NUTRITION STRATEGY

V1.0

January 2015
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1. Executive Summary

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.

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 Strategic Nutrition Steering Group (SNSG) 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 SNSG in addition to information from a wide range of people who may be involved with nutrition related interventions. Performance reports from SNSG will be escalated by the chair to the RCHT Quality and Governance Committee.

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

1. All patients admitted to RCHT will be screened to identify malnutrition or risk of malnutrition and managed appropriately according to their risk

2. All patients admitted to RCHT will be offered an appropriate choice of nutrition according to their needs and given any necessary assistance with feeding

3. 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

4. The Trust will ensure there is adequate and accessible training for staff to deliver high standards of nutritional care

5. 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.

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 Strategic Nutrition Steering Group (SNSG) 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 SNSG in addition to information from a wide range of people who may be involved with nutrition related interventions.

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

3.5. SNSG will have an action plan and monitor the timely progress of this.

3.6. SNSG work plan should be such as to ensure compliance with CQC Outcome 5.

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 special 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**

5.1. Nutrition - meeting nutrient requirements for health and wellbeing.
5.2. MUST
5.3. STAMP

6. **Ownership and Responsibilities**

6.1. The Strategic Nutrition Steering 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.

   Membership;
   Outpatient Therapy Manager – Dietetic County Lead (Chair)
   Director of Nursing
   Deputy Director of Nursing
   Consultant Gastroenterologist – Nutrition Support Team Lead
   Consultant Biochemist – Nutrition Support Team Lead
   Divisional Clinical Governance Representatives from all Divisions
   Clinical Pharmacist
   Lead Dietitian – RCH Adult Inpatients
   Nutrition Nurse – Nutrition Support Team
   Lead Dietitian – Paediatrics
   Independent Patient Ambassador
   Hotel Services Lead
   Speech & Language Therapy Lead
   Learning & Development Representative

6.2. **Role of the Operational Nutrition Steering Group**
To ensure that the actions requested by the SNSG are implemented and evaluated and a report sent back to SNSG.

To plan changes to practice as required to improve the nutrition support for RCHT inpatients and report to SNSG on the progress and outcome of these changes

6.3. **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 feel better and recover quicker if they consume adequate food and drink.
7.2. If patients received adequate food and drink there are fewer complaints about care.

8. **Risks**

8.1. If patients are not adequately fed or hydrated they do not recover as quickly or may even die.
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

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Progress reports from the Strategic and Operational Nutrition Steering Groups will provide a method of monitoring the implementation of this strategy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Strategic Nutrition Steering Group (SNSG)</td>
</tr>
<tr>
<td>Tool</td>
<td>See section above on elements to be monitored</td>
</tr>
<tr>
<td>Frequency</td>
<td>SNSG will report monthly (at present) to the Trust Management Committee and will compile a full report on CQC Outcome 5 at least Annually</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>See section above</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>SNSG will state the direction needed to ascertain assurance of implementation of this strategy.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Reports to and from SNSG into the Trust Management Committee. Also reports and direction from SNSG and ONSG.</td>
</tr>
</tbody>
</table>
12. Updating and Review
   12.1. 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, Diversity & Human Rights Policy' or the Equality and Diversity website.

   13.2. Equality Impact Assessment
   The Initial Equality Impact Assessment Screening Form is at Appendix 1.
Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Nutrition Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>January 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>January 2015</td>
</tr>
<tr>
<td>Date for Review:</td>
<td>January 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Sue Littler, Strategic Nutrition Steering Group Chair</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252404</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This Nutrition strategy has been written in order to define roles, responsibilities and a framework to demonstrate that RCHT inpatients are receiving adequate nutrition</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Nutrition Malnutrition Nutrition Screening MUST STAMP</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT    PCT     CFT    KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Date revised:</td>
<td>New Document</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>New Document</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Strategic Nutrition Steering Group (15.9.14) CSSC Governance DMB (13.01.15)</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Sally Rowe, Divisional Director CSSC</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Kim O'Keefe, Deputy Director of Nursing and Operational Nutrition Steering Group Chair Janet Gardner, Governance Lead CSSC</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Dietetics</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>National Institute for Clinical Excellence: Nutrition support for adults- February 2006 <a href="http://www.nice.org.uk/CG032">http://www.nice.org.uk/CG032</a></td>
</tr>
</tbody>
</table>
NHS Specialist Commissioning Group: A Strategic framework for Intestinal failure and home parental nutrition services for Adults in England -April 2008
Council of Europe resolution Food and Nutritional Care in Hospitals- 10 Key Characteristics 12/11/2003

Related Documents:

www.bda.uk.com and search for “Delivering Nutritional Care through Food Beverage Services.

http://intra.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefOperatingOfficer/HotelServices/RCHTFoodHygienePolicy.pdf - Food Hygiene Policy

http://www.bapen.org.uk/professionals/publications-and-resources/commissioning-toolkit - Malnutrition Matters: A Commitment to Act

http://www.bapen.org.uk/professionals/publications-and-resources/bapen-reports - Nutritional Care and the Patient Voice: Are we being listened to?

Training Need Identified?

Yes–Learning and Development are aware that all ward based staff need MUST/STAMP training

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2015</td>
<td>V1.0</td>
<td>Initial issue of Strategy</td>
<td>Sue Littler, Chair SNSG</td>
</tr>
</tbody>
</table>

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**

| Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as *policy*) (Provide brief description): Nutrition Strategy | Is this a new or existing Policy? New |
| Directorate and service area: Clinical Support Services & Cancer Division, AHP Therapies | |
| Name of individual completing assessment: Sue Littler | Telephone: 01872 252404 |

1. **Policy Aim***
   To ensure that all inpatients at RCHT receive adequate food and drink

2. **Policy Objectives***
   To improve the nutritional status of all inpatients (see body of strategy)

3. **Policy – intended Outcomes***
   To improve the system by which assurance that all inpatients are receiving adequate food and drink is received by the SNSG and Trust Quality and Governance Committee.

4. **How will you measure the outcome?***
   Reporting to and from NSGS, ONSG and Trust Quality and Governance Committee.

5. **Who is intended to benefit from the policy?***
   All inpatients at RCHT

6a) **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?***
   No because this will encompass all inpatients

   b) If yes, have these *groups been consulted?***
   C). Please list any groups who have been consulted about this procedure.

**7. The Impact**

Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Sex (male, female, transgender / gender reassignment) | No
---|---
Race / Ethnic communities /groups | No
Disability - learning disability, physical disability, sensory impairment and mental health problems | No
Religion / other beliefs | No
Marriage and civil partnership | No
Pregnancy and maternity | No
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian | No

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. [No]

9. If you are not recommending a Full Impact assessment please explain why.

This strategy applies to all inpatient of RCHT there are no patients who should be excluded

Signature of policy developer / lead manager / director | Date of completion and submission
---|---

Names and signatures of members carrying out the Screening Assessment | 1. Sue Littler
2. 

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

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

Signed ____________________

Date ____________________