a co-ordinated, multi professional approach to the nutritional care of patients, visitors and staff taking into account national and international standards and guidance.
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1.0 Introduction

- 1.1 Malnutrition is common in the UK, affecting more than three million people at any one time. Around 1 in 3 patients admitted to acute care will be malnourished or at risk of becoming malnourished. Although the scale of dehydration in the UK is unknown we understand it is associated with a number of known causes of harm to people. Malnutrition and dehydration are therefore both causes and consequences of illness, have significant impacts on health outcomes and are integral to all care pathways (NHS England 2015a).
- 1.2 There is an increasing focus upon the role that nutrition and nutritional support play in reducing hospital admissions/readmissions, improving clinical outcomes and reducing hospital stay. If managed effectively, these may result in reduced financial costs to the National Health Service (NHS), and reduced personal costs to patients and carers. Organisation of nutritional care in hospitals has frequently been criticised, mainly for its lack of co-ordinated response to the problem of hospital malnutrition. This has resulted in national initiatives and guidelines which Trusts need to encompass to ensure effective, quality, nutritional care within a clinical governance framework (Council of Europe, 2003; Elia, 2015; DH 2010 and 2015; National Institute of Health and Clinical Excellence (NICE), 2006 and 2012; CQC, 2012).
- 1.2 The Trust, through its Vision to deliver the best in care, is fully committed to ensuring the provision of excellent nutritional management and food service within its hospitals for the patients in our care, visitors and staff. The Trust recognises that the needs of patients, where food can be regarded as treatment, are different from the needs of staff and visitors, where promotion of health and wellbeing are paramount. This strategy sets out how the Trust aims to achieve these needs in line with national and international standards.

2.0 Structure and Organisation of Nutritional Management

- 2.1 In accordance with national recommendations (NICE 2006; BAPEN 2014; Care Quality Commission (CQC) 2016) the organisation of nutritional care will be co-ordinated through the Nutrition and Hydration Steering Group which reports directly to the Care Quality Group. The Nutrition and Hydration Steering Group will be responsible for the following:
- Revising the Trust Nutrition Strategy every 3 years incorporating information/recommendations from local/national/international guidelines.
 - Developing an action plan to implement key elements of the strategy taking into account local/national guidelines/audit results/complaints etc relating to nutrition and/or food provision.
 - Auditing nutritional care on a 6 monthly basis with results reported to the Care Quality Group.
- 2.2 **Trust Resources**
- 2.2.1 The Divisional Associate Director of Nursing is responsible for ensuring that each clinical Division has a forum in which to discuss nutritional needs of patients.
- 2.2.2 The Trust provides a Nursing Nutrition Team to ensure patients with complex nutritional needs are managed appropriately.

- 2.2.3 The Trust provides a multidisciplinary Nutrition Support Team. The team included Specialists Dietitians, Nurses, Pharmacists and Medical support.
- 2.2.4 The Food Hygiene Group, a sub group of the Infection Prevention and Control Group, is chaired by the Operational Director Facilities or the Trust Catering Manager and exists to ensure that the Trust maintains adequate control in all aspects of food hygiene to provide safe food to patients, staff and visitors and complies with food hygiene legislation.
- 2.2.5 The Trust supports Supportive Meal Times and implementation of Therapy Supported Mealtimes' philosophy of care in clinical areas where this will have a significant impact on patient outcomes (NPSA 2007).
- 2.2.6 The Trust will ensure the use of a Red Equipment System (Age UK, 2010) to identify patients who are at risk of under nutrition and to ensure that the correct support is given to these patients. The Trust will ensure appropriate aids are provided to facilitate eating for example appropriate crockery, adapted cutlery and non-slip mats.
- 2.2.7 The Trust provides 24 hour access to meals or snacks for patients.
- 2.2.8 The recommendation of oral nutrition supplements will be in accordance with the Advisory Committee on Borderline Substances (ACBS) in the British National Formulary (BNF).
- 2.2.9 Provision for enteral feeding will be in accordance with the Guidelines for the Care of Enteral Feeding for Patients within University Hospitals Birmingham NHS Foundation Trust (current version) and the Trust Guidelines for the Care of Patients at Risk of Refeeding Syndrome (current version). Provision of parenteral nutrition will be according the Parenteral Nutrition Procedure (current version) and NICE (2006).
- 2.2.10 The Trust supports the inclusion of volunteers at patient mealtimes as dining companions (NHS Scotland, 2011).

2.3 Communication

Good communication between healthcare professionals and patients is essential. This should encompass communication of nutrition issues relating to individual patient care and dissemination of nutrition-related guidelines and policies. Nutritional intervention should be supported by evidence-based written information tailored to the patient's needs, treatment and care. The information patients are given should be culturally appropriate.

- 2.3.1 The Trust will ensure that written nutritional information e.g. diet sheets, will conform to Trust Policies and Procedures such as the Patient Information Policy and associated procedures.
- 2.3.2 Relevant patient groups will be consulted during the compilation of patient information.

2.3.3 Nutrition-related guidelines and policies will be taken to, and communicated via, the Trust Nutrition and Hydration Steering Group.

3.0 Roles and Responsibilities in the provision of nutrition

3.1 Trust Board

- The Executive Chief Nurse has overall responsibility for the provision of nutrition.

3.2 Nutrition and Hydration Steering Group

- The Group will ensure update and implementation of the Nutrition Strategy.
- The Group will advise the Trust on National Policy implementation requirements with respect to Nutrition and Hydration.

3.3 Catering Department

- The Catering Department will provide a menu that has a variety of choices at each meal time and is reviewed at least 6 monthly.
- The Catering Department will ensure the availability of snacks and light bites between meals for patients, and 24 hour snack boxes for out of hours.
- The Catering Department will provide 24 hour access to snacks for staff and visitors as retail and vending services.
- The Catering Department will ensure the patient, staff and visitor menus are nutritious, support appropriate healthy eating principles, provide sufficient daily nutritional intake and meet all standards identified within NICE and other Department of Health guidance (DH, 2004; NICE 2006 and 2012). All menus, special diets and production methods will be jointly agreed between the Trust's Catering Department /Dietetics Team and Speech and Language Therapies with input from patient representatives. As required the Trust Chaplaincy Team will advise Catering with ethnic menu design by facilitating liaison with volunteer community groups.
- The Catering Department will provide a full range of specialist diets and meals for all religious and ethnic needs. These choices will be incorporated into the normal menu cycle wherever practical.
- The Catering Department will facilitate patients' satisfaction questionnaires on a daily basis with reports being supplied monthly.
- The Catering Department will routinely review existing staff and visitor food provision to ascertain appropriateness, accessibility, facilities and choice, with alternative provision being made available using external and internal service providers in collaboration with the Trust's Staff Health and Well-being Initiative.
- The Catering Department will ensure a catering representative attends each of the Divisional Preventing Harm/Nutrition meetings.
- The Catering Department will supply special dietary meals on a daily basis based on liaison with dietetics, using the dietetic/catering electronic referral system.

3.4 Divisional Preventing Harm/ Nutrition Groups

- Undertake audit and evaluation of the delivery of nutrition and catering services at ward/department level.

- Monitoring and implementing actions at a local level and reporting back to the Trust Nutrition and Hydration Steering Group.
- Divisional representatives attending the Trust Nutrition and Hydration Steering Group are responsible for feeding back to their divisional groups on Trust-wide issues relating to nutrition and hydration.
- Provide a report to the Nutrition and Hydration Steering Group as detailed in the reporting schedule.

3.5 Senior Sister/Charge Nurses and Clinical Teams.

- The Malnutrition Universal Screening Tool (MUST) will be used to screen all hospital inpatients and ambulatory care patients on admission for malnutrition or the risk of malnutrition and will be carried out by registered healthcare professionals with appropriate skills and training. Nutritional Screening will be repeated at least weekly for inpatients.
- Patients being considered for nutritional support, nutritional supplements, tube feeding or parenteral nutrition will be referred to a dietitian and/or the Nutrition Support Team for assessment and prescription of treatment. Wherever possible patients will be offered ways to meet their dietary needs through oral fluid and diet in the first instance.
- Patients with swallowing difficulty will be identified by screening assessment of swallow undertaken by registered health care staff. Where necessary patients deemed at risk of swallow problems will be referred to the Speech and Language Therapy Department for comprehensive swallow assessment, to reduce the risks of aspiration or choking, and optimise safety of oral intake.
- The dietary needs and preferences of service users, and any mealtime assistance required, will be assessed, recorded and referred to by the ward staff.
- Where necessary food and fluid intake will be recorded daily.
- The ward will give people time to eat and where possible “protect this time” from other non urgent conflicting tasks and interruptions.
- Supportive mealtimes will remain in place to provide an environment conducive to patients enjoying and being able to eat their food.
- Assistance will be provided to patients when needed by appropriately trained staff. Assistance will be provided in a discreet manner, maximising a patients dignity at all times.
- Wards will be sufficiently staffed at mealtimes to ensure all patients receive adequate attention during mealtimes.
- Drinks must be made available during mealtimes and throughout the day. Where there is no clinical contraindication, patients will have access to fresh drinking water at all times.
- The ward must ensure the patients are able to choose their meals as far as is practical.
- The daily menu will be available on the ward.
- The food will be served at the correct temperature and in a timely manner once ready.
- If a patient misses a meal appropriate arrangements will be made.
- The ward will inform the catering department if a patient requires an alternative diet for cultural or religious reasons.

- Ensure that recommendations made by Speech and Language or Dietetics are followed.

3.6 Department of Nutrition and Dietetics

- Will advise and inform the Trust on new initiatives, policies and guidelines within the area of nutrition.
- Will maintain evidence based practice within the Trust with respect to nutrition and dietetics.
- Will review patients, as referred, identifying their nutritional needs. To devise an appropriate nutritional care plan, liaising with nursing staff, catering staff and the wider multidisciplinary team to ensure the care plan is agreed and to ensure an appropriate diet is ordered and provided.
- Will refer patients to other health professionals within the multidisciplinary team as appropriate.
- Will consult relevant patient representatives as appropriate.
- Will identify and implement training for the catering and multidisciplinary teams.
- Will liaise and work in partnership with the catering department in the creation of the hospital menus and special diets, ensuring nutritional standards for catering are met.
- Will provide nutritional training and education to relevant staff on nutritional matters
- Will manage a cohort of Home Enteral Nutrition patients.
- Will actively contribute to the Trust's Health and Wellbeing initiatives.

3.7 Nutrition Support Team

- This multidisciplinary team will support the review and management of patients with complicated nutritional needs and manage those requiring parenteral nutrition.

3.8 Nutrition Nursing Team

The Nutrition Nursing Team are employed to work alongside nursing staff, dietitians and other experts in nutrition to:

- Lead the Nutrition Support Team and prescribe parenteral nutrition as appropriate.
- Minimise complications related to enteral tube feeding and parenteral nutrition.
- Offer nutritional training and education to clinical staff.
- Provide counselling, training and support for patients who require long term enteral or parenteral nutrition.
- Respond to national initiatives in nutrition support ensuring development, update and adherence of nutrition support based protocols and guidelines are based on current best practice.
- Support coordination of care between the hospital and the community.
- Organise Trust in house study days on a variety of nutrition issues including management of enteral feeding devices.
- Manage a cohort of Home Parenteral Nutrition patients.

3.9 Speech and Language Therapy Department

Speech and Language Therapy Department will:

- Assess patients and provide recommendations regarding dietary or fluid modifications to ensure safe swallowing.
- Liaise closely with Dietitians and other healthcare professionals with the aim of ensuring nutrition and hydration needs are met by the safest route.

3.10 Line Managers

Line managers will be responsible for monitoring and ensuring that all healthcare professionals who are directly involved in patient care have access to education and training, relevant to their post, on the importance of providing adequate nutrition.

4.0 Education and Training

The Trust will promote a culture where nutrition is seen as an essential part of treatment.

- 4.1 The Nutrition and Hydration Steering Group will identify training needs with regard to nutrition for specific professions and non-clinical staff.
- 4.2 Training will commence at local induction for relevant staff and will be updated regularly. Malnutrition Universal Screening Tool (MUST) competencies must be completed by all Registered Nurses where MUST assessments are performed.
- 4.3 The Nutrition Nurse Team provide Trust in house study days on aspects of nutrition support for nursing and medical staff. In addition they offer ward based training and support where this is needed.
- 4.4 The Nutrition and Dietetics and Speech and Language Teams provide education sessions on the Nutrition nurse in house study days and bespoke sessions for medical and other health care professional staff.

5.0 Monitoring

The Nutrition and Hydration Steering Group is responsible for ensuring that all aspects of this strategy are implemented and monitored.

- 5.1 All patients receiving nutritional support (regardless of feeding route) will be monitored appropriately by clinical staff and appropriate documentation completed.
- 5.2.1 Patient satisfaction will be monitored through the National Patient Survey, Trust bedside surveys and menu satisfaction surveys. Results will be fed back to the Nutrition and Hydration Steering Group.
- 5.3 Nutrition screening data will be reported quarterly to the Nutrition and Hydration Steering Group. Informatics provide the data which is verified and reported by the Head of Nutrition and Dietetics.
- 5.4 The Trust audits and evaluates of the delivery of nutrition and catering services in order that the Trust Board may be assured patients, visitors and staff receive adequate, cost-effective nutrition.

6.0 Policy Production and Ratification

The Nutrition and Hydration Steering Group, in collaboration with relevant personnel, will be responsible for the development, approval and implementation of policies and procedures to optimise the provision of nutrition to patients, staff and visitors. This will include:

- Guidelines for the Care of Patients Requiring Enteral Feeding
- Parenteral Nutrition Procedure
- Guidelines for the Care of Patients at Risk of Refeeding Syndrome

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