Policy:

NP 046 Nutrition and Hydration Policy

Executive Director Lead	Executive Director of Nursing, Professions and Operations
Policy Owner	Chief AHP
Policy Author	Lead Dietitian

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Summary of policy
The policy outlines the assessment and identification of services users at nutritional risk and the provision of support as necessary. It looks to ensure that the diet provided is appropriate and that services users are positively encouraged to eat healthily.

Target audience	(1) All Directorates, All SHSC staff including those on temporary or honorary contracts as well as Bank staff and students (2) Individuals working on behalf of the Trust, such as Independent Contractors, Sub-Contractors and representatives from other Partner organisations

Keywords	Nutrition, hydration, malnutrition, re feeding syndrome, obesity

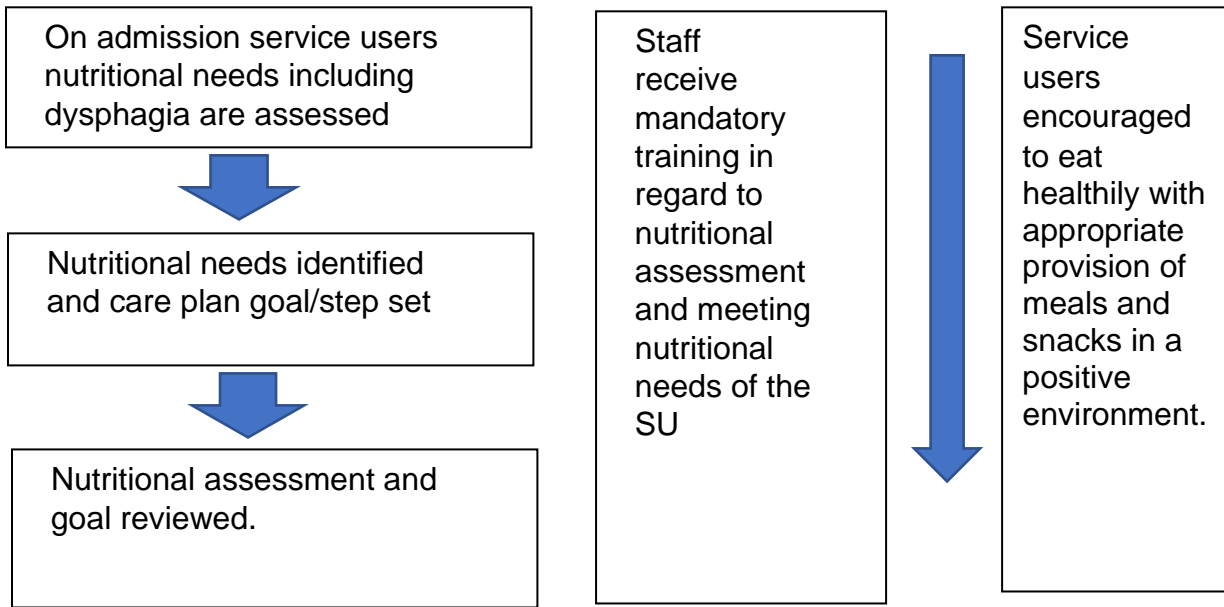| Storage & Version Control |
|---|
| Version 2 of this policy is stored and available through the SHSC intranet/internet. |

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	12/2021	Policy drafted.
1.0	Approval and issue	13/12/2021	Review completed from Nutrition and Hydration Steering Group
		20/12/2021-4/1/2022	Review completed from members of Physical Health Strategy Group
		19/1/2022	Further update from Nutrition and Hydration Steering group
2.0	Policy updated	17/02/2023	References and guidance updated p14 MEED guidance, updated catering policy on p17
		1/03/2023	Review from community mental health teams p12 and p15 updated in relation to community referring to GP and Lester pathway.
		03/03/2023 – 16/03/2023	Review completed from Nutrition and Hydration Steering Group p17 food hygiene training, p13 dysphagia in the community.
		20/03/2023	Policy updated
		13/04/2023	Exec review
		28/4/2023	Responses from Physical Health Management group – Insight changed to EPR system, IDDSI fully named, full policy names written so can be searched on Jarvis if links not working. Links put in Appendices

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Summary Flowchart

On admission service users nutritional needs including dysphagia are assessed

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Nutritional needs identified and care plan goal/step set

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Nutritional assessment and goal reviewed.

Staff receive mandatory training in regard to nutritional assessment and meeting nutritional needs of the SU

Service users encouraged to eat healthily with appropriate provision of meals and snacks in a positive environment.

1   Introduction

This is the nutrition policy for all services within Sheffield Health and Social Care NHS Trust. The policy is intended for all Trust staff, volunteers, and contractors.

