NUTRITION POLICY FOR
ADULT INPATIENTS
**Policy Title:** NUTRITION POLICY FOR ADULT INPATIENTS

**Executive Summary:** To optimise the nutritional care of adult inpatients under the care of East Cheshire NHS Trust.

**Supersedes:** CNSG001v 3

**Description of Amendment(s):** Version 4

**This policy will impact on:**
All staff caring for adult inpatients under the care of East Cheshire NHS Trust.

**Financial Implications:** Improvements in nutritional care reduce costs and risks associated with sub-optimal patient nutrition

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**APPROVAL RECORD**

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Throughout this document, East Cheshire NHS Trust is referred to as ‘the Trust’.
1. INTRODUCTION

Providing patients with optimal nutritional care is an integral part of their treatment and provision of appropriate food and fluids to meet their needs is essential to maximise individual health outcomes.

Malnutrition has the potential to affect the whole hospital population and can adversely affect clinical outcomes for patients. Malnutrition (undernutrition) is frequently undetected and untreated causing a wide range of adverse consequences which increase costs to the National Health Service.

It is a significant clinical and public health problem affecting over 10% of people over the age of 65 years and can detrimentally affect virtually every system in the body. It is estimated that 15-40% of patients coming into hospital are undernourished.

Obesity is a major clinical and public health issue. Identifying individuals who fall into this category and providing them with help and support at an appropriate time in their clinical care is an important role of the healthcare professional.

Hospitals have a responsibility for ensuring that appropriate systems and processes are in place to both identify and manage these patients as well as ensuring that all patients have access to food and hydration appropriate to their needs.

Delivering excellent nutritional care to patients is a complex process and relies on good co-ordination. Standards of care need to be set, acted upon, audited and monitored.

Nutritional support needs to be delivered by a multi professional team and all staff within the Trust have responsibilities to ensure that this happens. Nutrition is a priority for the Trust with its inclusion in the ‘Our Quality Strategy 2015 – 2019: The Best Care in the Right Place.’

2. AIM

The purpose of this policy is to highlight the processes involved in optimising the nutritional care of all adult inpatients during their hospital stay in the Trust.

Improving the nutritional care of patients is highlighted in several key national guidelines and the Trust is committed to ensuring adherence to all relevant standards. These are listed in Appendix 1, together with their key recommendations.

3. ROLES AND RESPONSIBILITIES IN THE PROVISION OF NUTRITION

The Director of Nursing, Performance & Quality, who is a member of the Trust Board, has overall responsibility for the provision of nutrition in the Trust. The Clinical Nutrition Steering Group (CNSG) is responsible for the oversight of all aspects of nutrition within the Trust and is accountable to the Trust Board via the Quality Forum (formerly the Quality Strategy Group.) The Patient Meals Group is a sub-committee of the CNSG with specific responsibility for overseeing the provision of food to hospital patients.
3.1 Clinical Nutrition Steering Group (CNSG)

The remit of this group is to provide a framework, systems, policies and protocols to continuously improve the quality of nutritional support to the patients of the Trust. It reports to the Standards, Quality and Safety (SQS) committee on its work, risks and compliance with NICE and Healthcare standards. Its role is to:

- Oversee and advise the Trust on all aspects of nutrition, including screening and assessment, catering and food, supplements, enteral and parenteral nutrition, for in- and out-patients.
- Develop and co-ordinate hospital nutritional policy taking into account all drivers, research and audit.
- Agree standards for screening, assessment and monitoring; food provision and nutritional support.
- Advise and highlight appropriate education and training programmes for all staff.
- Establish and support a Nutrition Support Team

The CNSG meets every two to three months and includes representatives from key departments and staff groups within the Trust and its associated organisations involved in delivering nutrition support to adult hospital patients under the care of the Trust.

3.2 Patient Meals Group (PMG)

The Patient Meals Group is a sub-committee of CNSG. Its role is to:

- Raise the profile of hospital food and its role in patient care and recovery.
- Promote “Protected Mealtimes” throughout the Trust.
- Promote the use of initiatives such as “Red Tray” and “Red Mug”.
- Promote Food Safety training and to ensure that staff comply with Food Safety Regulations and legal requirements, such as Hazard Analysis of Critical Control Points (HACCP). [see Food Hygiene Guidelines FHG v3.09].
- Participate in national audits for benchmarking.

