

Nutrition and Hydration Policy for Hospital Inpatient Use

This policy aims to promote good nutrition and hydration for all adults cared for by staff in inpatient settings across the Trust.

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Contents

1.0 Quick Look Summary	4
1.1 Version Control and Summary of Changes	5
1.2 Key individuals involved in developing and consulting on the document	5
1.3 Governance	5
1.4 Equality Statement	5
1.5 Due Regard	5
1.5 Definitions that apply to this Policy	6
2.0. Purpose and Introduction	6
2.1 POLICY AIM	6
3.0 Policy requirements	7
4.0 Duties within the Organisation	8
5.0 Consent	8
6.0 COMMUNITY HOSPITALS	8
7.0 MENTAL HEALTH, LEARNING DISABILITY OR MHSOP HOSPITALS/WARDS	9
7.1 EATING DISORDERS	9
8.0 MALNUTRITION UNIVERSAL SCREENING TOOL	9
9.0 CARE PLANNING	10
10.0 DIETETIC REFERRALS AND NUTRITIONAL ASSESSMENT	11
11.0 NUTRITION SUPPORT	12
12.0 RED TRAY SYSTEM	13
13.0 FOOD AND DRINK PROVISION	13
13.1 PROTECTED MEALTIMES AND ENVIRONMENT	15
13.2 SUPPORTING PATIENTS WITH NUTRITION AND HYDRATION	15
14.0 ORAL CARE	15
15.0 SUPPORT FROM OTHER ALLIED HEALTH PROFESSIONALS	15
15.1 SPEECH AND LANGUAGE THERAPY (SLT)	15
15.2 SUPPORT FROM OCCUPATIONAL THERAPY (OT)	16
15.3 SUPPORT FROM PHYSIOTHERAPY	17
16.0 STAFF TRAINING AND SUPPORT	18

17.0	Monitoring Compliance and Effectiveness	18
18.0	STANDARDS / PERFORMANCE INDICATORS.....	19
19.0	References and Bibliography	20
20.0	Fraud, Bribery and Corruption consideration	21
Appendix 1	IDDSI FRAMEWORK.....	22
Appendix 2	SALT Referral Form.....	23
Appendix 3	Learning Disabilities Services Referral Form	26
Appendix 4	Spot Check Form	28
Appendix 5	Training Requirements	30
Appendix 6	The NHS Constitution	30
Appendix 7	Due Regard Screening Template	31
Appendix 8	Data Privacy Impact Assessment Screening.....	33

1.0 Quick Look Summary

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

A BAPEN (British Association of Parenteral and Enteral Nutrition) report in 2012 stated 25% of patients admitted to hospital were malnourished on admission. Malnutrition varied significantly according to the source of admission (23% of patients admitted from home, 33% of those from another hospital, and 41% from a care home). Additionally, 70% of patients admitted to hospital were found to weigh less on discharge.

Primary care research has shown malnutrition among older people in the community can be as prevalent as 10—15% and this increases to 30% in the care home population. Water/fluid frequently gets overlooked as a basic nutrient. Evidence for good hydration shows it can assist in preventing pressure ulcers, urinary infections, constipation, falls, cognitive impairment, and many other conditions.

Providing good nutrition and hydration care is a Care Quality Commission mandatory 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

1.1 Version Control and Summary of Changes

Version number	Date	Comments
5	January 2024	Updated in line with 2-year review. Policy structure changes. New mandatory standards and best practice included
4	September 2023	Updated in line with 2-year review. Policy structure changes. New mandatory standards and best practice included.
3	June 2018	Updated in line with policy review requirements and more links added rather than appendices
2	April 2015	Updated in line with 2-year review of version one (Adult Nutrition and Hydration Policy for Inpatient Use
1	November 2012	Harmonised version of LCRCHS Adult Nutrition and Hydration Guideline for Community Hospital Use (NP088)

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	Anne Scott
Author(s)	Sophy Parkin
Implementation Lead	Jane Martin
	Core policy reviewer group
Wider consultation	Nutrition and Hydration Steering Group
	Directorate Heads of Nursing

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Nutrition and Hydration Steering Group	Quality Forum

1.4 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. If you require this policy in any other format please contact the Corporate Assurance Team.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.

- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.5 Definitions that apply to this Policy

Body Mass Index (BMI)	Measurement of weight compared to height to provide a weight category (underweight, healthy weight, overweight or obese).
EPR	Electronic patient record
Hydration	Required to ensure normal bodily functions. This 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 and/or clinical outcome
MUAC	Mid Upper Arm Circumference. An alternative measure to use if body weight is not possible.
MUST	Malnutrition Universals Screening Tool. A tool to identify the risk of malnutrition.
Nutritional Screening	Nutritional screening by the agreed tool will quickly identify a patient's nutritional risk. This can be completed by any health care professional with appropriate training.
Nutritional Assessment	A thorough analysis of a patient's nutritional intake and requirements carried out by a dietitian
Nutritional support	Active measures put in place to help improve nutritional intake. This could be oral, enteral, or parental
Oral nutrition	Food taken orally and includes fortified food, additional snacks, and oral nutritional supplements
ONS	Oral nutritional supplements

2.0. Purpose and Introduction

The policy is for all staff working at Leicestershire Partnership Trust and enables the delivery of good nutrition and hydration for all adults across the Trust.

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

2.1 POLICY AIM

This policy aims to ensure good nutrition and hydration care for all adult inpatients we care for in an inpatient setting. The focus is on adults but much of the information is transferable to children who are inpatients in CAMHS. The policy 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.

3.0 Policy requirements

NUTRITION AND HYDRATION FLOW CHART- INPATIENT

- MUST screen on admission by ward staff.
- Keep food charts for the first 3 days of admission to determine a patient's nutritional risk.
- Identify if there are any food allergies/intolerances and handover to the catering team if required.

Ward staff to implement an appropriate Nutrition and Hydration Care Plan and offer food and drink to meet the needs of the patient's **low, medium, or high** nutritional risk.

Low Risk – Monitor as per Guidance.

Medium Risk – Implement Food First Strategies and Monitor as per Guidance.

High Risk – Refer to Dietitian and Monitor as per Guidance.

- Continue to review nutritional care plan regularly, screen MUST weekly and escalate if there are any concerns.
- Implement actions based on risk category (e.g. Low Risk – Monitor, Medium Risk – Food First, High Risk- Dietetic Referral).
- Refer to Dietitian/ SALT/OT /Physiotherapist if indicated.
- Liaise with the catering team if required.

Continue to screen weekly as an inpatient and repeat screen at discharge.

4.0 Duties within the Organisation

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 managed effectively across the organisation.

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

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

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

All health care staff have a responsibility to deliver good nutrition and hydration care.

5.0 Consent

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 verbally and/ or in writing.

Patients can also give non-verbal consent if 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.

If the patient's capacity to consent is in doubt, clinical staff must ensure that the Mental Capacity Act (2005) is adhered to.

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 their decision by talking, using sign language or any other means.

6.0 COMMUNITY HOSPITALS

All newly admitted patients will have a nutritional screening tool score calculated within 24 hours of admission by staff with appropriate skills and training. All Leicestershire Community Hospitals use the Malnutrition Universal Screening Tool (MUST) which is a nationally validated screening tool.

7.0 MENTAL HEALTH, LEARNING DISABILITY OR MHSOP HOSPITALS/WARDS

The Directorate of Mental Health and Families, Young People, Learning Disability and Autism Directorate use MUST for their nutritional risk screening. Staff should be familiar and competent with using this tool.

Inpatients will be screened with MUST (available on the patients Electronic patient record) within 24 hours of admission by staff with appropriate skills and training.