Providing adequate nutrition and identifying and treating malnutrition is the responsibility of all individuals employed by the Trust. It is estimated that malnutrition alone costs NHS England £19.6 billion per annum (BAPEN 2011) and in BAPEN's most recent survey 40% of adults screened were at risk of malnutrition. (BAPEN 2021)

People with mental illness and/or learning disabilities experience higher rates of physical health problems than the general population. There is a growing body of research that indicates that food plays an important role in the development, management, and prevention of specific mental health problems.

Unbalanced diet when coupled with medications commonly used in the treatment of mental health problems such as antipsychotics and antidepressants, can incur rapid weight gain, leading to physical problems such as increased blood pressure and cholesterol levels. This can cause chronic conditions such as cardiovascular disease, type 2 diabetes, obesity, certain cancers, shorter life expectancy and further psychological problems. Providing education and advice on healthy eating in the management of obesity and its co-morbidities is essential.

Evidence from the National Patient Safety Agency's (NPSA) National Reporting and Learning System has identified dehydration as a patient safety issue - medical evidence shows that good hydration can assist in the management of diabetes and help prevent pressure ulcers, constipation, urinary tract infections and incontinence, kidney stones, heart disease, low blood pressure, cognitive impairment, falls, poor oral health, skin conditions and many other illnesses.

Every member of staff has a part to play in meeting all service users' nutrition and hydration needs. The importance of nutrition is reflected in standards set by the Care Quality Commission- Regulation 14 meeting nutritional and hydration needs and an increasing number of NICE guidelines, in particular CG32 Nutrition Support in Adults (NICE, 2017) and CG43 Obesity (NICE, 2022).

2   Scope

This policy will apply to people who access services provided by Sheffield Health and Social Care NHS Foundation Trust. This policy applies to all staff employed by or contracted to the Trust. The Trust will correctly identify and provide advice, support, and appropriate referral and/or signposting to service users who require all forms of nutrition advice and support.

The Trust will ensure that the dietary needs of its service users are considered in accordance with government guidelines by managing malnutrition and providing dietary education and support for healthy eating.

The Trust will ensure that its staff are aware of the importance of nutrition in patient care and are suitably trained and competent to carry out nutrition screening, monitoring and give appropriate advice. All inpatient service users will have a care plan, which identifies their nutritional care needs and a clear indication of how these needs are to be met.

For service users in the community, those at high risk should be identified and referred on for support. The Trust will maintain a Nutrition and Hydration Steering Group. This will meet the needs of Clinical Governance and the Care Quality Commission, as appropriate.

Corporate responsibility

The Care Quality Commission has the power to audit Trusts' compliance with certain nutritional standards and to issue improvement notices and financial penalties for serious breaches. Appropriate audits are included within the Trust clinical audit programme.

3   Purpose

To ensure that the Trust always provides easy access to adequate nutrition for inpatient and the eating disorders teams day services. This is a basic human right that should be recognised by all staff.

To ensure staff awareness of the need for adequate nutrition for the prevention of malnutrition and its associated complications.

To explain the procedure for ensuring service users are screened to identify those with or at risk of malnutrition/ obesity.

To explain the procedure to follow if a patient is identified to have or be at risk of malnutrition/ obesity.

To ensure that the Trust maintains the dignity and respect of all service users ensuring that they receive timely care and treatment with due consideration given to their dietary needs, that meets age, cultural background, disability, gender, sexuality, and spiritual and religious beliefs.

To ensure that staff access relevant training and are aware of how they can facilitate nutrition for service user or service user group.

4 Definitions

Malnutrition - Malnutrition is a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue / body form (body shape, size, and composition) and function and clinical outcome. The term malnutrition does include obesity. (BAPEN 2011)

Enteral nutrition through a tube - Enteral nutrition delivered into the gut by a tube is used where nutrition cannot be taken normally by mouth, but the gut is otherwise working. Common reasons for the use of this type of nutrition include

- Strokes or other neurological conditions which impair swallowing

- After some types of operations on the face, neck, throat, gullet or stomach

- Blockages of the gullet or stomach

- After radiotherapy to the throat or gullet

In the first instance, feeding tubes are usually placed through the nostril to pass down the gullet to lie in the stomach or small bowel. Liquid nutrition is then slowly pumped down the tube. If it is likely that the patient's ability to eat will not recover quickly or may not recover at all, then a feeding tube can be placed through the abdominal wall into the directly into the stomach (percutaneous endoscopic gastrostomy - PEG). (BAPEN 2011)

Refeeding syndrome- Refeeding syndrome (RFS) broadly encompasses a severe electrolyte disturbance (principally low serum concentrations of intracellular ions such as phosphate, magnesium, and potassium) and metabolic abnormalities in undernourished patients undergoing refeeding whether orally, enterally or parenterally

Nutritional Supplements – Nutritional products that include vitamins and minerals that are prescribed for special medical purposes such as disease related malnutrition.

