Leicestershire Partnership NHS Trust

Nutrition and Hydration Policy for Hospital Inpatient Use

This policy is to be used for adult inpatients and emphasises the importance of nutrition and hydration for good inpatient care and the role of the MDT in achieving this care.

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Target audience:	All healthcare professionals working in trust hospital environment	
Type of Policy	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards?	Food and Drink	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Three	2018	Updated in line with policy review requirements and more links added rather than appendices
Two	April 2015	Updated in line with 2 year review of version one (Adult Nutrition and Hydration Policy for Inpatient Use
One	November 2012	Harmonised version of LCRCHS Adult Nutrition and Hydration Guideline for Community Hospital Use (NP088)

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

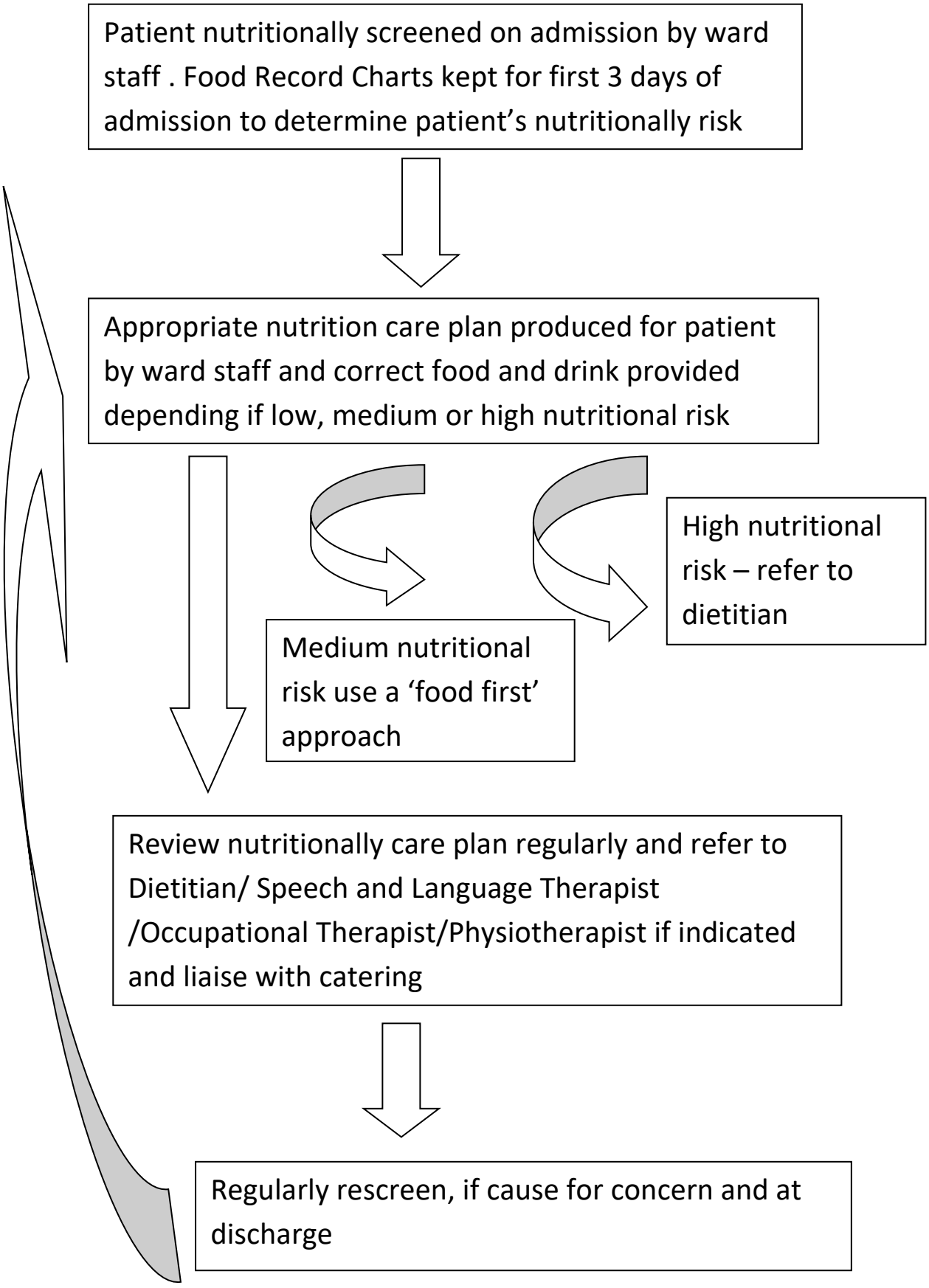
The Due regard assessment template is Appendix 8 of this document.

Definitions that apply to this Policy

Hydration	Applies to any fluid consumed. Foods that have a high fluid content e.g. soup, jelly, ice cream will support good hydration
Malnutrition	A state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes a measurable adverse effect on body composition, function or clinical outcome
Nutritional Screening	Agreed tool that will quickly identify a patient's nutritional risk. This can be completed by any health care professional with appropriate training
Nutritional Assessment	A more thorough analysis of a patients nutritional intake and requirements carried out by a dietitian
Nutritional support	Active measure put in place to help improve nutritional intake. This could be oral or enteral or parental
Oral nutrition	Food taken orally and includes fortified food, additional snacks and oral nutritional supplements

Flowchart/process chart

Nutrition and Hydration Policy for Hospital Inpatient Use – flow chart



1.0 SUMMARY OF POLICY

The policy is for all staff working in LPT and aims to promote good nutrition and hydration for all adults who are cared for by staff working in hospital settings across the trust.

2.0 INTRODUCTION

Having enough to eat and drink is one of the most basic human needs and yet it is known form the Department of Health 'Dignity in Care' campaign, research, complaints and media reports that some vulnerable people are not having their needs met.