3.3 Department of Nutrition & Dietetics

The role of the Nutrition and Dietetics department is to:

- Advise and inform the Trust on new initiatives, policies and guidelines in nutrition.
- Maintain evidence based practice within the Trust regarding Nutrition and Dietetics.
- See patients who meet the referral criteria, as referred and assess and identify their nutritional needs.
- Devise an appropriate nutritional care plan, liaising with nursing staff, catering staff and the wider multidisciplinary team to ensure the care plan is agreed and to ensure an appropriate diet is ordered and provided.

- Refer patients to other health care professionals as appropriate.

- Liaise and work in partnership with the Catering service provider in the creation of the hospital menus, ensuring nutritional standards for catering are met.

- Identify and implement training to catering, nursing and other clinical staff. The Department of Nutrition & Dietetics advises on education and training programmes for staff relating to the nutritional care of patients and delivers where appropriate.

3.4 Service Lines

Each Service Line has the responsibility of participating in the following:

- Recognition of the importance of the involvement of all clinicians in nutritional care.

- Encouraging an awareness of the benefits of appropriate nutritional management and treatment, before during and after hospital admission, whether surgical or medical.

- Prescription of treatment, taking into consideration factors such as drug nutrient interactions and clinical need.

- Implementing nutritional screening and referral to the Nutrition and Dietetics department where appropriate.

- Deciding in liaison with multidisciplinary team on the optimal approach to each patient's nutritional needs and ensure informed consent and documentation.

- Leading on ethical decisions in conjunction with multidisciplinary team taking into consideration family/carer views including interpretation of advance directives.

- Ensuring that members of staff receive relevant education and training; this is the responsibility of the appropriate governance leads.

3.5 Catering Service Provider

The Catering service provider has the following responsibilities:

- Provision of a menu that has a variety of choices at each mealtime.

- Catering for patients with special dietary needs and where possible offering a choice comparable with the main menu.

- Provision of snacks. Provision of meals 24 hours per day.

- Ensuring that meals together with snacks and beverages will be sufficient to meet the estimated average requirement (EAR) for energy and the reference nutrient intake (RNI) for protein, vitamins and minerals. (1)
• Provision of a full range of specialist therapeutic diets and meals for all religious, cultural and ethnic needs as per Service Specification.

• Coding the menu to identify therapeutic diets as specified by Nutrition and Dietetics.

• Training in all aspects of food hygiene and service, in accordance with the Food Safety Legislation. (2) (3)

• Ensuring that local Infection Control guidelines for food hygiene are complied with. (4)

• Undertaking regular Patient Satisfaction Surveys.

When patients have food brought into the hospital by visitors, the Trust will not accept any responsibility for food safety or reheating for such food. For full details see the leaflet “Guidance for Visitors Wishing to Bring Food in to Hospital for Patients” in the Food Hygiene Guidelines. (See Trust Intranet – Patient Information – View by category – Patient Health Information – View A – Z of Patient Leaflets - G for Guidelines for Visitors) http://www.eastcheshire.nhs.uk/Patient%20Information%20Leaflets/On%20the%20A-Z/Guidelines%20for%20visitors%20wishing%20to%20bring%20food%20into%20hospital%20for%20patients%2010412.pdf.

3.6 Wards

Ward managers are responsible for ensuring that:

• Nutritional screening is carried out within 24 hours of admission to hospital and weekly thereafter (as required by NICE Clinical Guideline 32, 2006) The screening tool used is the Malnutrition Universal Screening Tool (M.U.S.T). The dietary needs and preferences of patients and any mealtime assistance required should be assessed, recorded and referred to by the ward staff.

• Meals are served in a timely manner once ready.

• Appropriate arrangements are made to replace the meal if a patient misses a meal.

• The Catering and Nutrition and Dietetics Departments are informed if a patient requires a therapeutic diet.

• The Catering service provider is informed if a patient requires an alternative diet for religious or cultural reasons.

• Protected mealtimes guidance is followed to provide an environment conducive to patients enjoying and being able to eat their food. (See CNSG 004 – Protected Mealtime Policy)

• A red tray is requested for patients who require mealtime assistance or encouragement. (See CNSG 005 – Red Tray Policy)

• Assistance is provided when needed, including appropriate feeding aids and adaptations, and that this is done in a discreet manner, maximising a patient’s dignity at all times.
• Wards are sufficiently staffed at mealtimes to ensure all patients receive adequate attention during mealtimes.

• Drinks are made available during mealtimes and throughout the day.

• Patients are able to choose their own meals wherever possible.

• Food is served at the correct temperature.

• Food charts are completed where needed.

• Prescribed nutritional supplements are provided as indicated on the medication chart.

3.7 Speech and Language Therapy

The role of the Speech and Language Therapy Department is to:

• Advise and inform the Trust on new initiatives, policies and guidelines in Speech and Language and specifically dysphagia.

• Maintain evidence-based practice within the Trust with respect to swallow assessment and management guidelines.

• See clients, as referred, following nurse swallow screening if appropriate, for specialist swallow assessment.

• Advise on appropriate diet and fluid consistencies, positioning and feeding techniques to maximise safety of swallowing for oral nutrition.

• Liaise with nursing staff and the multi-disciplinary team to ensure recommendations are followed.

• Refer to other health professionals within the multi-disciplinary team as appropriate.

• Identify and implement training to nursing staff relating to swallow screening, dysphagia management and safe feeding techniques.

• Refer on as appropriate for videofluoroscopy and FEES (Fibreoptic Endoscopic Evaluation of Swallowing).

• Implement "Risk Feeding Protocol" when necessary.

• Liaise with the Patient Meals Group such that suitable meals are available for people with all types of swallowing difficulties (dysphagia.)

3.8 Pathology

The Pathology service is responsible for the provision of laboratory test results and advice to support clinicians and other health professionals in optimising the provision of nutrition to patients.
3.9 Pharmacy

The role of the Pharmacy Department is to:

- Advise on local and national guidelines in prescribing of nutritional supplements and ensure correct doses and course durations are prescribed.
- Advise on appropriate administration of vitamin and mineral supplements via nasogastric and PEG tubes.
- Advise on drug-nutrition and nutrient-nutrient interactions.
- Ensure that prescribing of parenteral nutritional products is both cost-effective, evidence-based and in line with local and national guidelines. Any deviation from guidelines would be discussed with both the prescriber and dietitian.
- Advise on parenteral nutrition composition and compatibilities. Appropriately qualified pharmacists may dispense parenteral feeds, fluids and other necessary therapy.
- Ensure that parenteral nutritional solutions are compounded appropriately and that any additions to standard parenteral feeds are tailored to the patient’s individual needs.
- Assist in monitoring parenteral feeds and request extra blood tests when appropriate.
- Contribute to the nutritional education for nurses, pharmacists and doctors.
- Assist in nutritional audits.
- Purchase and contract for parenteral feeds.

4. IMPLEMENTATION OF NUTRITIONAL CARE

For the summary flowchart detailing the process, see Appendix 2.

4.1 Nutritional Screening and Assessment

Nutritional screening is the first step in identifying patients who may be at nutritional risk and would benefit from appropriate nutritional intervention. It is a rapid, simple and general procedure used by nursing, staff at first contact with the patient so that clear guidelines for action can be implemented. The ‘Malnutrition Universal Screening Tool’ (‘MUST’) is used across the Trust and is part of the VitalPac bedside observations package.

All adult patients should be screened within 24 hours of admission and weekly thereafter (NICE Clinical Guideline 32, 2006) and the measurements recorded on the VitalPac electronic system.

The MUST tool identifies whether a patient is at low, medium or high risk of malnutrition. The corresponding local management guidelines will be used to develop a nutritional care plan for individual patients.
Nutritional assessment is a more detailed, more specific, and in-depth evaluation of a patient’s nutritional state carried out by a Dietitian. The assessment process allows more specific dietary care plans to be developed by the Dietitian for the individual patient.

The management guidelines in the MUST documentation within Vitalpac indicate when referral to Nutrition and Dietetics is required for nutrition support. Referral criteria and priorities for other conditions are in Appendix 3.