MUST screening - MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. (BAPEN 2011)

Dysphagia -a swallowing impairment, symptoms may include difficulty, discomfort, or pain in swallowing. There may be difficulty in the oral preparation for swallowing, such as chewing and tongue movement or in protecting the airway during the swallow itself. (For more information please see the Trust's Dysphagia Management for Adults Policy 2021 https://jarvis.shsc.nhs.uk/documents/dysphagia-management-adults-policymd-015-v1-march-2021)

5   Duties

It is the responsibility of all staff to follow Trust policies. All Trust staff and teams have responsibilities for promoting healthy lifestyles and good physical health amongst service users. Staff and teams will provide an appropriate level of nutritional assessment, management advice and general health advice. Staff and teams will provide relevant interventions where appropriate. The policy author will ensure that this policy is reviewed at the agreed time, and that any actions arising from its implementation are managed through the food and nutrition steering group. In addition, various groups have responsibilities as set out below.

Chief Executive
The Trust board has ultimate responsibility and 'ownership' for the quality of care, support and treatment provided by the Trust. This includes the implementation of the Nutrition and Hydration Policy and ensuring its effectiveness in the delivery of good nutritional care.

Executive Director of Nursing and Professions
Ensure that all Medical and Registered Nursing staff are aware of this policy, and other policies and guidance which relate to this policy.
Ensure that adequate training is given to allow medical and registered nursing staff to implement this policy.

Service Director
Senior Managers and Directors have responsibility for developing, implementing reviewing, and updating the Trust's policies and procedures as in integral part of day to-day operations. They have a duty to take all practicable measures to ensure that all staff pay due regard to nutrition for every service user.

Nutrition and Hydration Steering Group
The Nutrition and Hydration Steering Group's aim is to promote and monitor the Trust's compliance with guidance and standards relevant to nutritional care, including NICE guidance, Care Quality Standards and Food Safety Compliance. The Group is chaired by the Chief Allied Health Professional (AHP). The group should include membership from trust management, and include senior representation from medical staff, catering, nursing, dietetic, speech and language therapy, pharmacy, and other healthcare professionals as appropriate.

The Nutrition and Hydration Steering Group should work with service directors to:
  • Implement national recommendations and standards on provision of food and drinks, and nutritional care
  • Support the provision of appropriate training in nutrition for staff
  • Assemble evidence as required to demonstrate that services meet Care Quality Commission standards

Doctors and Physician Associates
Doctors should:
- Be aware of their responsibility for the nutrition and hydration of their service users within relevant NICE guidance (in particular CG32 Nutrition Support in Adults and CG43 Obesity)
- Ensure that nutrition screening is completed at the appropriate times for service users in their care
- Check regularly that nutrition/hydration care plans are implemented and reviewed
- Be aware of the roles of other professionals, and make timely referrals for specialist assessment and advice
- Prescribe nutritional supplements appropriately

Dieticians
Dieticians have a responsibility to support improvements in nutrition at every level by:
- Contributing to the development and implementation of evidence based clinical and teaching practice
- Provide patient care, clinical governance reports and reports on key performance indicators as requested by the nutrition strategy group
- Provide nutrition assessment, planning and follow up as appropriate for individual service users referred to them
- Prepare and deliver training to qualified nursing staff and support workers based on the inpat units on nutritional screening and assessment and the preparation and implementation of nutrition care plans.
- Provide accessible information on food, drinks, nutrition and hydration to staff, service users and carers as appropriate
- Provide accessible guidance for staff on nutrition risk screening and care with particular attention to ensuring the needs are met of vulnerable patient groups
- Contribute to the monitoring of standards for practice associated with food and nutrition (this will be on a consultation basis due to the small number of dietetic staff)
- Review menus against the standards outlined in the BDA Nutrition and Hydration Digest (2019) taking into consideration the needs of the different inpatient units
- Contracted food suppliers to the trust should provide dietetic support to advise on nutritional breakdown and allergen content of their products.

Matrons, Ward managers and team leaders
Responsibility for ensuring standards of food and nutrition are met for inpatients lies with ward managers. This specifically includes ensuring that:
- Their teams adhere to the Trust's Nutrition and Hydration policy
- The necessary equipment is available, in full working order, maintained and accessible on each ward/team base.
- Patients' individual needs are identified by appropriate screening and are met through care planning
- Appropriate, user-friendly, up-to-date information about the food service is available and accessible to all service users and carers, whatever their communication needs
- All patients admitted are screened for nutrition risk and special needs concerning eating, drinking and dysphagia are identified

- All service users have access to drinks 24hours per day and staff are trained to identify, treat, and monitor those at risk.
- Housekeeping staff are preparing and serving food to a high nutritional standard.
- Housekeeping staff are trained to prepare food appropriately for service users with dysphagia.
- Staff have the appropriate knowledge and skills to implement this policy.