A BAPEN (British Association of Parenteral and Enteral Nutrition) report in 2012 stated that 25% of patients admitted to hospital were malnourished on admission. Malnutrition varied significantly according to source of admission (23% of patients admitted from home, 33% of those from another hospital, and 41% from a care home). Primary care research has shown that malnutrition among older people in the community can be 10—15% and this increases to 30% in the care home population. Water/fluid frequently gets overlooked as a basic nutrient and evidence for good hydration shows that it can assist in preventing pressure ulcers, urinary infections, constipation, falls, cognitive impairment and many other conditions.

Food and drink is a Care Quality Commission fundamental standard and has been part of the National Patient Safety Agency agenda since 2006. Incidents are commonly reported on choking, dehydration, nil by mouth, inappropriate diet, lack of nutritional assessment, lack of assistance with feeding and missed meals.

3.0 AIM OF THE POLICY

This policy aims to improve nutrition and hydration of the adult inpatients we care for in hospital accommodation. The focus is on adults but much of the information is transferable to children who are inpatients in CAMHS. It explains how patients who are at nutritional risk can be identified, how nutritional status can be improved, what support there is from members of the multidisciplinary team and how support and training can be accessed.

4.0 PURPOSE AND SCOPE OF THE POLICY

The policy extends to all inpatients cared for across the trust in hospital settings. By achieving the care in this policy it will allow the trust to meet the requirements of:

- Department of Health – The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals (2014)
- Department of Health Essence of Care – Benchmarks for Food and Drink (2010)
- Care Quality Commission – Fundamental care standards –food and drink
- NICE Clinical Guidance 32 – Nutrition Support in Adults (2006)

Improving nutrition and hydration is supported by:

- Council of Europe Resolution Food and Nutritional Care in Hospitals – 10 key

characteristics of good nutritional care in hospital (2007)
- The British Dietetic Association – The Nutrition and Hydration Digest (2017)
- NHS Institute for Innovation and Improvement - High Impact Actions for Nursing and Midwifery: Keeping Nourished - Getting Better (2010)
- Age Concern 'Hungry to be heard' (2006) and Age UK 'Still hungry to be heard' (2010) campaign
- Better Hospital Food – Hospital Caterers Association (updated 2010)
- British Association of Parenteral and Enteral Nutrition (BAPEN) – numerous documents
- Royal College of Nursing – Hospital Hydration Best Practice Toolkit (2007)
- Guidelines for the Nutritional Management of Anorexia Nervosa (RCPsy, 2018)
- Water UK - Water for Healthy Aging: Hydration Best practice Toolkit for Care Homes (2005)

5.0 DUTIES WITHIN THE ORGANISATION

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively and nutrition and hydration is addressed and manged effectively across the organisation.

5.2. Trust Board Sub-committees have the responsibility for ratifying policies and protocols and supporting good practice in nutrition and hydration and alerting the trust board when concerns cannot be managed.

5.3 Divisional Directors and Heads of Service are responsible for delivering the nutrition and hydration agenda in the work areas they areas responsible for.

5.4 Managers and Team leaders will be responsible for supporting and implementing the policy at ward level and team level.

5.5 All health care staff have a responsibility to deliver good nutritional care

Responsibility of Clinical Staff
• Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
• In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;
- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

6.0 NUTRITIONAL SCREENING

6.1 Community Hospitals:
All newly admitted inpatients to hospital will have a nutritional screening tool score calculated within 24 hours of admission At present all Leicestershire Community Hospitals use the Leicestershire Nutrition and Dietetic Service (LNDS) nutritional screening tool http://www.lnds.nhs.uk/Library/commhospnutritionalscreeningtool.pdf The LNDS nutritional screening tool will be completed within 24 hours of admission by staff with appropriate skills and training.

Hospitals for patients with mental health problems, learning disabilities or on MHSOP wards:
This group of inpatients will be screened with the Malnutrition Universal Screening Tool - MUST (available on Rio). The nutritional screening tool will be completed within 72 hours (with the exception of MHSOP when within 24 hours) of admission by staff with appropriate skills and training. Patients referred to the Eating Disorder Service have their dietary status assessed as part of the overall assessment process, with a formal assessment of nutritional status on admission to hospital. (Royal College of Psychiatrists, 2018).

6.2 Staff should be familiar with both nutritional screening tools. The University Hospitals of Leicester NHS Trust and the Adult Mental Health and Learning Disability Division and MHSOP in LPT currently use the MUST (Malnutrition Universal Screening Tool), which is a nationally validated nutritional screening tool. This tool is also used in some care homes in the city and county. The community hospitals, community nurses and some care homes use the LNDS NST (see 8.1 for link).

6.3 An actual or estimated weight will be obtained on admission, unless deemed clinically inappropriate (this should be documented). If there are any factors present that may influence body weight, such as oedema these should also be documented. See link below for adult weighing scales competency that can be completed by staff. http://www.lnds.nhs.uk/Library/WeighingScalesAdultPaedcompetencyMarch2016LNDS037.pdf

6.4 An attempt should be made to measure body height in all patients. If a measure is not possible, a recall or estimated height should be used and documented. Factors affecting accuracy of any height measure obtained, such as curvature of the spine, should be clearly documented.

6.5 The weight and height measures obtained or estimated should be used to calculate the patient's Body Mass Index (see link for chart and competency http://www.lnds.nhs.uk/Library/BMIcompetencyDec16LNDS036.pdf).

6.6 Based on the MUST nutritional screening tool patients with a score of 1, or above and above 10 on the LNDS tool, patients will have a care plan developed to include the action points outlined in the screening tool. First line advice should include encouragement of high protein/energy menu options, monitoring and review of food and drink intake and nutritious drinks (e.g. milky drinks, Complan, Meritene) and snacks.

6.7 Patients with a MUST score of 4 or more, and above 15 on the LNDS nutritional screening tool, will be referred to LNDS for a full nutritional assessment, unless deemed clinically inappropriate (this should be documented e.g. palliative care). Staff should continue to follow the first line advice described above in 8.6 unless clinically

inappropriate, e.g. if a patient is nil by mouth. If a patient is on oral nutritional supplements it is advisable to refer to the dietitian regardless of their MUST/NST score.

