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## NUTRITION AND HYDRATION POLICY (Adults)

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Purpose of Agreement	The purpose of this policy is to highlight the processes, requirements, roles and responsibilities concerning nutrition and hydration care that ensure all patients and clients under the care of Solent NHS Trust are enabled to receive nutrition and hydration in a form that is acceptable to them and meets their nutritional and hydration needs.
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2	Jan 2016	Sue Green		
3	February 2019	Sue Green and Nutrition and Hydration Steering Group	Ratified July 2019 by Policy Steering Group.	Updates provided by Lyn Dangerfield, Richard Walker, Karen Ashbolt and Sue Green.
4	September 2022	Angela Anderson	Chair's action approved extension request to March 2023 (6 months) to allow time to sufficiently review, working with an external specialist	No changes made, content remains safe

## **SUMMARY OF POLICY**

This policy aims to guide staff in making decisions about the nutritional and hydration care of patients in Solent NHS Trust with the aim of ensuring that patients at home and in residential settings receive appropriate nutrition and hydration in a form that is acceptable to them and meets their needs. The policy refers to all aspects of nutritional care including the provision of oral, enteral and parenteral food and fluids.

The policy outlines key definitions to clarify the meaning of the terms nutritional care, malnutrition and dehydration. A clear outline of the process of care is given to support staff to approach nutrition and hydration care systematically.

Nutritional screening and assessment is highlighted as the first stage of care and the policy outlines that MUST should be used to screen for risk of malnutrition except in groups and individuals where this is not considered appropriate. The importance of assessing dietary needs and preferences and working with the multidisciplinary team to provide individualised care is emphasised.

The policy indicates that those identified with or at risk of malnutrition or obesity or with specific dietary needs should have a plan of care developed and implemented. Key processes and requirements for the delivery of oral food and fluid intake and enteral nutrition are considered and the need for evaluation of a plan of care emphasised. Training requirements are outlined to support staff to adhere to the policy.

Nutritional and hydration care is the responsibility of all staff in Solent NHS Trust. This policy demonstrates that Solent NHS Trust is committed to the prevention of avoidable dehydration and malnutrition and the provision of good nutritional and hydration care.

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## NUTRITION AND HYDRATION POLICY (Adults)

### 1. INTRODUCTION AND PURPOSE

- 1.1 Optimal hydration and nutrition is fundamental to health. Everyone has the right to food intake adequate for health and well-being (United Nations General Assembly, 1948).
- 1.2 There is a requirement that people who use healthcare services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment. The exception to this is when meeting of such nutritional or hydration needs would not be in the service user's best interests or without their consent.
- 1.3 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 outlines providers, where it is their role, must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so (Care Quality Commission, 2017).
- 1.4 The CQC (Care Quality Commission, 2017) state: "People must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or parenteral nutrition. People's preferences, religious and cultural backgrounds must be taken into account when providing food and drink".
- 1.5 The CQC (Care Quality Commission, 2017) outline that the nutritional and hydration needs of service users must be met where care or treatment involves:
  - the provision of accommodation by the service provider or an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity
  - the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider
- 1.6 NHS England guidance for commissioners (NHS England, 2015) outlines that they should ensure that the health and social care organisations for which they are responsible:
  - prevent malnutrition and dehydration from occurring
  - identify when malnutrition has occurred
  - specifically treat those at risk from malnutrition or dehydration using care pathways
  - educate all staff, voluntary workers, patients and carers on the importance of good nutrition and hydration
- 1.7 A substantial proportion of individuals cared for by healthcare professionals within community settings experience malnutrition (BAPEN 2018).

- 1.8 Malnutrition is associated with poorer clinical outcomes and increased healthcare costs and recovery from illness and surgery (Guest, et al., 2011) (Elia, 2015).
- 1.9 Dehydration due to loss of water is associated with higher mortality, morbidity and disability in older people (Hooper, et al., 2014).
- 1.10 Older people are more at risk of dehydration due to loss of water (Hooper, et al., 2014). Patients admitted to hospitals from nursing homes are commonly dehydrated (Wolff, et al., 2015).
- 1.11 In older people living at home issues surrounding fluid supply need to be addressed in order to promote optimal hydration and avoid dehydration.
- 1.12 The purpose of this policy is to highlight the processes, requirements, roles and responsibilities concerning nutrition and hydration care that enable all patients and clients under the care of Solent NHS Trust to receive nutrition and hydration in a form that is acceptable to them and meets their nutritional and hydration needs. It is intended to reinforce the importance of nutrition and hydration to the health of all patients/clients and staff.

