



## Clinical

# Food, Fluid and Nutritional Care Policy

<b>Policy Manager</b> Joyce Thompson Dietetic Consultant in Public Health Nutrition	<b>Policy Group</b> Food Fluid and Nutritional Care (FFNC) Review Group
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<b>Policy Established</b> December 2005	<b>Policy Review Period / Expiry</b> 31 May 2018	<b>Last Updated</b> 01 July 2015
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This policy does / ~~does not~~ apply to Medical / Dental Staff  
(delete as appropriate)

**UNCONTROLLED WHEN PRINTED**

## Food, Fluid and Nutritional Care Policy

### Version Control

<b>Version Number</b>	<b>Purpose / Change</b>	<b>Author</b>	<b>Date</b>
1.0	Initial Food, Fluid & Nutritional Care in Hospitals policy developed.	Jacqueline Walker	December 2005
2.0	Changes made following review of Food, Fluid & Nutritional Care in Hospitals policy.	Joyce Thompson	November 2009
3.0	Changes made following review of Food, Fluid & Nutritional Care in Hospitals and Protected Mealtime policies.	Joyce Thompson	December 2012
4.0	Addition - Links to FFNC Policy Sections.	Sue Smart	October 2013
5.0	Review of policy: extended to address children and young people as well as adults, and to take account of 2014 NHS HIS standards for Food, Fluid and Nutritional Care.	Joyce Thompson	July 2015

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**[Click here for links to the individual FFNC Policy Sections, detailed below:](#)**

Section 1: Nutritional Assessment, Screening & Care Planning

Section 2: Planning & Delivery of Food & Fluids in Hospital

Section 3: Provision of Food & Fluid in Hospitals

Section 4: Management of Artificial Nutrition Support in Hospital & Community  
(Adults)

Section 5: Management of Oral Hygiene for Adults

Section 6: Management of Adult Patients with Dysphagia

Section 7: Food Safety & Food Hygiene for Wards

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## 1. PURPOSE AND SCOPE

### 1.1 Purpose

To ensure NHS Tayside staff understand why and how food, fluid and nutritional care requirements of all individuals must be appropriately addressed to enhance nutritional wellbeing and hydration.

To ensure NHS Tayside staff understand their role and responsibility in relation to food, fluid and nutritional care in supporting individuals to achieve the best possible nutrition and hydration in ways that support optimal wellbeing and which are evidence based.

### 1.2 Scope

Each section of this policy must be adhered to by NHS Tayside staff.

This policy relates to the provision of food, fluid and nutritional care by NHS Tayside within hospital and community settings. It covers individuals from the second year of life throughout the life course and **does not** include infant milk feeding or weaning.

## 2. STATEMENT OF POLICY

### 2.1 Duty

NHS Tayside recognises its duty to ensure the nutritional wellbeing and hydration of individuals receiving health care.

NHS Tayside supports the implementation of [NHS Health Improvement Scotland \(HIS\) Standards: Food, Fluid and Nutritional Care \(2014\)](#)<sup>1</sup>.

NHS Tayside is committed to ensuring:

- It has a Food, Fluid and Nutritional Care policy, and a strategic and coordinated approach, to ensure that all patients receive safe, effective and person centred nutritional care, irrespective of specialty and location.
- When a person is admitted to hospital, or a community caseload, a nutritional care assessment is carried out; screening for the risk of malnutrition is also carried out both initially and on an ongoing basis; and a person centred care plan is developed, implemented and evaluated.
- Formalised structures and processes are in place to plan the provision and delivery of food in hospitals, in line with '[Food in Hospitals](#)'<sup>2</sup>.
- Food and fluid are provided in a way that is acceptable to all patients in hospital.
- Patients have the opportunity to discuss, and are given information about their food, fluid and nutritional care; patient views are sought and inform decisions made about the food, fluid and nutritional care provided.

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<sup>1</sup> NHS Health Improvement Scotland. Standards: Food, Fluid and Nutritional Care, 2014

<sup>2</sup> Scottish Government. Food in Hospitals: National Catering and Nutritional Specification for Scotland, 2008

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- Staff have the knowledge and skills required to meet patients' food, fluid and nutritional care needs, commensurate with their duties and responsibilities, and relevant to their professional discipline and area of practice.

This document sets out NHS Tayside's approach to food, fluid and nutritional care within its hospitals and community settings, whether directly provided or secured on behalf of NHS Tayside.

This document sets out roles and responsibilities of staff (including contractors) and contains standard operational procedures and protocols which when followed should maximise the nutritional wellbeing and hydration of individuals and staff.

## 2.2 Aims & objectives

NHS Tayside's principal concern is the delivery of safe and effective food, fluid and nutritional care that ensures the best possible clinical outcomes for patients.

- A coordinated and whole-system approach to the delivery of food and fluid by different healthcare professionals that views individual needs and preferences.
- All new staff are familiarised with this policy on commencement of employment.
- All staff are able to access training to enable them to implement the policy as appropriate to their role. New staff receive training within six months of commencement of employment.
- All documentation fully supports the implementation of the NHS HIS Food, Fluid and Nutritional Care standards.
- All individuals (children, young people and adults) at greatest risk of malnutrition (over nutrition and undernutrition) are assessed and cared for without prejudice thereby helping to improve the quality of overall clinical care.

## 2.3 Outcomes

This policy aims to ensure that the care provided by NHS Tayside achieves optimal nutritional care and hydration in order to improve outcomes for patients and, specifically to:

- Increase and improve the knowledge, skills and attitudes of NHS staff
- Improve patient experience of food, fluid and nutritional care
- Improve or maintain the nutritional wellbeing of patients receiving NHS care

## 2.4 Implementation of the policy

Service improvements in food, fluid and nutritional care are taken forward via the Tayside Nutrition Managed Clinical Network (MCN) and are thereby underpinned by MCN principles.

The food, fluid and nutritional care component of the Tayside Nutrition MCN applies the principles of best value and includes consideration of the following:

- Alignment with NHS Tayside's strategic objectives
- Extent to which services link to strategic objectives and deliver outcomes
- Quality of the services and how well users' experiences are reflected
- Ease and equality of access to services
- How spending on nutritional care is being utilised and how this could be improved to deliver efficiencies and best value

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Continuous improvement is central to the provision of food, fluid and nutritional care for individuals. This methodology ensures that robust leadership is in position to make certain that systems and processes exist, to enable all staff to implement a continuous improvement approach to their work and so contribute to improving clinical outcomes and individual experiences. These fundamental features underpin NHS Tayside's commitment to achieving and maintaining optimal standards of food, fluid and nutritional care for individuals as appropriate for age, culture or special needs, and across the Board's hospitals and community settings. It is also the responsibility of NHS Tayside to engage with individuals and the public in reviewing, changing and developing nutrition related services and involving individuals in planning their nutritional care pathways.

## 2.5 Monitoring

NHS Tayside will audit compliance of this policy annually using a self assessment tool.

NHS Tayside Food, Fluid and Nutritional Care policy, standard operating procedures and protocols will be developed and reviewed in accordance with NHS Tayside requirements.

NHS Tayside will audit compliance with Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2008) twice yearly, using the Health Facilities Scotland monitoring tool.

Performance, risk and quality improvement will be reported quarterly by the Tayside Nutrition MCN Executive Group (through Service Improvement and Measurement Plans) to the Tayside Nutrition MCN Programme Board.

The Tayside Nutrition MCN Programme Board will report quarterly to the NHS Tayside Board's Clinical Quality Forum (Risk Management), and annually to the Clinical and Care Governance Committee (Governance).

## 3. ROLES AND RESPONSIBILITIES

NHS Tayside recognises the importance and value of effective nutritional care and hydration as an essential part of clinical care, and recognises that it is an integral part of the work of many staff disciplines.