6.8 All patients should have their MUST/NST score and weight repeated weekly unless it is deemed inappropriate, in which case this should be discussed with the covering dietitian and appropriate members of the multidisciplinary team and documented. Long stay mental health patients may be re- screened monthly if their MUST score is less than 1.

6.9 Patients should always be re-screened sooner if concern arises and on discharge.

6.10 For patients in short break homes the Learning Disability Governance group have agreed

- For new referrals to short breaks – A patient's food and fluid intake is monitored and recorded for 3 initial stays – These are reviewed and if no issues are identified and/or the patient records 0 on MUST - food and fluid charts can be discontinued
- If any patient has a score of 1 or more on MUST then food and fluid charts are commenced on or during admission or if the pre-admission suggests a concern. There should be evidence that these are reviewed/evaluated by a qualified nurse/ doctor and or dietician (if either of the later 2 are involved) and if food and fluid charts need to be continued.
- If a patient is scoring 0 on MUST but there are concerns during a patients stay regarding their food and fluid status and/or intake - food and fluid charts will be initiated and reviewed

7.0 NUTRITIONAL ASSESSMENT

7.1 Referrals to nutrition and dietetics will be made if a patient has a MUST/NST score which is high (see 6.7) or if they require specialist advice on a special or therapeutic diet e.g. poorly controlled diabetes, allergy.

7.2 The dietitian will undertake a nutritional assessment on all patients referred with a high MUST/NST score and on all appropriately referred patients. A nutritional assessment is a key role of the dietitian and includes assessment of anthropometrics, biochemistry, clinical condition, dietary intake, estimated intake and requirements and the influence of social and psychological factors on disease state and nutritional status.

7.3 Nutritional assessment can be used to determine nutritional status, aims and objectives of dietetic treatment and help calculate an individual's nutritional requirements, including requirements for nutrients, fluid and electrolytes.

7.4 Nutritional assessment will include an assessment of the following factors:

- weight
- weight history
- height
- body mass index
- history of recent fluid and dietary intake
- other factors that will affect nutritional intake e.g. swallowing difficulties, disease state

Ward staff therefore have an important role in aiding nutritional assessment as the MUST/NST score requires information on all of these factors.

7.5 The dietitian may consider the use of mid arm muscle circumference (MAMC) measurements in certain patients requiring long-term monitoring, such as patients with abnormal fluid balances or if unable to be weighed. MAMC measurements will be taken, if practically possible, by the same dietitian or dietetic support worker to avoid inter-observer variability.

7.6 The dietitian will estimate nutritional requirements for patients referred for nutritional support unless assessment has shown that calculating requirements will not benefit the intervention /development of the treatment plan .e.g. if a patient is on end of life care pathway.

7.7 Patients will require ongoing review of their nutritional care plan by ward staff and ongoing review of nutritional status will be required unless clinically inappropriate. Actions will be clearly documented in the patients' record and on nerve centre.

8.0 CARE PLANNING

Nutrition forms part of the multi-disciplinary Team care plan, is required as part of the national quality standards and a care plan should be clearly documented in the patient's clinical record.

8.1 On admission to community hospitals all patients should commence the Red Tray System as detailed in Procedure for Monitoring Food and Fluid Intake (The Red Tray System) within adult inpatients. This can be discontinued after 3 days if no concerns are highlighted about food or fluid intake. Advice on how to use the red tray system for other inpatients is given in 5.2 of this Procedure see http://esource.leicspart.nhs.uk/Library/ProcedureforMonitoringFoodandFluidIntaketheRedTraySystemwithinAdultInpatientsexpAug19.pdf .

8.2 All patients for whom there are concerns regarding the adequacy of their fluid and nutritional intake will be put/stay on the red tray system and have their food and drink consumption monitored by staff over 3 complete days, or longer if appropriate see page 13 of policy above.
• A member of the nursing staff will review the completed food and fluid balance charts, and take appropriate action
• A red tray/mat should be used (or locally agreed system) to highlight where patients are on a food intake chart.

8.3 Patients with specific nutritional needs will be identified in the patients' nursing records and at nursing handover. Ward kitchens will have a system in place which will identify individual patients needs e.g. white/dry wipe board, list. These may include patients:
- following a therapeutic/special diet
- on a texture modified diet or thickened fluids
- requiring extra drinks or snacks
- needing assistance with eating or drinking (specialist equipment or positioning)
- on a food intake and/or fluid balance chart
- nil by mouth
- on the Red Tray System

9.0 FOOD AND DRINK PROVISION

Information on food and drink provision, including menus and available snacks, will be available for all patients and visitors and kept updated by Facilities staff and the local food groups.

9.1 The housekeeper and/or member from the nursing team will help patients with their menu choice. Wards can have access to pictorial menu items if easier for patients to use (arrange with Facilities staff)

9.2 Patients will be given the opportunity to wash their hands/given a hand wipe before each meal or snack.

9.3 Patients will be given the opportunity to have appropriate mouth care and have their teeth cleaned during the day to help promote a good appetite and interest in food. Any gum disease, poor dentition or ill-fitting dentures should be managed as part of the patients care plan.

9.4 Snacks and hot drinks will be offered in between meals to all patients at locally agreed times. Where appropriate, within adult mental health units clients will be able to access hot/cold drinks by way of a beverage kitchen throughout the day and evening. Minimum snack provision should include 8 choices and include access to cakes and biscuits, cheese and crackers, yoghurt, and fresh fruit. Suitable high energy snacks could include muffins, fruit cake, flapjacks etc. For patients with Coeliac Disease suitable gluten free (GF) snacks will be provided e.g. GF biscuits and crackers, fruit and yogurt.

9.5 Meal choices for patients requiring a therapeutic or special diet will be provided where possible e.g. vegetarian, modified consistency, gluten free. LPT sites can cater for most therapeutic diets but the management of conditions requiring a therapeutic diet or patients with food allergies/hypersensitivities will need to be considered on an individual basis. This will require liaison between ward staff, the ward dietitian and facilities staff. Information on common therapeutic/special diets is available on each ward in community hospitals in the Nutrition Resource Folder and Facilities Menu Folder.