4.2 Nutritional Support

 Patients identified as “at high” risk of malnutrition (MUST score ≥2) will require nutrition support to help to meet their nutritional requirements.

Nutrition support can be provided by the following:

- Physical support – as flagged up by the use of Red Tray/Red mugs (CNSG005 Red Tray Policy); and adaptive aids
- Food fortification /use of snacks (5).
- Use of oral nutritional supplements (ONS) and prescribable oral nutritional supplements (ONSP).
- Enteral tube feeding. (CNSG006 Enteral Feeding Policy for Adults)
- Parenteral nutrition. (CNSG002 Parenteral Nutrition Policy)

More than one approach may be needed. Some patients will have problems swallowing and they must be referred to the appropriately trained professional, e.g. Speech and Language Therapist. The correct textures for food and fluid can then be prescribed for that patient and appropriate arrangements made to ensure the patients nutritional requirements are met. The aim is to re establish the patient back onto oral diet meeting nutritional requirements where possible.

Detailed guidance on methods of nutritional support are found in further documentation:

- Guidelines for Refeeding Syndrome CNSG003
- Enteral feeding Policy CNSG006 and Enteral Feeding sub-policies 7 – 16
- Parenteral Nutrition Policy CNSG 002

These are located on the Intranet (under Policies - Nutrition)

4.3 Hydration

Hydration of the patient is an important element of care and the Trust is committed to ensuring that where appropriate patients are encouraged to take a range of fluids through the day and intake is documented where appropriate. If patients are unable to tolerate oral fluids the use of alternative routes e.g. enteral, IV for the provision of fluids should be discussed with the patient’s clinical team.
4.4 Dealing with food refusal

An individual who continually declines to eat or drink / refuses to open their mouth is at high risk of dehydration and malnutrition. The appropriateness of artificial support (e.g. nasogastric, gastrostomy, or jejunostomy feeding), including the ethical issues involved, should be discussed and documented by the multidisciplinary team as part of the patient’s clinical review.

4.5 Addressing the nutritional needs of patients who lack mental capacity

If a patient lacks capacity and is unable to make safe and appropriate food and fluid choices for themselves they may be putting themselves at nutritional risk and compromising their health outcomes. This should be documented and appropriate intervention should be taken, taking into consideration the requirements of the Mental Capacity Act (2005). A discussion with the next of kin of the options, including whether tube feeding is appropriate, should be occur and the details of this should be documented in the casenotes by the treating doctor.

4.6 End of Life Issues

Patients identified through screening as at high risk of malnutrition but for whom nutrition support intervention would be futile or detrimental should be discussed and the decision documented by the MDT as part of the patient’s clinical review. Where possible and appropriate, the patient and family should be included in these discussions. The ‘Preferred Priorities for Care’ document should be referred to for preferences concerning nutrition at the end of life. There should be clear documentation for continuing/discontinuing IV/Subcutaneous fluids and artificial feeding when patients have been started on the End of Life pathway.

Patients who are identified as being in the last days or weeks of life should be individually assessed and discussed by the clinical team. Nutrition and hydration should be offered to the extent desired by the patient with the aim being to maximise comfort. It is good practice to discuss such issues with the patient’s close family and/or carers.

Decisions to refuse or limit nutrition expressed in valid Advance Decision to Refuse Treatment (ADRT) must be assessed and, if the clinical situation applies, followed. If the patient has a completed “Preferred Priorities for Care” document, then any references to feeding and hydration near the end of life must be considered by the clinical team responsible as part of any ‘best interests’ decision making. If the patient lacks capacity, any decisions should be discussed with their family/significant others, a Lasting Power of Attorney (LPA) for Health and Welfare if they have one, or an Independent Mental Capacity Advocate (IMCA) if there is no family/significant others to consult. (6) (7) (8) (9) (10) (11)

4.7 Discharge of patients

Patients who are discharged with identified nutritional needs will be given written evidence-based information.

Nutritional needs should be documented in “hand-over” to other care settings and included in discharge notification forms, and this documentation should include the MUST score.
Dietetic follow-up will be arranged in accordance with Nutrition and Dietetics Department standards.

4.8 Audit

Adherence to Nutrition Policy for Inpatients will be audited in the following ways:

- Essence of Care – Nutrition Benchmark
- Patient Lead Assessment of the Care Environment (PLACE)
- Patient Satisfaction Survey

These audits will be undertaken on a regular basis.