## **2. SCOPE & DEFINITIONS**

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff, in line with our Equality, Diversity & Human Rights Policy.
- 2.3 This policy concerns the nutritional and hydration needs of all patients/clients under the care of Solent NHS Trust.
- 2.4 Nutritional care is the term used to ensure appropriate nutritional intake. This includes food, fluids, procedures, and setting involved.
- 2.5 The term malnutrition can incorporate over nutrition but in this document is defined as a reduction in body mass as a result of protein and energy deficiency (Jensen, et al., 2010).
- 2.6 Dehydration in the context of this policy refers to the “loss of body water, with or without salt, at a rate greater than the body can replace it” (Thomas, et al., 2008).

### **3. PROCESS/REQUIREMENTS**

- 3.1 All patients/clients should be enabled to receive nutrition and hydration in a form that is acceptable to them, meets their nutritional and hydration needs and is safe.

#### **3.2 Nutritional Screening and Assessment**

- 3.2.1 Patients/clients should be screened for risk of malnutrition using the Malnutrition Universal Screening Tool (MUST), except in groups and individuals where this is not deemed appropriate (Section 3.2.2). This should be done within 24 hours of admission for inpatients, within 48 hours of admission to care for patients/clients living in their own homes and on initial presentation to outpatients.
- 3.2.2 Screening of nutritional status may not be considered appropriate for some patient/clients or groups, for example, those with receiving palliative or end of life care. In this situation the reason for not screening for malnutrition should be recorded in the patients or client's records or stated in unit policy. Healthcare professionals should still assess dietary needs (Section 3.2.50).
- 3.2.3 Patients/clients should be weighed on scales that conform to Class III or higher and are regularly calibrated (Department of Health, 2010).
- 3.2.4 A proxy measure of weight and height may be used when the patient or client cannot be weighed using scales or have their height measured, as described in MUST guidelines (British Association of Enteral and Parenteral Nutrition, 2014).
- 3.2.5 Healthcare professionals should assess dietary needs and preferences on admission to inpatient units; ensure that any special requirements, including food choice, help with feeding and equipment are recorded and addressed; and identify risk factors associated with eating and drinking such as aspiration or choking. Patients/clients should be referred to other healthcare professionals where appropriate.
- 3.2.6 Patient/clients who have an increased risk of choking (e.g. adults who have a learning disability), with or without a known dysphagia, should be identified as at risk and referred to other healthcare professionals as appropriate e.g. Speech and Language Therapist (SLT).
- 3.2.7 Patients/clients should be assessed for risk of re-feeding syndrome (National Institute for Clinical Excellence, 2006) and, if identified as at risk, referred to the doctor and dietitian as a priority before nutritional support is commenced.
- 3.2.8 Where oral and enteral feeding are both in place, healthcare professionals involved in their nutrition care should liaise and conduct joint assessments to ensure balanced, safe, nutrition is maintained.

#### **3.3 Plan of Care**

- 3.3.1 Patients/clients identified as at risk of malnutrition (or obesity) and those with specific dietary needs should have an appropriate plan of care devised and implemented which may include referral to other healthcare agencies or workers.

- 3.3.2 Patients/clients identified as dehydrated or at risk of dehydration should have an appropriate plan of care devised and implemented which may include referral to other healthcare agencies or workers.
- 3.3.3 Nutrition and hydration may be significant factors in relation to risk of falls and tissue viability and relevant care plans should be cross referenced.
- 3.3.4 Patients/clients with swallowing difficulties who are known to the SLT service will have a safest swallow eating and drinking care plan indicating how their dysphagia (swallowing difficulty) is managed. This safest swallow regime may be further modified by appropriately trained nursing staff if the patient's/client's swallow status deteriorates, in order to minimise risk. A review/reassessment by SLT is required if an upgrade to texture or fluid modification is indicated.
- 3.3.5 Patient/clients identified as at risk of choking should have a care plan that maintains an agreed level of risk and documentation detailing decision following multidisciplinary client and family consultation as appropriate.
- 3.3.6 It is the responsibility of Solent staff to contact their manager if they are not able to support an eating and drinking care plan.
- 3.3.7 In in-patient units specific orders of dietary items and therapeutic or other diets should be given to the housekeeper 24 hours in advance wherever possible.