9.6 Facilities staff will be advised of patients with special dietary requirements or those on modified diet/fluids, including patients requiring additional drinks or snacks by relevant nursing staff on admission. This will be recorded on the wipe board in the kitchen or as locally agreed.

9.7 Standard menus will be coded in accordance with the following:

- GF = gluten content <20parts/million and clinically Gluten free
- S = soft (easy to eat and suitable for patients with chewing difficulties)
- V = vegetarian

Separate menus are available for those patients with Dysphagia

- Texture C = thick puree dysphagia diet
- Texture D = pre mash dysphagia diet
- Texture E = fork mashable dysphagia diet

See appendix 1 for more information on food and fluid textures. This terminology is

likely to change in future as the UK adopts the International Dysphagia Diet Standardisation Initiative.

All choices are suitable for people with diabetes as part of a healthy balanced diet. Additional information on the suitability of menu items for people with special or therapeutic needs can be obtained from facilities staff and/or ward dietitian and in community hospitals the ward Nutrition Resource Folder. A specific dysphagia menu will be available on the stroke wards at St Luke's Hospital, Market Harborough and Coalville Hospital. Other sites have access to frozen dysphagic meals.

9.8 LPT operate a protected mealtime policy to prevent unnecessary procedures taking place during mealtimes and to maximise the availability of staff to offer assistance if needed. For further guidance please refer to LPT Protected Mealtimes Policy.

9.9 Patients who have missed a meal will be offered an appropriate replacement. Ideally a hot option will be provided, such as a jacket potato with baked beans or cheese. When a hot option is not available, minimum meal provision should include a sandwich, cheese and biscuits, yoghurt and fruit. Food provided should be discarded after 4 hours if not eaten

9.10 A Catering Patient Satisfaction questionnaire will be completed regularly and results acted upon. For inpatients with mental health problems they are encouraged to attend food group meetings.

9.11 Food and drink can be brought in from home. If any doubt contact facilities/infection control. Any opened food on the ward should be discarded after 4 hours if not eaten.

9.12 Jugs of water will be available for every patient in community hospitals at their bedside. The exception will be patients who need assistance with drinking or those on thickened fluids who will be offered a drink every 2 hours and reassessed according to weather conditions. In the community hospitals red lids should be used in line with the Procedure for Monitoring Food and Fluid Intake (The Red Tray System) Within Adult Inpatients (see 8.1 above).

10.0 NUTRITIONAL SUPPORT

Nutritional support allows measures to be put in place that aim to improve the nutritional status of the patient.

10.1 Patients requiring nutritional support should be encouraged to choose high-energy options by the ward staff/dietitian and be offered snacks and nutritious drinks, such as high energy milk shakes, as suggested in the LNDS Nutritional Screening Tool (see 6.1 above).

10.2 All patients admitted on oral nutritional supplements (ONS) or having ONS on e-prescribing should be referred to the dietitian for a review of their care plan. Requests for the prescription of ONS will be discussed by the ward dietitian with the nursing staff/ANP/doctor and the dietitian /ANP/ doctor will write on the patient's drug chart or

on e-prescribing. ONS will be stored in a cool, dry place and should be offered chilled from the fridge, unless otherwise requested.

10.3 Ward staff will make regular checks on the 'best before' date of nutritional supplements stored on the ward and 'best before' dates will be checked before giving patients nutritional supplements.

10.4 Staff should give the nutritional supplement prescribed on the drug chart. If it is felt that a patient would benefit from an alternative supplement this should be discussed with the ward dietitian and written up on the drug chart by the dietitian or doctor.

10.5 Nutritional supplements will be opened and poured into the appropriate receptacle for the patient, unless otherwise requested.

10.6 Once opened nutritional supplements not consumed within 4 hours at room temperature on the ward will be discarded. Opened nutritional supplements may be labelled and stored in the fridge for up to 24 hours. Refused supplements should be documented appropriately.

10.7 Nutritional supplements will be given at an appropriate time to minimise effect on appetite. This may not coincide with medicine rounds, for example, mid-morning, mid-afternoon, early evening may be more appropriate.

10.8 Nutritional supplements can be thickened if a speech and language therapist (SLT) has recommended thickened drinks. For those on thickened fluids, the SLT will record the target consistency as well as the amount of thickener to be added. Thickener should be added so that the supplements achieve the same target consistency advised by the SLT for other fluids.

10.9 For some patients an enteral feed may be the required method of nutritional support. This will usually involve feeding by a naso-gastric or PEG feeding tube. For further information on Enteral Nutrition see the trust Enteral Nutrition guideline http://www.leicspart.nhs.uk/Library/ClinicalGuidelineenteralnutrition28317.pdf

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10.10 All patients who are planned to be discharged on an enteral feed will be referred to the HENS team (Home Enteral Nutrition Service) by the medical staff or nursing staff with the doctor's signature using the referral form see http://www.lnds.nhs.uk/_HealthProfessionals-ClinicalServicesAvailable-HomeEnteralNutrition.aspx

11.0 SUPPORT FROM NUTRITION AND DIETETICS

The dietitian and/or dietetic support worker will contact or visit the ward in response to referrals and to review patients as required. The local procedure for dietetic referral will be followed by staff using the appropriate referral form, via nerve centre, Systmone or Rio. The dietetic resource varies across inpatient areas and is often only hours/week.

11.1 Dietetic referrals will be acted upon within 5 working days from receipt of the

dietetic referral (Monday – Friday, excluding bank holidays). Currently these are received by nerve centre and paper referrals received on ward. This will move to e-referral on Systmone and Rio from June 2018.

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11.2 If the referral is urgent e.g. enteral feeding, then the referrer will also need to telephone the dietetic service.

11.3 The dietitian will discuss and document a patient's dietetic assessment, recommendations and plans for follow-up on Systmone or Rio and in the nutritional plan on Nerve Centre.

11.4 The dietitian will liaise with catering about any special dietary arrangements that are needed for patients. Where local systems such as white boards exist the dietitian will use such systems too.