Line managers have a particular role to play in developing a positive culture regarding nutritional care and hydration with staff. NHS Tayside expects the co-operation and involvement of all those working in the food chain (clinical and non-clinical) such as catering, domestic service, medical, nursing, allied health, portering, transport, procurement and managerial staff.

### 3.1 NHS Tayside Board

NHS Tayside Board has a responsibility for producing a Food, Fluid and Nutritional Care policy and a strategic implementation plan to improve the provision of food, fluid and nutritional care ([Standard 1](#), Criterion 1.1).

NHS Tayside Board has a responsibility for the establishing at least one strategic hydration and nutritional care group ([Standard 1](#), Criterion 1.2).

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### **3.2 The Chief Executive for NHS Tayside**

The Chief Executive for NHS Tayside has ultimate accountability for clinical care within the organisation and is thereby accountable for the standard of food, fluid and nutritional care across the organisation.

### **3.3 Director of Public Health**

The Director of Public Health has executive responsibility for the development, implementation and evaluation of a Food, Fluid and Nutritional Care policy and strategic implementation plan.

### **3.4 Dietetic Consultant in Public Health Nutrition**

The Dietetic Consultant in Public Health Nutrition is Professional Nutrition and Dietetic Adviser to NHS Tayside Board, Lead Clinician for the Tayside Nutrition MCN and, Strategic and Professional Lead for Nutrition and Dietetic Services. He / she has delegated responsibility to lead a whole-system approach for the development, implementation and evaluation of the Food, Fluid and Nutritional Care policy and strategic implementation plan, in association with operational services.

### **3.5 Tayside Nutrition MCN Programme Board**

In order to assist the Dietetic Consultant in Public Health Nutrition to discharge the role of coordinating related activities on food, fluid and nutritional care across the Board's hospitals and community settings, a Tayside Nutrition MCN Programme Board is established.

The Programme Board is responsible for providing the strategic lead for the development of nutrition priorities as set out within the local plan, the Tayside Nutrition MCN Quality Assurance Programme and NHS Tayside's strategic aims.

The Programme Board is responsible for providing the strategic lead for the implementation of the NHS Tayside's integrated delivery plan for food, fluid and nutritional care ([Standard 1](#); Criterion 1.2).

The Programme Board has governance responsibility for assuring that mechanisms are in place to address public health nutrition; food, fluid and nutritional care in hospitals; nutritional support; weight management; and therapeutic nutrition. It also has responsibility for assuring that the performance of the Tayside Nutrition MCN is reported.

The Programme Board provides NHS Tayside's Chief Executive and Directors' Team, Clinical Quality Forum, and Clinical and Care Governance Committee with assurance that:

- All necessary systems and processes are in place to ensure that in relation to nutrition, NHS Tayside is engaging in appropriate activities and the key components of health governance.
- Activities are asset based and assist individuals to help themselves; based on best practice and best value for money; focused on achieving improvement in health and health services particularly within health inequalities context; involve all key stakeholders; and shifts the balance of care.
- All relevant business is linked to national and local objectives.

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- Service improvement plans for NHS Tayside’s nutrition priorities are developed, delivered and reported on to the Clinical Quality Forum and the Clinical and Care Governance Committee.
- Input is sought from all relevant sources within NHS Tayside and its partners and key stakeholders.

### 3.6 Tayside Nutrition MCN Executive Group

The Tayside Nutrition MCN Executive Group is responsible for implementation of NHS Tayside’s integrated delivery plan for food, fluid and nutritional care and, for ensuring all necessary systems and processes are in place to fulfil and uphold MCN accreditation requirements. It will report quarterly on performance, risk and quality improvement to the Tayside Nutrition MCN Programme Board.

### 3.7 Senior Management Team

The NHS Tayside Senior Management Team is responsible for ensuring that systems and processes are in place that will ensure that operational services continuously provide safe and effective food, fluid and nutritional care and work to constantly improve an individual’s experience.

The NHS Tayside Senior Management Team has a key responsibility to ensure that staff have appropriate skills, knowledge, attitudes, competencies and access to evidence based policy / standards to deliver high standards of care to individuals. To achieve this it will ensure that clear systems and processes are developed, maintained and communicated in order to fulfil the following:

- Assessment of risks
- Implementation of procedures
- Monitoring the effectiveness of procedures
- Communicating and training staff
- Liaising with functional managers where appropriate
- Monitoring and evaluating.

In ensuring that staff provide high standards of nutritional care and hydration to individuals, the NHS Tayside Senior Management Team will commission and / or support the development of a robust and sustainable quality assurance framework for nutritional care and hydration.

### 3.8 Nutrition and Hydration Groups (for hospital settings)

Three multi-professional Nutrition and Hydration Groups represent Dundee, Angus and Perth and Kinross localities and bring together representatives from catering, dietetics, nursing and, speech and language therapy.

The groups are responsible for:

- Implementing the Food in Hospitals: National Catering and Nutrition Specification (2008).
- Completing the twice-yearly return to Health Facilities Scotland to determine compliance with in Hospitals: National Catering and Nutrition Specification (2008).
- Identifying areas for improvement in terms of the delivery and provision of food and fluid to patients.

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- Responding to patient feedback in relation to food and fluid provision.
- Ensuring food waste is within national and local targets and, for identifying areas for further improvement.
- Ensuring staff have access to nutrition training.

### **3.9 Tayside Artificial Nutrition Group**

The Tayside Artificial Nutrition Group is a role model for multi-professional working, bringing together clinical nutrition experts from medicine, surgery, nursing, dietetics and pharmacy to co-ordinate the contributions of each of these specialties into coherent artificial nutrition support. It manifestly cannot do all the ward delivery of artificial nutritional care itself, but serves to organise it and enhance it. It becomes involved when there are problems requiring complex artificial nutritional support, especially parenteral nutrition, and has a specialist role in supporting Home Parenteral Nutrition.

### **3.10 Dietitians**

Registered Dietitians have a responsibility for the implementation of the Food, Fluid and Nutritional Care policy. They will nutritionally assess, treat and review appropriately referred patients in a timely manner and, support others to provide food, fluid and nutritional care.

### **3.11 Managers Accountable for Catering Services**

Managers accountable for catering services are responsible for the delivery of a safe and effective food and beverage service. They will monitor the catering service and make improvements as necessary, ensuring that staff and systems are compliant with food safety legislation, and lead on the implementation, monitoring and evaluation of the NHS Tayside Catering Strategy.

### **3.12 Medical Staff**

Medical staff play a co-ordinating role between nutritional and other medical and surgical treatments and ensure that individuals receive accurate nutritional screening, assessment and care as appropriate. In hospital settings support will be given by Clinical Leads and, Nutrition Link Nurses (3.14) will liaise with Clinical Leads in relation to audit results and / or concerns etc.

### **3.13 Senior Nurses, Midwives and Health Visitors**

Senior Nurses, Midwives and Health Visitors have a responsibility for the delivery of safe and effective patient care, and will ensure that all nursing / midwifery / health visiting staff are compliant with the Food, Fluid and Nutritional Care policy. They will ensure that all nursing / midwifery / health visiting staff (as appropriate) are competent in nutrition and hydration risk assessment, the development, implementation and evaluation of nutritional care and discharge plans, and in the provision of appropriate food and drink for their client group(s).

### **3.14 Nutrition Link Nurse / Midwife Role (for hospital settings)**

The role of Nutrition Link Nurse / Midwife facilitates successful liaison between clinical staff within hospitals and community and specialist teams for these various aspects of health care. In 2003 the Nutrition Link Nurse concept was introduced into

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NHS Tayside hospitals, and following publication of '[Starved of Care](#)'<sup>3</sup>, in 2011 each ward was subsequently required to have a minimum of one registered and one unregistered Nutrition Link Nurse.