For patients in **short break** homes:

- For new referrals to short breaks, a MUST score will be obtained, and the patient's food and fluid intake will be monitored and recorded for the 3 initial stays. These will be reviewed by staff and if there are no issues identified and/or the patient records MUST score is 0, the food and fluid charts can be discontinued.
- If a patient has a MUST score of 1 or more, food and fluid charts are commenced on or during admission and if the pre-admission suggests a concern. There should be evidence that these are reviewed/evaluated by a qualified nurse/ doctor and/or dietitian (if either of the latter 2 are involved) to determine if food and fluid charts need to resume and if additional support is required.
- If a patient is scoring 0 on MUST but there are concerns during a patient's stay regarding their food and fluid status and/or intake, the food and fluid charts will be initiated and reviewed alongside MUST monitoring.

7.1 EATING DISORDERS

Patients referred to the Eating Disorder Service have their dietary status assessed as part of the overall assessment process and includes a formal assessment of nutritional status on admission to hospital.

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 (e.g. oedema) should be documented.

8.0 MALNUTRITION UNIVERSAL SCREENING TOOL

All staff should be familiar and competent in completing all the steps of MUST. Additionally, a competency form for completing measurements and calculating BMI can be requested from the Leicestershire Nutrition and Dietetic Service.

An attempt should be made to measure body weight and height in all patients. If a measurement is not possible, a recall or estimated or recent weight/height should

be used and this must be clearly documented in the patient record. Factors affecting accuracy of weight can include oedema and amputations. Factors affecting accuracy of height include curvature of the spine. Any factors should be clearly documented.

Patients with a MUST score of 1 or above 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.

Patients with a MUST score of 4 or more 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 unless it is 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 score.

All patients should have their MUST 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.

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

9.0 CARE PLANNING

Nutrition and hydration forms part of the MDT care plan and is required as part of the National Quality Standards. A care plan should be clearly documented in the patient's clinical record. The care plan should reflect the individual needs of the patient and include their input if possible.

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, note book or a 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

Risk assessments should be completed for identified concerns in relation to a patient's nutrition and hydration intake and the care plan should reflect how the risk will be managed.

A patient's beliefs in regard to their diet should be included in the care plan to

safeguard the patients' beliefs if they are unwell and unable to choose what they would have done if they were well. This should also extend to religious or cultural beliefs that may influence dietary choice.

10.0 DIETETIC REFERRALS AND NUTRITIONAL ASSESSMENT

The dietetic resource varies across inpatient areas and is often only hours/week. Dietetic referrals will be acted upon within 5 working days from receipt of the dietetic referral (Monday – Friday, excluding bank holidays).

Referrals to the nutrition and dietetics service should be made via SystemOne if a patient has a high MUST score or if they require specialist advice on a special/therapeutic diet (e.g. poorly controlled diabetes or allergy). If the referral is **urgent** (e.g. enteral feeding), then the referrer will also need to telephone the dietetic service.

The dietitian and/or dietetic support worker will contact or visit the ward in response to the referrals and to assess and review patients as required.

The dietitian will discuss and document a patient's dietetic assessment, recommendations and plans for follow-up on SystemOne.

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 use such systems too.

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.

The dietitian will undertake a nutritional assessment on all patients referred with a high MUST 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. Ward staff have an important role in aiding nutritional assessment as the MUST score requires information on all these factors.

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

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 which may affect nutritional intake (e.g. swallowing difficulties)

The dietitian may consider the use of mid arm muscle circumference (MUAC) measurements in certain patients requiring long-term monitoring, such as patients with abnormal fluid balances or if they are 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.

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).

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 SystemOne.

11.0 NUTRITION SUPPORT

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

Patients requiring nutritional support should be encouraged to choose high- energy options by the ward staff/dietitian and be offered snacks and nutritious drinks (e.g. high energy milkshakes).

