

Reference Number: UHB 367 Version Number: 1.1	Date of Next Review: 15th Sep 2020 Previous Trust/LHB Reference Number: Split from Trust policy T259
<p style="text-align: center;">Nutrition and Catering Procedure for Inpatients</p>	
<p>Introduction and Aim</p> <p>The Nutrition and Catering procedure sets out the delivery of the Nutrition and Catering policy to ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently. This procedure will ensure that the nutrition and hydration standards set out in the document are the focus for all staff involved in the provision of food, fluid or nutrition services, ensuring the Health Board meets the diverse nutrition, hydration and dietary needs of all hospital inpatients.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • To identify a service in which nutritional screening, assessment of patient's dietary requirements, hospital food, patient hydration, nutritional support, monitoring, audit and informed redesign of food provision are seen as a vital component of patient care. • To consider how management, catering, financial and clinical services might work together to improve the nutritional care of patients by providing a more cost effective service targeted to patient needs. • To consider the importance of monitoring and audit leading to modification of procedures in the light of new evidence and experience. 	
<p>Scope</p> <p>This procedure applies to all of our staff in all locations including those with honorary contracts</p>	
Equality and Health Impact Assessment	<p>An Equality and Health Impact Assessment (EHIA) has been completed and this was found to be positive. Key actions have been identified and are incorporated within this procedure.</p>
Documents to read alongside this Procedure	<p>Nutrition and Catering Policy for Inpatients UHB 259</p>
Approved by	<p>Quality Safety and Experience Committee on the 12th September 2017</p>

Document Title: Nutrition and Catering Procedure for Inpatients	2 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

Accountable Executive or Clinical Board Director	Executive Director of Therapies and Health Sciences
Author(s)	UHB Head of Nutrition and Dietetics Nutrition and Dietetic Services Manager UHL, Lead Catering Dietitian UHL
<p style="text-align: center;"><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	12 th September 2017	3.11.17	The procedure has been separated from policy UHB 221
1.1	15 th May 2018	15.5.18	Governance Department administrative update. No changes following update of NG Tube procedure (UHB 114) other than a change in the title of that supporting procedure and electronic links inserted into associated documents. Action agreed by Director of Therapies and Health Sciences.

Document Title: Nutrition and Catering Procedure for Inpatients	3 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

Cardiff and Vale UHB Nutrition and Catering Procedure for Inpatients

Contents	Page
1. Introduction	4
2. Procedure Statement	6
3. Aim of the Procedure	6
4. Objectives	7
5. Legislative and NHS Requirements	7
6. Accountability	7
7. Responsibility	8
7.1 Corporate	8
7.2 Operational	8
8. Standards	11
8.1 Nutrition Risk Screening Standards for Adult Inpatients	11
8.2 Nutrition Risk Screening Standards for Children admitted to hospital	12
8.3 Food Service Standards	12
8.4 Nutrient and Food based Standards - Adults	14
8.5 Nutrient and Food based Standards –Children	15
8.6 Standards for Fluid provision	16
8.7 Environmental Standards	16
9. Training	16
9.1 Training implications	17
10. Equality Impact and Assessment	17
11. Implementation	17
12. Further Information	18
13. References	18

Document Title: Nutrition and Catering Procedure for Inpatients	4 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

Appendix 1	Table 1 Nutrient and Food based Standards – Adults	20
Appendix 2	Protected Mealtimes Standards	21
Appendix 3	Training Requirements for Staff involved in the Patient Meal Service	22

Document Title: Nutrition and Catering Procedure for Inpatients	5 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

1.0 Introduction

Appropriate nutritional care is vital for all patients who are admitted to hospital as those that receive nutritious appetising food which is safe to eat and meets their therapeutic, religious or special nutritional needs may have shorter hospital stays, fewer post-operative complications and less need for drugs and other interventions. This does present a challenge to caterers as the hospital population is varied and the food service will have to meet the needs of all patients from the very young to the very old with differing nutritional requirements due to their physical condition and/or illness.

The Welsh Government clearly recognises the importance of nutrition and catering as an essential component of the care patients receive in Welsh hospitals with the development of a number of initiatives and guidance documents providing the focus for us all. These include the Nutrition and Catering Framework 2002⁹ 'Revised Health and Care Standards for Wales 2015, All Wales Nutrition Care Pathway and the 'All Wales Food/Fluid Record Charts' Nutritional awareness campaign, the web based 'Nutrition and Catering Framework for NHS Hospitals in Wales' and the 'The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients'²⁸.