11.5 The dietitian/dietetic support worker will aim to review the care plan, monitor nutrition and hydration, update discharge arrangements on ICE or liaise with the GP and follow-up patients after discharge as required.

12.0 SUPPORT FROM SPEECH AND LANGUAGE THERAPY (SLT)

12.1 Community Hospitals and Mental Health Services for Older People (MHSOP) Patients suspected of having difficulties swallowing their food and drink can be referred to the CHS SLT team by completing a community hospital inpatient referral form (on SystmOne) or MHSOP SLT referral form (on RiO). If the patient is due for discharge, the patient will be followed up at home. Further support can be found from the Adult SLT Service, Prince Philip House, Leicester, LE1 2NZ Tel: 0116 295 4692 Email; Adultspeech@leicspart.nhs.uk.

12.2 Adult Mental Health Services - Referral to SLT in all adult mental health areas is via secure e-mail (see appendix 2) to AMHSLT@leicspart.nhs.uk . Alternatively, referrals can be given to reception at the Bradgate unit using the referral form.

12.3 Learning Disability - A healthcare professional can refer to SLT by contacting the locality team. A referral can be made directly to SLT at the Agnes Unit. For short breaks, a referral to SLT can be made directly to the Referral Management Team (see appendix 3). The completed MUST tool should be included if appropriate.

12.4 The SLT team will aim to act on all new inpatient referrals within ten working days on receipt of referral, or sooner if urgent.

12.5 The SLT team will discuss and document a patient's swallow assessment, the suggested recommendations and plans for follow up. Documentation will be within the patient's medical notes, on RiO system in MHSOP and AMH areas, Systmone in community hospitals as well as SLTs own record system.

12.6 The SLT assessment will include consideration of capacity and consent to assessment and treatment, oral skills to control and prepare food and drink for swallowing, swallowing ability, risks of aspiration and choking, communication skills of the patient and communication interactions during the meal, the patient's ability to

understand and make choices and indicate needs and the patient's, familiy and carer's wishes.

12.7 SLT recommendations will aim to reduce risks of aspiration and choking and promote safe eating and drinking. SLT will work closely with the MDT team to promote safe, nutritious and enjoyable meals where the patient is involved and consulted as much as possible.

12.8 Training on feeding and swallowing will be offered by the SLT service on request from the wards.

13.0 SUPPORT FROM OCCUPATIONAL THERAPY (OT)

All patients requiring OT input will be referred by the nursing staff to the OT team during daily handovers in community hospitals and identified by the ward OT in mental health and learning disabilities. Patients will be seen within 2 working days.

13.1 All documentation including assessments, treatment plans and intervention will be completed within 24 hours and filed within the nursing MDT notes.

13.2 The aim of the OT intervention will be to enable an individual to regain independence or reach an optimum level of independence in feeding.

13.3 The OT assessment will be carried out at meal times in order to determine whether the patient is independent or having any difficulties with feeding. Cultural beliefs will be respected, e.g. finger feeding, use of 'clean' hand. The 'Protected meal times' policy will be taken into account.

13.4 Environment – patients will be encouraged to take their meals seated e.g. at the table in the hospital dining room, as this facilitates good positioning and promotes socialising with other people. Reasonable adjustments will be made for patients with mobility issues

13.5 Crockery and cutlery – patients will be encouraged to use standard hospital items wherever possible. If a patient has difficulties due to, e.g. upper limb weakness, function in one handed only or poor co-ordination then the OT will assess and carry out practise with feeding aids e.g. adapted cutlery, plate guard, Dycem non slip mat etc.

13.6 Kitchen practice – patients who would normally carry out domestic tasks will be encouraged to make themselves a hot drink or breakfast in the OT assessment kitchen. During this intervention the patient will be advised on issues such as safety, energy conservation, positioning and appropriate use of specialist equipment. An example of this would be a patient sitting on a perching stool to carry out meal/drink preparation or using a trolley to transport food and drink. The patient will also be provided with information on support services and agencies, e.g. frozen meal delivery services.

13.7 The OT team will work closely with other members of multi-disciplinary team to provide continuity of care to the patient and ensure their discharge from hospital is

efficient and effective.

14.0 SUPPORT FROM PHYSIOTHERAPY

All patients requiring physiotherapy to assist with eating and drinking will be identified by the ward staff. Input will take the form of:

14.1 Assessments of mobility and transfers – to ascertain how a patient should be getting to and from the dining room, and transferring in and out of a chair.

14.2 Assessments of patients posture ability and positioning – to ascertain the most appropriate seating for the patient when eating.

14.3 Assessment of upper limb range of movement and strength – to ascertain patient's ability to feed themselves / identify level of assistance needed

14.4 Assessment of patients from a respiratory perspective as needed

14.5 Physiotherapy aims:
o to maintain mobility, facilitate good positioning and promote social inclusion
o Patients will be encouraged to mobilise, as able (with assistance / mobility aids as identified by the Physiotherapists) to the dining room for their meals
o Where able, patients should be eating their meals seated at a dining table in an upright chair, with necessary aids to facilitate maintenance of a correct position.
o Where able, patients should be encouraged to feed themselves, using specialist crockery / cutlery as needed, to maximise their function and independence.
o The physiotherapy team will work closely with other members of the multi-disciplinary team to provide continuity of care to the patient and ensure their discharge from hospital is efficient and effective

15.0 STAFF TRAINING AND SUPPORT

15.1 All staff who are directly involved in patient care (including health care support workers, housekeepers, catering staff) will have access to education and training relevant to their post on the importance of identifying malnutrition, improving nutritional status and meeting patients' nutritional requirements. E-learning is available on u-learn on nutrition and hydration and it is recommended all clinical staff should complete every 3 years (role specific training). Training can also be provided by the nutrition and dietetic department on specific nutrition topics when requested. Education and training will be either group sessions or self-directed (a pack can be requested from LNDS). Dietetics currently input into the Health Care Support Workers training and delivery the nutrition and hydration session.