All patients admitted on oral nutritional supplements (ONS) or patients that have ONS on e-prescribing should be referred to the dietitian for a review of their care plan if clinically relevant. Requests for the prescription of ONS will be discussed by the ward dietitian with the nursing staff/ANP/doctor. Following this, the dietitian /ANP/ doctor will document within e-prescribing.

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

Ward staff will make monthly stock 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 and out of date products should be discarded.

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 adjusted as necessary on Wellsky.

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

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

If a patient has dysphagia requiring specific texture modifications recommended by SLT, specific dysphagia supplements should be utilized that are already the correct consistency.

For some patients an enteral feed may be the required method of nutritional support. This will usually involve feeding by a nasogastric or PEG feeding tube. For

further information on Enteral Nutrition see the trust Enteral Nutrition guideline.

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 the trust Home Enteral Nutrition guideline.

12.0 RED TRAY SYSTEM

On admission to community hospitals all patients should commence the 'Red Tray System' as detailed in the Procedure for Monitoring Food and Fluid Intake (The Red Tray System) within adult inpatients. A member of the nursing staff will review the completed food and fluid balance charts and take appropriate action. Charts can be discontinued after 3 days if no concerns are highlighted about food or fluid intake.

Further advice on how to use the red tray system for inpatients is given in 5.2 of the Monitoring Food and Fluid Intake (the Red Tray System) with adult inpatients procedure.

All patients for whom there are concerns regarding the adequacy of their fluid and nutritional intake will continue the red tray system and have their food and drink consumption monitored by staff over 3 complete days (or longer if appropriate).

13.0 FOOD AND DRINK PROVISION

Information on food and drink provision (i.e. menus and available snacks) will be available for all patients and visitors. These are kept updated by the facilities staff and the local food groups.

All patients will be asked about their dietary requirements (e.g preferences and cultural needs) and provided with suitable options. The housekeeper and/or member from the nursing team will help patients with their menu choice. Wards have access to pictorial menu items for patients to use and this can be arranged with facilities staff.

Snacks and hot drinks will be offered in between meals to all patients at locally agreed times. Where appropriate, within adult mental health unit's clients will be able to access hot/cold drinks by way of a beverage kitchen throughout the day and evening.

Patients will be offered a selection of hot and cold drinks and made to meet their personal preferences. A cold drink (e.g water) will always be provided to support hydration. When a hot drink is offered, patients will be reminded that it is hot and will only be left if it is safe to do so.

Drinks will be offered in a standard cup unless otherwise assessed by the clinical team. All drinks will be placed in a reachable place and patients will be reminded to take regular sips if indicated.

The 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 specific dietary requirements (e.g patients with coeliac disease), suitable gluten-free (GF) snacks will be provided such as GF biscuits and crackers, fruit and yogurt.

All choices are suitable for people with diabetes as part of a healthy balanced diet. 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, catering 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.

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, Facilities Services Handover sheet or as locally agreed.

Standard menus will be coded in accordance with the BDA Digest (3rd Edition) and can be found in the table below.

Table.1 Diet and Menu Coding

Key Diet	Menu Code
Healthier Eating	H or ♥
Higher Energy	E or ↑
Easy Chew	EC
Gluten Free	GF

Separate menus are available for those patients with dysphagia and are coded in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework which uses common terminology for describing food textures and fluid thickness to improve safety in people with swallowing difficulties. 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.

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 1 ½ hours if not eaten.

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.

Food and drink can be brought in from home. If there is any doubt, contact facilities/infection control. Any opened food on the ward should be discarded after 1 ½ hours if not eaten.

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).

13.1 PROTECTED MEALTIMES AND ENVIRONMENT

Leicestershire Partnership Trust operates a protected mealtime policy to prevent unnecessary procedures taking place during mealtime, this is to maximise the availability of staff to support if required and provides patients the chance to enjoy their food and drink.