In addition, Ward Managers are responsible for ensuring that the ward environment is conducive to eating.

Community Team Leads
- Responsible for ensuring that registered staff have sufficient knowledge to identify services users at nutritional risk.
- Ensuring that staff are aware of referral pathways for service user to get appropriate nutritional support.

Named nurse- inpatient areas
Nutrition and hydration are part of the care of the individual patient, and as such the responsibility of the named nurse. The named nurse should supervise the nutritional care throughout the admission and ensure that it is handed over appropriately. Named nurses are responsible for ensuring that service users in their care:
- Are nutritionally screened within 48 hours of admission using the Malnutrition Universal Screening Tool (MUST) to identify nutritional risk and any special needs concerning eating and drinking.
- have their preferences for food and fluid identified accurately as soon as possible after admission, using information from carers if necessary
- have a goal or step in the care plan related to nutritional needs
- are referred for more specialist help if considered necessary e.g., Dysphagia Trained Professional for dysphagia.
- Nursing staff will undertake training (MUST and Dysphagia Awareness) to enable them to fulfil these responsibilities.

Support Staff
Have a responsibility to:
- Support patients to have a balanced diet and to make appropriate food choices
- Support patients when managing food refusal
- To attend MUST training
- To complete Dysphagia Training
- Undertake nutritional screening of patients using MUST on admission and monthly thereafter.
- Follow the nutritional care plan goal or step

Housekeeping staff/Catering Staff
Have a responsibility to:
- Provide and prepare food using menus and recipes agreed by a Dietitian and Hotel Services Manager,
- Understand the handling and production of clinical, cultural, and religious diets as well as allergies needs of service users while preparing and serving food.
- Prepare food and drinks in line with Service User's dysphagia needs i.e., adapting food and drink to suitable consistency prior to food being served to Service User
- Promote appropriate eating and drinking by presenting food and drinks attractively
- Support nursing and support staff in achieving a pleasant environment for the dining experience
- Undertaking training (MUST and Dysphagia Awareness) to enable them to fulfil these responsibilities.

Occupational Therapists
Consideration of service users' nutritional needs when planning any food related activities Occupational therapists can support clients who are having problems with the physical act of eating this includes:
- Assessing people to determine where the difficulties lie.
- Prescribing aids and adaptations such as adapted cutlery.
- Supporting staff and carers to promote independent eating where possible and appropriate.

Dysphagia Trained Professional
A Dysphagia Trained Professional provide specialist assessment, treatment, and management for people with dysphagia.
This includes
- Assessing and identifying the level of impairment in swallow function, and
- Identifying where possible modifications to manage the risk to the patient of aspiration and or choking due to the impairment of swallow function.
- These may include modifications to texture and consistency of food and drink, using International Dysphagia Diet Standardisation Initiative (IDDSI) descriptors, as well as postural, behavioural, and environmental modifications.
- Providing patients and ward staff with clear recommendations regarding management of difficulties
- May also advice on use of adaptive cutlery in collaboration with OT

6   Procedure

6.1 Nutrition screening.
Service Users admitted to an inpatient facility must have a nutritional screen on admission (NICE CG32,2017). In research on admission is categorised as being within 24-48 hours of admission, Reber et al 2019. In SHSC screening is completed using the MUST screening tool found on the drop-down menu on the EPR system. The screening should be carried out by healthcare professionals with appropriate skills and training. Dependent upon the individual scoring, various actions will need to be put in place such as weekly weights, action plan in collaborative care plan, nutritional intake monitoring form &/or fluid balance chart (**Appendix 1 and 2**), prompts & encouragement, discussion in MDT. (For more information on completion of the MUST Screening tool please see the Malnutrition SOP- **Appendix 3**) The MUST screening will need to be repeated on a regular basis. The frequency of which will be determined by their MUST Score. The screening tool can be found on the drop-down menu on the EPR system. Community Services must take opportunities to question service users about their diet and any concerns must be escalated to GP and if appropriate a referral made to the community dietitians (see **Appendix 4** for community dietitian referral form and criteria).

6.2 Referral to a Dietitian.
If a service user requires specialist input from a dietitian a referral must be made using the referral form on the intranet JARVIS and emailed to dietetic-referrals@shsc.nhs.uk. Community services must refer to community dietetics (see **Appendix 4** for referral form and criteria)

6.3 Vitamins
NICE guidance recommends that all adults consider taking vit D 400IU per day if they have little or no sunshine exposure due to being indoors. All in-patients should be prescribed 400IU Vit D during admission if they want to take it, follow the prescribing guidance in the Vitamin D algorithm for adults. (SACN 2016)
Patients with a low BMI should have a multi vitamin and mineral prescribed. (MEED 2022)
Patients at risk of re-feeding syndrome will need B vitamins, thiamine and Forceval prescribing - See re-feeding section 6.8 of the policy. (Nutrition support for adults NICE 2017, MEED 2022)
Pregnant women in the first 12 weeks of pregnancy should be prescribed folic acid 400ug. (PH11 Maternal and Child nutrition, NICE 2014)

6.4 Nutritional Supplements
Nutritional supplement drinks should not be first line advice but can be used when clinical interventions to improve nutrition through normal food intake is insufficient or on the advice of a dietitian. Nutritional supplements need to be prescribed and given at the time prescribed. It is essential that teams procure supplements, so they are available when prescribed for service users. Nutritional supplement may be used when a person is refusing to eat but must be reviewed quickly when that person restarts oral intake to prevent over nutrition and unnecessary weight gain.

6.5 Ward Dysphagia Screening
Initial admission screen on the Inpatient Admission Summary Form will identify need for onward referral to MH dysphagia service. Or observed danger indicators
or if any other concerns are identified which may indicate a swallowing problem/risk.

- Choking incidents
- Coughing during or after food/drinks
- Frequent chest infections
- Bringing up food/drink after swallowing
- Food/drink coming down nose.
- Gurgling noises during or after food/drink
- Wet/gurgly voice after food/drink
- Breathing difficulties after food/drink
- Distress/Discomfort at mealtimes

6.6 Referral to a Dysphagia Pathway
Referral will be made by completing a MH inpatient dysphagia referral form (**Appendix 5**). This will trigger a detailed screening process with ward staff within 2 working days and initial advice will be given to reduce risk. A full observational assessment will be completed face to face with the patient where possible and a detailed management plan provided on the day of assessment.
If there are concerns regarding swallowing for services users in the community, they should be signposted to their GP.

6.7 Textured Modified Diets
After assessment from the Dysphagia Trained Professional a modified textured diet and or fluids may be required. These will be based on the IDDSI (International Dysphagia Diet Standardisation Initiative) standard terminology and in line with current RCSLT guidance. In addition, strategies may be required to further reduce risk, including but not limited to staff supervision or observation, environmental adaptations, adjusted posture. For further details please search for the Dysphagia Management for Adults Policy on Jarvis.

6.8 Re-feeding Syndrome

Service users who have a low BMI, lost a significant amount of weight, eaten very little for 10 days or who are having a poor-quality diet e.g., mainly consisting of energy drinks may be at risk of re-feeding syndrome. Supplementation of vitamins and minerals especially B vitamins and the correction of any blood abnormalities of Mg PO4 and Ca are important to reduce the risk to the service user. (Nutrition support for Adults NICE 2017, MEED 2022). Please see flow chart and guidance in Appendix **6** for detailed information.

6.9 Food Refusal

The reasons for food refusal can be complex and it is important to establish what they are e.g., dislikes, sore mouth, depression, paranoia or simply not wanting to eat.
Staff must follow service users wishes if they refuse nutrition and hydration unless a best interest's decision has been made under the Mental Capacity Act 2005. The Eating disorders service may vary the way they apply this regulation.

6.10 Enteral Feeding

If a service user requires Enteral feeding (feeding by nasogastric tube or a percutaneous endoscopic gastrostomy, PEG) this will be initiated in the Sheffield Teaching hospitals (STH). Service users already on enteral nutrition admitted to the ward will already have support from the home enteral feed team (HEF team) in STH and staff can liaise with this team to support the service user during their admission.

6.11 Hydration

There is a lack of robust clinical evidence concerning daily fluid requirements. Current advice is 1.6L for women and 2L for men. We know that most individuals drink less than this and mild dehydration is common. It is vital to encourage individuals to drink more taking care that they are not filling up on fluid to the detriment of their food intake. The colour of urine can be a useful guide to good hydration.
If a service user requires fluid intake monitoring the fluid balance chart can be found in **Appendix 1.**

6.12 Prevention of Excessive Weight Gain and Weight Management
It is important for all staff to encourage service users to establish and maintain a combination of increased physical activity and healthier dietary habits to achieve and maintain energy balance (Preventing Excessive Weight Gain, NICE 2015). Service users named nurse must give the service user the opportunity to explore weight or weight gain.
Potential areas to discuss:

- Readiness to change
- Exercise
- Dietary Patterns
- Body image
- Self esteem
- Substance misuse
- Medication side effects

Staff should consider a referral to the appropriate therapist or an exercise, gym or wellbeing service. Care plans should reflect the outcome of the discussion.
If the service user is not interested in further intervention, repeat the MUST screening and weight check on a monthly basis and if appropriate give the service user information on the benefits of losing weight, healthy eating and increased physical activity.
In the community services staff should take opportunities to speak to services users about their weight and if the service user is interested to ask their GP to refer to local services available to support people to increase activity and or consider their diet.

6.13 Weight Management when Initiating Antipsychotic Meds.
Service Users starting or changing antipsychotic medication should be weighed weekly for 6 weeks then at 12 weeks and annually, waist measurement should be taken annually. Information and support to prevent weight gain should be offered. (CG178 Psychosis and Schizophrenia in adults, prevention, and management, NICE 2014).
In the community it may not be possible to weigh people as frequently therefore as a minimum service users should be weighed at baseline, 3 months, 6 months and 1 yr. If there is weight gain other medications should be considered alongside a letter to the GP to refer to local services available to support weight management. (Lester pathway 2014)

6.14 Nutritional Care Plan
All patients should have a nutrition care plan goal or step within the collaborative care plan. The named nurse is responsible for its completion. The goal or step should be based on the following:
- Nutrition Screening Score and actions required
- Dysphagia screen score and actions required
- Use of food and fluid charts if required
- The need for cultural, religious and special diets
- Any allergies
- Any equipment requirements
- Referrals to Dysphagia Team or Dietetics

Information gathered from the family may be helpful in completion of the nutritional care plan. The care plan should be regularly updated in line with Nutrition screening scores or other changes that affect the service user's nutritional intake. (Nutritional Standards for Healthcare Food and Drink, 2022).

6.15 Equipment

Every ward should have access to suitable calibrated weighing equipment. Every ward should have access to a piece of medical equipment such as a stadiometer to measure human height. If height cannot be measured a recently documented or self-reported height can be used, or an alternative measurement to estimated height such as length of forearm can be used. If height is not measured using the standard height measure this should be documented.
Please see the Medical and Therapeutic Devices Policy for further information
https://jarvis.shsc.nhs.uk/documents/medical-and-therapeutic-devices-policy-md-021v5-april-2020

6.16 Nutritional Resources
Every staff member has access to the intranet where evidence based nutritional intervention can be shared with service users. It is the responsibility of the dietitian to keep this relevant and up to date. The dietetic team can be approached for support with resources. Please search dietetic team on Jarvis or use the following link;
https://jarvis.shsc.nhs.uk/things-support-me-do-myjob/clinicians/make-referral-team/dietetic-department

6.17 Protected Mealtimes
Protected mealtimes enable patients to eat without interruption and staff can offer assistance. Research shows individuals who are not interrupted and receive more appropriate support during mealtimes are happier, relaxed and eat more. (**Appendix 7**).
The ward environment and presentation of the food as well as the timing and content of the meals are important to the nutritional intake and health of the service users. Any service user who finds it difficult to eat in the usual dining area or at usual mealtimes should be provided with food in a way that meets their needs. It may be beneficial for a service user to have a family member or friends with them. This should be part of the service users care plan either as a goal or step. Staff also need to respond to the needs of clients observing religious celebrations such as Ramadan and provide food outside of the normal mealtimes.

6.18 Food Provision
Food and fluids should be available 24 hours per day. Food will be provided at set mealtimes ensuring less than 14 hours between evening meal and breakfast provision, if this is not possible a substantial evening snack should be provided. Snacks of a nature appropriate to the needs of the client group will be available at least twice daily.

Fresh fruit should be available 24 hours per day. All wards will have access to foods such as cheese, butter, and cream to enable food fortification for malnourished patients at ward level. Menu cycles should ensure that service users get a choice from a varied seasonal menu that meets nutritional requirements and is appetising. The design and structure of the menu should be representative of the specific population group being catered for in that setting. It must comply with current nutrition and coding standards as outlined in BDA Nutrition and Hydration Digest (2019).

Feedback from services users and ward staff in relation to the menu content and food quality will be regularly sought and will inform decisions related to the menus. This will be in a variety of forms, feedback in ward community meetings, dietetic audit, and the yearly PLACE audit. (**Appendix 8**).

The nutritional content and allergen content of all foods will be available for staff and service users whenever needed.
Food hygiene and cleanliness are vital, please see Catering and Food Safety Policy on Jarvis for further information. Catering and Food Safety (HR 022 V3 Feb 2023) | JARVIS (shsc.nhs.uk)

Arrangements should be in place for the provision of food and hydration that meets the service users religious and cultural needs. Vegan, gluten free, modified texture, and therapeutic diets must also be available on request. Vegetarian diets should be routinely catered for.

Healthy eating messages (where appropriate) should be promoted to staff and service users and visitors whenever the opportunity arises and should be reflected in menu choices available.

Every effort should be made to ensure that menus are communicated in a way that service users will understand e.g., pictorial, and that menu choices are available to view well in advance of the mealtime.
As a standard all inpatient areas will have the menu on display on a white board or other that accurately reflects the days meal choices.

6.19 Nutrition/Meal Planning Meetings
Nutrition meetings are available on the wards, and it would be recommended that service users are involved in this process. Support from the dietitian can be requested and if needed issues can be escalated to the Nutrition and Hydration Steering Group

6.20 Training
For all inpatient clinical staff, it is mandatory to complete the MUST Training and Dysphagia Awareness Training.
All food and drink handlers, must undertake food hygiene training and regular updates. Training will be organised to meet any specific nutritional needs identified to specific wards or staff group.

7   Development, Consultation and Approval

17/2/2023	Revied and updated
01/03/2023	Consultation with Community Mental Health Teams
02/03/2023	Sent to all members of Nutrition and Hydration Steering Group for comments
20/03/2023	Updated with comments
24/04/2023	Presented at Policy Governance Group
24/04/2023	Updated with comments
24/04/2023	Sent to all members of Physical Health Management Group
28/04/2023	Updated with comments

8   Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) MUST completion within 48hours	Audit	Staff nurse and audit dept	weekly	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group
B) Care plan audit and accurate completion and review of MUST	Audit	Dietitian	Twice yearly on vulnerable ward and annually in all other wards and units with food provision	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group
C) Review of menus	Nutritional analysis and ward community meetings	Dietitian and hospital food manager	Annually	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group
D) PLACE	Audit	Hospital food manager	Annually	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group	Nutrition and Hydration Steering Group

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Policy documents should be reviewed every three years or earlier where legislation dictates, or practices change. The policy review date is March 2024

9   Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload reviewed policy onto intranet	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
Managers are responsible for ensuring the dissemination of the policy within their teams and that all staff have access either via the intranet or hard copy.	SHSC manager	Within 5 working days of issue	

10 Training and Other Resource Implications

Continuation of mandatory MUST training for all clinical staff. This is also available to any other staff within the Trust
Continued development and dissemination of staff training on re-feeding syndrome.
Continued development and dissemination of staff training to support readiness for change, incorporating dietary change
Future resource implication to ensure community staff supported to assess nutrition and signpost service users

Nutrition and Hydration Policy V2 April 2023

11   Links to Other Policies, Standards (Associated Documents)

BAPEN 2011 https://www.bapen.org.uk/pdfs/nsw/nsw-2011-report.pdf

BAPEN 2020 https://www.bapen.org.uk/pdfs/reports/mag/national-survey-of-malnutrition-and-nutritional-care-2020.pdf

British Dietetic Association, Nutrition and Hydration Digest 2019
https://www.bda.uk.com/uploads/assets/c24296fe-8b4d-4626aeebb6cf2d92fccb/NutritionHydrationDigest.pdf

Care Quality Commission – Regulation 14: Meeting Nutrition and Hydration needs
https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meetingnutritional-hydration-needs

NHS England, National standards for healthcare food and drink 2022
https://www.england.nhs.uk/long-read/national-standards-for-healthcare-food-and-drink/

Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents

NICE, Nutrition Support in Adults, 2017 Overview | Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance | NICE
Lester Pathway Adaptation 2014 https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncap-library/rcp17056-lester-uk-adaptation-4pp-a4-leaflet_4_updated.pdf?sfvrsn=7bc177e9_2

NICE PH11 Maternal and Child nutrition 2014 https://www.nice.org.uk/guidance/ph11

NICE Obesity 2022 https://www.nice.org.uk/guidance/cg189

NICE Preventing excessive weight gain 2015 https://www.nice.org.uk/guidance/ng7

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NICE Psychosis and schizophrenia in adults: prevention and management 2014
https://www.nice.org.uk/guidance/cg178

Royal College of Psychiatrists, MEED 2022 https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Reber E, Gomes F, Vasiloglou MF, Schuetz P, Stanga Z. Nutritional Risk Screening and Assessment. J Clin Med. 2019 Jul 20;8(7):1065. doi: 10.3390/jcm8071065. PMID: 31330781; PMCID: PMC6679209.

Trust Policies referenced within the policy

Catering and Food Safety Policy (HR 022 V2 2019)
Catering and Food Safety (HR 022 V3 Feb 2023) | JARVIS (shsc.nhs.uk)

 Dysphagia Management For Adults Policy (MD 015 V1 March 2021)
https://jarvis.shsc.nhs.uk/documents/dysphagia-management-adults-policy-md-015-v1march-2021

Medical and Therapeutic Devices Policy (MD 021 V5 April 2020)
https://jarvis.shsc.nhs.uk/documents/medical-and-therapeutic-devices-policy-md-021-v5april-2020

Vitamin D & Health. Scientific Advisory Committee on Nutrition (2016)
https://www.gov.uk/government/groups/scientific-advisory-committee-on-nutrition

Vitamin D: supplement use in specific population groups public health guideline. Published: 26 November 2014 www.nice.org.uk/guidance/ph56
https://www.nice.org.uk/guidance/ph56/resources/vitamin-d-supplement-use-in-specificpopulation-groups-pdf-1996421765317