5. REFERENCES

8. ADRT – Advance Decisions to Refuse Treatment – A guide for health and social care professional. National Council for Palliative Care and National End of Life Care Programme (2008) and Fact Sheet 3
9. Preferred Priorities for Care (PPC) Fact Sheet 5 National End of Life Care Programme
11. Independent Mental Capacity Advocate (IMCA) Fact Sheet 9 National End of Life Programme
6. SUPPORTING DOCUMENTS

CNSG 002 Parenteral Nutrition Policy
CNSG 003 Guidelines for Prevention and Management of Refeeding Syndrome
CNSG 004 Protected Mealtimes Policy
CNSG 005 Red Tray Policy
CNSG 006 Enteral Feeding Policy
CNSG 007 – 016 Enteral Feeding Sub-Policies
FHGv3.09 Food Hygiene Guidelines (To be revised and converted to a Policy in June 2017)
Appendices

Appendix 1

Key Documents and Standards relating to Nutrition


Where food is provided; health care organisations have systems in place to ensure that:

a) Patients are provided with a choice and that it is prepared safely and provides a balanced diet; and

b) Patients’ individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

B. Improving Nutritional Care: A joint action plan from the Department of Health and Nutrition Summit Stakeholders (2007)

a) To raise awareness of the link between nutrition and good health and that malnutrition can be prevented.

b) To ensure that accessible guidance is available across all sectors and that the most relevant guidance is appropriate and user-friendly.

c) To encourage nutritional screening for all people using health and social care services, paying particular attention to those groups that are known to be vulnerable.

d) To encourage provision and access to relevant training for front-line staff and managers on the importance of nutrition for good health and nutritional care.

e) To clarify standards and strengthen inspection and regulation.

C. Council of Europe Resolution: Food and Nutritional Care in Hospitals

10 Key Characteristics of good nutritional care in hospitals

1. All patients are screened on admission to identify the patients who are malnourished or at risk of becoming malnourished. All patients are rescreened weekly.

2. All patients have a care plan, which identifies their nutritional care needs and how they are to be met.

3. The hospital includes specific guidance on food services and nutritional care in its Clinical Governance arrangements.

4. Patients are involved in the planning and monitoring arrangements for food service provision.

5. The ward implements Protected Mealtimes to provide an environment conducive to patients enjoying and being able to eat their food.

6. All staff have the appropriate skills and competencies needed to ensure that patients’ nutritional needs are met. All staff receive regular training on nutritional care and management.

7. Hospital facilities are designed to be flexible and patient centred with the aim of providing and delivering an excellent experience of food service and nutritional care 24 hours a day, every day.

8. The hospital has a policy for food service and nutritional care which is patient centred and performance managed in line with home country governance frameworks.

9. Food service and nutritional care is delivered to the patient safely.
10. The hospital supports a multi-disciplinary approach to nutritional care and values the contribution of all staff groups working in partnership with patients.

D. **Essence of care (2003)**

- Benchmarks for Food and Nutrition
- Agreed patient-focused outcome - Patients are enabled to consume food (orally) which meets their individual need

**Factor**

a) Screening and assessment - Nutritional screening progresses to further to identify patients assessment for all patients identified as nutritional needs ‘at risk’

b) Planning, implementation - Plans of care based on ongoing nutritional and evaluation of care assessments are devised, implemented and for those patients evaluated who require a nutritional assessment

c) A conducive environment - the environment is conducive to enabling the individual patients to eat (acceptable sights, sounds, smells).

d) Assistance to eat - Patients receive the care and assistance they drink require with eating and drinking

e) Obtaining food - Patients and or carers, whatever their communication needs, have sufficient information to enable them to obtain their food

f) Food provided - Food that is provided by the service meets the needs of individual patients

g) Food availability - Patients who have set meal times, are offered a replacement meal if a meal is missed and can access snacks at any time

h) Food presentation - Food is presented to patients in a way that takes into account what appeals to them as individuals

i) Monitoring - The amount of food patients actually eat is monitored, recorded and leads to action when cause for concern

j) Eating to promote health - all opportunities are used to encourage patients to eat to promote their own health