13.2 SUPPORTING PATIENTS WITH NUTRITION AND HYDRATION

All patients will be encouraged and supported to prepare for their nutrition and hydration. This will include hand washing, hand wipes and using the toilet. If required, staff will ensure patients have access to their dentures, spectacles, hearing aids and are appropriately positioned. For further guidance please refer to the LPT Protected Mealtimes Policy.

To support independence, staff will ensure appropriate eating and drinking aids are provided as required by the individual (e.g. rimmed plates and adapted cutlery) and that patients are in a comfortable and suitable position to eat and drink. The Red Tray System is additionally used to ensure patients requiring support are identified and receive the assistance they need.

Patients will be encouraged to have their meals seated (e.g. at the dining table in the hospital dining room) as this facilitates good positioning and promotes socialising with other people.

Support can also be obtained by utilizing the meal time volunteers

14.0 ORAL CARE

Patients will be given the opportunity to have appropriate oral care during their inpatient stay. Patients will be encouraged and supported to have their teeth cleaned to promote good oral hygiene, good appetite, and interest in food. Any gum disease, poor dentition or ill-fitting dentures should be managed as part of the patient's care plan.

15.0 SUPPORT FROM OTHER ALLIED HEALTH PROFESSIONALS

15.1 SPEECH AND LANGUAGE THERAPY (SLT)

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) or MHSOP SLT referral form (on SystmOne). 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; lpt.adultspeech@nhs.net

Adult Mental Health Services - Referral to SLT in all adult mental health areas is via secure e-mail (see appendix 2) to lpt.amhslt@nhs.net

Alternatively, referrals can be given to reception at the Bradgate unit using the referral form.

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.

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

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 electronic record.

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, family and carer's wishes.

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.

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

15.2 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.

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

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

The OT assessment will be carried out at mealtimes 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 Mealtime' policy will be considered.

Environment: Patients will be encouraged to have 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.

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 coordination then the OT will assess and carry out practice with feeding aids e.g. adapted cutlery, plate guard, Dycem non slip mat etc.

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.

The OT team will work closely with other members of multidisciplinary team to provide continuity of care to the patient and ensure their discharge from hospital is efficient and effective.

15.3 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:

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.

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

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

Assessment of patients from a respiratory perspective as needed.

Physiotherapy aims to:

- maintain mobility, facilitate good positioning, and promote social inclusion.
- Patients will be encouraged to mobilise, as able (with assistance / mobility aids as identified by the Physiotherapists) to the dining room for their meals.
- 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.
- Where able, patients should be encouraged to feed themselves, using specialist crockery / cutlery as needed, to maximise their function and independence.
- 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.

16.0 STAFF TRAINING AND SUPPORT

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 for nutrition and hydration and food safety and it is mandatory for all clinical staff to complete the training every 3 years (role specific training). Training can also be provided by the nutrition and dietetics team for 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 provides input into the Health Care Support Workers training and delivers the nutrition and hydration session.

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.

Training for use of the Flocare Infinity enteral feeding pumps can be accessed on-line through the Nutricia website.

A record of the event will be recorded on U-Learn for role specific nutrition and hydration training.

17.0 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.

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.

The LPT clinical audit team liaises with the LPT Nutrition Steering Group to audit compliance with this policy annually. One in two 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

Facilities Department will undertake the service evaluations on as per the National Standard for Healthcare Food and Drink:

- 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

18.0 STANDARDS / PERFORMANCE INDICATORS

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

- Date of the first 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 the initial three days of admission.
- Patient identified as requiring assistance with eating and drinking.
- If yes offered drink every 2 hours

19.0 References and Bibliography

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 (2023) The Nutrition and Hydration Digest: improving outcomes through food and beverage services

Care Quality Commission Regulations (2023) Regulation 14: Meeting nutritional and hydration needs³

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

Department of Health (2015) 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 (2022) Better Hospital Food

