

Nutrition Strategy

V2.0

November 2019

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1. Executive Summary

1.1. Ensuring that all inpatients in the care of the Royal Cornwall Hospitals Trust receive adequate food and drink according to their needs is a fundamental part of patient care. Nutrition has been shown to be an important factor in health and recovery. If patients receive adequate food and drink, this not only meets basic care needs but also helps recovery and consequentially reduces length of stay.

1.2. This Nutrition strategy has been written in order to define roles, responsibilities and a framework to demonstrate that RCHT inpatients are receiving adequate nutrition. The Clinical Effectiveness Group (CEG) will request and receive information on how well the strategy is being implemented. Progress reports from the Operational Nutrition steering Group (ONSG) will be received by the CEG in addition to information from a wide range of people who may be involved with nutrition related interventions.

1.3. Performance reports from CEG will be escalated by the chair to the RCHT Quality Assurance Committee.

1.4. The Royal Cornwall Hospitals Trust (RCHT) Nutrition strategy outlines the aim for the nutritional care of patients of the Trust as follows:

- All patients admitted to RCHT will be screened to identify malnutrition or risk of malnutrition and managed appropriately according to their risk
- All patients admitted to RCHT will be offered an appropriate choice of nutrition according to their needs and given any necessary assistance with feeding
- All patients admitted to RCHT with complex dietary, enteral or parenteral requirements will have access to and supervision from a registered Dietitian or the Nutrition Support Team
- The Trust will ensure there is adequate and accessible training for staff to deliver high standards of nutritional care
- High standards of food provision and nutritional care will be embedded into the delivery of care and monitored to promote high standards of Clinical Governance.

2. Context / Background

2.1. Nutrition is an important part of fundamental care, in addition to contributing towards a speedier recovery. Every inpatient who is cared for by RCHT should expect that they received adequate food and drink to meet their individual requirements.

2.2. This version supersedes any previous versions of this document.

2.3. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis

to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

3. Purpose / Objectives of this Strategy

3.1. This Nutrition strategy has been written in order to define roles, responsibilities and a framework to demonstrate that RCHT inpatients are receiving adequate nutrition.

3.2. The Clinical Effectiveness Group (CEG) will request and receive information on how well the strategy is being implemented.

3.3. Progress reports from the Operational Nutrition steering Group (ONSG) will be received by the CEG in addition to information from a wide range of people who may be involved with nutrition related interventions.

3.4. Performance reports from CEG will be escalated by the chair to the RCHT Trust Management Committee.

3.5. CEG will receive the Nutrition action plan and monitor the timely progress of this.

3.6. CEG work plan should be such as to ensure compliance with CQC Outcome

4. Scope

4.1. All inpatients of RCHT should receive adequate food and drink

4.2. All ward staff need to ensure that their patients have had a Malnutrition Risk assessment undertaken (MUST or STAMP) and that there is an appropriate care plan written to reflect the outcome of this assessment.

4.3. All staff who are responsible for providing food and drink for inpatients at RCHT must ensure that patients who need specialist food and drink or help to consume it are given the support needed to do this.

4.4. All staff who are responsible for providing food and drink for inpatients at RCHT must support an environment that allows patients to consume their meals in a suitable environment with minimal interruption.

5. Definitions / Glossary

- Nutrition - Meeting nutrient requirements for health and wellbeing.
- MUST - Malnutrition Universal Screening Tool
- STAMP - Screening Tool for the Assessment of Malnutrition in Paediatrics

6. Ownership and Responsibilities

6.1. *The Clinical Effectiveness Group Members*

The Clinical Effectiveness Group Members are responsible for ensuring that this document is reviewed and for receiving appropriate information on which to base an opinion of the position of RCHT in providing adequate food and drink for inpatients.

6.2. *Membership:*

- Deputy Director of Nursing- (Chair)
- Head of Facilities and Contract Management- (Co Chair)
- Outpatient Therapy Manager
- Consultant Gastroenterologist – Nutrition Support Team Lead
Consultant Biochemist – Nutrition Support Team Lead
- Clinical Pharmacist
- Lead Dietitian – RCH Adult Inpatients Nutrition Nurse – Nutrition Support Team Lead
Dietitian – Paediatrics
- Representative from the Pt Experience Group
- Hotel Services Lead
- Speech & Language Therapy Lead

6.3. *Role of the Operational Nutrition Steering Group*

- To ensure that the actions requested by the CEG are implemented and evaluated and a report sent back to CEG.
- To plan changes to practice as required to improve the nutrition support for RCHT inpatients and report to CEG on the progress and outcome of these changes

6.4. *Role of the Ward Managers*

- Ward managers are responsible for ensuring that all patients in their care receive adequate food and drink.

7. Benefits

7.1. Patients will experience an increased feeling of wellbeing and increased potential for recovery if they consume adequate nutrition and hydration.

7.2. If patients received adequate nutrition and hydration there will be fewer complaints about suboptimal experience concerned with eating and drinking.

8. Risks

8.1. If patients are not adequately fed or hydrated they are at risk of slower

recovery and/or malnutrition.

8.2. If patients are not receiving adequate nutrition this can lead to increased complaints.

9. The Strategy

9.1. The Royal Cornwall Hospitals Trust (RCHT) Nutrition strategy states that:

- All patients admitted to RCHT will be screened to identify malnutrition or risk of malnutrition and managed appropriately according to their risk
- All patients admitted to RCHT will be offered an appropriate choice of nutrition according to their needs and given any necessary assistance with feeding
- All patients admitted to RCHT adult Patients with complex dietary, enteral or parenteral requirements will have access to and supervision from a registered Dietitian or the Nutrition Support Team
- The Trust will ensure there is adequate and accessible training for staff to deliver high standards of nutritional care
- High standards of food provision and nutritional care will be embedded into the delivery of care and monitored to promote high standards of Clinical Governance.