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12   Contact Details

Title	Name	Phone	Email
Chief AHP	Amanda Jones	0114 226 3921	Amanda.jones@shsc.nhs.uk
Lead Dietitian	Alison Bent	0114 2716938/6961	Alison.bent@shsc.nhs.uk
Senior Dietitian	Libby Johnson	0114 223 4293	Libby.johnson@shsc.nhs.uk
Hotel Services Managers	Elaine Harrison	0114 271 8350	Elaine.harrison@shsc.nhs.uk
Lead Speech and Language Therapist	Phillipa Allen	0114 271 6473	Phillipa.allen@shsc.nhs.uk

Appendix A: Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e., will this policy <u>potentially</u> impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients, or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* Name/Date:	**YES,** Go to **Stage 2**	**Stage 2 Policy Screening and Drafting Policy**

- Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No specific impact identified	Yes, already included	The policy relates to all adults over 16yrs Within the policy it highlights that menu development should be appropriate to the relevant population on that ward as per BDA Nutrition and hospital digest. It also highlights the need for individual screening and assessment for risk and need relating to nutrition and hydration including all inpatients and those identified as at risk in the community to have and MDT formulated nutrition and hydration plan.

		Yes, already included	The policy already states that the menus should be communicated in a way that service users would understand e.g. pictorial and for reasonable adjustments to be standard to allow people with disabilities to access information about catering provision across inpatient services. It also highlights the need for individual screening and assessment for risk and need relating to nutrition and hydration
Disability	No specific impact identified		

			including all inpatients and those identified as at risk in the community to have and MDT formulated nutrition and hydration plan.
Gender Reassignment	No specific impact identified	No further action identified	No action required
Pregnancy and Maternity	No specific impact identified	No further action identified	Already in policy to check folic acid prescribed. The policy also highlights the need for individual screening and assessment for risk and need relating to nutrition and hydration including all inpatients and those identified as at risk in the community to have and MDT formulated nutrition and hydration plan.
Race	No specific impact identified	No further action identified	All determinants of food choice should be discussed with service users including race/ religion or belief
Religion or Belief	No specific impact identified	No further action identified	All determinants of food choice should be discussed with service users including race/ religion or belief

Sex	No specific impact identified	No further action identified	
Sexual Orientation	No specific impact identified	No further action identified	
Marriage or Civil Partnership	No specific impact identified		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date Alison Bent, Dietetic Lead, Feb 2023

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners, and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Yes
	Template Compliance	
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
	Policy Content	
12.	Is the purpose of the policy clear?	Yes

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13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Yes
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Yes
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to: Review Audit compliance within the document?	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes

See Appendices as supporting documents under the policy document online
Appendix 1: Fluid Balance Chart

https://jarvis.shsc.nhs.uk/system/files/2022-08/Fluid%20balance%20chart%20Feb%202022%20%28for%20circulating%29.pdf

Appendix 2: Nutritional Intake Form

https://jarvis.shsc.nhs.uk/system/files/2022-08/Nutritional%20Intake%20Form%20Feb%202022%20%28for%20circulating%29.pdf

Appendix 3: MUST SOP

https://jarvis.shsc.nhs.uk/system/files/2022-03/Nutrition%20and%20Hydratrion%20Policy%20-%20Appendix%203a%20MUST%20SOP.pdf

https://jarvis.shsc.nhs.uk/system/files/2022-03/Nutrition%20and%20Hydration%20Policy%20-%20Appendix%203b%20MUST%20SOP.pdf

https://jarvis.shsc.nhs.uk/system/files/2022-03/Nutrition%20and%20Hydration%20Policy%20-%20Appendix%203c%20MUST%20SOP.pdf

Appendix 4: Community dietetics referral form and criteria
Adult referral form – Sheffield Community Dietitian Service | JARVIS (shsc.nhs.uk)

Adult referral guidance – Sheffield Community Dietitian Service | JARVIS (shsc.nhs.uk)

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Appendix 5: Dysphagia referral form

[Mental health inpatient Dysphagia referral form | JARVIS (shsc.nhs.uk)](shsc.nhs.uk)

Appendix 6: Re feeding flowchart and guidelines

[Refeeding flow chart (shsc.nhs.uk)](shsc.nhs.uk)

Appendix 7: Protected mealtimes

[Nutrition and Hydration Policy - Appendix 7a PROTECTED MEALTIMES.pdf (shsc.nhs.uk)](shsc.nhs.uk)

[poster.pdf (shsc.nhs.uk)](shsc.nhs.uk)

Appendix 8: PLACE AUDIT

[Nutrition and Hydration Policy - Appendix 8 PLACE+2019+Organisational+Questions+Food.pdf (shsc.nhs.uk)](shsc.nhs.uk)

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