Leicestershire Partnership Trust (2022) Protected mealtime policy

Leicestershire Partnership Trust (2023) Trust Guideline: Enteral Nutrition (enteral tube feeding) in the community and community hospitals

Leicestershire Partnership Trust (2022) Procedure for monitoring food and fluid intake (Red tray system)

National Standards for Healthcare Food and Drink (2022)

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

NICE (2012) 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

10 Key Characteristics of 'Good Nutrition and Hydration Care 2015

The Independent Review of NHS Hospital Food (2020)

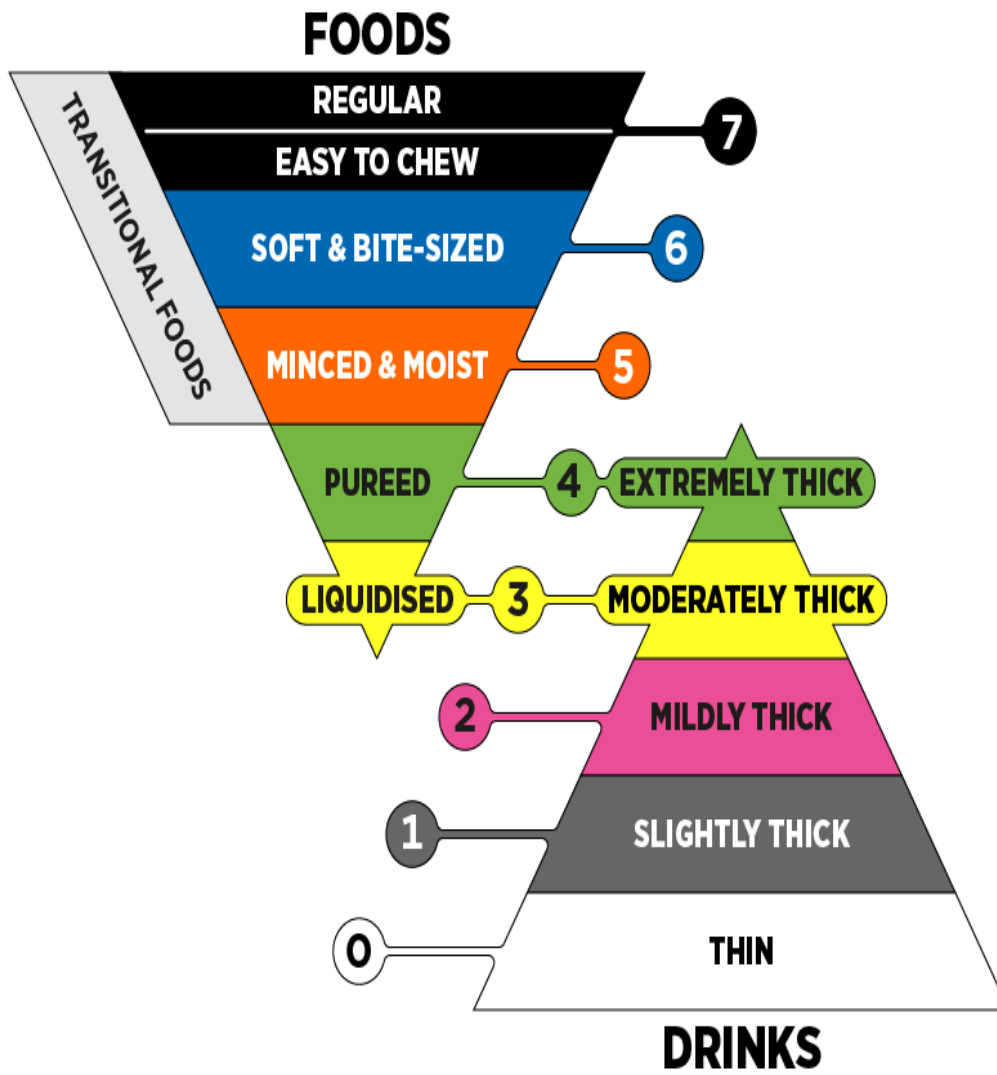
Supporting People with Eating and Drinking Difficulties - Royal College of Physicians (2021)

20.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 IDDSI FRAMEWORK



© The International Dysphagia Diet Standardisation Initiative 2019 @ <https://iddsi.org/framework/>
Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>.
Derivative works extending beyond language translation are NOT PERMITTED.