#### **3.4 Oral fluid and nutrition intake**

- 3.4.1 Patients/clients should be assisted to choose an appropriate diet to meet their needs (in terms of nutritional content, texture, and cultural requirements). This may involve using accessible information (e.g. pictures) to enable a person to choose for themselves. Reference to the International Dysphagia Diet Standardisation Initiative (IDDSI) may be required.
- 3.4.2 Patients/clients should be offered food, fluids and medication that enable them to meet their nutritional and hydration needs and are appropriate for their medical condition and eating, drinking and swallowing ability, in line with IDDSI (see 3.4.1).
- 3.4.3 Mealtimes and the environment should be conducive to eating. The concept of "protected mealtimes" should be adopted in inpatients units. Community staff should ensure their interventions do not interfere with mealtimes where possible.
- 3.4.4 Trust Food Hygiene Guidelines must be followed when providing food and drink.
- 3.4.5 In inpatient units patients/clients wishing to have food brought in from their home must observe food hygiene guidelines within the Trust.
- 3.4.6 In inpatient units visitors who bring in food for patients/clients should be asked to check with the Registered Nurse caring for the person to ensure it is appropriate for patient/client needs.



- 3.4.7 Food and fluids in adequate quantity and of good quality should be given to the patient/client at mealtimes and between meals as required. People following specific diets because of a medical condition or food allergy or because of their cultural beliefs must be offered food and fluid that meets their needs.
- 3.4.8 Food and drinks should be served at a suitable temperature for safety and palatability.
- 3.4.9 Appropriate support to eat and drink should be offered (including modified eating and drinking aids, assistance to eat and drink and supervision/behaviour support in relation to identified choking risks). This must be in line with specific eating, drinking and swallowing care plans.
- 3.4.10 Food intake should be recorded accurately if the patient or client is at risk of malnutrition and this is indicated in their plan of care, using the Solent Food and Fluid Record (Section **Error! Reference source not found.**).
- 3.4.11 In inpatient units where fluid intake is of concern, a fluid balance chart should be maintained. Fluid balance should be reviewed every 8 hours or more frequently if required by the patient/client's condition and the medical team informed if fluid input or output is reduced or excessive.
- 3.4.12 Where a patient/client declines recommended food or fluid modifications for the management of dysphagia this must be recorded in the patient notes and relevant clinicians informed to enable a risk assessment to be undertaken.
- 3.4.13 If a client/patient lacks capacity to make safe and appropriate food and fluid choices for themselves they may be putting themselves at nutritional risk and compromising their health outcomes. Appropriate assessment and intervention will typically be determined by a multi-disciplinary meeting guided by the Mental Capacity Act (Department of Health, 2005) and the Deprivation of Liberty Safeguards (Department of Health, 2008) as appropriate.

### **3.5 Nutrition via enteral tube and parenteral nutrition**

- 3.5.1 Nutrition via enteral tube will be considered for patients/clients who are malnourished or at risk of malnutrition, have inadequate or unsafe oral and/or pharyngeal stages of the swallow resulting in a high choking/aspiration risk intake, and a functional, accessible gastrointestinal tract (National Institute for Clinical Excellence, 2006). Patients or clients requiring nutrition via enteral tube will be referred to Nutrition and Dietetic services.
- 3.5.2 Patients or clients unable to obtain sufficient nutrients via their gastrointestinal tract who may benefit from parenteral nutrition should be referred to the local Acute Trust for assessment.
- 3.5.3 Enteral tube feeding will be stopped by the patient/client's medical doctor when it is established they have a safe and adequate oral intake which is likely to persist long term (NICE 2006). The decision to stop enteral tube feeding should be informed by dietetic and SLT assessment.

- 3.5.4 If a patient/client declines enteral feeding by tube their doctor and dietitian will be informed so the plan of care can be revised as appropriate which may include assessment of mental capacity and assessment of the best interests of the patient.
- 3.5.5 The nutritional care of patients/clients receiving home parenteral nutrition is managed by Intestinal Failure (IF) or Home Parenteral Nutrition designated units and not by Solent NHS Trust community staff.
- 3.5.6 Enteral nutrition via tube and parenteral nutrition will not be used in circumstances where life is prolonged only to maintain an unacceptable quality of life. The decision to commence nutrition via tube will be multi professional in consultation with the patient and family (National Institute for Clinical Excellence, 2006). Where there is doubt the need to involve the Mental Capacity Act lead will be considered.

### **3.6 Evaluation**

- 3.6.1 A patient/client's plan of care should be evaluated by monitoring their medical condition and food and fluid intake. Following this the plan of care should be revised as required.
- 3.6.2 Screening of nutritional status should be repeated weekly for patients/clients in inpatient units and regularly where indicated for patients/clients cared for in their own homes. People in care homes should be screened on admission and when there is a clinical concern screening should be repeated on a monthly basis.

### **3.7 Fasting prior to investigation or procedure**

- 3.7.1 Guidance from the department or clinician undertaking the investigation or procedure concerning fasting should be followed.
- 3.7.2 Generally a minimum fasting time of six hours for all foods prior to a procedure or investigation is appropriate. In this case food includes all solid food and flavoured or carbonated drinks (including confectionary, chewing gum, milk and milk-containing drinks). Intake of unflavoured still bottled or tap water up to two hours prior to the investigation or procedure may be appropriate if specified by the department or clinician undertaking the investigation or procedure.
- 3.7.4 Adults requiring an emergency procedure or investigation should be nil by mouth from the time they are placed on the emergency list. Nil by mouth status should be regularly reviewed in conjunction with the department/clinician undertaking the procedure. If delay is anticipated, nil by mouth status may be stopped and the patient/client offered clear, still water up to 2 hours prior to the procedure of investigation following agreement by the department/clinician undertaking the procedure. Prolonged fasting may require an intravenous infusion to prevent dehydration.

### **3.8 Postoperative resumption of oral intake in adults**

- 3.8.1 When ready to eat and drink, patients/clients should be encouraged to do so, providing there are no medical, surgical or nursing contraindications.

## **4. ROLES & RESPONSIBILITIES**

### **4.1 All staff**

4.1.1 Nutritional care is a multidisciplinary responsibility and all staff are responsible for providing nutrition and hydration care relevant to their role.

### **4.2 Chief Executive of Solent NHS Trust.**

4.2.1 The Chief Executive has overall responsibility for ensuring compliance with national and local standards.

### **4.3 Solent NHS Trust Nutrition and Hydration Steering Group**

4.3.1 The Nutrition and Hydration Steering Group aims to provide strategic leadership and enhance co-ordination to promote good, safe nutrition and hydration for service users and staff across Solent NHS Trust. This multi-disciplinary group provides a forum for service lead representative from relevant disciplines who have an interest in promoting healthy eating and a responsibility to deliver good nutritional care to service users and support for people with dysphagia.

### **4.4 Hospital Food Group (Solent East) and Nutrition Action Group (Solent West)**

4.4.1 These groups are responsible for the development of the Food and Drink Strategy for the Solent NHS Trust Hospitals. These groups support the 'Hospital Food Chain' including people, processes and departments throughout the hospital in getting food to patients. They work collaboratively with the catering team on matters of food service, which is integral to ensuring the Trust Hospital Food Plan 2015 is fully embedded.

### **4.5 Catering services**

4.5.1 The 2015 Hospital Food Standards Panel's report recommends a set of food standards that should become routine practice across NHS Hospitals (Department of Health, 2014).

4.5.2 Catering services work with all health professionals to ensure the provision of appropriate nutrition for hospital inpatients in accordance with religious beliefs, cultural needs and medical condition.

4.5.3 Catering services are responsible for providing nutritious and appetising patient meals for hospital in-patients and day-patients.

4.5.4 Catering services are responsible for ensuring that hospital in-patients are able to select from a wide choice of menu items at breakfast, lunch and evening meal services.

4.5.5 Catering services are responsible for ensuring that "Snack box" meals are available for in-patients who miss a meal due to late admission, diagnostic treatment and other reasons.

4.5.6 All healthcare staff ensure the temperature of drinks is tolerable and provide extra drinks as required for in-patients.

- 4.5.7 Catering staff are responsible for ensuring that balanced meals and special diets are available to meet in-patient's requirements and needs as identified by clinical staff.

#### **4.6 Inpatient Unit teams**

- 4.6.1 Inpatient Unit teams work together to support the nutrition and hydration status of patients/clients by highlighting issues regarding eating and hydration in relation to their diagnosis. Adverse events such as choking and poor nutritional intake are recorded by the team using the Trust reporting system.
- 4.6.2 Housekeepers and ward hostesses are responsible for ensuring that orders for menu choices, therapeutic diets, and dietary products are sent to the catering department daily in a timely manner. Should the food available at meal times not be suitable for the patient or a meal is missed the housekeeper will inform the Registered Nurse (RN) responsible for the care of the patient/client. The RN will endeavour to provide the patient/client with a meal.
- 4.6.3 The unit manager will ensure clear guidance on how to order therapeutic diets and food outside of set mealtimes is available to staff of inpatient units.

#### **4.7 Medical staff**

- 4.7.1 Medical staff are responsible for the diagnosis and management of malnutrition and referral to other professions. Medical staff should lead the team regarding decisions on appropriate enteral feeding, investigations and prescription of fluids. Consideration should be given to the ethical issues regarding the provision of food and fluid to all patients and clients.

#### **4.8 Registered Nurses (RNs)**

- 4.8.1 The NMC Code (2018) outlines that RNs must ensure that those receiving care have adequate access to nutrition and hydration, and provide help to those who are not able to feed themselves or drink fluid unaided.
- 4.8.2 RNs will enable individuals in their care to obtain an appropriate range and amount of nutrients and sufficient fluid to meet their needs. This requires the identification of those at risk of malnutrition or dehydration, subsequent detailed assessment and the development, delivery and evaluation of a plan of care.
- 4.8.3 RNs will ensure patient/clients are referred to other healthcare professionals or services as required to enable them to meet their nutrition and hydration needs.
- 4.8.4 RNs are responsible for ensuring that unregistered healthcare staff and lay carers with whom they work are supported and prepared to give appropriate nutritional care.
- 4.8.5 RNs have a responsibility to raise a safe guarding concern if poor nutritional care is indicated when visiting patients in residential settings such as nursing homes.

#### **4.9 Dietetic Services**

- 4.9.1 The dietetic service is provided by Portsmouth Hospitals NHS Dietetic Service in Solent East and University Hospital Southampton NHS Foundation Trust in Solent West.

- 4.9.2 Dietitians respond to appropriate written or telephone referrals where nursing staff have nutritionally screened and followed an appropriate action plan. Where possible appropriate urgent referrals will be actioned in two working days and routine/non urgent referrals within five working days.
- 4.9.3 Dietitians review and monitor patients and clients and adjust the therapeutic nutritional advice accordingly.
- 4.9.4 Dietitians document an action plan and liaise with other multidisciplinary staff as appropriate.
- 4.9.5 Dietitians check menus devised by the contracted catering provider to ensure they meet the nutritional needs of patients/ clients. Dietitians will work with the catering services on the production of special diet menus specific to individual needs of patients.
- 4.9.6 Dietitians train staff in the nutritional screening of patients and the use of special dietary products.

#### **4.10 Speech and Language Therapists (SLTs)**

- 4.10.1 SLTs receive referrals in writing or via the Single Point of Access (SPA) and aim to complete a triage within five working days (within 2 working days for in-patient referrals). If the referral is accepted, a priority rating score will be given, based on the information available to the SLT completing the triage. If the referral does not meet the criteria for entry to the SLT service, the referrer will be informed of the reason for declining the referral by letter.
- 4.10.2 SLTs will provide a comprehensive and responsive service to patients/clients presenting with eating, drinking and swallowing difficulties, in line with the priority rating decision made at the point of triage. Assessment and intervention will take into account relevant health cultural, ethnic and religious aspects associated with eating and drinking.
- 4.10.3 SLTs will facilitate intervention as part of the multidisciplinary team and engage in the planning of services to potential clients presenting with eating, drinking and swallowing difficulties, in order to minimise choking and aspiration risk and maximise quality of life in relation to eating and drinking.
- 4.10.4 SLTs ensure the client and carer will be viewed holistically, their overall needs being taken into account.
- 4.10.5 SLTs advise on and coordinate risk feeding procedures, meetings and documents for people eating and drinking at risk who are under the care of SLTs. An onward referral for an objective/instrumental assessment of potential oropharyngeal dysphagia may be made by the SLT or GP e.g. Barium Video Swallow.
- 4.10.6 SLTs provide advice and support regarding communication difficulties and in this context particularly those relating to eating and drinking choice and decision making.

## **5. TRAINING**

- 5.1 All healthcare professionals directly involved in patient/clients care should receive education and training on nutrition, appropriate to their role at the start of their employment and thereafter at agreed intervals.
- 5.2 Where volunteers contribute to mealtime care they will receive appropriate training and be supervised by the RN.
- 5.3 It is the responsibility of all clinical healthcare staff to know how to access the Standard Operational Procedures relevant to their role for implementing the requirements of this Policy (See section 10 of this policy).
- 5.4 If a member of staff has insufficient skills or knowledge to support people to receive nutrition and hydration in a form that is acceptable to them and meets their nutritional and hydration needs, where it is part of their role, it is their responsibility to liaise with other healthcare staff as appropriate.
- 5.5 All staff listed, but especially dietitians and SLTs, have a responsibility to provide education and training to others to assist all staff to fulfil their role in the provision of good nutrition, hydration and the prevention of malnutrition, together with promoting a meal time experience that is positive and as safe as possible.

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 This policy aims to enable people to meet nutritional and hydration needs and consequently improve service user's care. An equality impact assessment (EIA) was undertaken and no negative impact was identified (See Appendix 2).

## **7. SUCCESS CRITERIA/MONITORING EFFECTIVENESS**

- 7.1 This policy has been updated to ensure currency and revised following consultation with Nutrition and Hydration Steering Group members. The effectiveness of the previous policy was evidenced by the Care Quality Commission Inspection, audit and training records.
- 7.2 Implementation will be reviewed at the Nutrition and Hydration Steering Group meeting by members of the group at the time of the policy update.
- 7.3 Planned Trust audits which will be used to monitor effectiveness include regular analysis of complaints and incident data relating to this issue will be reviewed by care groups through routine governance processes and lessons learnt from this will be used to improve policy and practice.
- 7.4 Non-compliance must be reported

## 8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 9. REFERENCES AND LINKS TO OTHER DOCUMENTS

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## **10. OTHER RELEVANT AND SUPPORTING TRUST POLICIES AND STANDARD OPERATING PROCEDURES**

- Enteral Tube Guidelines
- Self-Neglect and Adult Safeguarding Guidelines
- Insertion of Enteral Plug Following Removal of Balloon Retained Gastrostomy Tube Standard Operating Procedure
- Deprivation/MCA Policy
- Equality, Diversity and Human Rights Policy



## Appendix A: Equality Impact Assessment

<b><u>Step 1 – Scoping; identify the policies aims</u></b>	<b>Answer</b>		
1. What are the main aims and objectives of the document?	<p>Aim: To ensure that all patients under the care of Solent NHS Trust are enabled to receive nutrition and hydration in a form that is acceptable to them and meets their nutritional and hydration needs.</p> <p>Objective: To reinforce the importance of nutrition and hydration to the health of all patients/clients and staff by outlining processes and responsibilities.</p>		
2. Who will be affected by it?	All staff involved in nutritional care, inpatients and patients/clients receiving nutritional support.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	MUST audit, Friends and Family Test, staff training record, PLACE, complaints, care plans in place.		
4. What information do you already have on the equality impact of this document?	Audits, CQC Inspection Reports.		
5. Are there demographic changes or trends locally to be considered?	No.		
6. What other information do you need?	None.		
<b><u>Step 2 - Assessing the Impact; consider the data and research</u></b>	<b>Yes</b>	<b>No</b>	<b>Answer</b> (Evidence)
1. Could the document unlawfully discriminate against any group?		X	
2. Can any group benefit or be excluded?		X	Cultural, ethnic or religious dietary needs highlighted in Policy.
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?			Consultation with members of Nutrition and Hydration Steering Group and other staff in Solent NHS Trust.

6. Have you used a variety of different methods of consultation/involvement	X		Evidence in Nutrition and Hydration Steering Group meeting minutes.
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	X		Referral to Self-Neglect and Adult Safeguarding Guidelines if nutrition or hydration refused putting patient at risk of malnutrition or dehydration.
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	X		National guidelines on nutritional care inform policy.
9. Are there any external implications in relation to this policy?		X	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		X	

If there is no negative impact – end the Impact Assessment here.

<b><u>Step 3 - Recommendations and Action Plans</u></b>	<b>Answer</b>
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<b><u>Step 4- Implementation, Monitoring and Review</u></b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<b><u>Step 5 - Publishing the Results</u></b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

**\*\*Retain a copy and also include as an appendix to the document\*\***

## Appendix B: Solent Food and Drink Record Chart

### Food and drink record

Name				Addressograph		
Date						
Home/Ward						
Reason for chart completion						
Diet type (including cultural, ethnic or religious dietary needs)/texture						
Fluid stage						
Risk of choking						
Amount of sugar in tea/coffee						
Meal	Time	Describe food/ drink & amount served (portion/mls)	Amount eaten (circle)	Amount drunk (mls)	Reason if nothing eaten or drunk	Signed
<b>Breakfast</b>						
Cereal			None ¼ ½ ¾ All			
Bread/toast			None ¼ ½ ¾ All			
Spread e.g. butter			None ¼ ½ ¾ All			
Other food			None ¼ ½ ¾ All			
Drink						
<b>Mid-morning</b>						
Snack			None ¼ ½ ¾ All			
Drink						
<b>Lunch</b>						
Main course			None ¼ ½ ¾ All			
Pudding			None ¼ ½ ¾ All			
Drink						
<b>Mid-afternoon</b>						
Snack			None ¼ ½ ¾ All			
Drink						
<b>Evening meal</b>						
Main course			None ¼ ½ ¾ All			
Pudding			None ¼ ½ ¾ All			
Drink						
<b>Supper</b>						
Snack			None ¼ ½ ¾ All			
Drink						
<b>Other times</b>						
Fruit			None ¼ ½ ¾ All			
Sweets/crisps			None ¼ ½ ¾ All			
Water						
Supplements						
Total fluid mls						

Comments	
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Solent Food and Drink Record 3/7/19 Version 2.



## Food & drink record

### Guidelines for completion

- Describe food and drink as accurately as you can
- Feedback or comments on this chart to the Nutrition and Hydration Steering Group (suegreen4@nhs.net) welcome

Meal	Time	Describe food/ drink & amount served (portion/mls)	Amount eaten (circle)	Amount drunk (mls)	Reason if none served/eaten	Signed
<b>Breakfast</b>						
Cereal	07.00	1 Weetabix with 50 mls full fat milk	None <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ <input checked="" type="checkbox"/> All			A Nurse
Bread/toast	07.00	1 slice white toast with	None <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ <input checked="" type="checkbox"/> All			A Nurse
Spread		Flora				
Other food		None	None <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ <input checked="" type="checkbox"/> All		Refused other food	A Nurse
Drink	07.00	1 tea with 2 sugars		150		A Nurse
<b>Mid morning</b>						
Snack		None	None <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ <input checked="" type="checkbox"/> All		Asleep	A Nurse
Drink		None			Asleep	A Nurse
<b>Lunch</b>						
Main course	12.00	1 pork sausage 2 boiled potatoes, peas	None <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ <input checked="" type="checkbox"/> All		1/2 sausage left	Another Nurse
Pudding		½ bowl of custard	None <input checked="" type="checkbox"/> <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ <input type="checkbox"/> All		Refused pudding	Another Nurse
Drink	13.00	1 tea with 2 sugars		150		Another Nurse

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