### 3.15 Allied Health Professions

In addition to the generic responsibilities of all staff, and those of registered dietitians, some disciplines within Allied Health Professions (AHPs) have specific nutrition related roles. AHPs work with patients, family, paid carers and wider multi-disciplinary teams.

#### Occupational Therapy

Occupational Therapists are able to assess and advise people with eating and / or drinking difficulties due to physical deficit, cognitive deficit, fatigue or perceptual problems. Simple assistive devices should be provided by wards e.g. lidded cups, plate guards.

#### Physiotherapy

Physiotherapy assessment and advice may be of benefit for those whose physical difficulties impact upon eating, drinking and swallowing, particularly those with postural difficulties, limited strength of movement or limited range of movement.

#### Speech and Language Therapy

Speech and Language Therapists assess and advise on difficulties with the oral and pharyngeal stages of swallow across a wide range of diagnosis and age groups, from neonates to extreme old age. Interventions may include: postural advice, texture modification of food and liquids, manoeuvres to increase swallowing safety, rehabilitation exercises or advice to feeders and carers.

### 3.16 Pharmacy

Pharmacists have a responsibility for the implementation of the Food, Fluid and Nutritional Care Policy for example by raising awareness of possible drug / nutrient interactions, the impact of prescribing of medication around meal times and, the possible effect of poly-pharmacy on appetite; advising on the role of antiemetic treatment and appetite stimulants; providing oral nutritional supplement advice and monitoring; advising on the administration of medication via enteral feeding tubes and central venous access devices; and supporting the prescription of parenteral nutrition and advising on stability of parenteral nutrition solutions.

### 3.17 All other Service Managers

All other Service Managers will identify where and how their services and practices may impact on the successful delivery of food, fluid and nutritional care, and ensure that processes and staff are compliant with the Food, Fluid and Nutritional Care policy.

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<sup>3</sup> Mental Welfare Commission for Scotland. Starved of Care: Investigation into the care and treatment of "Mrs V"; 2011.

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### 3.18 Other Individual Members of Staff

All staff must understand their responsibility for nutritional care and hydration, and ensure that they are compliant with the Food, Fluid and Nutritional Care policy, access necessary nutrition training and implement associated protocols, procedures and guidelines.

### 3.19 Volunteers (for hospital settings at meal times)

Some patients have problems eating and drinking independently, which can have a detrimental effect on their wellbeing and delay recovery. Volunteers may be recruited to complement the nursing care given to individuals by befriending individuals and, encouraging and helping them at meal times. Duties may include opening packages, cutting up food or encouraging patients to eat and drink. Volunteers receive training, support and supervision to help them in this role.

### 3.20 Tayside Nutrition MCN Improvement and Development Managers

The Tayside Nutrition MCN Improvement and Development Managers will ensure that there is a joined up approach to developing, implementing, monitoring and reporting on Food, Fluid and Nutritional Care policy. The Tayside Nutrition MCN will support staff involved with implementing the Food, Fluid and Nutritional Care policy and work to [MCN principles](#)<sup>4</sup> and Tayside Nutrition MCN standards.

### 3.21 Contractors

Contractors carrying out work on NHS Tayside property are required to comply with NHS Tayside's Food, Fluid and Nutritional Care Policy and any relevant standard operating procedures and protocols.

Prior to the award of any contract for the provision of residential care, NHS Tayside will ensure that the Contractor has interpreted all relevant requirements, and is able to achieve the necessary output that reflects Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2008).

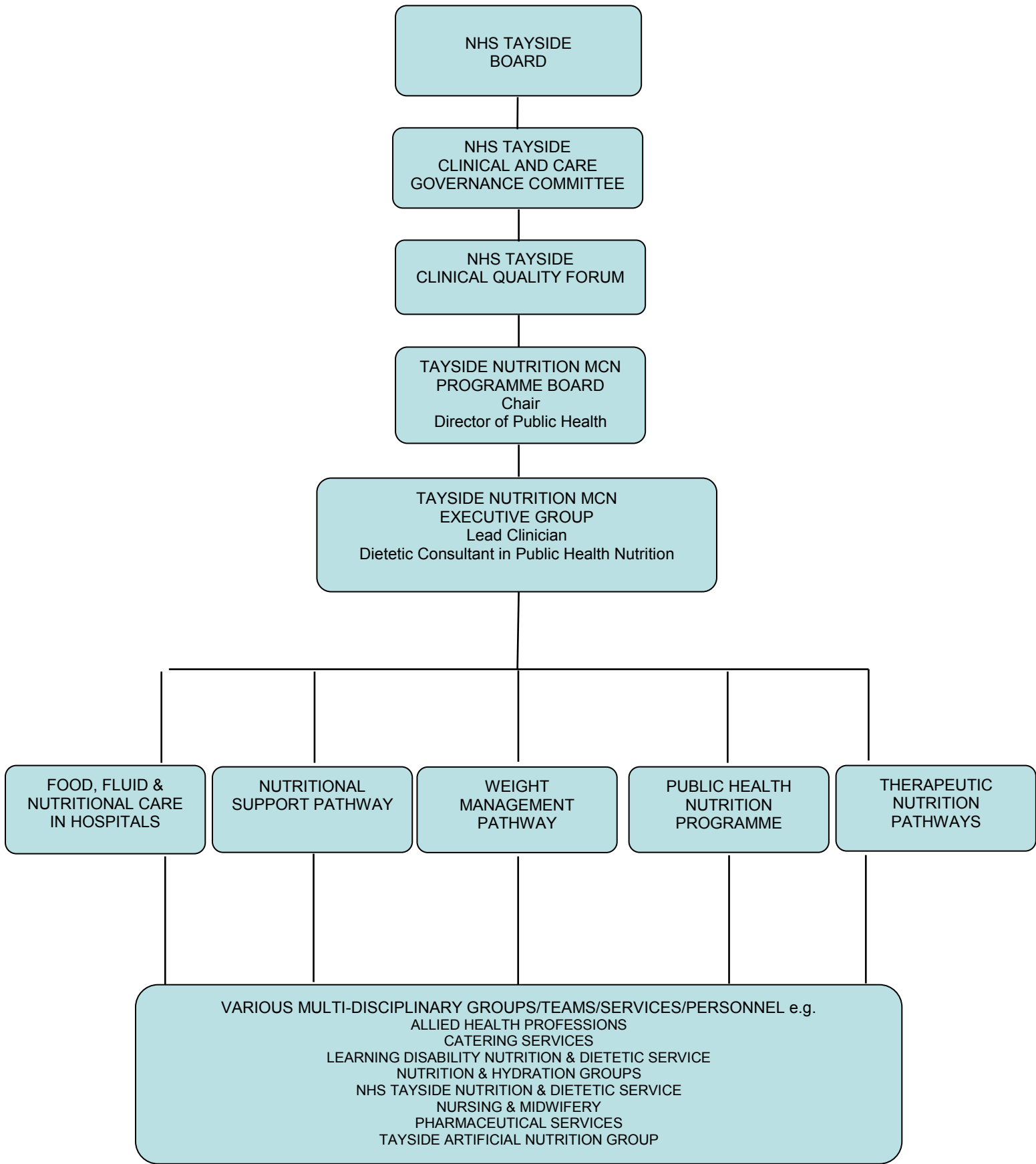
It is the responsibility of the person supervising the contract to ensure that the contractors comply with relevant policies and procedures and, where appropriate, specify detailed nutritional care performance requirements in the written terms of the agreement.

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<sup>4</sup> Scottish Executive Health Department Letter 21; 2007.

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#### 4. ORGANISATIONAL ARRANGEMENTS



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## 5. KEY CONTACTS

Membership of Tayside Nutrition MCN Programme Board includes the following senior personnel or senior representation from:

- Access Directorate
- Allied Health Professions' Directorate
- Angus Locality
- Communications
- Complaints
- Dietetic Consultant in Public Health Nutrition, Tayside Nutrition MCN Lead Clinician and, Strategic and Professional Lead for Nutrition and Dietetic Service
- Director of Public Health and NHS Tayside and Executive Lead for Nutrition / Obesity [Chair]
- Dundee Locality
- Individual Focus and Public Involvement Representative
- Information, Communication and Technology
- Medicine Directorate
- Nutrition and Dietetic Service Leadership Team
- Operations Directorate
- Perth & Kinross Locality
- Primary and Community Care Directorate
- Safety, Clinical Governance and Risk
- Surgical Directorate
- Tayside Nutrition MCN
- The Centre for Organisational Effectiveness - Service Improvement
- Training and Development

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## NHS TAYSIDE - POLICY APPROVAL CHECKLIST

This checklist must be completed and forwarded with policy to the appropriate forum / committee for approval.

**POLICYAREA:** Clinical

**POLICY TITLE:** Food, Fluid and Nutritional Care

**POLICY MANAGER:** Joyce Thompson, Dietetic Consultant in Public Health Nutrition

Why has this policy been developed?		Review of 'Food, Fluid and Nutritional Care' policy which provides consistent and evidence based food, fluid and nutritional care to patients receiving NHS treatment in Tayside.	
Has the policy been developed in accordance with or related to legislation? - Please give details of applicable legislation.		NHS HIS Food, Fluid & Nutritional Care Standards (2014)	
Has a risk control plan been developed? Who is the owner of the risk?		Yes - Joyce Thompson	
Who has been involved / consulted in the development of the policy / strategy?		Policy Review Group - representatives from medicine, nursing, catering, dietetics, dental, risk management, staff side; Chief Executive and Nursing, Medical and Public Health Directors.	
Has the policy been assessed for Equality Impact Assessed in relation to:		Has the policy been Equality Impact Assessed not to disadvantage the following groups:	
	Please indicate Yes / No for the following:		Please indicate Yes / No for the following:
Age	Yes	People with Mental Health Problems	Yes
Disability	Yes	Homeless People	Yes
Gender Reassignment	Yes	People involved in the Criminal Justice System	Yes
Pregnancy / Maternity	Yes	Staff	Yes
Race / Ethnicity	Yes	Socio Economic Deprivation Groups	Yes
Religion / Belief	Yes	Carers	Yes
Sex (men and women)	Yes	Literacy	Yes
Sexual Orientation	Yes	Rural	Yes
		Language / Social Origins	Yes
Does the policy contain evidence of the Equality Impact Assessment Process?		Yes	
Is there an implementation plan?		Yes	
Which officers are responsible for implementation?		Tayside Nutrition MCN FFNC Service Improvement Teams	
When will the policy take effect?		Already taking effect.	
Who must comply with the policy?		All NHS Tayside staff and contractors	
How will they be informed of their responsibilities?		Through training and communication / engagement plans	
Is any training required?		Yes	
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If yes, attach a training plan	Attached
Are there any cost implications?	Yes - through the NHS Tayside Nutrition MCN Service Improvement Plans
If yes, please detail costs and note source of funding	Costs associated with full implementation will continue to be identified and submitted for consideration
Who is responsible for auditing the implementation of the policy?	Tayside Nutrition MCN Programme Board
What is the audit interval?	Ongoing monitoring and evaluation framework
Who will receive the audit reports?	NHS Tayside Clinical Quality Forum (4 per annum) NHS Tayside Improvement and Quality Committee (annually)
When will the policy be reviewed and provide details of policy review period (up to 5 years).	Every three years by the Dietetic Consultant in Public Health Nutrition

**Policy Manager:** Joyce Thompson \_\_\_\_\_ **Date:** July 2015 \_\_\_\_\_

**Approval Committee to Confirm:** Clinical Quality Forum \_\_\_\_\_

**Adoption Committee to Confirm:** Clinical and Care Governance Committee \_\_\_\_\_

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## EQUALITY IMPACT ASSESSMENT

### Name of Policy, Service Improvement, Redesign or Strategy:

NHS Tayside Food, Fluid and Nutritional Care Policy.

### Lead Director or Manager

Dr Drew Walker, Director of Public Health.

### What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The purpose of this policy is to ensure that all NHS Tayside personnel understand their role and responsibility in the delivery of safe and effective food, fluid and nutritional care that ensures the best possible clinical outcomes for patients.

### Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

This policy sets out NHS Tayside's approach to food, fluid and nutritional care within its hospitals and community settings, whether directly provided or secured on behalf of NHS Tayside.

This policy sets out roles and responsibilities of NHS Tayside staff (including contractors) and contains standard operational procedures and protocols which when followed should maximise the nutritional wellbeing and hydration of individuals and staff.

### What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? What will happen as a result of it? Who benefits from it and how?

This policy aims to ensure that the care provided by NHS Tayside achieves optimal nutritional care and hydration in order to improve outcomes for patients and, specifically to:

- Improve or maintain the nutritional wellbeing of patients receiving NHS care
- Improve patient experience of food, fluid and nutritional care
- Increase and improve the knowledge, skills and attitudes of NHS staff

### Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

Food, Fluid and Nutritional Care Policy Review Group:

Janet Baxter	Nutrition & Dietetic Service Clinical Lead (Nutritional Support)
Janet Brodie	Speech & Language Therapy Manager
Jeanette Fitzgerald	Head of Paediatric Nursing
Victoria Hampson	Senior Nurse - Nursing Development
Fiona Kimmet	Locality Catering Services Manager (Dundee)/Professional Lead NHS Tayside
Andy Kyle	Soft Services Manager, Carseview Centre

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Raymond Marshall	NHS Tayside Area Partnership Forum staff side representative
Piers McGregor	Inpatient Team Leader, Carseview Centre
Caroline McKenzie	Tayside Nutrition MCN Improvement & Development Manager (FFNC)
Clare McLeish	Paediatric Dietitian - Team Leader
Lesley Montgomery	Patient Information Co-ordinator, Clinical Governance & Risk Management
Cesar Rodriguez	Associate Medical Director - Older People
Joyce Thompson	Dietetic Consultant in Public Health Nutrition [Chair]
Phyllis Winters	Midwifery Team Manager

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## SECTION 1 Part B - Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
1.1	<p>Will it impact on the whole population? Yes or No.</p> <p>If yes, will it have a differential impact on any of the groups identified in 1.2.</p> <p>If no, go to 1.2 to identify which groups.</p>	<p>Yes - any person living within Tayside is likely to require treatment from NHS Tayside, at some point in their lives either as an inpatient or an outpatient.</p>	<p>The policy as a whole will have a direct positive effect on clinical outcomes and the experiences of patients and / or their carers from any part of the community as a result of the implementation of evidence based practice by NHS staff.</p>	<p>Fully implement the Health Equity Strategy.</p>
1.2	<p>Which of the protected characteristic(s) or groups will be affected?</p> <ul style="list-style-type: none"> <li>• Minority ethnic population (including refugees, asylum seekers &amp; gypsies / travellers)</li> <li>• Women and men</li> <li>• People in religious / faith groups</li> <li>• Disabled people</li> <li>• Older people, children and young people</li> <li>• Lesbian, gay, bisexual and transgender people</li> <li>• People with mental health problems</li> <li>• Homeless people</li> <li>• People involved in criminal justice system</li> <li>• Staff</li> <li>• Socio-economically deprived groups</li> </ul>	<p>The policy applies to all patients and their carers <b>regardless</b> of protected characteristics.</p>	<p>The policy as a whole will have a direct positive effect on clinical outcomes and the experiences of patients and / or their carers from any part of the community as a result of the implementation of evidence based practice by NHS staff.</p>	<p>Fully implement the Health Equity Strategy.</p>

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
1.3	<p>Will the development of the policy, strategy or service improvement / redesign lead to:</p> <ul style="list-style-type: none"> <li>• Discrimination</li> <li>• Unequal opportunities</li> <li>• Poor relations between equality groups and other groups</li> <li>• Other</li> </ul>	<p>Positive - the policy endeavours to deliver an inclusive service to those with special needs.</p> <p>Positive - the policy endeavours to provide an inclusive service for all within limitations of service delivery (individuals will get what they need).</p> <p>Negative - provision of dietary needs of minority ethnic groups e.g. some older individuals may dislike the smell of curry.</p>	The policy applies to all patients and / or carers.	Fully implement the Health Equity Strategy.

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## SECTION 2 - Human Rights and Health Impact

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 9 and 11 (ECHR: European Convention on Human Rights)?

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
2.1	<p><b>On Life (Article 2, ECHR)</b></p> <ul style="list-style-type: none"> <li>• Basic necessities such as adequate nutrition, and safe drinking water</li> <li>• Suicide</li> <li>• Risk to life of / from others</li> <li>• Duties to protect life from risks by self / others</li> <li>• End of life questions</li> </ul>	<p>Improved provision to meet fluid, nutrition and dietary requirements, for all.</p> <p>None.</p> <p>None.</p> <p>None.</p> <p>The policy includes specific guidance.</p>	<p>The policy as a whole will have a direct positive effect on clinical outcomes and the experiences of patients and / or their carers from any part of the community as a result of the implementation of evidence based practice by NHS staff.</p>	<p>None.</p>
2.2	<p><b>On Freedom from ill-treatment (Article 3, ECHR)</b></p> <ul style="list-style-type: none"> <li>• Fear, humiliation</li> <li>• Intense physical or mental suffering or anguish</li> <li>• Prevention of ill-treatment,</li> <li>• Investigation of reasonably substantiated allegations of serious ill-treatment</li> <li>• Dignified living conditions</li> </ul>	<p>None.</p>	<p>None.</p>	<p>None.</p>

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
2.3	<p><b>On Liberty (Article 5, ECHR)</b></p> <ul style="list-style-type: none"> <li>• Detention under mental health law</li> <li>• Review of continued justification of detention</li> <li>• Informing reasons for detention</li> </ul>	None.	None.	None.
2.4	<p><b>On a Fair Hearing (Article 6, ECHR)</b></p> <ul style="list-style-type: none"> <li>• Staff disciplinary proceedings</li> <li>• Malpractice</li> <li>• Right to be heard</li> <li>• Procedural fairness</li> <li>• Effective participation in proceedings that determine rights such as employment, damages / compensation</li> </ul>	None.	None.	None.

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2.5	<b>On Private and family life (Article 6, ECHR)</b> <ul style="list-style-type: none"> <li>• Private and Family life</li> <li>• Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse)</li> <li>• Personal data, privacy and confidentiality</li> <li>• Sexual identity</li> <li>• Autonomy and self-determination</li> <li>• Relations with family, community</li> <li>• Participation in decisions that affect rights</li> <li>• Legal capacity in decision making supported</li> </ul>	None.	None.	None.
<b>Item</b>	<b>Considerations of impact</b>	<b>Explain the answer and if applicable detail the impact</b>	<b>Document any Evidence / Research / Data to support the consideration of impact</b>	<b>Further actions required</b>
	participation and decision making, accessible information and communication to support decision making <ul style="list-style-type: none"> <li>• Clean and healthy environment</li> </ul>			
2.6	<b>On Freedom of thought, conscience and religion (Article 9, ECHR)</b> <ul style="list-style-type: none"> <li>• To express opinions and receive and impart information and ideas without interference</li> </ul>	None.	None.	None.
2.7	<b>On Freedom of assembly and association (Article 11, ECHR)</b> <ul style="list-style-type: none"> <li>• Choosing whether to belong to a trade union</li> </ul>	None.	None.	None.
2.8	<b>On Marriage and founding a family</b>	None.	None.	None.

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	<ul style="list-style-type: none"> <li>• Capacity</li> <li>• Age</li> </ul>			
2.9	<p><b>Protocol 1 (Article 1, 2, 3 ECHR)</b></p> <ul style="list-style-type: none"> <li>• Peaceful enjoyment of possessions</li> </ul>	Inpatients may not be able to access all the food and drinks they normally enjoy at home.	Food safety restrictions govern the types of foods and drinks that may be brought into hospital by friends or relatives.	None - written guidance is available online and in a patient information leaflet.

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**SECTION 3 - Health Inequalities Impact**  
**Which health and lifestyle changes will be affected?**

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
3.1	<p>What impact will the function, policy / strategy or service change have on lifestyles? For example will the changes affect:</p> <ul style="list-style-type: none"> <li>• Diet &amp; nutrition</li> <li>• Exercise &amp; physical activity</li> <li>• Substance use: tobacco, alcohol or drugs</li> <li>• Risk taking behaviours</li> <li>• Education &amp; learning or skills</li> <li>• Other</li> </ul>	<p>Improved provision to meet nutrition and dietary requirements for all.</p> <p>None.</p> <p>Improved nutritional status for all.</p> <p>Improved nutritional status or fulfilling dietary needs for all.</p> <p>Increased education / learning for all groups.</p>	<p>The policy as a whole will have a direct positive effect on clinical outcomes and the experiences of patients and / or their carers from any part of the community as a result of the implementation of evidence based practice by NHS staff.</p>	<p>None.</p>

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
3.2.	<p>Does your function, policy or service change consider the impact on the communities?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> <li>• Social status</li> <li>• Employment (paid / unpaid)</li> <li>• Social / family support</li> <li>• Stress</li> <li>• Income</li> </ul>	<p>The policy applies to all patients and their carers and ensures that staff and services are considerate of these factors.</p>	<p>The policy as a whole will have a direct positive effect on clinical outcomes and the experiences of patients and / or their carers from any part of the community as a result of the implementation of evidence based practice by NHS staff.</p>	<p>Fully implement the Health Equity Strategy.</p>
3.3	<p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions</li> <li>• Working conditions</li> <li>• Pollution or climate change</li> <li>• Accidental injuries / public safety</li> <li>• Transmission of infectious diseases</li> <li>• Other</li> </ul>	<p>Sourcing of ingredients and / or meals for inpatient catering services will impact on food miles.</p>	<p>National catering review underway.</p>	<p>Contribute to the national catering review.</p>

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
3.4	<p>Will the function, policy or service change affect access to and experience of services? For example:</p> <ul style="list-style-type: none"> <li>• Healthcare</li> <li>• Social services</li> <li>• Education</li> <li>• Transport</li> <li>• Housing</li> </ul>	<p>This is a review of policy and the continued development of SOPs will make the NHS contribution to food, fluid &amp; nutritional care explicit.</p>	<p>NHS HIS Food, Fluid &amp; Nutritional Care standards (2014).</p>	<p>None.</p>
3.5	<p>In relation to the protected characteristics and groups identified:</p> <ul style="list-style-type: none"> <li>• What are the potential impacts on health?</li> <li>• Will the function, policy or service change impact on access to health care? If yes - in what way?</li> <li>• Will the function or policy or service change impact on the experience of health care? If yes - in what way?</li> </ul>	<p>Implementation of the policy will improve the health and wellbeing of all, especially in relation to those with protected characteristics and groups.</p> <p>Vulnerable groups will be prioritised - where appropriate.</p> <p>Through the application of targeting, co-production and asset based approaches - where appropriate.</p>	<p>NHS Tayside Health Equity Strategy.</p>	<p>Fully implement the Health Equity Strategy.</p>

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**SECTION 4 - Financial Decisions Impact**  
**How will it affect the financial decision or proposal?**

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
4.1	<ul style="list-style-type: none"> <li>• Is the purpose of the financial decision for service improvement / redesign clearly set out</li> <li>• Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at</li> </ul>	Business cases for any financial implications are prepared for consideration as required.		
4.2	<ul style="list-style-type: none"> <li>• Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making</li> <li>• Have you identified methods for mitigating or avoiding any adverse impacts on equality groups</li> <li>• Have those likely to be affected by the financial proposal been consulted and involved</li> </ul>	As above.		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
5.	Involvement, Consultation and Engagement (IEC)  1) What existing IEC data do we have? <ul style="list-style-type: none"> <li>• Existing IEC sources</li> <li>• Original IEC</li> <li>• Key learning</li> </ul> 2) What further IEC, if any, do you need to undertake?	Surveys, patient experience data, audit.	All service improvement work on nutrition priorities has explicit IEC plans.	
6.	Have any potential negative impacts been identified? If so, what action has been proposed to counteract the negative impacts (if yes state how)?  For example: <ul style="list-style-type: none"> <li>• Is there any unlawful discrimination?</li> <li>• Could any community get an adverse outcome?</li> <li>• Could any group be excluded from the benefits of the function / policy? (Consider groups outlined in 1.2)</li> <li>• Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)</li> </ul>	None.		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence / Research / Data to support the consideration of impact	Further actions required
7.	Data & Research: <ul style="list-style-type: none"> <li>Is there need to gather further evidence / data?</li> <li>Are there any apparent gaps in knowledge / skills?</li> </ul>	This is a review of policy and the continued development of SOPs will make the NHS contribution to food, fluid & nutritional care explicit.		
8.	Monitoring of outcomes: <ul style="list-style-type: none"> <li>How will the outcomes be monitored?</li> <li>Who will monitor?</li> <li>What criteria will you use to measure progress towards the outcomes?</li> </ul>	Each nutrition work stream relating to implementation of this policy has an explicit measurement plan.		
9..	Recommendations: <ul style="list-style-type: none"> <li>State the conclusion of the Impact Assessment</li> </ul>	The policy should be submitted for approval.		
10.	Completed function / policy: <ul style="list-style-type: none"> <li>Who will sign this off?</li> <li>When?</li> </ul>	Clinical Quality Forum.		
11.	Publication:			

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**Conclusion Sheet for Equality Impact Assessment**

Positive Impacts  
(Note the groups affected)

Improves the nutritional wellbeing and experience of all in relation to food. Fluid and nutritional care.

Negative Impacts  
(Note the groups affected)

None.

What if any additional information and evidence is required

None.

From the outcome of the Equality Impact Assessment what are your recommendations?  
(refer to questions 5 - 10)

Submit for approval.

This conclusion sheet should be attached to the relevant committee report.

**MUST BE COMPLETED IN ALL CASES**

Manager's Signature: Joyce Thompson

Date: July 2015

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## GLOSSARY

<b>Artificial Nutrition</b>	Any technique that involves the introduction of nutrients by tube, directly into the circulatory system or the stomach or intestine.
<b>Enteral tube feeding or enteral nutrition</b>	A method of ensuring that individuals, who are unable to eat food normally because of their health, still receive the nutrients they need. It involves giving a nutritionally complete feed through a feeding tube straight into the stomach or small intestine.
<b>Evaluation</b>	The study of the performance of a service or intervention (or element of treatment and care), with the aim of identifying successful and problem areas of activity.
<b>Evidence-based</b>	An approach to decision-making in which the best evidence available is used to determine the most appropriate intervention.
<b>Food chain</b>	The processes involved in obtaining, preparing, delivering and serving food.
<b>Health Improvement Scotland (NHS HIS)</b>	Healthcare Improvement Scotland is a health body formed on 01 April 2011. It was created by the <a href="#">Public Services Reform (Scotland) Act 2010</a> and marks a change in the way the quality of healthcare across Scotland is supported nationally.
<b>In-patient</b>	An individual that is admitted to hospital for observation, examination or treatment that requires at least one overnight stay.
<b>Malnutrition</b>	A state of nutrition in which a deficiency, excess or imbalance of energy, protein or other nutrients, including minerals or vitamins, causes measurable adverse effects on body function and clinical outcome i.e. overnutrition and undernutrition.
<b>Managed Clinical Network (MCN)</b>	A formally organised network of clinicians whose main function is to audit performance on the basis of standards and guidelines, with the aim of improving healthcare across a wide geographical area or for specific conditions.
<b>Monitoring</b>	The systematic process of collecting information on clinical and non-clinical performance. It may be intermittent or continuous and may also be undertaken in relation to specific incidents of concern or to check key performance areas.
<b>'MUST'</b>	Malnutrition Universal Screening Tool developed by the Malnutrition Advisory Group of the main organisation for professions involved in nutritional care: the British Association for Parenteral and Enteral Nutrition (BAPEN).

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<b>NHS (National Health Service)</b>	Set up on the 5th July 1948 to provide health care for all citizens, based on need, not the ability to pay, it is funded by the taxpayer. The Scottish Executive determines national objectives for health services, offers guarantees on behalf of individuals, provides a clear statutory and financial framework for NHS Scotland, and holds it to account for its performance.
<b>NHS Board</b>	NHS Boards are responsible for delivering strategic and operational services across their areas. The overall purpose of NHS Boards is to ensure the efficient and accountable governance of the local NHS system, and to provide strategic leadership and direction, and effective service delivery, while focusing on agreed outcomes.
<b>NHS Tayside</b>	The health organisation for Tayside's population that is responsible for health protection, health improvement and health promotion, focusing on needs assessment, service development and resource allocation and utilisation.
<b>Obesity</b>	An excess of body fat associated with a Body Mass Index (BMI) greater than 30 kg / m <sup>2</sup> .
<b>Overnutrition</b>	The state of nutrition in which there is an excess of energy stores represented by body fatness, causing measurable adverse effects on body function and clinical outcome.
<b>Parenteral nutrition</b>	The practice of feeding a person intravenously, bypassing the usual process of eating and digestion. The person receives nutritional formulas containing salts, glucose, amino acids, lipids and added vitamins.
<b>Patient journey</b>	The pathway through the health service taken by the individual (the person who is receiving treatment), and as viewed by the individual.
<b>Protocol</b>	A statement which defines appropriate action in specific circumstances, which may be national or local.
<b>Quality assurance</b>	Improving performance and preventing problems through planned and systematic activities, including documentation, training and review.
<b>Rationale</b>	Scientific or objective reason for taking specific action.
<b>Risk assessment</b>	A careful examination of what, in your work, could cause harm to individuals, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers, individuals, clients and others have a right to be protected from harm caused by a failure to take reasonable control measures.

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<b>Single system or whole system approach</b>	An inclusive approach that aims to achieve the best outcome for an individual or client through the provision of end-to-end services throughout a system and the integration of additional sub-systems and components, thereby achieving cost savings or best value by improving process effectiveness.
<b>Standard operating procedure (SOP)</b>	Detailed, written instructions to achieve uniformity of the performance of a specific function.
<b>Tayside Nutrition MCN</b>	Established in 2001 and supports the coordination of nutrition and dietetic services across the region whilst striving to deliver the highest possible standards of nutritional and dietetic care and services in line with Tayside priorities and in partnership with colleagues within and beyond the NHS.
<b>Undernutrition</b>	The state of nutrition in which there is a deficiency of energy, protein and other nutrients, including minerals and vitamins, causing measurable adverse effects on body function and clinical outcome.

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## NHS HIS FOOD, FLUID AND NUTRITIONAL CARE STANDARDS

### STANDARD 1 - Policy and strategy

Each NHS board has a policy, and a strategic and co-ordinated approach, to ensure that all patients receive safe, effective and person-centred nutritional care, irrespective of specialty and location (hospital or community).

#### Criteria

- 1.1** Each NHS board has a policy and a strategic implementation plan to improve the provision of food, fluid and nutritional care. These:
- a) are patient-focused, follow the patient journey of care and ensure that a comprehensive and co-ordinated nutritional care service is provided
  - b) include policies and pathways to ensure delivery of safe and effective care that meets individual nutritional care needs, including and care of nutritionally vulnerable groups such as children, people with swallowing difficulties, people with dementia and people receiving end-of-life care
  - c) are based on current demographic data which is regularly reviewed, and consider local ethnic, religious and cultural patterns and the need for equality of access
  - d) recognise patient groups with particular needs, for example children, those on therapeutic diets such as gluten-free or texture-modified, and patients with learning disabilities or mental health conditions, including eating disorders
  - e) are risk-assessed and managed
  - f) are discussed annually at NHS board level to evaluate progress and produce a plan for further action, based on:
    - reports from operational hydration and nutritional care groups
    - comments and feedback from patients and carers
    - clinical incidents captured and reported through clinical governance and risk management
    - any need for re-design, and
    - any scrutiny and improvement activity
  - g) are published in a format easily understood by and accessible to the public
  - h) include a financial framework to underpin the implementation of the action plan, and
  - i) ensure the inclusion of food, fluid and nutritional care in ongoing monitoring and improvement cycles.
- 1.2** Each NHS board has at least one strategic hydration and nutritional care group. The hydration and nutritional care group is responsible to the NHS board for overseeing the implementation of:
- Healthcare Improvement Scotland standards for food, fluid and nutritional care in all settings
  - Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2008)
  - improvement requirements following inspections by Healthcare Improvement Scotland, and
  - the NHS board's policy and strategic plan for food, fluid and nutritional care.

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## STANDARD 2 - Assessment, screening and care planning

When a person is admitted to hospital, or to a community caseload, a nutritional care assessment is carried out. Screening for the risk of malnutrition is also undertaken, both initially and on an ongoing basis. A person-centred care plan is developed, implemented and evaluated.

### Criteria

- 2.1** A nutritional care assessment (see 2.2 and 2.3) is undertaken and recorded:
- within 24 hours of admission to hospital as an inpatient for a stay expected to exceed 24 hours, and
  - on the first visit after being assigned to a community nursing caseload.
- 2.2** The nutritional care assessment should accurately identify and record:
- measured height and weight, with the date and time that these measurements were taken (if estimates are used, this should be stated and a rationale provided)
  - food allergies or intolerances
  - eating and drinking likes and dislikes requirements
  - therapeutic or texture-modified diets requirements
  - cultural, ethnic or religious dietary requirements
  - social and environmental mealtime requirements
  - physical difficulties with eating and drinking, including swallowing difficulties
  - the need for help and support with eating and drinking, for example prompting and encouragement, equipment or community meals, **and**
  - oral health status
- 2.3** The nutritional care assessment includes screening for the risk of malnutrition using a validated tool that is appropriate for the patient population and includes criteria and scores that indicate actions to be taken, such as Malnutrition Universal Screening Tool ('MUST') for adults.
- 2.4** Repeat screenings are undertaken in accordance with clinical need and at a frequency determined by the outcome of the initial and subsequent screenings in line with the validated tool's guidance.
- 2.5** All assessments and screening activity should be recorded and documented in line with local organisational policy.
- 2.6** The assessment process identifies the need for referral to specialist services, for example dental and oral health, dietetic, occupational therapy, and speech and language therapy.
- 2.7** The NHS board has in place a multidisciplinary risk assessment process and clear guidance on decision-making on nutrition for people with swallowing difficulties.
- 2.8** Access to specialist services is ensured:
- for hospital inpatients requiring urgent access to nutritional support: within clinically risk-assessed timescales which will not normally exceed 72 hours
  - for hospital inpatients at high risk of undernutrition: nutritional support is provided immediately and specialist assessment takes place within 72 hours

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c) for outpatients and community patients: within agreed and clinically risk-assessed timescales which take into account the patient's individual need.

**2.9** Where assessed as being required, a person-centred nutritional care plan is developed, followed and reviewed with the patient (and, where the patient is a child, with the parent or carer), and includes the:

- a) outcomes of the initial nutritional care assessment
- b) outcomes of screening for the risk of malnutrition
- c) frequency and dates for repeat screenings, and
- d) actions taken as a consequence of repeat screenings.

**2.10** The discharge plan is developed with the patient and, where appropriate, carer, and includes information about:

- a) the patient's nutritional status
- b) special dietary requirements, and
- c) the arrangements made for any follow-up required on nutritional issues.

**2.11** Information about the patient's eating, drinking and nutritional care requirements is effectively communicated between wards or services during periods of transition of care.

### **STANDARD 3 - Planning and delivery of food and fluid in hospital settings**

Formalised structures and processes are in place to plan the provision and delivery of food and fluid in hospitals, in line with Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2008).

#### **Criteria**

**3.1** There is an operational group responsible for the implementation of a local protocol or protocols for the provision of food and fluid to patients. The core membership of this group includes a senior member of catering staff, a senior nurse, a doctor, a senior member of the oral health team, a senior dietitian, other allied health professionals including a speech and language therapist, and patient representation. The group will also have other representatives appropriate to population need (as identified in Criterion 1.1) and to the food delivery system.

**3.2** The operational group is responsible for:

- a) overseeing a local assessment of nutrition-related need
- b) producing a local 'food chain' protocol or protocols
- c) menu planning, including the use of standard recipes
- d) ensuring the food and fluid provided meets the requirements of the individual, is appetising, and is presented with consideration, taking into account comments and feedback from patients and carers
- e) ensuring the provision of food and fluid meets the requirements of Food in Hospitals specifications
- f) setting main mealtimes appropriate for patient groups
- g) ensuring that when the evening meal and breakfast are more than 14 hours apart, a substantial snack (as defined in Food in Hospitals) is available
- h) ensuring there is appropriate food and fluid available outwith main mealtimes
- i) ongoing monitoring and review of the food and fluid provided for patients
- j) ensuring effective communication between wards and catering services, and

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- k) reporting to, and implementing issues devolved from, the strategic hydration and nutritional care group.
- 3.3** All dishes and menus are analysed for nutritional content in line with Food in Hospitals (2008).
- 3.4** Patient groups are consulted about new menus and dishes before they are introduced. The views of patients and parents in paediatric and maternity services are sought.
- 3.5** There is a procedure:
- a) for the delivery of the correct meals and dishes to the ward
  - b) for responding when an incorrect meal or dish is provided, and
  - c) to ensure that when a patient misses a meal they are then provided with a meal that meets their needs.
- 3.6** There are protocols, which are implemented and monitored, for the provision of:
- a) all therapeutic diets, for example texture-modified diets, gluten-free diets, low potassium diets, oral nutritional supplements, high-energy and high-protein food and fluid, and
  - b) any requirement outwith the planned menu, such as nut allergy or vegan meals.

#### **STANDARD 4 - Provision of food and fluid to patients in hospital settings**

Food and fluid are provided in a way that is acceptable to all patients in hospital.

##### **Criteria**

- 4.1** The nurse with responsibility for the ward or department is responsible for having in place documented systems and processes which ensure that:
- a) individual patient requirements are identified and communicated at ward level
  - b) correct meals and dishes are received on the ward
  - c) meals are delivered to the correct patients at the correct temperature and texture
  - d) there is adequate time for patients to eat and drink
  - e) staff assist and support patients as required
  - f) problems in the provision of food and fluid are addressed as they arise and corrective action taken, and
  - g) for patients on a nutritional care plan, intake of food and fluid is accurately and timeously recorded, and the necessary action is taken and documented if this intake is inadequate.
- 4.2** Patients are given the opportunity to choose their own food and fluid. Choices are presented in a format suitable to the patient's identified communication needs (for example, pictorial menus). Where required, a member of staff, who is aware of the patient's nutritional needs and preferences, helps them to choose.
- 4.3** Patients are given a choice for all food and fluid options provided, including therapeutic and texture-modified diets. There is a choice of portion size for all main courses.
- 4.4** Patients select their menu choice as close to the serving of the meal as possible and no more than two meals in advance.

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- 4.5 Unless clinically contra-indicated, patients have access to fresh drinking water and fluids in line with local policy.
- 4.6 There is an adequate number of staff available at mealtimes and snack times to provide food and fluid to patients and, where necessary, to provide prompting and assistance with eating and drinking.
- 4.7 All non-essential staff activity (clinical and non-clinical) is stopped during patient mealtimes and the principles of Making Meals Matter are implemented.
- 4.8 Patients are encouraged and, if necessary, assisted to clean their hands before mealtimes.
- 4.9 Where clinically appropriate, patients are given the opportunity to choose whether to eat and drink at their bed or away from their bed (for example at side of bed or within a communal dining room).
- 4.10 Patients are provided with the equipment and utensils for eating and drinking that meet their individual needs.
- 4.11 Food and fluid are provided to patients at the correct temperature and texture. Where required, patients are given assistance with eating and drinking while the food and fluid is at the correct temperature.
- 4.12 Accompaniments and condiments are available and offered at each mealtime, subject to any dietary restrictions.

## **STANDARD 5 - Patient information and communication**

Patients have the opportunity to discuss, and are given information about, their food, fluid and nutritional care. Patient views are sought and inform decisions made about the food, fluid and nutritional care provided.

### **Criteria**

- 5.1 Information and communication about food, fluid and nutritional care are delivered in formats suitable to patients' identified communication needs.
- 5.2 Boards can signpost patients to community and social care organisations that may be able to assist patients with their food, fluid and nutritional care, for example community food initiatives, food co-ops, shopping services, and meal services.
- 5.3 On, or before, admission to hospital, patients are provided with information on:
  - a) how to order their meals
  - b) mealtimes
  - c) the content of meals and snack choices available
  - d) facilities available for eating meals, and where meals are served
  - e) the opportunities available for preparing and consuming food and fluid
  - f) assistance with eating and drinking if required
  - g) special equipment and utensils for eating and drinking if required
  - h) the procedure for obtaining a meal if one is missed
  - i) how to make a comment or complaint about the nutritional care, food and fluid provided, and

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j) how they will receive feedback following a comment or complaint.

**5.4** All patients and, where appropriate, relatives and carers, are given quality-assured information about:

- a) the food and fluid that relatives and carers can and cannot provide for them, **and**
- b) the patient's individual nutritional needs, including any food or fluid to avoid.

**5.5** Patients are encouraged to give their views on the food and fluid provided. These views are collected and trends are reported regularly to the relevant planning group.

## **STANDARD 6 - Education and training for all staff**

Staff have the knowledge and skills required to meet patients' food, fluid and nutritional care needs, commensurate with their duties and responsibilities, and relevant to their professional discipline and area of practice.

### **Criteria**

**6.1** All staff should be aware of the importance of food, fluid and nutritional care for patients' health and quality of life.

**6.2** Staff who are in contact with patients at any point in the delivery of food, fluid and nutritional care are aware of:

- a) the local and national eating, drinking and nutrition policies and procedures relevant to their role
- b) meal and snack times
- c) procedures for ordering missed meals, and
- d) procedures for out-of-hours provision of food, fluid and nutritional care.

**6.3** All staff in contact with patients and their food and fluid receive up-to-date training in health and safety issues and food hygiene, which is compliant with relevant legislation and commensurate with their duties.

**6.4** There is a regularly reviewed and updated programme of nutritional care education which ensures that staff with relevant responsibilities at any point in nutritional care provision are given guidance and training in:

- a) using screening tools and related measurements
- b) risk factors for dehydration and malnutrition
- c) recognising physical difficulties with eating and drinking
- d) providing assistance with eating and drinking, and
- e) care of patients with swallowing difficulties.

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### FOOD, FLUID AND NUTRITIONAL CARE POLICY TRAINING PLAN

Level of Delivery/Training	Format of Delivery	Target Groups
Level 1	eLearning	All staff
Level 2	General raising awareness	All staff
Level 3	'Behavioural skills' toolkit training / Detailed training programme	Line Managers
Level 4	Consultancy/Values based reflective practice / Coaching support from HR / OD Team	Identified as required

Future course dates and availability are published on the Tayside Training Database and via electronic notice board, both accessed via Staffnet.

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TOPIC	Level of training	Frequency/ Dates of Training	Format of Delivery	Target Group	Quantifiable Resources	Links to eKSF Dimensions
<b>The 'MUST' Clinical Application</b>	1	Ongoing	e-learning and summative assessment – 80% score to pass	Registered staff	Yearly updates of content by Tayside Nutrition (TN) MCN and The Centre for Organisational Effectiveness (TCOE).	C1 C2 C3 C5 HWB2 HWB5
<b>Dysphagia and Oral Health</b>	2	3 x per year	Presentations and Workshop	Nursing staff, AHPs, Catering Staff	Dietitian, Speech & Language Therapist and Dental Practitioner to deliver training.	C1 C2 C3 HWB1
<b>REHIS Food and Health (Accredited by REHIS)</b>	2/3	8 x per year	Presentations and exam – 18/30 score to pass	Nursing staff, AHPs and Catering Staff	Dietitians and Accredited Nutritionists to deliver training. The cost is £10 per candidate funded by TN MCN.	C1 C2 C6 HWB10
<b>REHIS Food and Health: Learning Disabilities (Accredited by REHIS)</b>	2/3	3 x per year	Presentations and exam – 18/30 score to pass	Nursing staff, AHPs, Catering Staff and Social Care staff	Dietitians and Accredited Nutritionists deliver training. The cost is £10 per candidate funded by TN MCN.	C1 C2 C6 HWB10
<b>Nutrition Link Staff Updates</b>	2	Meet 3 x per year in each of the localities – Dundee/ Angus and Perth	Presentations	Nutrition Link Staff (wards only) which includes nursing staff, catering staff and dietetics	Nursing & Midwifery Directorate organise events.  Delivery of the sessions by other multi-disciplinary staff.	N/A
<b>Nutrition Link Staff Induction Sessions</b>	2	3 x per year	Workshops	Nutrition Link Staff	Workshops delivered by personnel from TN MCN, Dietetics, Catering and Nursing & Midwifery Directorate.	N/A
<b>'MUST' Competency Assessment and Train the Trainer</b>	2/3	Minimum of one per year in each of the localities – Dundee/ Angus and Perth	Presentation and Workshops	Nutrition Link Staff	Workshops delivered by personnel from TN MCN, Dietetics and Nursing & Midwifery Directorate.	N/A

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TOPIC	Level of training	Frequency/ Dates of Training	Format of Delivery	Target Group	Quantifiable Resources	Links to eKSF Dimensions
<b>Food Fluid &amp; Nutritional Care Clinical Skills</b>	<b>2</b>	7 x sessions in Ninewells/Angus/Perth and Kinross from December 2014 – May 2015	Presentations and clinical scenarios	Registered nurses and Healthcare Support Workers	Education sessions delivered by Nursing & Midwifery Directorate.	N/A
<b>Training for Catering Staff:</b> - <b>Gluten Free</b> - <b>Renal</b> - <b>Texture Modification</b>	<b>2</b>	As required	Presentations and practical demonstrations	Cooks and caterers	Presentations delivered by Dietitians, Speech & Language Therapists and Diet Cooks.	N/A
<b>Food, Fluid &amp; Nutritional Care</b>	<b>2</b>	1 x per year (250 students over 10 sessions)	Presentations and clinical scenario workshops	Year 2 Student Nurses	Delivered by personnel from Nursing & Midwifery Directorate.	N/A

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