A major challenge facing caterers, nurses and dietitians is the number of patients entering healthcare facilities in a malnourished state. Many patients who are ill in hospital have poor appetites or a compromised ability to eat, thus potentially exacerbating a malnourished state. McWhirter and Pennington¹ found that 75% of hospital patients assessed to be undernourished on admission lost more weight during their stay. BAPEN⁵ reported in 2008 that a number of studies have demonstrated a 20-75% increased length of stay in malnourished compared to non-malnourished patients⁶. Malnourished patients have a threefold greater complication rate during surgery, they require more medication, and their mortality risk is higher than well nourished patients⁷. The British Association of Parenteral and Enteral Nutrition (BAPEN) estimate that 33.6% of hospital inpatients will be malnourished at any single time during their stay⁵. The cost of malnutrition to both patients and the Health Service cannot be over stated.⁷ Data from BAPEN⁵ (2008 and 2009) showed that the risk of malnutrition increases significantly with age. Older people are more likely to remain undernourished during their admission, and are more likely to have longer hospital stays.^{3,4,6}

Children are especially vulnerable to poor nutrition with their extra requirements for growth. Changes in their environment are also more likely to affect them than adults. The Department of Health (DOH) document "Better Hospital Food Catering Services for Children and Young People" (2003)²⁴

Document Title: Nutrition and Catering Procedure for Inpatients	6 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

sets out what could be considered a “Gold Standard” in the provision of catering services to children and adolescents.

So whilst there is this group to consider there are also patients who can be classified as ‘healthy’ individuals and may only be admitted for a short length of time. This will include patients who may be hospitalised due to a minor illness and are ‘nutritionally well’, maternity patients not experiencing complications, and previously fit healthy people whose illness does not/will not affect their food and fluid intake such as those having minor elective surgery. It would be appropriate for these patients to be provided with a diet that is based on general healthy eating principles.^{17,18,}

While the NHS has a responsibility to promote education in healthy eating, it should be remembered that this will represent only a sub section of the hospital population for a relatively short period of time.

A healthy diet for people with diabetes, dyslipidaemia, hypertension or cardiovascular disease is considered an essential part of treatment and maybe beneficial in preventing further co-morbidities.

The healthier options on the patient menu must make provision that maintains a normal nutritional status and meets the target nutrient specification for the hospital menu.^{19, 28}

To ensure the effective delivery of good nutrition in a hospital setting a team-based approach is absolutely essential. Caterers, kitchen staff, dietitians, nurses, doctors, speech and language therapists, allied health professionals ward housekeepers, porters and other healthcare staff all have an important role to play in achieving this policy.⁸

Cardiff and Vale University Health Board recognises and supports a multidisciplinary approach to the nutritional management of patients and strives to ensure that the nutrition and catering standards are met and maintained. This is achieved through the Cardiff and Vale Nutrition and Catering Steering Group which is led by the Executive Director of Therapies and Health Sciences and consists of a wide membership of senior staff from the relevant disciplines. This group reports directly to the Executive Director of Therapies and Health Sciences who may bring issues to the Quality, Safety and Experience Committee if necessary.

This procedure is aimed at adults and children who are admitted to Cardiff and Vale hospitals, as inpatients, or those who attend day or unscheduled care units. This does not cover the needs of staff as these are covered under the Cardiff and Vale UHB Hospital Restaurants and Retail Catering Outlets Policy. Our aim is to provide high quality equitable services that meet the needs of all patients who receive care in our hospitals.

Document Title: Nutrition and Catering Procedure for Inpatients	7 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

2.0 Procedure Statement

Cardiff and Vale University Health Board is committed to meeting patient nutrition and hydration standards by identifying departmental responsibilities from Executive level to all departments involved in the food chain.

This document is an overarching document which must be considered in meeting the standards specified in the 'The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients', Health and Care Standards, Free to Lead Free to Care – All Wales Food Record Chart and Nutritional Care Pathway.

This procedure will be supported by other documents including:

- Nutrition and Catering Policy for Inpatients UHB 221
- [Insertion of a Nasogastric Tube, Confirmation of Correct Position and Ongoing Care in Adults, Children and Infants and Neonates Procedure](#) (UHB 114) Insertion, management and removal of the nasal bridle fixation device for naso-enteral tubes in adults procedure (UHB 067)
- All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients
<http://www.hospitalcaterers.org/media/1158/wales-food-fluid.pdf>
- Health and Care Standard 2.5 Nutrition and Hydration
<http://www.wales.nhs.uk/governance-emanual/standard-2-5-nutrition-and-hydration>
- Protected mealtime tool kit
http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/NURSING/POLICY_AND_PRACTICE/PROTECTED%20MEALTIMES%20TOOL%20KIT.PDF
- Hydration tool kit
http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/NURSING/POLICY_AND_PRACTICE/HYDRATION%20TOOLKIT%20-%20WATER%20FOR%20HEALTH.PDF

This procedure applies to all hospitals within the Health Board where inpatient services are delivered.

3.0 Aim Of The Procedure

Implementation of this procedure will ensure that nutrition and hydration standards are the focus for all staff involved in the provision of food, fluid or nutritional services and to meet the diverse needs of all hospital patients.

4.0 Objectives

Document Title: Nutrition and Catering Procedure for Inpatients	8 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

The objectives of this procedure are:-

- 4.1** To identify a service in which nutritional screening, assessment of patients' dietary requirements, hospital food, patient hydration, nutritional support, monitoring, audit and informed redesign of food provision are seen as a vital component of patient care.
- 4.2** To consider how management, catering, financial and clinical services might work together to improve the nutritional care of patients by providing a more cost effective service targeted to patient needs.¹⁶
- 4.3** To consider the importance of monitoring and audit leading to modification of procedures in the light of new evidence and experience.