Appendix 2 SALT Referral Form

Return completed forms to: **Adult Mental Health SLT Team Bradgate Unit**

Glenfield Hospital Groby Road, Leicester

Date of Referral:		NHS No:	
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No Is person able to give consent: Yes <input type="checkbox"/> No Has <input type="checkbox"/> the person consented? Yes <input type="checkbox"/> No	
Does the Person Live Alone: <input type="checkbox"/> Yes <input type="checkbox"/> No		If <u>no</u> , has the carer given their view? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language/Communication Method: <input type="checkbox"/> <input type="checkbox"/> Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you aware if the person ever suffered from any form of abuse? (<u>physical</u> , sexual, neglect psychological, financial, discriminatory Institutional) <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> 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 <input type="checkbox"/> No <input type="checkbox"/>		If yes, please give detail:	

Date of Referral:		NHS No:	
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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: <input type="checkbox"/> Yes <input type="checkbox"/>	
				<input type="checkbox"/> No Is person	
				able to give consent: Yes <input type="checkbox"/> No Has <input type="checkbox"/> the	
Does the Person Live Alone:		Yes <input type="checkbox"/> No <input type="checkbox"/>		person consented? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				If no, has the carer given their view? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Preferred Language/Communication Method: <input type="checkbox"/> <input type="checkbox"/>	
				Interpreter Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
Are you aware if the person ever suffered from any form of abuse? (physical ,sexual, neglect psychological, financial, discriminatory Institutional)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		If yes, please give detail:	

Appendix 3 Learning Disabilities Services Referral Form



Return completed forms to:

Learning Disability Single Point of Access
Team, 138 Winstanley Drive

Leicester LE3 1PB

Tel: 0116 295 4528/29

Referrals considered for people who ~~do not~~ meet all of the eligibility criteria below 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)

Has a referral to primary health care been considered?

Yes / No / Not Applicable

Details:

NB: If front page not complete, referral may be returned

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:	
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Are there any safeguarding concerns: Y / N

Details:	
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Significant level of risk: Y / N

Details:	
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Appendix 5 Training Requirements

Training Needs Analysis

Training topic:	Nutrition and Hydration
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children / Learning Disability Services <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	Line managers at PDR

Appendix 6 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	<input type="checkbox"/> yes
Respond to different needs of different sectors of the population	<input type="checkbox"/> yes
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/> yes
Support and value its staff	<input type="checkbox"/> yes
Work together with others to ensure a seamless service for patients	<input type="checkbox"/> yes
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/> yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/> yes

Appendix 7 Due Regard Screening Template

Section 1	
Name of activity/proposal	Nutrition and Hydration Policy for Hospital Inpatient Use
Date Screening commenced	28. 12. 23
Directorate / Service carrying out the assessment	Nutrition and Dietetic Service
Name and role of person undertaking this Due Regard (Equality Analysis)	Sophy Parkin
Give an overview of the aims, objectives and purpose of the proposal:	
<p>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</p>	
<p>OBJECTIVES:</p> <ol style="list-style-type: none"> 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 –
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.	
	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. Yes
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	Sophy parkin	Date	28.12.24
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Jane Martin	Date	March 2024

Appendix 8 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) 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 following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require 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:		Sophy parkin	
Job title		Dietetic manager	Date 28.12.23
Screening Questions		Yes / No	Explanatory Note
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 them? 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?		No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>			
Data Privacy approval name:		N/A	
Date of approval			

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust