Food and Nutrition Policy

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Note: This policy has been assessed for any equality, diversity or human rights implications

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### Associated Policies:
- Deprivation of Liberties Policy
- Hydration Policy
- Insertion and Confirming Position of Naso Gastric and Oro Gastric Tubes in Adults, Paediatrics & Neonates Policy
- Protected Mealtimes Policy
- Policy and Procedure for Voluntary Services

### In consultation with and date:
Nutrition and Dietetic Department (1st September 2013), Senior Nurses (16th September), Facilities Manager (16th September), Speech and Language Department (16th September), Catering Department (16th September); Senior Nurses (16th September), Nutrition Steering Group (8th October 2013), Equality and Diversity Manager (25th November 2013), Policy Expert Panel (2nd December 2013), Clinical Effectiveness Committee (30th January 2014)

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Nutrition and Dietetic Services Manager

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1. INTRODUCTION

1.1 Provision of the right nutrition and hydration is a human right and a fundamental requirement in the delivery of health care (Human Rights Council, 2008). NICE guidelines (NICE, 2006) highlights that nutrition support in adults has important implications in health and social care settings and the Care Quality Commission Outcome 5 (CQC, 2010) seeks to ensure service users are protected from the risks of inadequate nutrition and dehydration.

1.2 Good nutritional care, adequate hydration and enjoyable mealtimes can improve general health and well-being, as well as increasing resistance to disease, and improving recovery from illness, trauma or surgery (DoH, 2007). A multi-professional consensus panel have published a practical guide to support healthcare professionals in the community to identify and manage individuals at risk of disease related malnutrition, including the appropriate use of oral nutritional supplements (Brotherton et al, 2012). This is supported by the NICE Quality Standard for Nutrition Support in Adults (NICE, 2012) which sets five measurable quality statements (shown in Table 1 – Appendix 1) that should be seen as markers of high-quality care.

1.3 Failure to comply with this policy could result in disciplinary action.

2. PURPOSE

2.1 This policy has been developed to provide a strategic overview of the Royal Devon & Exeter NHS Foundation Trust (hereafter referred to as “the Trust”)’s priorities in providing nutrition and nutritional advice to patients, staff and visitors in line with current evidence and national policy.

3. DEFINITIONS

3.1 Malnutrition – the terms malnutrition, under-nutrition, sub-nutrition and sub-clinical nutritional deficiency are often used interchangeably. Malnutrition is an overall term that encompasses:

- Under-nutrition due to inadequate food intake
- Deficiencies of specific nutrients
- Dietary imbalance due to disproportionate intake of certain nutrients
- Individuals who are overweight or obese as a result of an excessive intake of energy.

3.2 Nutrition support – Nutrition support is to provide adequate food and drink to meet a person’s needs. It may include the use of food fortification, extra snacks, supplements or enteral feeding. A person may need further support in the form of adapted cutlery, modified consistency foods or help with feeding.

3.3 BMI – Body Mass Index

3.4 MST – Malnutrition Screening Tool

3.5 MUST – Malnutrition Universal Screening Tool
3.6 **STAMP** – Screening Tool for Assessment of Malnutrition in Paediatrics (for use in hospitalised children aged 2-18 years)

3.7 **RANT** – Renal Assessment Nutrition Tool

### 4. DUTIES AND RESPONSIBILITIES OF STAFF

#### 4.1 Chief Nurse

4.1.1 The Chief Nurse should recognise the importance of good nutrition on patient outcomes and ensure that the Trust complies with Care Quality Commission Standards for nutrition. The Chief Nurse is responsible for:

- Ensuring that the Trust has a Nutrition Steering Group working within the clinical governance framework and a multidisciplinary nutrition support team
- Ensuring that good nutritional care is available to all patients and that systems are in place to deliver this care
- Ensuring that staff have appropriate and adequate training to deal with matters related to nutritional care

#### 4.2 Role of the Nutrition Steering Group

4.2.1 The **Nutrition Steering Group** is responsible for:

- Monitoring nutrition practice within the Trust
- Convening subgroups to work on projects to develop practice as agreed within multi-professional groups
- Co-ordinating and providing high quality nutritional care to all patients, staff and visitors to the Trust, in line with nationally recognised best practice
- Developing strategy and monitoring performance and compliance with agreed nutritional standards, policies and procedures
- Reviewing complaints and incidents involving nutrition and hydration, and formulating action plans as appropriate
- Acting on reported risks to ensure patient safety is maintained
- Co-ordinating and monitoring appropriate education and training programmes for all staff
- Overseeing the coordinated procurement of supplies relevant to nutrition

#### 4.3 Role of the Patient’s Primary Medical/ Surgical Team

4.3.1 The patient’s primary medical/ surgical team must play a co-ordinating role between nutritional and other medical and surgical treatments and ensure that their patients receive excellent nutritional screening, assessment and care. The team:

- Acknowledges the importance of the involvement of all doctors/ surgeons in nutritional care
- Develops, fosters and encourages an awareness of the benefits of appropriate nutritional management and treatment, before during and after hospital admission, whether surgical or medical
- Considers the patients’ mental and physical ability to eat, the integrity of gastrointestinal function including motility, digestion and absorption, the metabolism and excretory function in the context of a diagnosis
Prescribes treatment, taking into consideration drug nutrient interactions, surgical needs, hydration needs i.e. IV, etc.

Takes note of and applies nutritional screening, and assesses and monitors nutrition employing clinical, biochemistry/ haematology/ microbiology information. Includes documentation of nutrition-related issues in records

Decides in liaison with nurses, dietitians and other healthcare professionals on the optimal approach to each patient’s nutritional needs and ensures informed consent

Liaises with patient and patient’s relatives: provides major source of information to patient and relatives in respect of all aspects of treatment, including nutrition

Leads on ethical decisions in conjunction with the multi-disciplinary team, taking into consideration family/carer views including interpretation of advance directives

Includes nutritional aspects of care in plans for discharge and out-patient follow up

Includes nutrition when liaising with primary healthcare professionals

Ensure referral to the dietetic team is made when nutritional problems are being highlighted

4.4 Role of the Dietitian and Department of Nutrition & Dietetics

4.4.1 The Department of Nutrition and Dietetics:

- Maintains itself as the principal source of evidence-based information on food and nutrition and is an important contributor on nutritional assessment and support
- Provides nutritional advice and expertise in all units of the hospital, including Catering
- Liaises closely with Nutrition Steering Group
- Participates and delivers education programmes and training
- Assesses diet and nutrition in more detail than a basic screen
- Provides dietetic advice tailored to individual patient’s needs
- Tailors food and supplements to special dietary/nutritional needs
- Supervises, analyses and interprets dietary records
- Prescribes or helps prescribe enteral feeds and oral nutritional supplements, liaising with doctors, nurses and other healthcare professionals
- Liaises with clinical staff including ward nurses, speech & language therapists, doctors, occupational therapists, social workers and other healthcare professionals
- Advises about enteral feeding techniques
- Provides community liaison and care
- Provides outpatient nutritional care and follow up
- Purchase and contract for enteral nutrition products
- Provides expert impartial nutritional advice in the tendering of nutritional products and equipment for the Trust
- Develops and co-ordinates the Trust nutritional policy and monitors nutritional practice through research and audits
4.5 **Role of the Ward Matrons**

4.5.1 **Ward matrons:**

- Ensure that patients are nutritionally screened on admission using a validated screening tool such as MUST/MST/RANT for adults and STAMP for children.
- Ensure access to the required (and calibrated) equipment for measuring weight and height.
- Ensure the relevant patients have their nutritional care plan implemented and all nutrition related paperwork is current and up to date.
- Ensure patients receive an appropriate meal replacement if a meal is missed.
- Ensure the patient receives the meal that they have requested.
- Operate as per Trust ‘Protected Mealtimes Policy’.
- Promote a culture where nutrition is seen to be an integral part of clinical care.
- Are pro-active in managing change to ensure the nutritional pathway is implemented.
- Ensure access to the necessary staff training in relation to nutrition care and know where and how to record this.
- Ensure all relevant ward staff know what policies or procedures are in place for gathering general nutritional information.
- Ensure job descriptions for all levels of staff cover nutritional care as a key requirement in the post.
- Make nutrition a priority in staff and student teaching and supervision.
- Understand the process for monitoring and responding to patient feedback.
- Use of audit tools to help measure compliance with the nutrition pathway.
- Ensure good communication between nursing and catering teams so that the process for ordering meals, snacks, therapeutic diets and nutritional supplements operates effectively.

4.6 **Role of the Ward Nurses**

In relation to nutritional care, Ward Nurses:

- Collect information on eating, drinking, and nutrition during the routine admission process and record this data in the patient’s notes.
- Fully complete the validated nutrition screening tool on the Ward Whiteboard (MUST/MST/RANT/STAMP as appropriate).
- Develop a nutritional care plan.
- Implement any appropriate actions from the nutritional care plan and document in the patient’s notes.
- Identify when someone needs a dietetic and/or other specialist referral and facilitate that referral in a timely manner (using the dietetic e-referral system on the whiteboard).
- Know which patients in the ward require assistance with eating and drinking and ensure they receive it.
- Ensure patient status such as ward moves or discharges are communicated to patient meal service.
- Monitor the food and fluid intake of patients and ensure those patients with a medium to high MUST/MST score will have a Food Record Chart for completion.
- Participate in continuing education that is relevant to nutritional care.
• Communicate patient’s nutritional care needs to primary care staff before discharge from hospital

4.7 **Role of the Ward Healthcare Assistant / Nursing Auxiliary**

• Measure the weight and height of patients and record on White board
• Complete and update food charts/relevant documentation.
• Provide assistance to those patients on the ward who require help with eating and drinking
• Report any concerns about a patient’s nutritional intake and/or any observed swallowing difficulties to the registered nurse

4.8 **Role of the Occupational Therapists**

4.8.1 In relation to nutritional care, Occupational Therapists:

• Encourage independence in feeding, enabling the patient to control how and when, they eat by facilitating function and motivation
• Assess, plan, provide and advise on the use of feeding aids, and inform the discharge planning process, for example in relation to food preparation issues

4.9 **Role of the Speech and Language Therapists**

4.9.1 In relation to nutritional care, Speech and Language Therapists:

• Provide assessment and management plans for patients with swallowing difficulties, and advise on outcome, including advice on texture modification for diet and fluids
• Maximise a patient’s potential for safe oral feeding, and work closely with Dietitians to ensure adequate nutritional intake is achieved for patients presenting with swallowing difficulties

4.10 **Role of Pharmacist**

4.10.1 In relation to nutritional care, Pharmacists:

• Contribute to patients nutritional care through ensuring supply of enteral feeding products
• Advise on drug-nutrient and nutrient-nutrient interactions
• Advise on drug delivery via naso and gastrostomy tubes

4.11 **Catering Services Department**

4.11.1 Catering services are responsible for:

• Controlling the catering budget and contract: food, beverages and snacks
• Choosing and ordering ingredients
• Developing recipes and menus taking into consideration dietetic advice and patients’ age, culture religion and medical condition
• Preparing food to approved standards
• Delivering food to wards, patients and staff restaurants
• Serving food to patients at ward level excluding breakfast service as this is carried out by Domestic Service’s staff
• Providing snacks
• Maintaining and supervising food hygiene at all times
• Controlling cost and monitoring waste
• Auditing and developing service delivery

4.12 Role of the Diet Kitchen Chef

4.12.1 The Diet Kitchen Chef is responsible for:

• Checking patients’ special diet menu choices against requirements of therapeutic diet and checking messages regularly for special requests by Dietitians
• Preparing the appropriate meals and snacks required for therapeutic/special diets including high energy puddings
• Organising the stock of dietetic products held in the diet kitchen. This includes appropriately receiving goods and completing necessary paperwork, rotating stock on shelving according to expiry date, and sending products to wards as requested by Dietitians or ward staff
• Liaising with Dietitians about the appropriateness of food requests

4.13 Role of Ward Housekeeper

4.13.1 Housekeepers are responsible for:

• Establishing from the nursing staff the patients dietary requirements
• The timely distribution of named menu cards to patient bedsides
• Offering assistance to patients before and after meals to clean their hands, prepare/clear a bedside area in readiness for meal and ensure they are able to reach their food
• Organising the stock levels of nutritional supplements, breakfast products, patient beverages and condiments held on the ward
• Participating in MUST audit
• Carrying out Food Service audit
• Monitoring food safety and safe handling of food

4.14 Role of the Ward Catering Assistant:

• Receiving the meal trolley on ward and ensure food has been regenerated to the correct temperatures
• Serving meals according to completed menu cards and preparing hot/cold beverages as necessary

4.15 Role of the Ward Domestic

• Serving breakfast including food and beverages
• Replenishing and distributing patients’ water jugs
• Keeping the patient’s environment clean, tidy, dust free and conducive to eating and drinking
4.16 **Role of the Food Friend**

4.16.1 All Food Friends are selected as per the Policy and Procedure for Voluntary Services and provided with appropriate nutritional training prior to commencing their role:

- Providing encouragement and assistance during mealtime as appropriate through training and under the direction of the Ward Matron
- Reporting any concerns about a patient’s nutritional intake and/or any observed swallowing difficulties to members of the Ward Team
- To motivate patients to eat by promoting food choices and making the meal experience pleasant and special

4.17 **Responsibilities of all staff**

4.17.1 The nutritional provision of patients is the responsibility of all staff caring for the patients, as nutrition is an integral part of patient and clinical care. All staff members directly or indirectly involved in nutritional care are responsible for:

- Following Trust policy and protocols relating to nutritional care
- Documenting all information concerning nutritional screening and nutritional care in accordance with Trust policies and protocols
- Compliance with food hygiene regulations when involved with food service
- Conforming with their relevant professional standards and guidelines relating to nutrition and hydration

5. **FOOD PROVISION FOR INPATIENTS**

5.1 The majority of patients within the Trust will be able to meet their nutritional requirements from the hospital catering system using either the standard or high energy versions of the menus.

5.2 All patients will be given on admission a booklet entitled “Food and Drink” (available from Catering) which contains detailed information on the food and drink that are available throughout their hospital stay.

5.3 Meals will cater for varying individual, cultural needs and preferences by having a choice menu system or by specific arrangements made with the catering department. The range and number of food choices is designed to limit menu fatigue and there are 9 types of menus available from catering:

- Standard menu - white menu card
- High Energy menu - lilac menu card
- Thick Puree Dysphagia Diet (Category C) menu – pale yellow menu card
- Fork Mashable (Category E) menu – pale blue menu card
- Gluten Free menu - pale green menu card
- Low potassium menu – yellow menu card
- Low Residue / Light Diet – orange menu card
- Halal Menu - dark green menu card
- Kosher Menu - peach menu card

5.4 The standard menu (white menu card) follows a two-week cycle and includes choices for vegetarian diets (which may include milk and eggs), and other specific dietary
requirements i.e. healthy eating, diabetic and soft options – see Appendix 2 for more information on the dietary coding.

5.5 A separate high energy menu (lilac menu card) is available and has been designed to achieve an increased energy and protein intake for those individuals who have been screened as being at risk of malnutrition i.e. MUST/RANT ≥1 or MST≥2

5.6 High energy versions of thick puree dysphagia diet, fork mashable, gluten free and low potassium menus have been developed to meet the increased needs of those individuals who are also assessed as being at risk of malnutrition and are identified by the use of a red border around the edge of the menus.

5.7 High calorie fluid and clear fluid diets will be provided from separate special cards available on all wards.

5.8 Foods required to meet cultural needs e.g. Kosher and Halal diets are available on separate menu cards (peach and dark green respectively; see above section 5.2). An initial telephone order may be placed by ward staff to the catering department but subsequently the specific coloured menu card will need to be used. The catering department permanently hold a selection of different meals ready to offer patients and requests are coordinated via the Diet Kitchen.

5.9 Other special diets required e.g. vegan can be ordered initially by telephone from the catering department, but subsequent requests need to be clearly marked on standard menu cards.

5.10 Additional foods (meals/snacks/drinks) not readily available through the hospital menu should be ordered through the diet kitchen by the Dietitian using the agreed methods of communication. Patients requiring meal cards should be identified to the catering department, with a card placed behind the tills on Oasis restaurant with a clear guide as to what can be ordered.

5.11 Specific allergies to certain foods can be catered for through liaison with the diet kitchen which holds a list of all cooked meals and the allergens they contain.

5.12 Paediatric patients are offered a weekly rolling menu specially designed to be more appealing to children with choices on the day. For any other special diets, refer to the above sections 5.6-5.10.

5.13 Meals provided from the menu system will meet agreed nutritional standards (Food Standards Agency 2007), whilst also catering for patients at risk of malnutrition and those with additional nutritional needs (Better Hospital Food Guidelines HCA 2001, NICE 2006, Nutrition and Hydration Digest BDA 2012).

5.14 If patients require special feeding aids to assist them to manage their meals, these are available on wards where the need has been highlighted, and specialist equipment may also be ordered through Occupational Therapy.

5.15 Red trays should be used to indicate that patients require assistance with feeding or support to feed themselves independently (See Appendix 3 for the Trust ‘Red Tray Guidelines’). At least one member of the nursing team will be appointed to observe mealtimes and co-ordinate the provision of assistance to patients where necessary and to ensure it is done in a discreet manner, maximising a patient’s dignity at all times.
5.16 Staff will assist patients to choose appropriate food from the hospital menu. For patients without a menu e.g. new admissions or transfers from another ward, food should be offered from the ward trolley or if insufficient/unsuitable food available a meal may be obtained from the backup trolley in catering.

5.17 Patients will receive help with positioning to allow them to access food, which will be placed within easy reach and will be offered a hand wipe before meal is presented.

5.18 If meals are missed for clinical reasons, an alternative can be provided during catering department opening hours by contacting the catering department, and thereafter a “snack box” ordered from the snack box menu, collected from the snack box fridge in Catering, to ensure nutritional needs of patients are met. A gluten free snack box is also available on request.

5.19 Two snacks should be offered to patients daily in addition to meals, to meet nutritional requirements during a hospital stay. One snack is provided as ‘something for later’ choice on the menu system at the evening meal and an additional snack (toast or biscuits) should be offered to patients on each ward during the day – either at mid-morning or mid-afternoon as appropriate to ward clinical area.

5.20 Fresh water will be accessible twenty four hours a day and patients should be offered a minimum of 6 beverages daily.

5.21 Each patient should be offered 600mL of milk daily to contribute towards meeting energy requirements unless not clinically indicated. Full fat milk will be used as the first line milk unless clinically contraindicated or due to patients’ preference. A milky bedtime drink should be offered to all patients.

5.22 Some wards may have the capacity to provide additional foods and opportunities to meet increased requirements from snack trolleys (i.e. Bramble, Creedy and Yeo wards) or provision of additional rolls and snacks (i.e. Cherrybrook and Yarty Day Case unit).

5.23 Mealtimes will be spread across the day and provided in an environment conducive to eating. To support the social aspects of eating patients should be encouraged to use the dining areas where available (i.e. Clyst, Dyball, Kenn and Yealm wards). Non urgent clinical and non-clinical activity will be suspended during a mealtime as per Trust ‘Protected Mealtimes Policy’.

5.24 While the Trust advises against bringing food into hospital when visiting relatives or friends (as it is difficult to ensure safety of products not provided by the catering department); some patients and visitors may still wish to do so. The guidance in Appendix 3 aims at providing information on the types of foods which are suitable and safe and help ward staff to ensure compliance with food hygiene legislation.

6. NUTRITIONAL SCREENING FOR ADULT INPATIENTS

6.1 All adult patients will be screened for malnutrition within 48 hours of inpatient admission using MUST (Appendix 5) or MST (Appendix 7) for oncology patients admitted to Yeo and Yarty wards or RANT (Appendix 9) for renal patients admitted to Creedy Ward. Exception during pregnancy – as it is not appropriate to use weight during this time to assess malnutrition – and on ITU. It is recommended patients are
screened during core hours when there is sufficient staff around to facilitate the process.

6.2 MUST/MST/RANT scores will be recorded on the electronic Ward Whiteboard. It is expected that wards will achieve 90% compliance with MUST/MST/RANT screening for patients.

6.4 All patients assessed as at medium (MUST Score 1 / MST Score 2 / RANT Score 1) and high risk (MUST Score ≥2 / MST Score 3-5 / RANT Score ≥2) of malnutrition should have ward based nutritional intervention as per MUST/MST/RANT management protocols (see Appendices 6, 8 & 9). Interventions should be clearly documented within Clinical Integrated Documentation and include need for any specific dietary requirements – see section 1.2.

6.5 Medium risk patients will be referred to the Department of Nutrition and Dietetics via e-referral if concerns continue after 1 week of ward intervention (see Appendix 10 for further information on the referral procedure).

6.6 High risk patients will be automatically referred to the Department of Nutrition and Dietetics via e-referral. Food recording (see Appendix 11 for the Trust Food Record Chart) and ward based intervention should be immediately started to facilitate dietetic assessment.

6.7 MUST/MST/RANT scores will be repeated weekly for all patients and recorded on Ward Whiteboard.

7. **ADULT OUTPATIENTS AND PRE-ASSESSMENT**

7.1 All patients on first contact appointments should have as a minimum, weight and BMI recorded, MUST/MST/RANT should be completed, unless clinical area is within agreed exclusion criteria (maternity, day case and endoscopy units).

7.2 Patients for planned admission with medium or high risk MUST scores should be referred to the Department of Nutrition and Dietetics for assessment and advice as these patients are likely to have a longer hospital stay and remain at higher risk of complications without nutritional intervention (see Appendix 11 for the referral procedure).

7.3 Outpatients assessed as medium or high MUST score should be referred back to GP for intervention via GP letter / report (see Appendix 12).

7.4 Outpatients in Cherrybrook, Yarty day case and radiotherapy assessed as high MST score should be refer to the appropriate Dietitian (See Appendix 13).

7.5 Outpatients in the renal unit assessed as medium or high RANT score should be refer to the renal dietetic team (see Appendix 10 for the referral procedure).

7.6 Pregnant women should have their BMI calculated on first booking to identify those at increased risks of complications associated with obesity and for those with a BMI>30 refer to the Trust ‘Maternity Guidelines for the Management of Women with a high BMI’.
8. **NUTRITIONAL SCREENING IN PAEDIATRICS**

8.1 All children within 24 hours of admission will be screened with STAMP (see Appendix 14) except for children under 2 and those with individual care plans (e.g. those with cystic fibrosis and anorexianervosa). This is a tool validated for use in children aged 2 to 16 years but in this Trust STAMP is used up to 18 years of age for inpatients on Bramble ward to avoid use of two different tools on one ward.

8.2 STAMP score will be recorded on the electronic Ward Whiteboard. It is expected that wards will achieve 90% compliance with STAMP screening for patients.

8.3 Patients under two years of age should not have a STAMP assessment, but should have weight, length and head circumference measured and plotted on a growth chart on admission. Medical staff should review growth and refer direct to the paediatric dietitian if there are any growth-related concerns (See Appendix 10 for the referral procedure).

8.4 All patients assessed as at medium (STAMP Score 2-3) and high risk (STAMP Score ≥4) of malnutrition should have ward based nutritional intervention as per STAMP management protocols (see Appendix 13). Interventions should be clearly documented and include need for any specific dietary requirements.

8.5 Medium risk patients will have their STAMP score repeated after 3 days.

8.6 For High risk patients (score ≥4), consider dietetic referral after 3 days if no improvement in dietary intake.

9. **ALTERNATIVE OPTIONS FOR NUTRITIONAL SUPPORT IN ADULTS**

9.1 Alternative options for nutritional support will be available for patients whose nutritional requirements cannot be met from the normal hospital menu system.

9.2 A range of additional snacks and nutritional supplement drinks will be available on wards – Build up is available as an alternative if meal is not eaten or as per protocol for management of medium or high MUST/MST scores (see Appendix 6&8). Other nutritional supplements will be advised by Dietitians and ordered on Trust prescription charts by Registered Dietitians (Appendix 15) and dispensed by Registered Nurses.

9.3 Nutritional support patients will be monitored via Food Record Charts or Enteral Feeding Monitoring Chart where necessary and from clinical observation.

9.3 Artificial nutritional support via nasogastric, gastrostomy, nasojejunal, jejunostomy tubes or parenteral nutrition will be provided as clinically indicated (see relevant sections from the Trust ‘Policy for the Care and Management of Enteral Feeding in Adults’ and ‘Insertion and Confirming Position of Naso Gastric and Oro Gastric Tubes in Adults, Paediatrics & Neonates Policy’). 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 (see the Trust ‘Hydration Policy’).

9.4 All patients being considered for alternative methods of enteral nutritional support should be referred to the department of Nutrition and Dietetics for calculation of nutritional requirements and advice on most suitable feeding regime. The feed will be prescribed by completion of an Enteral Feeding Regimen.
9.5 If Dietitians are unavailable i.e. at weekends or Bank Holidays, emergency feeding advice is available in the Trust ‘Guidelines for Initiating Adult Enteral Feeding Out of Hours’.

9.6 All patients being considered for parenteral nutrition will be referred to the Nutrition Team for assessment and monitoring – see laN site for information on referral procedure.

9.7 Methods of hydration e.g. intravenous fluids will be prescribed by medical staff for patients where clinically indicated. Fluid intake and output should be monitored for these patients to ensure safe practice (GIFTASUP BAPEN, 2011).

9.8 Patients identified with swallowing difficulties will be referred to the Speech and Language Therapy Department for full assessment and advice (see Speech and Language Therapy Service Prioritisation – Appendix 16). An individual management plan will be documented in patients’ medical notes.

10. DEALING WITH FOOD REFUSAL

10.1 An individual who continually refuses to eat or drink / refuse to open their mouth is at high risk of dehydration and malnutrition. The appropriateness of artificial support (e.g. nasogastric or gastrostomy feeding), including the ethical issues involved, should be discussed and documented by the multidisciplinary team as part of the patient’s clinical review and best interests. Review and actions related to this issue should also be discussed with family and friends with the patient’s consent as they may offer alternative advice or support to encourage the patient to eat.

11. ADDRESSING THE NUTRITIONAL NEEDS OF PATIENTS WHO LACK MENTAL CAPACITY

11.1 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 put in place, taking into consideration the requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. Review and actions related to this issue should also be discussed with family and friends as appropriate. If feeding against the will of the patient is to be initiated, refer to the Trust ‘Deprivation of Liberties Policy’.

12. END OF LIFE ISSUES

12.1 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 multidisciplinary team as part of the patient’s clinical review (Royal College of Physicians, 2010). Where possible and appropriate, the patient should be included in these discussions. There should be clear documentation regarding the appropriateness and rationale of commencing/continuing/discontinuing IV/Subcutaneous fluids and artificial feeding in patients who are in the last days or hours of life (see the national ‘Guidelines for Managing the Last Days of Life in Adults’ for further information). Review and actions related to this issue should also be discussed with family and friends with the patient’s permission.
13. **TRAINING**

13.1 All staff working within the Trust and involved in nutritional needs of patients must undertake Basic Food Hygiene training. Identification of staff groups that require training can be found on the Learning and Development Service (LDS) electronic Training Needs Analysis on IaN. The detail relating to training provided is available through the e-learning prospectus held on LDS pages of IaN.

14. **ARCHIVING ARRANGEMENTS**

The original of this policy will remain with the Nutrition and Dietetic Services Manager, Nutrition and Dietetics. An electronic copy will be maintained on the Trust Intranet (IaN), P – Policies– F – Food and Nutrition, and N – Nutrition. Archived copies will be stored on the Trust's “archived policies” shared drive, and will be held for 10 years.

15. **PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY**

15.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

<table>
<thead>
<tr>
<th>No.</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monthly MUST Compliance</td>
<td>Ward 2 Board report</td>
</tr>
<tr>
<td>2</td>
<td>Monthly triggering of MUST care plan</td>
<td>Ward 2 Board report</td>
</tr>
<tr>
<td>3</td>
<td>Annual audit of dietetic nutrition support standards</td>
<td>Audit report</td>
</tr>
<tr>
<td>4</td>
<td>Incidents</td>
<td>Quaterly report at Nutrition Steering Group</td>
</tr>
<tr>
<td>5</td>
<td>Training Compliance – Basic Food Hygiene</td>
<td>Trust Governance report</td>
</tr>
<tr>
<td>6</td>
<td>Complaints</td>
<td>Divisional Governance Report</td>
</tr>
</tbody>
</table>

15.2 **Frequency**

In each financial year, the Nutrition and Dietetic Department will audit the dietetic nutrition support standards to ensure that this policy has been adhered to and a formal report will be written and presented at the Nutritional Steering Group and Clinical Effectiveness Committee.

15.3 **Undertaken by**

Nutrition and Dietetic Department, Service Manager

15.4 **Dissemination of Results**

At the Nutritional Steering Group which is held monthly and at the Royal Devon and Exeter hospital

15.5 **Recommendations/ Action Plans**

Implementation of the recommendations and action plan will be monitored by the Nutritional Steering Group, which meets monthly.
15.6 Any barriers to implementation will be risk-assessed and added to the risk register.

15.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers’ cascade system.

16. REFERENCES


HCA (2001) Better Hospital Food Programme, Hospital Caterers Association: http://www.hospitalcaterers.org/better-hospital-food/


17. ASSOCIATED TRUST POLICIES

Deprivation of Liberties Policy

Hydration Policy

Insertion and Confirming Position of Naso Gastric and Oro Gastric Tubes in Adults, Paediatrics & Neonates Policy

Protected Mealtimes Policy

Policy and Procedure for Voluntary Services

18. ASSOCIATED TRUST DOCUMENTS

Guidelines for Initiating Adult Enteral Feeding Out of Hours; Nutrition & Dietetics

Guidelines for the Prescribing and Supply of Parenteral Nutrition Out of Working Hours

Maternity Guidelines for the Management of Women with a High BMI
### APPENDIX 1: NICE QUALITY STATEMENTS

**Table 1: NICE Quality Standard for Nutrition Support in Adults (NICE, 2012)**

<table>
<thead>
<tr>
<th>Quality Statement 1.</th>
<th>People in care settings are screened for the risk of malnutrition using a validated screening tool.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Statement 2.</td>
<td>People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.</td>
</tr>
<tr>
<td>Quality Statement 3.</td>
<td>All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.</td>
</tr>
<tr>
<td>Quality Statement 4.</td>
<td>People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.</td>
</tr>
<tr>
<td>Quality Statement 5.</td>
<td>People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.</td>
</tr>
</tbody>
</table>
APPENDIX 2: DIETARY CODING ON THE PATIENT MENU

Dietary coding on the patient menu

♥ Healthier Eating
The aim of the healthier eating option is:
• To maintain good general nutrition and meet DRVs
• To support public health messages on eating to protect and promote health
• To support the clinical management of metabolic syndrome, diabetes mellitus, dyslipidaemia and cardiac risk, overweight and obesity, hypertension

S Soft (not suitable for modified texture diets)
Softer choices are available on the standard menu. Anyone in the hospital population may like to choose items that are more easily managed and providing such choices on the menu is important for those with simple chewing difficulties or problems with conveying food from plate to mouth, where the swallow is normal and there are no neurological or other problems that adversely affect the ability to swallow safely. For example, people who:
• Have difficulty coping with firm foods, due to problems such as no teeth, poor teeth, badly fitting dentures or sore mouths
• Tire easily
• Have related physical problems or other disabilities that affect their ability to easily manage food.

The softer choice is applied from a catering perspective, and not from a clinical perspective. The softer code is used to indicate suitable dishes for people who want to choose foods that can be readily managed and eaten; but it does not indicate dishes appropriate for clinically at risk dysphagic people, for whom suitable items should be determined by the Hospital dysphagia management multidisciplinary/clinical care team.

V Vegetarian
Suitable for vegetarians

D Diabetic
Historically patients with Diabetes had specially coded menus although current diabetes education encourages a normal diet with healthy eating choices. As many of older patients are confused about what dessert choices they should make, desserts labelled D contain <15g added sugar per serving. Many insulin dependant patients carbohydrate count and adjust their insulin accordingly. It is recommended that they continue to do this while in hospital. Should they require further information about the carbohydrate content of the menu, the “Food and Drink” booklet available on admission to all patients has the carbohydrate content of all meals added for reference.
APPENDIX 3: RED TRAY GUIDELINES

Red Tray Guidelines

A ‘Red Tray’ system is being used across the Trust to highlight those patients who are needing assistance to eat and is part of basic nursing care for food and nutritional intake to be monitored on all patients.

To ensure focus is given to those patients, inappropriate or over use of the Red Tray must be avoided and the decision to use it clearly understood and communicated throughout the team - using handover documentation supports this process.

Note that using the red tray will not address concerns or improve the nutritional status of patients. The red tray can only support the management of nutritionally ‘at risk’ patients, by highlighting those who require additional attention at mealtimes. The Red tray system should be implemented when:

- The patient requires assistance with meals to eat (safely) – i.e. has a swallowing problem, needs support cutting food up, opening packets.
- The family/carer has requested the patient is assisted with meals.
- The patient is confused or demonstrates a lack of motivation to eat.
- The patient requires additional time to eat meals.
- The patient requires adapted cutlery or modifications to the eating environment to support the consumption of food.

Ward housekeepers/nursing auxiliaries/catering assistants should be informed by nursing staff regarding which patients need to be served their meal on a red tray. Any further action planning should be carried out as appropriate depending on the patient’s food intake and in line with the guidance on the MUST/MST/RANT care plan.
APPENDIX 4: GUIDELINES FOR FOOD BROUGHT INTO HOSPITAL

Guidelines for Food Brought into Hospital

The Catering Manager, Catering Staff, Ward Sister/Charge Nurse or designated deputy is responsible for ensuring that day to day standards of food hygiene are maintained by the appropriate staff at ward level. These guidelines are provided to support the delivery of safe food and to ensure compliance with food hygiene legislation in order to prevent or reduce the risk of infection, food poisoning and unwanted interactions with certain medications.

Ward staff should discourage patients from bringing in their own home cooked food and preference should be given to ambient snacks (e.g. biscuits, crisps) & fresh fruit instead. However it is recognised that the nutritional requirements of the patient are paramount and if these cannot be met by the hospital catering department, with agreement from the nurse in charge food brought in from home will be allowed. Patients will not have access to the ward pantry nor will relatives – unless at the discretion of the nurse in charge in exceptional circumstances.

When food is brought on to the ward by patients or patients visitors it shall be treated as such:

- On arrival all food should be declared. A trained nurse should check the food is suitable for the patient and document in the Patients Care Plan or Nursing Evaluation.
  (If the Trust is unable to provide the nutritional needs of a patient then in this instance food brought in from home will be recorded on the Patients Care Plan. If food is brought in on an occasional basis then this will need to be recorded as part of the Nursing Evaluation.)
- Ward Staff to check the packaging is intact and containers are sealed. Label patient's personal food with name and date before placing them in the Ward Pantry fridge.
- Homemade food will not have a ‘best before’ or ‘use by’ date on it, therefore, label the food item with the date the item was brought onto the ward and discard within 24 hours.
- Ready prepared products in sealed packaging must be consumed by the use-by-date. Where necessary foods must be refrigerated and then once opened is consumed within 24 hours.
- Access to ward Pantry during meal service times is restricted solely to staff involved in the food service process
- Brought in ready prepared meals must be reheated by staff using a microwave oven ensuring the food microwaved is piping hot.
- Takeaway foods can be brought onto the ward following permission from the nurse in charge. Food must be eaten as soon as possible following delivery and all leftovers discarded immediately.
The following foods are suitable to bring in for patients:

- Wrapped fresh fruit and dried fruit
- Pre-wrapped crumpets, muffins, scones and teacakes
- Pre-wrapped biscuits, crackers, breadsticks and cakes (not fresh cream)
- Pre-wrapped chocolate and sweets
- Pre-wrapped nuts and seeds (provided the patient does not have any related allergies)
- Individual packets of crisps, popcorn, twiglets and tortilla chips
- Breakfast cereals
- Bottled non-alcoholic drinks, squashes, cordials and carbonates
- Small quantities of fruit juice or smoothies
- Preserves, jam, marmalade, honey or marmite

The following foods if brought in must be consumed immediately (within 30 minutes) by the patient or labelled & stored as appropriate:

- Yoghurts
- Sausage rolls
- Soups
- Meat pies
- Take-away meals
- Mini quiche
- Sandwiches
- Chilled individual desserts

The following foods can constitute a serious food safety risk if inappropriately handled/stored and should not be brought into hospital:

- Raw meat/fish
- Fresh or Synthetic cream or cream products e.g. trifles, cream cakes
- Raw or boiled eggs
- Alcohol
APPENDIX 5: MUST DOCUMENTATION

Record of Malnutrition Universal Screening Tool

(MUST)

Please use the MUST tool in order to complete this form for each patient
(available on each ward or download from www.bapen.org.uk)

<table>
<thead>
<tr>
<th>Height</th>
<th>Usual weight</th>
<th>Ward/clinic</th>
<th>Consultant/GP</th>
</tr>
</thead>
</table>

Method of weighing: Wheelchair [ ] Bed [ ] Seated [ ] Standing [ ] Hoist [ ]

**STEP 1**
BMI Score

Weight (kg) .............
Height (m) .............

Body Mass Index ........
>20 (>30-obese) score 0
18.5 – 20 score 1
<18.5 score 2

SCORE = .............

**STEP 2**
Weight Loss Score

Unplanned weight loss in past 3-6 months:
Less than 5% score 0
5-10% score 1
More than 10% score 2

SCORE = .............

**STEP 3**
Acute Disease Effect Score

Acutely ill and no nutritional intake for more than 5 days score 2
If not, score 0

SCORE = .............

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight (kg)</th>
<th>BMI</th>
<th>Total risk Score (1+2+3)</th>
<th>Action Taken</th>
<th>Print name/Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment on admission to hospital or at first clinic appointment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review 1 Hospital– weekly. Outpatients Dept - as required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review 3</td>
<td></td>
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<tr>
<td>Review 4</td>
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</tr>
<tr>
<td>Review 5</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## APPENDIX 6: MUST PROTOCOL

### Malnutrition Universal Screening Tool

Complete Nutritional Care Plan for medium and high risk patients

**Low Risk** – routine clinical care and repeat screening weekly

**Medium Risk – Score 1**

*If safe to swallow:*

1. Complete Food Record Chart to monitor on ward.
2. Recommend **HIGH ENERGY MENU** is offered
3. When appropriate order a high energy versions of thick puree dysphagia diet, fork mashable or high energy fluid diet
4. Offer 2 between meal snacks on ward e.g.: toast, cereal, biscuits, crackers, something from the “something for later” option, on the menu
5. Encourage use of full cream milk in drinks and full fat spreads for bread and crackers
6. Offer nourishing drinks during the day e.g. milky drinks, fruit juice
7. Order “snack box” for missed meals
8. Use high energy, high protein drinks e.g. **build-up milkshakes/ build-up soups** for uneaten meals
9. **Monitor weight and repeat MUST weekly**
10. Refer to Dietitian via e-referral if clinically indicated and continued concerns after 1 week

**High Risk – Score 2 or above**

*If safe to swallow:*

1. Complete Food Record Chart to monitor on ward.
2. Recommend **HIGH ENERGY MENU** is offered
3. When appropriate order a high energy versions of thick puree dysphagia diet, fork mashable or high energy fluid diet
4. Offer 2 between meal snacks on ward e.g.: toast, cereal, biscuits, crackers, something from the “something for later” option, on the menu
5. Encourage use of full cream milk in drinks and full fat spreads for bread and crackers
6. Offer nourishing drinks during the day e.g. milky drinks, fruit juice
7. Order “snack box” for missed meals
8. Use high energy, high protein drinks e.g. **build-up milkshakes/ build-up soups** for uneaten meals and **supplement x 2 between meals**
9. Patient will be automatically referred to the Dietitian via e-referral
10. Monitor weight and repeat MUST weekly

**Order Build – Up via EROS**

*Remember to keep a variety of flavours on your ward*
APPENDIX 7: ONCOLOGY MALNUTRITION SCREENING TOOL (MST)

Oncology Malnutrition Screening Tool (MST)

<table>
<thead>
<tr>
<th>Question</th>
<th>(Please circle as appropriate)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you lost weight recently without trying?</td>
<td>No</td>
<td>0 Go to question 3</td>
</tr>
<tr>
<td></td>
<td>Unsure</td>
<td>2 Go to question 3</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Go to question 2</td>
</tr>
<tr>
<td>2. If yes how much weight (kg) have you lost?</td>
<td>0.5-5.0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&gt; 5.0-10.0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>&gt;10.0-15.0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&gt;15.0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Unsure</td>
<td>2</td>
</tr>
<tr>
<td>3. Have you been eating poorly because a decreased appetite?</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTALS

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>SCORE</th>
<th>DATE</th>
<th>SIGNED – please print name</th>
<th>WEIGHT (IF APPROPRIATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK 2</td>
<td></td>
<td></td>
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<tr>
<td>WEEK 3</td>
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<td>WEEK 4</td>
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<td>WEEK 5</td>
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<td>WEEK 6</td>
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<tr>
<td>WEEK 7</td>
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</tbody>
</table>

LOW: MST score = 0-1

MEDIUM: MST score = 2

HIGH: MST score = 3-5

Identify reasons for weight loss/decreased appetite

..........................................................................................................................................................
APPENDIX 8: ONCOLOGY MST CARE PLAN

Oncology MST Care Plan
-for curative or early palliative care patients -

Complete nutrition care plan for oncology patients – who are deemed safe to swallow

LOW: MST score = 0-1
- No recent weight loss.

MEDIUM: MST score = 2
- Eating poorly &/or recent reported weight loss < 5kg.

HIGH: MST score = 3-5
- Eating poorly plus recent reported weight loss > 5kg.

AUTOMATIC e-referral to Dietitian

Start a food record chart.

1. Recommend HIGH ENERGY MENU (lilac) is offered.
2. Order a high energy versions of thick puree dysphagia diet, fork mashable or high calorie fluid diets if required
3. Encourage use of full fat milk in drinks and full fat spreads for bread/crackers
4. Offer Build Up supplements between meals
5. Offer snacks between meals from snack trolley or ‘something for later’ option on menu
6. Identify reasons for weight loss/decreased appetite (consider antiemetic, bowel function, analgesic medication)

MONITOR INTAKE and WEIGHT (if appropriate)

Fair, Poor

Good

CONTINUE CURRENT DIET and if appropriate MONITOR WEIGHT weekly

Intake improved and weight maintained

Repeat MST Screening Weekly

Food & Nutrition Policy
Ratified by: Clinical Effectiveness Committee: 30th January 2014
Review date: August 2016
APPENDIX 9: RENAL ASSESSMENT NUTRITION TOOL (RANT) DOCUMENTATION & CARE PLAN

Renal Assessment Nutrition Tool (RANT)

<table>
<thead>
<tr>
<th>BMI Score</th>
<th>Weight (kg) or MAC (cm)</th>
<th>Action Taken</th>
<th>Print name/Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 24 hours of admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review 1 weekly</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Review 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Review 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review 4</td>
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</tr>
</tbody>
</table>

Use total score to follow the plan below

Score 0

MONITOR- no further action required at this stage, repeat screening weekly

Score 1

MEDIUM RISK- Place on high energy menu, keep food chart, offer regular snacks. Monitor weight and appetite.

Score 2 or above

ACTION- Patient will be automatically referred to Dietitian via e-referral

Food & Nutrition Policy
Ratified by: Clinical Effectiveness Committee: 30th January 2014
Review date: August 2016

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APPENDIX 10: NUTRITION AND DIETETICS INPATIENT REFERRAL PROCEDURE

HOW TO MAKE A DIETETIC REFERRAL

For Inpatient Referrals

Adult Inpatient Referrals (except renal and upper/lower GI patients) - please use E-referral on the ward Whiteboard or refer directly to your ward Dietitian. For urgent referrals please bleep 106.

Adult Renal Inpatient Referrals - please use E-referral on the ward Whiteboard, refer directly to the renal dietitians or phone extension 2524.

Adult Upper GI Inpatient Referrals - please use E-referral on the ward Whiteboard or refer directly to the Upper GI dietitian. For urgent referrals please page #6832.

Adult Lower GI Inpatient Referrals - please use E-referral on the ward Whiteboard or refer directly to the lower GI dietitian. For urgent referrals please page #6669.

Paediatric Inpatient Referrals - please phone extension 6063 or refer directly to the paediatric dietitians. For urgent referrals please page #6274.

To ensure your patient receives appropriate input, please include the following details in your E-referral:

- Relevant clinical information (such as diagnosis, symptoms)
- Reason for referral – choose from a list of options

For referral made directly to your ward dietitian or to the Paediatric dietitian, please include the following details:

- Patient's Name
- Patient's Hospital Number
- Diagnosis
- MUST Score (dietetic referrals will no longer be accepted without a MUST score)
- Dietetic advice/input needed

For all Parenteral Nutrition referrals please refer direct to the Nutrition Support Team on extension 4635, bleep 365.
APPENDIX 11: FOOD RECORD CHART

FOOD RECORD CHART FOR NUTRITION SCREENING TOOL (MUST)

For Medium (1) and High Risk (≥2) Patients

1. Complete food record chart (FRC)
2. Please record all food taken with amounts, e.g. number of potatoes, slices of bread, spoons of cereal, size or proportion of meals ¼, ½, ¾ or all.
3. Recommend HIGH ENERGY MENU – remember to order high energy versions of thick puree dysphagia diet, fork mashable or high energy fluid diet if required.
4. Use full cream milk in drinks and full fat spreads/butter for bread/crackers.
5. Offer Build Up supplements if meals are missed or order a snack box. Encourage nourishing drinks eg milk or fruit juice throughout the day.
6. Encourage a mid-morning or mid afternoon snack and a ‘something for later’ option on menu.

<table>
<thead>
<tr>
<th>DATE</th>
<th>BREAKFAST</th>
<th>SNACKS &amp; SUPPLEMENT</th>
<th>LUNCH</th>
<th>SNACKS &amp; SUPPLEMENT</th>
<th>SUPPER</th>
<th>BEDTIME SNACK</th>
<th>HIGH ENERGY MENU</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY 1</td>
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<tr>
<td>DAY 2</td>
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<td>DAY 3</td>
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</tr>
</tbody>
</table>

MUST ≥2 will be automatically refer to Dietitian via e-referral – continue with FRC
<table>
<thead>
<tr>
<th>DATE</th>
<th>BREAKFAST</th>
<th>SNACKS &amp; SUPPLEMENT</th>
<th>LUNCH</th>
<th>SNACKS &amp; SUPPLEMENT</th>
<th>SUPPER</th>
<th>BEDTIME SNACK</th>
<th>HIGH ENERGY MENU</th>
</tr>
</thead>
<tbody>
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<td>DAY 4</td>
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<td>DAY 5</td>
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<td>DAY 6</td>
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<td>DAY 7</td>
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</table>

**MUST = 1 If there is no improvement in oral intake or continued concerns after 1 week – Refer to Dietitian via e-referral – continue with FRC**

**REPEAT MUST SCORE WEEKLY**
Dear Dr,

Re: **Patient name, D.O.B.**

**Address**

**Weight:** kg  **Height:** m  **BMI:** kg/m²  **MUST Score:**

The above patient was seen for an outpatient appointment at the Royal Devon & Exeter Hospital (Wonford) and MUST screening was completed in accordance with our Trust’s Food and Nutrition Policy. It was noted their MUST score was . . . . . .