5.0 Legislative and NHS Requirements

Cardiff and Vale University Health Board has a legal duty of care to all its patients as does each professional employed by them. Implicit in this duty of care is the necessity to comply with all relevant legislation and consider the nutritional well being of each patient regardless of age, race, gender or illness. The Welsh Government and also the Healthcare Inspectorate Wales requires there to be auditable systems in place to ensure nutritional requirements of patients are met.

It is important to recognise the patients' rights within this procedure and reinforce that:

- The feeding and hydration of patients at ward level is identified in the Code of Conduct of the NMC (Nursing and Midwifery Council) advice, as a nursing responsibility.
- All patients will have all aspects of their nutritional management explained, discussed and agreed with them.
- Patients have the right to expect to receive all the information they require to enable them to make informed choices about their nutritional care.
- A clear and understandable explanation of the patient's nutritional management will be provided to the patient, family and carers by the appropriate health care professional.
- Patients, family and carers will be appropriately advised and trained so as to feel secure in the use of any products or equipment.
- The views of the patient, family, carers and other relevant health care professionals will be considered when nutritional management is planned. Decisions should be multidisciplinary.
- Following discharge patients will have access to professional advice through attendance at community clinics and via domiciliary visits.
- Patients or their legally authorised representatives, have the right to accept or refuse nutritional support.

Document Title: Nutrition and Catering Procedure for Inpatients	9 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

6.0 Accountability

The Chief Executive is responsible for ensuring delivery of a safe and nutritious catering service and for providing a nutritional support service.

7.0 Responsibility

7.1 Corporate

- The Executive Director of Therapies and Health Sciences is the nominated Board Level Director with lead responsibility for catering, nutrition and food hygiene whether provided in house, by external contractors or through voluntary services.
- The Nutrition and Catering Steering Group, a senior multidisciplinary team, has responsibility for co-ordinating nutritional care, and services, developing strategy, approving training programmes, monitoring performance against all nutrition related nursing, catering and dietetic standards and delivery of high standards of patient experience relating to nutrition and hydration. At least on an annual basis, the group will provide assurance against Healthcare Standard 2.5 (Nutrition and Hydration) to the Quality Safety and Experience Committee.
- For in-house catering the organisation must appoint Catering Managers with appropriate qualifications and experience in all matters relating to catering management, nutrition and therapeutic diets, food hygiene, contract management, cost control and budget management and food related legislation and good practice.
- Key indicators capable of showing improvements in catering services and food hygiene and the management of associated risk are used at all levels of the organisation including the Board.
- The system in place for food safety is monitored and reviewed by the Health Board through the Health and Safety Committee in order to make improvements to the system.
- The patient food budget should be valued as an essential clinical service and treatment.

7.2 Operational

Department of Nutrition and Dietetics

- Providing up to date advice and support for patients admitted to hospital requiring therapeutic diets and nutritional support
- A State Registered Dietician is responsible for providing a more in-depth nutritional assessment for patients identified as 'at risk' following initial nutritional screening.
- The department will work closely with senior catering and other professional colleagues to implement all nutritional standards and

Document Title: Nutrition and Catering Procedure for Inpatients	10 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

develop menus which contain a sufficient range of meals to meet individuals' therapeutic, religious and cultural needs and to promote good health.

Speech and Language Therapy

- A nominated Speech and Language Therapist will provide guidance in relation to meeting the needs of patients identified with swallowing problems.
- The Department of Speech and Language therapy will advise on a universal system of terminology for texture and consistency of fluid and food items for patients requiring texture modified diets. Written information will be provided to all relevant staff involved in the production and service of patient meals.

Occupational Therapy and Physiotherapy

- The Occupational therapy department will provide guidance in relation to patients requiring feeding aids and adaptations to assist patients with independent feeding.
- Physiotherapy will provide guidance and support around positioning to aid independent feeding.

Nursing and Midwifery

- The Registered Nurse or Midwife, working to the Code, Standards of Conduct performance and Ethics for Nurses, Midwives (NMC2008) and Health Board policies, protocols and procedures are in the front line when it comes to identifying and addressing the nutritional needs of patients. It is the nurse's responsibility to ensure that patients in hospital receive the appropriate nutrition and fluids to aid their recovery.
- Nurses must complete a nutrition risk screening tool on every patient on admission to identify patients at risk of malnutrition through use of the nutrition screening tool. Nurses identifying a patient who is malnourished or at risk of malnutrition can initiate an early referral to the dietetic team and can reduce morbidity rates.
- A Senior Nurse must lead on nursing policy and operational procedures which relate to nutrition.
- Ward Sisters and Charge Nurses will be responsible for the implementation of protected mealtimes, and appropriate use of the carer's passport in their areas. Ward areas should have a clear procedure in place which is understood by all ward staff, clinical teams and visitors to the ward. Completion of the Nutrition and Hydration bed-plan on clinical workstation is essential to identify patients dietary and hydration requirements on and throughout their

Document Title: Nutrition and Catering Procedure for Inpatients	11 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

period of admission and should comply with the Protected Mealtime Standard as in Appendix 3.

Catering

- The Catering Manager is responsible for delivery of a safe quality assured catering service which meets agreed nutritional, food hygiene and operational service standards. Managers are responsible for identifying and monitoring staff training at induction and at agreed intervals.
- Procurement and Supplies officers must liaise with the relevant dietetic and catering colleagues to ensure procurement of foods and drinks are from sustainable and safe sources and are of good nutritional value for money to ensure they meet the nutritional needs of the hospital population.

Audit

- At operational level, the organisation will routinely monitor compliance with all aspects of the system which includes nutritional standards, meal service quality, training standards and the required corrective actions taken where necessary. Where appropriate, these will be carried out at different periods, including weekends and Bank holidays.
- As appropriate, routine continuous monitoring and/or periodic audit reviews will be co-ordinated by the Nutrition and Catering Steering Group that will ensure compliance through internal audits, nutritional assessments by Dietitians and routine unannounced checks.
- Health and Care Standard 2.5 *Nutrition and Hydration* will be assessed on an annual basis to continuously monitor performance, identify areas for development and provide internal assurance to the Health Board.

The Adult Nutrition Support Teams are responsible for:

- Preparing relevant nutritional support policies, protocols, procedures and / guidelines to address specific nutritional issues working closely with all relevant members of the multidisciplinary team and following guidance laid down by BAPEN and NICE.
- Ensuring such policies, protocols, procedures and / or guidelines are subjected to the UHB formal approval process.
- Identifying training needs and developing a training programme as required in order to meet standards and competencies compatible to their level of involvement.

Job descriptions should reflect the responsibilities and duties of all levels of executive, management, supervisory and other staff involved in the process

Document Title: Nutrition and Catering Procedure for Inpatients	12 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

of ensuring that appropriate nutrition is identified, prepared, delivered and presented to patients.

8.0 Standards

The following standards are taken from the document 'The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients'²⁹ and other documents outlined in the list of references.

8.1 Nutritional Risk Screening Standards – Adults

- All Wales Hospital Nutrition Care Pathway Protocol and UHB Nutritional Screening Compliance.
- Within 24 hours of admission to hospital all patients should be weighed and screened for risk of malnutrition using a validated nutritional screening tool.
- Patients identified with swallowing difficulties should be referred for formal assessment by a Speech and Language Therapist. A referral to a Dietitian should be made if advice on a textured modified diet or artificial nutritional support is required. In patients where enteral nutrition is contra-indicated total parenteral nutrition should be considered. When a nutrition risk score and weight has been established a multi-professional nutrition care plan should be implemented. The care plan developed will depend on the nutrition risk. Any patient identified as at risk will be assessed regularly and appropriate action taken.
- Identification of a patient at nutritional risk should be followed by a thorough nutritional assessment, treatment plan including dietary goals, monitoring of food intake and body weight, and adjustment of treatment plan. The nutritional treatment plan should be reviewed on at least a weekly basis.
- Documentation in patients' notes will include screening/ re-screening assessment and actions taken.
- Weighing scales will be regularly checked for accuracy and maintenance requirements. Ward managers are responsible for ensuring appropriate weighing scales are available within their ward areas.
- The screening process (initial and ongoing) will be monitored by Ward Sisters /Charge or Senior Nurses. As a minimum, compliance with nutritional screening will be recorded on a monthly basis using the All Wales Nursing metrics system.
- Wards will identify nutritionally vulnerable patients and ensure they follow the nutritional care pathway, to meet the nutrition and hydration needs of all patients, with the necessary encouragement and assistance with eating.

Document Title: Nutrition and Catering Procedure for Inpatients	13 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

In addition to the need for nutritional screening of all patients, an assessment of each patient's dietary needs should also form part of their individual nutrition care plan, such needs as:

- Eating and drinking, likes and dislikes
- Food Intolerances and allergies
- Need for therapeutic diets
- Cultural, ethnic and religious requirements
- Therapeutic dietary requirements
- Social, environmental mealtime requirements
- Physical and or sensory difficulties with eating and drinking
- Aids and adaptations e.g. adaptive cutlery or crockery requirements
- Ability to communicate
- The level of assistance and support required to eat and drink.
- Identified family member or carer wishing to support the patient to eat and drink.

A plan of how these needs will be met should be developed, implemented and monitored. Relevant information for each patient must be added to the ward Nutrition & Hydration Bed plan to ensure good communication between disciplines.

It is important to remember that individuals' dietary needs can change with changes in their medical condition(s) and thus monitoring individuals' requirements is important to inform appropriate food provision.

8.2 Nutrition Risk Screening Standards for Children admitted to hospital

- All children admitted to hospital should be assessed on admission to hospital using the appropriate screening tool, with their height and weight measured with values plotted on appropriate growth charts.
- Every child should be weighed at timely intervals with the child's care plan during their admission. Weighing scales will be regularly checked for accuracy and maintenance requirements. Ward managers are responsible for ensuring appropriate weighing scales are available within their ward areas.
- Documentation in the nursing notes will include monitoring of dietary intake, physical ability to eat and drink and body weight.
- Consideration should be made to refer the child to the Dietitian if there are any concerns with the child's growth and/or there are concerns regarding the child's dietary intake.

8.3 Food Service Standards^{23, 25, 28}

Document Title: Nutrition and Catering Procedure for Inpatients	14 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

- All patient menus must meet the All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients²⁹ – Wales Government and contain a sufficient range of meals to meet individuals' therapeutic, religious and cultural needs. Further menu planning guidance is detailed in British Dietetic Association document entitled The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services The British Dietetic Association¹⁷.
- Patients are provided with sufficient information to enable them to make an informed choice as close to the meal service time as possible and written information is presented in an appropriate manner e.g. child friendly menus, large print menus, pictorial menus and menus in a range of languages.
- The dietary needs of all patients taking oral nutrition should be met, taking account of patients' preferences through meals that meet their nutritional requirements and these offered as a choice of dishes on a written menu.
- Patients are offered a choice of portion size. Nutritional enhancement is provided where the portion does not meet the determined minimum nutritional content. All meals should be presented in a way that facilitates and encourages independent feeding, including the provision of specialist crockery and/or cutlery.
- The Healthcare Food and Beverage Service Standards Good Practice Guide outlines the 'food chain' process from purchasing to methods of production, delivery and service at ward level.
- Nutritional information will be routinely obtained from the food commodity suppliers during the tendering process in order to assess compliance with nutritional standards. The process for nutritional assessment of food commodities will be agreed with all the relevant parties.
- Ward provisions must be provided to ensure patients have access to a range of different snacks and beverages when the hospital kitchen may be closed.
- Contingency arrangements are in place to ensure the delivery of safe nutritious food in the event of total or partial failure of normal arrangements.
- Services should be flexible with recognised procedures that provide for the dietary and nutritional needs of patients who cannot achieve their energy and protein requirements from the hospital menu or who miss a meal at normal service time.
- A missed meal service must be provided for all patients who did not have the opportunity to have a meal at the normal meal time and must provide a minimum 300 kcal and 18 g protein per main course.
- Main meals should be available every 4 to 6 hours during the day.

Document Title: Nutrition and Catering Procedure for Inpatients	15 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

- The maximum period between the last main meal at night and the following breakfast should not exceed 14 hours.
- Assistance to eat must be given to all those who require it. Family members or carers should feel welcomed to support patients where possible.
- Food hygiene training will be available supported by appropriate procedures, which identify how relevant food hygiene and food safety requirements are satisfied.
- All staff involved in serving food to patients should be trained in how to do so properly which includes basic nutrition and food hygiene.

8.4 Nutrient and Food Based Standards-Adults^{2,8}

Hospital menus must be able to meet the nutrient specifications, and provide foods that meet both food and nutrient based standards for the hospital population; these are detailed in the Appendix - Table 1.

All menus must meet the nutritional requirements of patients of all ages i.e. Dietary Reference Values (DRV's) for Food Energy and Nutrients for the United Kingdom¹⁸. Where a menu must meet the needs of the 'nutritionally well' and the 'nutritionally at risk', then ensuring that both 'healthy choices' and 'higher energy and nutrient dense' choices are available at each eating occasion should enable all patients to choose a diet that meets their nutritional requirements.

Menus should be nutritionally analysed to ensure that they have the capacity to meet the nutrient standards set for the 'nutritionally at risk' patient and enable individuals to choose a healthy balanced diet through selection of healthy choices. For more information refer to Chapter 4 Section 4.9 of the document The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients'-Wales Government²⁸.

Menus must meet the needs of those patients with therapeutic dietary, cultural or religious needs. Patients must be given choice for all food and fluid options provided, including therapeutic and/or texture modified diets^{26,27,28}.

Hospitals whose populations require certain therapeutic diets irregularly and in minimal numbers must include in their procedure a formal contingency for the provision of these diets in the event they are required, for example by using an a la carte menu.

All foods purchased for use within the patient meal service at either an All Wales or local level must be assessed by a dietitian against the nutritional specifications and standards to ensure the best nutritional value for money has been achieved^{15,17}.

Chapter 6 of the document The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients'-Welsh Government²⁹ states there must be a hospital protocol for the provision of all therapeutic diets.

Document Title: Nutrition and Catering Procedure for Inpatients	16 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

8.5 Nutrient and Food Based Standards- Children^{24, 28}

Menu Planning Groups and hospitals should produce a specially designed menu for children and allow them to make their food choice as close to the point of service as possible.

For most children, the average length of hospital stay is two days. Most children and adolescent patients will benefit from eating a diet that follows healthy eating principles during their hospitalisation. However, attempting to impose a “healthy” diet upon a sick child can be counter-productive.

Guidance has been provided for hospital catering services for children and young adults²⁸ However, a diet low in fat and high in fibre-rich carbohydrate may be too bulky and low in energy to satisfy a young child’s (< 5 years) nutritional requirements.

- It is good practice to have a separate children’s menu with child friendly familiar dishes as well as access to the main hospital menu for those who wish to have more choice (particularly for older children).
- Emphasis should be placed on the provision of popular and familiar meals. If food is to have any nutritional value it must be eaten and children should be presented with a variety of foods and fluids that are tempting and familiar to them. In some cases this may mean foods such as fish fingers, chicken goujons, baked beans, burgers, fries or ice-cream. The main hospital menu may meet the needs of many children with traditional choices such as roast meats, vegetables, potatoes and cottage pie as well as more ‘modern’ choices such as mild curry, pizza, pasta, jacket potato and a filling.
- Menu planning groups should work closely with children, parents and carers in planning the menu for children taking into account likes and dislikes and making sure that suitable choices are available for the different ages and stages of development of the children being catered for.
- Diets must be tailored to suit young children's nutritional and energy needs and also their stage of development. Guidance has been produced for early years childcare settings that includes a variety of menus. It is best to provide young children with smaller, more frequent meals.

Document Title: Nutrition and Catering Procedure for Inpatients	17 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

- Snacks such as bread, fruit, sandwiches, and yoghurts are preferred to those high in fat, sugar and salt. The provision of foods high in sugar should be kept to a minimum, especially between meals and the use of highly salted foods and addition of salt to foods should be discouraged.

For further information refer to Chapter 5 in document 'The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients'-Welsh Government²⁹.

8.6 Standards for Fluid Provision^{21, 22,28}

- There must be provision to ensure patients are able to access a minimum of 1.5 litres of fluid per day.
- Water must be available at all times throughout the 24 hours; preferably this should be chilled mains water.
- Water jugs should be changed three times per day.²⁹
- 7-8 beverages should be offered in any 24 hour period.
- Where All Wales fluid charts are used to monitor patients' fluid intakes these must be fully completed and signed in line with policy.
- Ensure fluid is available in the most appropriate drinking cups or utensils.

8.7 Environmental Standards^{23, 28}

- Meals and refreshments will be delivered in an environment conducive to their consumption, and at times that are flexible and sensitive to specific care groups' needs and preferences. The food should be presentable and palatable, thus cold foods should be served as soon after removal from refrigerated storage and hot foods maintained above 63°C prior to serving, and with individuals' subsequent nutritional intake monitored.
- Interruption of patient meals by ward rounds and procedures should be minimised and each ward should have a clear protected meal-times policy in this respect. The environment at meal times should be made as conducive to eating as possible with any activity that may cause anxiety in the period leading up to the meal time kept to a minimum. Refer to Appendix 3 for protected mealtimes standards.
- A family member or carer should feel welcomed to support patients eating and drinking, as often as they are able, and wish to.
- Attention should be given to washing hands, positioning, dental needs and any special aids required.

9.0 Training

All staff that influence the successful outcome of nutrition, safety and enjoyment of meals, are trained to carry out their duties and responsibilities

Document Title: Nutrition and Catering Procedure for Inpatients	18 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

effectively. Training commences at induction and is updated regularly. Managers are responsible for ensuring staff undertake relevant training and that appropriate records are kept and maintained. All nurses will be expected to complete the 'All Wales Food Record Chart Competence programme' e-learning training package

The Nutrition and Catering Steering Group will be informed of the nutrition education and training programmes that are carried out for all staff groups annually.

9.1 Training Implications

There will be training implications relating to this policy and procedure for many staff groups, some of which will be mandatory e.g. basic food hygiene training for all 'food handlers'. Individual line managers are responsible for identifying individual staff training needs within the member of staff's personal development plan. Training records will be kept and continuously updated. Training will be provided in house where possible. The training required will vary for various members of staff depending on their role profile.¹⁵

10.0 Equality and Health Impact Assessment

An Equality and Health Impact Assessment has been undertaken to assess the relevance of this policy to equality and the potential impact on different groups, specifically in relation to the Equality Act 2010.

11.0 Implementation

This procedure provides a framework to meet the core elements of the All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients – Welsh Government and the Health Care Standards for Wales 'Doing well Doing Better' Healthcare Standard¹⁴¹⁵. It establishes the line of responsibility at both corporate and operational level that includes the Executive through to in-house catering management and members of the multidisciplinary team to achieve patients' optimal nutritional status.

The procedure will provide an agreed basis for developing a Nutrition and Catering Strategy with aims and objectives that will inform Directorate operational plans and reflect the key components of clinical governance.

12.0 Further Information

Local guidelines and toolkits exist to support the Nutrition and Catering policy and may be accessed through relevant departments

- All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients
<http://www.hospitalcaterers.org/media/1158/wales-food-fluid.pdf>

Document Title: Nutrition and Catering Procedure for Inpatients	19 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

- Health and Care Standard 2.5 Nutrition and Hydration
<http://www.wales.nhs.uk/governance-emanual/standard-2-5-nutrition-and-hydration>
- Protected mealtime tool kit
http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/NURSING/POLICY_AND_PRACTICE/PROTECTED%20MEALTIMES%20TOOL%20KIT.PDF
- Hydration tool kit
http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/NURSING/POLICY_AND_PRACTICE/HYDRATION%20TOOLKIT%20-%20WATER%20FOR%20HEALTH.PDF

13.0 References

1. McWhirter J, Pennington C. Incidence and Recognition of Malnutrition in Hospital. British Medical Journal. (1994); 308 (6934): 945-948.
2. A Positive Approach to Nutrition as Treatment. 1992. King's Fund Centre.
3. Hungry in Hospital, Association of Community Health Councils for England and Wales 1997.
4. Still Hungry to Be Heard, Age UK 2010.
5. BAPEN (2009). Nutrition Screening Survey in the UK in 2008: a report by BAPEN – British Association for Parenteral and Enteral Nutrition.
www.bapen.org.uk
6. Age Concern. (2006). Hungry to be heard: The scandal of malnourished older people in hospital. Age Concern England.
7. Elia, M. (chairman and editor), Stratton, RR. C et al. (2005). The cost of malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults. A report by The Health Economic Group of The British Association for Parenteral and Enteral Nutrition (BAPEN).
8. Hospital Food as Treatment. A report by a Working Party of the British Association for Parenteral and Enteral Nutrition. 1999. Dr S P Allison (Chairman and Editor).
9. Welsh Assembly Government, Nutrition and Catering Framework, 2002.
<http://new.wales.gov.uk/topics/health/publications/health/guidance/nutrition>
10. National Assembly for Wales. 2001. Improving Health in Wales. A Plan for the NHS with it's Partners.
<http://www.wales.nhs.uk/pulications/NHSSStrategydoc.pdf>
11. Welsh Government. Health and Care Standards for Wales April 2015 <http://www.hiw.org.uk/Document/377/Healthcare>
12. Welsh Assembly Government. 2008 Free to Lead Free to Care. Empowering ward sisters/charge nurses. Ministerial Task and Finish Group.

Document Title: Nutrition and Catering Procedure for Inpatients	20 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

<http://wales.gov.uk/topics/health/ocmo/professionals/officechiefnursing/cnpublications/fre>

13. Free to Lead Free to Care – All Wales Food Record Chart and Nutritional Care Pathway. Letter.
<http://wales.gov.uk/docs/phss/publications/cmoletter08/090731letter08en.doc>
14. Royal College of Nursing 2007. Nutrition Now.
<http://www.rcn.org.uk/newsevents/campaigns/nutritionnow>
15. Welsh Assembly Government Doing Well Doing Better. Standards for Health Services in Wales April 2010. <http://www.nhswalesgovernance.com>
16. Organisation of Food and Nutritional Support in Hospitals. August 2007. BAPEN.
17. The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services July 2012 The British Dietetic Association.
18. Department of Health. Dietary Reference Values for Food Energy and Nutrients in the United Kingdom. Report of the Committee on Medical Aspects of Food Policy.. London: HMSO (1991).
19. Scientific Advisory Committee on Nutrition. Salt and Health Report (2003). London: The Stationery Office. www.sacn.gov.uk/pdfs/sacnsaltfinal.pdf
20. Nutrition Guidelines for Hospital Catering. The Health of the Nation, Department of Health, 1995.
21. Water UK-Water for Health www.water.org.uk/home/water-for-health/
22. Hospital Hydration - Best Practice Toolkit RCN/NPSA.
<http://www.npsa.nhs.uk>
23. Good Practice Guide. Healthcare Food and Beverage Service Standards A guide to ward level services. Hospital Caterers Association. 2006.
24. NHS Estates 2003. Better Hospital Food. Catering Services for Children and Young Adults. <http://www.bapen.org.uk/pdfs/bhfi/bhfi-catering.pdf>
25. Food Standards Agency's 'Catering for Health: A guide for teaching healthier catering practices' at
<http://www.food.gov.uk/scotland/scotnut/cateringscotland>
26. Food Standards Agency's 'Advice for caterers on Allergy and Intolerance' at <http://www.food.gov.uk/safereating/allergyintol/guide/caterers/>
27. National Patient Safety Agency, Royal College of Speech and Language Therapists, British Dietetic Association, National Nurses Nutrition Group, Hospital Caterers Association (2011) Dysphagia diet food and texture descriptors. Available from:
<http://www.bda.uk.com/publications/statements/NationalDescriptorsTextureModificationAdults.pdf>
28. Welsh Government 'All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients' 2011

Document Title: Nutrition and Catering Procedure for Inpatients	21 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

Appendix 1: Table 1 - Nutrient and Food Based Standards – Adults

Menus need to aim for:-

- 1900-2625 Kcals and 55-90g protein to meet the needs of the nutritionally well and nutritionally vulnerable adult

Please note: - the majority of the hospital population are of a mixed age and nutritional need so will demand a menu which meets the higher level

- Fibre (NSP) 18g/day for nutritionally well adults and 12-18g Fibre /day for the nutritionally vulnerable

Menu should include:-

Breakfast: –

- A minimum of 380kcal and 8g Protein and a fortified High energy high protein option for nutritionally vulnerable e.g. cooked breakfast or fortified porridge

Mid Day and Evening meals that include:-

- A main course meal providing 300kcal and 18g protein (12g for vegetarian option). To achieve this the main protein part of the meal should contain 12-14g protein or 9-10g for vegetarian
- A fortified high protein high energy main course option to provide a minimum of 500kcal and a minimum of 18g protein
- 2 first course items
- 3 main courses as a minimum 2 of which should be hot
- 3 dessert course items 1 of which should be hot (custard alone is not adequate is not considered as a hot option)

Desserts

- At least one fortified or high protein high energy dessert minimum of 300kcal and 5g protein at mid day and evening meals

Snacks

- within the standard menu to provide 100kcal energy and 1.5g protein
- an evening snack for patients
- snacks of higher energy and protein density to meet a minimum of 200kcal and 2.5g protein each must be offered to those patients identified as at moderate and high risk of malnutrition from Nutrition Risk Screening

Milk allowance

- 500ml milk per patient for cereals and drinks as ward allowance

Soup

- Soup where served of a minimum of 150kcal and 4g protein in a 175ml serving and must be offered with bread and spread.
- If offered as a hot main meal choice the whole meal must meet 300-500kcal and 18g protein (dependent on patients nutritional needs)

Fruit Juice

- Should be offered as a first course item on 2 occasions in order to achieve the minimum vitamin C nutrient specification of 40mg
- Meal and snack items that meet healthy eating principles
- Vegetarian options at each meal
- A combination and balance of foods from all 5 food groups with a variety of cooking methods used to include Bread cereals, potatoes and other starchy foods, Fruit and vegetables, Milk and dairy foods, Meat, fish and alternatives, foods containing fat and sugar
- Codes to indicate healthier choices, fortified and high energy items and vegetarian items as a minimum. Too many codes can be confusing.

Fluid

- There should be 7-8 beverage periods throughout the day offering both hot and cold drinks. This will provide approximately 1500mls of fluid. Drinks should be served immediately after lunch and evening meal.

Document Title: Nutrition and Catering Procedure for Inpatients	22 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

Appendix 2: Standard for Protected Mealtimes and Red Tray Scheme (Applies to all mealtimes)

Protected mealtimes in Cardiff and Vale UHB are:-

“Mealtimes in which patients are prepared to eat appropriately. As a minimum expectation, this incorporates appropriate positioning, the offer of hand hygiene for patients, the environment is cleared and conducive to eating, non urgent clinical activity ceases, and in conjunction with the catering staff the nursing focus is to provide support to patients during the mealtime. Relatives and carers are encouraged and welcomed to participate in feeding should they so wish.”

Activity	Rationale
Nursing staff work with catering staff to identify patients requirements for meals	Patients needs identified
Patients are offered toileting opportunities prior to meal service	To reduce the need for interruptions and ensure the patient is prepared to eat
Nursing staff prepare patients for eating, e.g. position appropriately	To enable patients to eat and drink safely
Hand hygiene is prompted or delivered prior to meal service	To reduce the risk of HCAI
The environment is made as conducive as possible prior to mealtimes (bed tables cleared etc)	To encourage the patient to eat well
All non urgent clinical activity ceases in the patient environment during the meal time	To reduce interruptions
The caterer and nursing staff work jointly to ensure patients needs/choices are met	To ensure a quick seamless food service is delivered meeting patients needs
The Nutrition & Hydration bed plan is the accepted tool which is used as a flagging mechanism and is understood across the ward area.	To ensure those at greatest risk receive optimum care and support
All nursing staff are available and help patients who require assistance to eat and drink and complete all appropriate documentation	To ensure patients are assisted as quickly as possible and actions taken are documented
Nursing Staff encourage relatives and carers to feed their loved ones should they so wish	To encourage increased intake by patients
Protected mealtimes will be limited to no longer than 1 hour	To prevent delays to medical treatment
Nursing staff need to adopt a flexible	To ensure patient care is not

Document Title: Nutrition and Catering Procedure for Inpatients	23 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

approach when implementing protected mealtimes. Consideration of the movement of the meal service around the ward and the ability to deliver care in the area not receiving a service at that time.	compromised by the exclusion of other services (e.g. phlebotomy radiology and therefore lengths of stay increase)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

Appendix 3: Training Requirements for Staff Involved in the Patient Meal Service

Catering Staff

- Roles & Responsibilities of key staff
- Basic Nutrition and the importance of food and nutrition standards
- Therapeutic, religious and cultural diets
- Dysphagia /modified consistency
- Nutritional supplements and enteral feeds
- Basic / intermediate / advanced food hygiene training dependent on role
- Standard recipe production
- Menu planning
- Catering practices/processes/use of equipment

Ward Based Catering Staff

- Roles & Responsibilities of key staff
- Basic Nutrition and the importance of food and nutrition standards
- Therapeutic, religious and cultural diets
- Dysphagia /modified consistency
- Nutritional supplements and enteral feeds
- Basic / intermediate / advanced food hygiene and safety training dependent on role
- Ordering, serving and presenting meals
- The importance of time/temperature control / regeneration and record keeping
- Customer care and communication

Housekeeping Staff

- Roles and responsibilities of key staff
- Basic Nutrition and the importance of food and nutrition standards
- Therapeutic, religious and cultural diets
- Ward beverages and nutritional supplements
- Importance of modified consistency drinks/ meals
- Basic Food Hygiene/safety dependent on role

Nursing Staff including trained Nurses, Health Care Assistants

- Roles & Responsibilities of key staff

Document Title: Nutrition and Catering Procedure for Inpatients	24 of 24	Approval Date: 15 May 2018
Reference Number: UHB 367		Next Review Date: 1st Sep 2020
Version Number: 1.1		Date of Publication: 15 May 2018
Approved By: QSE Committee & Director of Therapies		

- Basic Nutrition and the importance of food and nutrition standards
- Using Nutrition pathway including food & fluid charts
- Therapeutic, religious and cultural diets
- Malnutrition and the hospital patient
- Nutritional screening
- Dysphagia /modified consistency
- Nutritional supplements and enteral feeds
- Basic food hygiene and safety