10. Implementation and Action Plan

10.1. The primary use for this document is to confirm the roles and responsibilities of RCHT staff in ensuring that patients consume adequate food and drink.

10.2. This strategy will guide and direct the work of the Strategic and Operational Nutrition Steering Groups.

10.3. The document will be available on the RCHT documents library and staff will be referred to this as appropriate.

11. Monitoring compliance and effectiveness

Element to be monitored	Progress reports from the Strategic and Operational Nutrition Steering Groups will provide a method of monitoring the implementation of this strategy.
Lead	Clinical Effectiveness Group (CEG)
Tool	See section above on elements to be monitored
Frequency	CEG will report monthly (at present) to the Trust Management Committee and will compile a full report on CQC Outcome 5 at least Annually
Reporting arrangements	See section above
Acting on recommendations and Lead(s)	CEG will state the direction needed to ascertain assurance of implementation of this strategy.
Change in practice and lessons to be shared	Reports to and from CEG into the Trust Management Committee. Also reports and direction from CEG and ONSG.

12. Updating and Review

This document will be reviewed 3 years from ratification or earlier if there is any new National or local information which dictates amendment.

13. Equality and Diversity

13.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

13.1. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Nutrition Strategy V2.0		
Date Issued/Approved:	30 October 2019		
Date Valid From:	November 2019		
Date for Review:	November 2022		
Care Group responsible (author/owner):	Claire Martin Nutrition Group Chair		
Contact details:	07825 939223		
Brief summary of contents	This Nutrition strategy has been written in order to define roles, responsibilities and a framework to demonstrate that RCHT inpatients are receiving adequate nutrition		
Suggested Keywords:	Nutrition Malnutrition Nutrition Screening MUST STAMP		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Director of Nursing, Midwifery and Allied Health Professionals		
Date revised:	30 October 2019		
This document replaces (exact title of previous version):	Nutrition Strategy V1.0		
Approval route (names of committees)/consultation:	Clinical Effectiveness Group(15.9.14) CSSC Governance DMB (13.01.15)		
Care Group General Manager confirming approval processes	Sally Rowe, Divisional Director CSSC		
Name and Post Title of additional signatories	Claire Martin, Deputy Director of Nursing, Midwifery and AHPs and Operational Nutrition Steering Group Chair		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Corporate Clinical		
Links to key external standards	National Institute for Clinical Excellence: Nutrition support for adults- February 2006 http://www.nice.org.uk/CG032		

	<p>NHS Specialist Commissioning Group: A Strategic framework for Intestinal failure and home parental nutrition services for Adults in England -April 2008</p> <p>Council of Europe resolution Food and Nutritional Care in Hospitals- 10 Key Characteristics 12 /11/2003</p>
Related Documents:	<p>www.bda.uk.com and search for “Delivering Nutritional Care through Food Beverage Services.</p> <p>http://intra.cornwall.nhs.uk/DocumentsLibrary/Royal CornwallHospitalsTrust/ChiefOperatingOfficer/HotelServices/RCHTFoodHygienePolicy.pdf - Food Hygiene Policy</p> <p>http://www.bapen.org.uk/professionals/publications-and-resources/commissioning-toolkit - Malnutrition Matters: A Commitment to Act</p> <p>http://www.bapen.org.uk/professionals/publications-and-resources/bapen-reports - Nutritional Care and the Patient Voice: Are we being listened to?</p>
Training Need Identified?	Yes – Learning and Development are aware that all ward based staff need MUST/STAMP training

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
Jan 2015	V1.0	Initial issue of Strategy	Sue Littler, Chair CEG
Nov 2018	V2.0	Short term amendments whilst new policy is being developed which will replace this.	Claire Martin Deputy Director of Nursing, Midwifery and AHPs.

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

<i>Name of the strategy / policy / proposal / service function to be assessed</i> Nutrition Strategy V2.0						
Directorate and service area: Corporate Clinical			New or existing document: Existing			
Name of individual completing assessment: Claire Martin			Telephone: 07825 939223			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		To ensure that all inpatients at RCHT receive adequate food and drink				
2. <i>Policy Objectives*</i>		To improve the nutritional status of all inpatients (see body of strategy)				
3. <i>Policy – intended Outcomes*</i>		To improve the system by which assurance that all inpatients are receiving adequate food and drink is received by the CEG and Trust Quality Assurance Committee.				
4. <i>*How will you measure the outcome?</i>		Reporting to and from ONSG, CEG and Trust Quality Assurance Committee.				
5. Who is intended to benefit from the <i>policy</i> ?		All inpatients at RCHT				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		X				
b). Please identify the groups who have been consulted about this procedure.		Please record specific names of groups Clinical Effectiveness Group CSSC Governance DMB				
What was the outcome of the consultation?		Agreed				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		

Sex (male, female, trans-gender / gender reassignment)		X				
Race / Ethnic communities /groups		X				
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X				
Religion / other beliefs		X				
Marriage and Civil partnership		X				
Pregnancy and maternity		X				
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X				
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 						
8. Please indicate if a full equality analysis is recommended.			Yes		No	X
9. If you are not recommending a Full Impact assessment please explain why.						
Not indicated						
Date of completion and submission	30 th October 2019	Members approving screening assessment	Policy Review Group (PRG) 'APPROVED'			

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.