According to MUST management guidelines (BAPEN 2004) it is recommended that:-

1. **MUST Score of 1**
   To provide help and advice on food choices, eating and drinking, offer leaflets 1 & 2, as detailed below and follow the MUST Treatment, Prescribing and Monitoring Guide on the Joint Formulary website:
   
   http://www.exejointformulary.nhs.uk/chapters/nutrition/oral_nutrition/index.html

   Repeat MUST screening at least every 2-3 months.

2. **MUST Score ≥ 2**
   To provide help and advice on food choices, eating and drinking, to improve nutritional intake – offer leaflets 1 & 2, as detailed below.

   Review weekly and, if no improvement, consider referral to the Community Dietitians at Newcourt House, Old Rydon Lane, Exeter. EX2 7JU – telephone number 01392 356120.

**Available advice leaflets:**

1. [Making the most of your food](http://www.exejointformulary.nhs.uk/chapters/nutrition/oral_nutrition/index.html)

2. [Calorie boosters and meal plans](http://www.exejointformulary.nhs.uk/chapters/nutrition/oral_nutrition/index.html)

These leaflets can be downloaded from the Joint Formulary website – oral nutrition chapter:

http://www.exejointformulary.nhs.uk/chapters/nutrition/oral_nutrition/index.html

Yours sincerely
APPENDIX 13: OUT-PATIENT MST CARE PLAN

LOW: MST score = 0-1
No recent weight loss

MEDIUM: MST score = 2
Eating poorly & recent reported weight loss < 5kg

HIGH: MST score = 3-5
Eating poorly and recent reported weight loss > 5kg

Follow plan for MST =2 AND Refer to Dietitian

If upper gastro-intestinal primary cancer site (e.g. gallbladder, oesophagus, stomach, pancreas), please contact the Upper GI Dietitian on 01392 406237 or page #6832

If lower gastro-intestinal primary cancer site (e.g. colorectal, liver), please contact Lower GI Dietitian on 01392 402044 or page #6669

If head & neck primary cancer site, please contact the Head & Neck Dietitian on 01392 402044 or page #6562

For all other cancers please contact the main department on 01392 402044 or bleep 106 or email rh8.nandd@nhs.net

Recommend a WELL BALANCED DIET

Provide initial food fortification leaflet (draft)

Identify reasons for weight loss / decreased appetite and if appropriate provide relevant symptom leaflets:
- Nausea & vomiting
- Taste changes
- Dry mouth
- Sore mouth
- Diarrhoea
- Constipation
- Fluid (draft)

MONITOR INTAKE and WEIGHT (if appropriate)

If good, continue current diet and MONITOR as below

RESCREEN every 2 weeks or at next consultation

If poor, Refer to Dietitian
**APPENDIX 14: STAMP DOCUMENTATION AND CARE PLAN**

**A step-by-step guide to using STAMP on Bramble Ward**

<table>
<thead>
<tr>
<th><strong>STEP 1</strong> - DIAGNOSIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the diagnosis reference chart to determine if the child’s diagnosis has any nutritional implications</td>
<td>Score</td>
</tr>
<tr>
<td>Definitely</td>
<td>3</td>
</tr>
<tr>
<td>Possibly</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 2</strong> - NUTRITIONAL INTAKE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the child’s nutritional intake?</td>
<td>Score</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
</tr>
<tr>
<td>Recently decreased/poor</td>
<td>2</td>
</tr>
<tr>
<td>No change/good</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 3</strong> - WEIGHT AND HEIGHT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use a growth chart or the centile quick reference tables to determine the child’s measurements</td>
<td>Score</td>
</tr>
<tr>
<td>3 or more centiles/columns apart (or weight 2\textsuperscript{nd} centile)</td>
<td>3</td>
</tr>
<tr>
<td>2 centiles/columns apart</td>
<td>1</td>
</tr>
<tr>
<td>0 or 1 centile/column apart</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 4</strong> - OVERALL RISK OF MALNUTRITION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Add the scores from steps 1-3 together to calculate the overall risk of</td>
<td>Score</td>
</tr>
<tr>
<td>High risk</td>
<td>4 or more</td>
</tr>
<tr>
<td>Medium Risk</td>
<td>2 or 3</td>
</tr>
<tr>
<td>Low risk</td>
<td>0 or 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 5</strong> - CARE PLAN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a care plan based on the child’s overall risk of malnutrition</td>
<td></td>
</tr>
<tr>
<td><strong>High risk</strong></td>
<td><strong>Medium risk</strong></td>
</tr>
<tr>
<td>• Start high risk nutritional care plan</td>
<td>• Start 3 day food chart</td>
</tr>
<tr>
<td>• Start 3 day food chart</td>
<td>• Encourage regular meals and snacks</td>
</tr>
<tr>
<td>• Repeat STAMP after 3 days – if still high, medical team to consider referral to dietetics</td>
<td>• Repeat STAMP after 3 days</td>
</tr>
</tbody>
</table>

Give all parents a ‘Nutrition Screening in Children’ Leaflet
Appendix 15: List of products to be ordered by Dietitians on Trust Prescription Charts

**Products stocked by Catering**
- Fresubin Energy Drink (Fresenius)
- Fresubin Energy Fibre Drink (Fresenius)
- Fresubin Jucy (Fresenius)
- Fresubin Yocrème (Fresenius)
- Fresubin Crème Dessert (Fresenius)
- Fresubin 2kcal Drink (Fresenius)
- Calshake (Fresenius)
- Maxijul powder (SHS)
- Procal Shots (Vitaflow)
- Fortisip Compact Protein (Nutricia)

**Ordered on EROS by ward**
- SMA High Energy (SMA)

**Products stocked by Pharmacy**
- Duocal Powder (SHS)
- Elemental O28 Extra (SHS)
- Fresubin 5kcal shot (Fresenius)
- Modulen IBD (Nestle)
- Flavour pots (Nestle)
- Monogen (SHS)
- Infatrini (Nutricia)
- Nutramigen 1 (Mead Johnson)
- Nutramigen 2 (Mead Johnson)
- Neocate LCP (SHS)
- Neocate Active (SHS)
- Neocate Advance (SHS)
- Pepti Junior (Cow and Gate)
- Peptamen Junior (Nestle)

**Enteral Feeds written up on N&D enteral feeding regime**
- Fresubin Original
- Fresubin Original Fibre
- Fresubin 1000 Complete
- Fresubin 1200 Complete
- Fresubin 1800 Complete
- Fresubin 2250 Complete
- Fresubin Energy
- Fresubin Energy Fibre
- Fresubin HP Energy
- Fresubin Soya Fibre
- Frebini Original
- Frebini Fibre
- Frebini Energy
- Frebini Energy Fibre
- Nepro (Abbot)
- Survimed OPD
- Survimed OPD HN

Occasionally required if PKU patients admitted (patients already established on products)
- PKU Express liquid (Vitafl) / PKU Cooler (Vitafl)
- L-Tyrosine (SHS)
- PKU Start (Vitafl) / PKU Animix Infant (SHS)
APPENDIX 16: SPEECH AND LANGUAGE THERAPY SERVICE PRIORITISATION

Adult Speech & Language Therapy Service

Service Standard 36: Response times from receipt of referral

Individuals who are at extremely high risk of choking, inhalation of food or inadequate nutritional intake

Priority 1: Within 2 working days

For example, individuals with:
- acute stroke or traumatic brain injury
- progressive neurological or other long-term conditions who experience sudden deterioration
- newly diagnosed head and neck cancers

Priority 2: Within 10 working days

For example, individuals with:
- who are experiencing swallowing difficulties in the context of long-term conditions
- with progressive neurological conditions
- living with aphasia and other acquired communication disabilities

Priority 3: Within 13 weeks

Individuals with:
- voice disorders
- dysfluency

Individuals who are at risk of choking, inhalation of food or inadequate nutritional intake

Individuals who are at extremely high psychosocial risk due to newly acquired communication difficulties

Individuals who are at high psychosocial risk due to deteriorating communication skills or new/increased communication demands
### APPENDIX 17: RAPID IMPACT ASSESSMENT SCREENING FORM

#### RAPID IMPACT ASSESSMENT SCREENING FORM

<table>
<thead>
<tr>
<th>Name of procedural document</th>
<th>Food and Nutrition Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and Service Area</td>
<td>Specialist Services Division/Nutrition and Dietetic department</td>
</tr>
<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Catherine Tancock,</td>
</tr>
<tr>
<td>Date:</td>
<td>13.11.2013</td>
</tr>
</tbody>
</table>

#### EXECUTIVE SUMMARY

This section summarises:
- the impacts identified for action
- mitigating action
- the likely severity of the impact as a result of that action ("result").

<table>
<thead>
<tr>
<th>Impact</th>
<th>Action</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive - disability</td>
<td>Provision of assistance for those with eating difficulties</td>
<td>Reduced risk of malnutrition</td>
</tr>
<tr>
<td>Positive – religion and beliefs</td>
<td>Provision of a range of diets to suit cultural/religious beliefs</td>
<td>Reduced risk of malnutrition</td>
</tr>
<tr>
<td>Positive - age</td>
<td>Provision of meal options attractive to particular age groups</td>
<td>Reduced risk of malnutrition</td>
</tr>
<tr>
<td>Positive - age</td>
<td>A specific nutritional screening tool is used for paediatric patients</td>
<td>Nutritional needs of younger people are appropriately assessed</td>
</tr>
<tr>
<td>Positive – maternity/pregnancy</td>
<td>Weight based nutritional screening is not used for pregnant patients</td>
<td>Eliminate risk of inappropriate use of screening tool</td>
</tr>
</tbody>
</table>

(If you need to progress to a full impact assessment, please include this as an action, above.)

1. **What is the main purpose of this policy / plan / service?**
   To provide a strategic overview of the Trust’s priorities in providing nutrition and nutritional advice to patients in line with current evidence and national guidelines and policies.

2. **Who does it affect?** Please tick as appropriate.
   - Carers □
   - Staff ☑
   - Patients ☑
   - Other (please specify) visitors

3. **What impact is it likely to have on different sections of the community / workforce, considering the “protected characteristics” below?**
**Please insert a tick in the appropriate box √**

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Positive impact -- it could benefit</th>
<th>Negative impact -- it treats them less favourably or could do</th>
<th>Negative impact -- they could find it harder than others to benefit from it or they could be disadvantaged by it</th>
<th>Non-impact – missed opportunities to promote equality</th>
<th>Neutral -- unlikely to have a specific effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>☐</td>
<td>❌</td>
<td>❌</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disability</td>
<td>☐️</td>
<td>☐</td>
<td>❌</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Sex including Transgender and Pregnancy / Maternity</td>
<td>☐️</td>
<td>☐</td>
<td>❌</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Race</td>
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<td>☐</td>
<td>❌</td>
<td>☐</td>
<td>☐️</td>
</tr>
<tr>
<td>Religion / belief</td>
<td>☐️</td>
<td>☐</td>
<td>❌</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Sexual orientation including Marriage / Civil Partnership</td>
<td>☐</td>
<td>☐</td>
<td>❌</td>
<td>☐</td>
<td>☐️</td>
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In identifying the impact of your policy across these characteristics, please consider the following issues:

- **Fairness** - Does it treat everyone justly?
- **Respect** - Does it respect everyone as a person?
- **Equality** - Does it give everyone an equal chance to get whatever it is offering?
- **Dignity** - Does it treat everyone with dignity?
- **Autonomy** - Does it recognise everyone’s freedom to make decisions for themselves?

If you have any negative impacts, you will need to progress to a full impact assessment.
In sections 4 and 5, please copy and repeat the tables below, for each “protected characteristic” considered. Alternatively, you can use one table for more than one “protected characteristic”, if the outcomes are similar.

4. If you have identified any positive impacts (see above), what will you do to make the most of them?

| “Protected characteristic” affected: | 1. Disability  
2. Religion/Beliefs  
3. Age  
4. Pregnancy /maternity |
|-----------------------------------|------------------------------------------------|
| **Issue**                        | 1. Using a magnet to identify those with eating difficulties and serving meals on a red tray to highlight assistance is required  
2. The provision of suitable food for different religious and cultural beliefs  
3a. Food needs to be age – appropriate to be attractive to the consumer  
3b. Paediatric patients need specialist nutritional assessment  
4. Weight based screening for malnutrition will give misleading results for pregnant patients |
| **Who did you ask to understand the issues or whose work did you look at?** | 1. Senior matrons  
2. Catering staff  
3a. Catering staff  
3b. Nursing staff  
4. Nursing staff |
| **What did you find out about?** | 1. The need to identify those patients requiring assistance with eating  
2. The range of special diets required  
3a Desirability of age related meal options  
3b Specialist assessment for paediatric patients  
4. Potential for MUST screening to be misused for pregnant patients |
| **What did you learn or confirm?** | 1. The necessity for identification  
2. A range of menus for different cultures/religions are required but also in a range of special diets e.g. high energy  
3a. Availability of meal options which are attractive to specific age groups.  
3b. Use of STAMP for patients age 2-18 and specific measurements to be taken for those younger than that.  
4. MUST should not be used for pregnant patients, other nutritional markers e.g. pre-pregnancy BMI, blood results are used in this group of patients |

<table>
<thead>
<tr>
<th>Action as a result of above</th>
<th>By who?</th>
<th>When?</th>
</tr>
</thead>
</table>
| 1. Red tray provision along with guidelines  
2. Introduction of a range of menus for different cultural/religious beliefs to | 1. Nutrition and Dietetics  
2. Catering and Nutrition and Dietetics  
3a. Catering and Nutrition and Dietetics | During drafting of the policy. |
offer choice
3a. Different selection of foods on the menu to suit different ages
3b. Specialist malnutrition screening techniques for younger patients
4. MUST is not used for pregnant patients

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<tbody>
<tr>
<td>3b. Nursing</td>
<td>4. Nursing</td>
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</tbody>
</table>

5. If you have identified any missed opportunities ("non-impacts"), what will you do to take up any opportunities to promote equality?

<table>
<thead>
<tr>
<th>“Protected characteristic” affected:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Issue</td>
<td></td>
</tr>
<tr>
<td>Who did you ask to understand the issues or whose work did you look at?</td>
<td>What did you find out about?</td>
</tr>
<tr>
<td></td>
<td>What did you learn or confirm?</td>
</tr>
<tr>
<td>Action as a result of above</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>By who?</td>
</tr>
</tbody>
</table>

6. If you have identified a neutral impact, show who you have consulted or asked to confirm that this is the case, in the table below:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Who did you ask or consult to confirm your neutral impacts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please list groups or individuals below. These may be internal or external and should include the groups approving the policy.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Steering Group</td>
<td></td>
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<tr>
<td>Policy Expert Panel, including Equality &amp; Diversity Manager</td>
<td></td>
<td></td>
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<tr>
<td>Nutrition and Dietetic Department</td>
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<tr>
<td>Facilities Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and Language Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering Department</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you need help with any aspect of this assessment, please contact:
Tony Williams  Equality and Diversity Manager
Ext: 6942   anthony.williams1@nhs.net

Please note:
This impact assessment needs to be sent, with the policy, to the Equality & Diversity Manager at the following stages: as part of consultation, prior to final ratification of the policy and when final ratification has been given.