E. **Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition (NICE guidance CG032, 2006)**

**Key clinical priorities**

a) Screening for malnutrition and the risk of malnutrition should be carried out by healthcare professionals with appropriate skills and training.

b) All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and when there is clinical concern for outpatients. People in care homes should be screened on admission and when there is clinical concern.

c) Hospital departments who identify groups of patients with low risk of malnutrition may opt out of screening these groups. Opt-out decisions should follow an explicit process via the local clinical governance structure involving experts in nutrition support.

d) Nutrition support should be considered in people who are malnourished, as defined by any of the following:
  - A body mass index (BMI) of less than 18.5 kg/m²
  - Unintentional weight loss greater than 10% within the last 3 - 6 months.
  - A BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3–6 months.
e) Nutrition support should be considered in people at risk of malnutrition, defined as those who have:
   - Eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for 5 days or longer
   - A poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

f) Healthcare professionals should consider using oral, enteral or parenteral nutrition support, alone or in combination, for people who are either malnourished or at risk of malnutrition, as defined above. Potential swallowing problems should be taken into account.

Key organisational priorities

a) All healthcare professionals who are directly involved in patient care should receive education and training, relevant to their post, on the importance of providing adequate nutrition.

b) Healthcare professionals should ensure that all people who need nutrition support receive coordinated care from a multidisciplinary team.

c) All acute hospital trusts should employ at least one specialist nutrition support nurse.

d) All hospital trusts should have a nutrition steering committee working within the clinical governance framework.

F. The Hospital Food Standards Panel’s report on standards for food and drink in NHS hospitals (An independent group established by the Department of Health)

See Food and Hydration Strategy Checklist, East Cheshire Trust (August 2016) for full details.
Appendix 2 - Flow Chart for Nutritional Care of Adult Patients in Hospital

Nutritional Care Profile

Patient admitted to hospital

Nutritional Screening within 24 hours of admission using ‘MUST’ and repeated weekly

Nutritional Risk

MUST = 0
Low
Normal food and hydration follow MUST management guide-lines.
- Texture
- Modified diet
- Therapeutic diet if required
- Cultural nutritional needs met

MUST = 1
Moderate
Red Tray if assistance at mealtimes is required.

MUST = 2
High (follow MUST management plan)
Refer to Nutrition and Dietetics

Gastro intestinal tract functioning

Yes

No

Parenteral

Regular review of GI Function

PICC

Able to swallow safely?

Yes

No

Regular review of ability to tolerate oral nutrition

No

Enteral Nutrition

PEG

NG

NJ

Medical team to address hydration

Establish reason for dysphagia and refer to multidisciplinary team for assessment and management.

Regular review of ability to tolerate oral nutrition

Yes

No

Central

Peripheral

Patient admitted to hospital

- Normal food and hydration + additional snacks and supplements as required, to meet nutritional needs.
- Refer to ‘MUST’ management guidelines.
### Appendix 3

**Department of Nutrition & Dietetics**

**Priority codes for Referrals**
for In- and Out-Patients, Adults & Paediatrics

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<th>Priority A</th>
<th>Priority B</th>
<th>Priority C</th>
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<tr>
<td>• Chronic Kidney Disease</td>
<td>• MUST score of 2 or more with ward based action plan implemented by nursing team in MDGH</td>
<td>• Cholecystitis</td>
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<tr>
<td>• Coeliac Disease - new diagnosis</td>
<td>• Eating Disorders</td>
<td>• Gout</td>
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<td>• Type 1 Diabetes –new diagnosis</td>
<td>• Known Coeliac Disease</td>
<td>• Constipation</td>
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<td>• Enteral/ Parenteral Nutrition</td>
<td>• Inflammatory Bowel Disease – crohn’s /ulcerative colitis (not nutritionally compromised)</td>
<td>• Diverticular Disease</td>
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<tr>
<td>• Acute Pancreatitis</td>
<td>• New Type 2 Diabetes</td>
<td>• Irritable Bowel syndrome</td>
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<tr>
<td>• Dysphagia</td>
<td>• Chronic Pancreatitis</td>
<td>• Lipids abnormalities</td>
</tr>
<tr>
<td>• Liver disease</td>
<td>• Nutritional Assessments for potential deficiencies e.g. iron, calcium or restrictions e.g. iodine</td>
<td>• Weight Reduction</td>
</tr>
<tr>
<td>• Food Allergy –new diagnosis</td>
<td>• Pregnancy –for lifestyle advice</td>
<td>• Food Intolerance</td>
</tr>
<tr>
<td>• Cystic Fibrosis</td>
<td></td>
<td>• Fussy Eating/Food Aversion</td>
</tr>
<tr>
<td>• Metabolic Disorders</td>
<td></td>
<td>• Known diabetes referred for review</td>
</tr>
<tr>
<td>• Pregnancy with other medical condition needing intervention e.g. hyperemesis, diabetes</td>
<td></td>
<td>• Know food allergy referred for review</td>
</tr>
<tr>
<td>• Nutritionally Compromised e.g. malnutrition/ weight loss</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nutrition Policy for Inpatients    ahamilton
Updated to version 4, January 2017 by K. Allsopp, G. Timson & Clinical Nutrition Steering Group
Equality Analysis (Impact assessment)

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services. Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

CNSG001 v4 Nutrition Policy for Adult Inpatients

Details of person responsible for completing the assessment:
- Name: Karen Allsopp
- Position: Specialist Dietitian
- Team/service: Nutrition & Dietetics, Allied Health Service Line

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

Optimise the nutritional care of all adult inpatients during their hospital stay in the Trust.

Provide instruction to ward and catering provider staff on:
- and raise awareness of, preventing, identifying and managing malnutrition in adult inpatients
- use of the Malnutrition Universal Screening Tool and linked Action Plans
- when to refer to Nutrition & Dietetics
- when to refer to Speech and Language Therapy (regarding swallowing concerns)
- list national guidance documents on nutritional care of adult inpatients

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.
Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester
Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No ☑

- Explain your response: For patients whose first language is not English, staff will follow the trust interpretation policy. The policy states that the ward staff are responsible for requesting and the Catering Provider is responsible for the provision of, “a full range of specialist therapeutic diets and meals for all religious, cultural and ethnic needs as per Service Specification.”

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☑

Explain your response: No impacts identified.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No ☑

- Explain your response: The policy states: Protected mealtimes guidance is followed to provide an environment conducive to patients enjoying and being able to eat their food. (See CNSG 004 – Protected Mealtime Policy)

- A red tray is requested for patients who require mealtime assistance or encouragement. (See CNSG 005 –Red Tray Policy)

- Assistance is provided when needed, including appropriate feeding aids and adaptations, and that this is done in a discreet manner, maximising a patient’s dignity at all times.

AGE:
From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently?  

Yes ☐  No ☑

**Explain your response:** Time, encouragement and an appropriate environment along with the provision of...

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  

Yes ☐  No ☑

**Explain your response:** No impacts identified.

**RELIGION/BELIEF:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently?  

Yes ☐  No ☑

**Explain your response:** The policy states that the ward staff are responsible for requesting and the Catering Provider is responsible for the provision of, “a full range of specialist therapeutic diets and meals for all religious, cultural and ethnic needs as per Service Specification.”

**CARERS:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently?  

Yes ☐  No ☑

**Explain your response:** The policy refers to adult hospital inpatients. There is a carer involvement care plan and carers are able to assist their relatives at mealtimes if appropriate, eg patients with dementia, learning disabilities.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently?  

Yes ☐  No ☑

**Explain your response:** No other impacts identified.

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**4. Safeguarding Assessment - CHILDREN**

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes ☐  No ☑</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>c. If no please describe why there is considered to be no impact / significant impact on children</th>
<th>The policy covers the care of Adult Inpatients, not Paediatric patients</th>
</tr>
</thead>
</table>

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**5. Relevant consultation**

*Having identified key groups, how have you consulted with them to find out their views and that the made*
sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

The draft updated policy was approved by a staff member (Soft FM) of the Patient Meals Group (which liaises with patient representatives), Speech and Language Therapy staff and was circulated to Pharmacy, Biochemistry and Nursing representatives.

6. Date completed: 4.4.17 Review Date: January 2019

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: lyn

Date: 24.4.17