15.2 The LNDS/LPT Nutrition Resource Folder is available on each ward in the community hospitals. The folder gives information on special diets, menu choices, food fortification, oral nutritional supplements and practical guidance on enteral feeding.

15.3 Training for use of the Flocare Infinity enteral feeding pumps can be accessed on-line through the Nutricia website at www.nutriciaflocare.com/index.php

A record of the event will be recorded on u-learn for role specific nutrition and hydration training

16.0 MONITORING, COMPLIANCE AND EFFECTIVENESS

Systems should be put in place to ensure there is compliance with this policy and the nutrition and hydration patients receive is improved.

16.1 Multi-disciplinary Food Groups aim to meet at least quarterly in each locality or individual community hospital to discuss nutrition and hydration related issues. The Food Group will consist of the following members:

- locality ward manager/Lead nurse or matron
- senior nurse from each ward
- dietitian
- housekeeper
- catering manager
- occupational therapist
- speech and language therapist
- health care support worker (optional)
- Patients/services users (optional)

Members of the food group will communicate actions to members of their respective teams and to the LPT Nutrition Steering Group which is accountable to the trust board.

16.2 LPT clinical audit team liaise with the LPT Nutrition Steering Group to audit compliance with this policy annually. One in 2 inpatients are audited across all inpatient areas and the results are fed back to the commissioners. Monthly spot checks are done and 20% of inpatients are audited. Action plans are developed and implemented in the directorates when poor practice is identified. Leicestershire Nutrition and Dietetic service will occasionally undertake the service evaluations on

- food wastage
- food portion size
- effectiveness of the red tray system

if concerns about practice and time allows.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
16.1	Nutrition steering Group meetings - meet quarterly	Meeting notes	Incidents and exceptions	Nutrition Steering Group	Annually
16.2	Nutrition steering Group meetings - meet quarterly	Audit / spot check results	Clinical audit team / lead nurse	Nutrition Steering Group	Quarterly

17.0 STANDARDS / PERFORMANCE INDICATORS

The audit form and spot check forms mentioned above in 17.2 will be used to monitor performance indicators see appendix 4 for more information. The indicators include

- Date 1st nutritional screening completed
- NST / MUST score
- Patients actual weight documented on admission
- BMI calculated on admission
- Is the correct care plan in place?
- If high NST / MUST has referral been made to the dietitian?
- Has screening been repeated appropriately?
- Lifestyle advice offered to patients with BMI>30
- Nutritional intake is recorded for 1st 3 days of admission
- Patient identified as requiring assistance with eating and drinking?
- If yes offered drink every 2 hours

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Fundamental Standards	Meeting nutritional and hydration needs
NICE Clinical Guidance 32	Nutrition Support in Adults
The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals	1.THE 10 KEY CHARACTERISTICS OF GOOD NUTRITIONAL CARE FROM THE NUTRITION ALLIANCE 2. NUTRITION AND HYDRATION DIGEST (THE BRITISH DIETETIC ASSOCIATION) 3. MALNUTRITION UNIVERSAL SCREENING TOOL (MUST) OR EQUIVALENT VALIDATED NUTRITION SCREENING TOOL (NST) 4. GOVERNMENT BUYING STANDARDS (GBS) FOR FOOD AND CATERING SERVICES FROM DEFRA
	5. FOR STAFF AND VISITORS CATERING HEALTHIER AND MORE SUSTAINABLE CATERING - NUTRITION PRINCIPLES

18.0 CONSENT

18.1 Care of all patients in the trust includes providing adequate and appropriate food, nutrients and fluid. As long as the patient can swallow safely, and expresses a desire and willingness to eat and drink there will be no cause for concern.

18.2 Risk assessments should be completed for identified concerns in relation to food and drink intake and the care plan should reflect how this risk will be managed.

19. REFERENCES AND ASSOCIATED DOCUMENTATION

This policy was drafted with reference to the following:

- Age UK (2010) Still hungry to be heard campaign

- British Association of Parenteral and Enteral Nutrition – various on line documents see http://www.bapen.org.uk/resources-and-education/publications-and-reports

- British Dietetic Association (2017) The Nutrition and Hydration Digest: improving outcomes through food and beverage services

-Care Quality Commission Regulations (2014) Regulation 14: Meeting nutritional and hydration needs

-Council of Europe Resolution Food and Nutritional Care in hospitals (2007) 10 key characteristics of good nutritional care in hospital

-Department of Health (2007) Improving Nutritional Care

-Department of Health (2010) Essence of Care – Benchmarks for food and drink

-Department of Health (2014) The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals

-Hospital Caterers Association (2010) Better Hospital Food

-Leicestershire Partnership Trust (2014) Protected mealtime policy (being updated)

-Leicestershire Partnership Trust (2016) Trust Guideline: Enteral Nutrition (enteral tube feeding) in the community and community hospitals

-Leicestershire Partnership Trust (2017) Procedure for monitoring food and fluid intake (Red tray system)

-NHS Institute for Innovation and Improvement (2010) High Impact Actions for Nursing and Midwifery – Keeping Nourished, getting better

-NICE (2006) Clinical Guideline 32 – Nutrition support in adults

-Royal College of Nursing (2007) Hospital hydration best practice toolkit

-Royal College of Psychiatry (2018) Guidelines for the nutritional management of anorexia nervosa

APPENDIX 1

Food and Fluid Textures

Descriptor	Description	Avoid
Normal Diet	All foods	No restrictions
Soft Diet	Softer, easy to chew foods. Can be cut with the side of a fork.	**Caution** with sticky foods, 'round' foods (e.g. sausages). **Avoid** food with skins / outer shells (e.g. beans), dry, crumbly crunchy foods **unless well moistened** (e.g. with custard / gravy). **Avoid** 'floppy' foods, hard or chewy foods, skin and gristle

Fork Mashable Dysphagia Diet (Texture E)	Very soft, tender and easy to chew; soft enough that it can be mashed down with a fork. Meat / mince should be no bigger than 15mm	No sticky or floppy foods; Avoid 'round ended' food (e.g. sausages / grapes); No skin or gristle; No skins or outer shells (e.g. on peas); No husks, pips; hard, chewy, fibrous, stringy, crunchy, crumbly foods; No mixed (thick-thin) textures; No sticky or 'floppy' foods
Pre-Mashed Dysphagia Diet (Texture D)	Very soft, tender and moist; food particles very finely mashed or minced; may be described as a 'textured puree'; Meat finely minced (pieces no bigger than 2mm); has a thick non-pouring consistency. Minimal chewing required	No loose fluid; no skin, gristle; no round shaped food; no chunks; no sticky or floppy foods; / No skins or outer shells (e.g. on peas); No husks, hard, chewy, fibrous, stringy, crunchy, crumbly foods. No thin sauces
Thick Puree Dysphagia Diet (Texture C)	Food has been pureed; smooth throughout; may need to be sieved; fine texture as long as it is cohesive; holds its shape on the plate; can be eaten with a fork; the prongs of a fork make a clear pattern on the surface; can be piped or moulded. Sauces (e.g. gravy / custard) should be same thickness as puree itself.	No 'bits'; no separate fluid; not sticky; does not require any chewing; no crust, pips, skins, husks, gristle; fibres, outer shells; cannot be poured. No thin sauces
Thin Puree Dysphagia Diet (Texture B)	Food has been pureed; smooth throughout; may need to be sieved; eaten with a spoon; can be poured	Can't be eaten with a fork as slips through prongs; not sticky; does not require chewing; no crust, skins, pips, husks, gristle; fibres, outer shells

Adapted from 'Dysphagia Diet Food Descriptors' April 2011. Full information and audit checklists available in full document

Fluid Descriptor	**Description**	***Approximate* quantity of thickener per 200ml fluid**
Normal Fluid	Water	None
Naturally Thick Fluid / Very Slightly Thickened Fluid	Similar in consistency to full fat milk	1 ½ to 2 x 5ml teaspoons ThickenUp / Thick and Easy 1 scoop ThickenUp Clear
Slightly Thickened Fluid (Stage 1) May be referred to as syrup* or nectar consistency	Thinly coats the back of a spoon. Quickly runs through prongs of the fork. Similar to consistency of single cream or *fruit syrup** (ie syrup from tinned fruit)	3 to 4 x 5ml teaspoons ThickenUp / Thick and Easy 2 scoops ThickenUp Clear
Moderately Thickened Fluid (Stage 2) May be referred to as custard*or honey consistency	Leaves a thick coat on a spoon. Slowly slips through prongs of a fork. Similar in consistency to thick double cream or *pouring custard**.	4 ½ to 5 ½ x 5ml teaspoons ThickenUp / Thick and Easy 3 scoops ThickenUp Clear
Extremely Thickened Fluid (Stage 3) May be referred to as pudding*consistency	Holds shape on spoon or fork. Cannot be drunk from a cup. Similar in consistency to whipped cream, or *semi solid pudding** (eg mousse)	6 ½ to 7 ½ x 5ml teaspoons ThickenUp / Thick and Easy 6 scoops ThickenUp Clear

Adapted from 'National Descriptor for Texture Modification in Adults' 2002 and 'Australian Standards for Texture Modified Foods and Fluids' 2007

LPT ADULT SPEECH AND LANGUAGE THERAPY SERVICE 2013. Revised November 2016

APPENDIX 2

Return completed forms to:

Adult Mental Health SLT Team

Bradgate Unit

Glenfield Hospital

Groby Road, Leicester

AMH In-patient Speech and Language Therapy REFERRAL FORM

Date of Referral:		NHS No:	

Surname of person being referred				
Forename(s)	**DOB**	**M/F**	**Care First No/MARACIS No**	**MHA Status** (if applicable)

Ethnic Origin		Religion		Marital Status	

Next of Kin and Main Carer (if this is different from next of kin):

Surname	Forename(s):	DOB/Age		M/F	Relationship to Person Being Referred

Main Address:		Is person aware of referral: ☐ Yes ☐ No Is person able to give consent: ☐ Yes ☐ No Has the person consented? ☐ Yes ☐ No If no, has the carer given their view? ☐ Yes ☐ No Preferred Language/Communication Method: Interpreter Required? ☐ Yes ☐ No
Does the Person Live Alone: ☐ Yes ☐ No		
If no, who do they live with: **Risk factors for visiting:**		Is this referral urgent? (i.e. needs to be seen within 48 hours) ☐ **Yes** ☐ **No**
Are you aware if the person ever suffered from any form of abuse? (physical ,sexual, neglect psychological, financial, discriminatory Institutional)		☐ **Yes** ☐ **No** **If yes please state type of abuse and date this occurred**
Is the Person subject to a Mental Health Act Section or Deprivation of Liberty Safeguarding:	☐ **Yes** ☐ **No**	**If yes, please give detail:**

Other Professionals/Agencies Involved:	Is GP aware of referral? ☐ Yes ☐ No
GP (Name & Address)	Tel:
Medical Diagnoses/ substance misuse issues/any behaviour that challenges	
Describe any allergies	

Reason for Referral:

Referrer:	
Name:	
Relationship:	
Address:	
Postcode:	**Tel:**

Signature of Referrer:	Signed:	Date:

Date Referral Received:		Checked by :		Date:

APPENDIX 3

Leicestershire Partnership NHS Trust

LEARNDING DISABILITIES SERVICES REFERRAL FROM

Return completed forms to:
Learning Disability Single Point of Access Team, 138 Winstanley Drive
Leicester LE3 1PB
Tel: 0116 295 4528/29
Fax: 0116 295 4526
Email: ldspa@leicspart.nhs.uk

Referrals considered for people who meet <u>all of the eligibility criteria below</u> and unable to access mainstream service:

- are 18 years or older ☐
- have a learning disability ** or acquired head injury before the age of 18 ☐
  - (If in doubt please use LD Screening Tool)
- have a health need ☐
  (such as mental illness, behavioral problems, sensory disability, physical, eating & drinking difficulties)

<u>NB: If front page not compete, referral may be returned</u>

Has a referral to primary health care been considered?
Yes / No / Not Applicable
Details:

Date of Referral		**NHS No:**			
Referred person:					
Surname	**Forename(s)**	**DOB**	**M/F**	**MHA Status** (if applicable)	
Ethnic Origin		**Religion**		**Marital Status**	
Main Address		**GP Address**		**Is GP Aware of referral: Y / N**	
Tel no:		**GP Tel No:**			

Details of Next of Kin/Carers		
Full Name	**Contact Number**	**Relationship to patient**

Who is the best person to contact regarding the referral to gather pre assessment information ✓Tick where appropriate and provide details above			
Patient	Next of Kin	Main Carer	Other Professional

Referrer Details			
Name		**Telephone Number**	
Relationship to Patient			

Address		**Consent Obtained:**	Can patient consent? Y / N	
			If **yes**, has patient consented: Y / N	If **no**, has best interest been considered: Y / N

Reason for Referral
Please include: information to suggest presence of learning disability, current health need requiring input from specialist services and associated existing health problems

Current Professionals Involved (health, social care, private provider)

Name	Professional Role	Contact Details

Is the patient subject to a MHA Section or Deprivation of Liberty Safeguarding: Y / N

Details:	

Are there any safeguarding concerns: Y / N

Details:	

Significant level of risk: Y / N

Details:	

Monthly Nutrition Spot Check – MONTH, YEAR

Please review 25% of the patients on your ward.

Division: **Date of audit:** **Name of Auditor:** **Designation of Auditor:**

Results need to be returned (scanned and emailed) to Elaine.Stone@leicspart.nhs.uk by the last day each month until further notice.

Ward	**Date** of admission **DD/MM/YY** **If not within 72 hours please put rationale in comments box**	Date 1st nutritional screening completed **DD/MM/YY**	NST/ MUST **score**	Patient's actual weight documented on admission **YES/NO**	BMI calculated on admission? **YES/NO**	Is the correct care plan in place, appropriate to the NST score? **YES/NO**	If Nutrition score is 4 (MUST) or 15 (NST) or more, has patient been referred to dietitian? **YES/NO/N/A**	Has the screening tool been repeated appropriately? **YES/NO/N/A**

Ward	Lifestyle advice to patients with a BMI >30 is recorded **YES/NO/N/A**	Eating and drinking care plan completed? **YES/NO/N/A**	Nutritional intake is recorded for first 3 days of admission **YES/NO/N/A**	Patient identified as requiring assistance with drinking? **YES/NO/N/A**	If yes – evidence offered drink every 2 hours?	Any comments for this patient? e.g. Refusal/Non-compliance which must be clearly documented

Training Requirements

Training Needs Analysis

Training topic:	Nutrition and Hydration
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development
Division(s) to which the training is applicable:	☐ Adult Mental Health & Learning Disability Services ☐ Community Health Services ☐ Enabling Services ☐ Families Young People Children ☐ Hosted Services
Staff groups who require the training:	All clinical staff working in inpatients areas of the trust
Regularity of Update requirement:	3 yearly
Who is responsible for delivery of this training?	Available on u–learn (supported by Nutrition Steering Group)
Have resources been identified?	yes
Has a training plan been agreed?	yes
Where will completion of this training be recorded?	☐ ULearn ☐ Other (please specify)
How is this training going to be monitored?	Line managers at PDR

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐yes
Respond to different needs of different sectors of the population	☐yes
Work continuously to improve quality services and to minimise errors	☐yes
Support and value its staff	☐yes
Work together with others to ensure a seamless service for patients	☐yes
Help keep people healthy and work to reduce health inequalities	☐yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐yes

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Alison Scott	Clinical Dietetic Manager – Primary Care

Circulated to the following individuals for comment

Name	Designation
Nutrition Steering Group members	Trust MDT group
Community Hospital Dietetic group	Dietitians inpatient group

Due Regard Screening Template

Section 1	
Name of activity/proposal	Nutrition and Hydration Policy for Hospital Inpatient Use
Date Screening commenced	12-3-18
Directorate / Service carrying out the assessment	Nutrition and Dietetic Service
Name and role of person undertaking this Due Regard (Equality Analysis)	Alison Scott
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To provide assurance that there is clear guidance for HCPs working across MDTs in the trust and that nutritional and hydration needs of our inpatients are met	
OBJECTIVES: 1. To identify nutritional risk and understand how to nutritional screen patients 2. To provide staff with understanding about support from catering and the MDT to ensure patient appropriate care plans can be created and implemented 3. To sign post staff to training on nutrition and hydration	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	Positive – no one discriminated against and covers all inpatients areas – focus is on adults but can be applied to CAMHS ward
Disability	Positive – no one discriminated against and covers all inpatients areas
Gender reassignment	Positive – no one discriminated against and covers all inpatients areas
Marriage & Civil Partnership	Positive – no one discriminated against and covers all inpatients areas
Pregnancy & Maternity	Positive – no one discriminated against and covers all inpatients areas
Race	Positive – no one discriminated against and covers all inpatients areas
Religion and Belief	Positive – no one discriminated against and covers all inpatients areas
Sex	Positive – no one discriminated against and covers all inpatients areas
Sexual Orientation	Positive – no one discriminated against and covers all inpatients areas
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No

High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	**X**

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

We should be carrying out these activities and interventions as part of good patient care and to ensure compliance with national guidance

Signed by reviewer/assessor	Alison.Scott@lnds.nhs.uk	**Date**	12-3-18
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment. **The following screening questions will help decide whether a PIA is necessary.** **Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.**			
Name of Document:	**Nutrition and Hydration Policy for Hospital Inpatient Use**		
Completed by:	**Alison Scott**		
Job title	**Clinical Dietetic Manager – primary care**	**Date**	**12-3-18**
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			**no**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			**no**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			**no**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			**no**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			**no**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			**no**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			**no**
8. Will the process require you to contact individuals in ways which they may find intrusive?			**mo**
If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 **Lpt-dataprivacy@leicspart.secure.nhs.uk** **In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.**			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust