Birmingham and Solihull Mental Health NHS Foundation Trust

NUTRITION AND HYDRATION POLICY

Policy number and category	**C 23**	**Corporate Governance**
Version number and date	**6**	**October 2023**
Ratifying committee or executive director	**Clinical Governance Committee**	
Date ratified	**November 2023**	
Next anticipated review	**November 2026**	
Executive director	**CNO/Executive Director Quality and Safety (Interim)**	
Policy lead	**Specialist Dietitian – Team Lead**	
Policy author *(if different from above)*	**As Above**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

POLICY CONTEXT

This policy outlines the expectations of the Trust in the identification and treatment of malnutrition and dehydration of in-patient service users.

The policy outlines how a multi-disciplinary approach to providing appropriate nutrition and hydration can promote health and well-being.

This policy aims to identify and treat both undernutrition and cardiovascular disease risk factors.

POLICY REQUIREMENT (see Section 2)

Services users will be screened on admission and appropriate action will be taken to address the issues or concerns.

Service user care plans in relation to nutrition and hydration are applied to all interventions and activities to promote consistency and effectiveness.

Service users will have access to appropriate and responsive food services, reflecting national priorities and best practice.

CONTENTS

1 INTRODUCTION

1.1 Rationale (Why)

The Trust is committed to providing a high level of nutritional care to all service users. The Trust recognises that good nutrition and hydration sustains life, promotes health, and are essential components of treatment and recovery (CQC 2022)

1.2 Scope (Where, When, Who)

This policy applies to all areas where service users stay overnight as part of their treatment. This includes where food is provided by Trust food service and in areas where service users cook food for themselves.

Further guidelines may be developed locally in areas with specific needs or service delivery including Steps 2 Recovery, Eating Disorders and Secure Care.

The delivery of nutritional care is a multi-disciplinary task with particular input from Catering, Nursing, Medical and Dietetic staff.

1.3 Principles (Beliefs)

- The need to improve physical health through the provision of a balanced and varied diet.
- The recognition that poor mental health may have an adverse impact on nutrition due to clinical condition and the medication/ treatment provided.
- A whole day, whole service approach is applied to all food related activities and interventions. This is particularly important where care plans have identified physical health risk factors.
- Nutrition interventions are service user focused and evidence based.

2 POLICY (What) –

2.1 The Trust uses a validated screening tool: MUST (Malnutrition Universal Screening Tool), to assess service users' risk of malnutrition. The MUST encompasses factors including weight, body mass index, unintentional weight loss and acute disease to calculate the risk of malnutrition.

2.2 All service users admitted to a BSMHFT inpatient unit where incidence of malnutrition is a high clinical risk (Dementia & Frailty, Adult Acute) will have a nutrition screening assessment within 72 hours of admission. The MUST tool can be found on RiO (under Physical Assessments). These should be completed by a registered health care professional and the outcome recorded on RiO. MUST screening may also, in specific circumstances be delegated to trained members of staff who work under supervision and clinical pathways.

2.3 The MUST Tool will be used in lower malnutrition incidence areas (Secure Care, S2R, Specialities) when clinically appropriate. Weight and height will be recorded for these service users as part of the admission process.

2.4 Where appropriate, particularly when a long term admission is planned, a more detailed

assessment of nutrition and hydration preferences and needs are documented.

2.5 Personalised care plans need to be developed to address the identified nutrition and /or hydration needs with specific focus on under nutrition and cardiovascular risk factors.

2.6 All inpatient areas should have an agreed system of identifying service users who are identified as high risk of undernutrition. (For example, red plates, table mats).

2.7 If significant nutritional risk is identified and attempts at addressing the risks are not successful, a referral for specialist Dietetic assessment and intervention will be made via RiO. (Appendix 2)

2.8 The prescription of oral nutritional supplements (ONS) should only be undertaken with Dietetic supervision to ensure appropriateness, and availability.

2.9 Catering services either provided by, or contracted by, BSMHFT must provide food services that are varied, nutritionally appropriate and culturally acceptable.

2.10 The nutritional standard and adequacy of the food services will be monitored through the Trust Food Group and reporting to the Physical Health Committee.

2.11 All current, and future national food related health directives will be embraced and implemented.

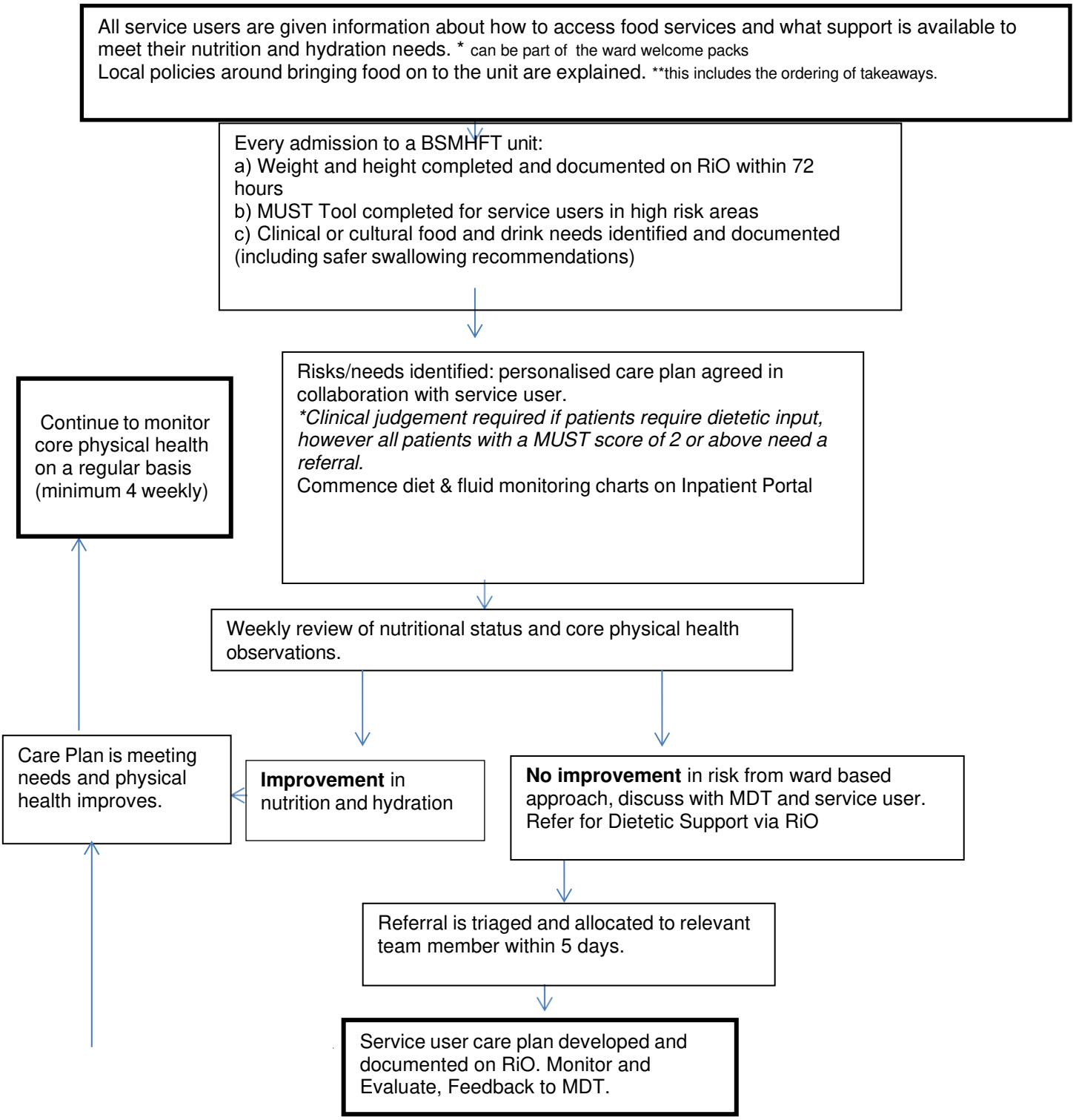
2.12 All menus are developed in line with this policy and in agreement with the nominated Catering Liaison Dietitian.

2.13 Printed, laminated menus should be prominently displayed and coded for healthy eating, high energy, vegetarian, and Halal.

2.14 All inpatient areas will fully support the principles of protected mealtimes. This includes the visible presence of staff the dining area to provide support in making food choices consistent with care plans and to promote wellbeing. (Appendix 3)

3 PROCEDURE

Identification and Management of Nutrition and Hydration Needs



4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All Staff	Ensure all service users have access to adequate food and fluid to meet their needs. Access the relevant training available	
Ward Managers and Matrons	Ensure compliance with screening, identification and management of nutrition and hydration risk. To ensure appropriate skill mix in clinical areas to support service users.	
Dietitians	Ensure referrals are actioned appropriately and clear nutritional aims of interventions are communicated. Provide training to service areas for locally relevant needs (e.g. Harm Reduction, Diabetes Care)	
Policy Lead	Monitor implementation of the policy across the Trust. Provide support and knowledge where required.	
Catering management team	To work in collaboration with service leads, service users and dietetic staff. To design and deliver menu and food services that meets the range of service user needs.	

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation		July 2023
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
Trust Food Group		
Physical Health Committee		1 August 2023
Where else presented	**Summary of feedback**	**Actions / Response**
AHP Advisory Committee	Nil	Nil

6 REFERENCE DOCUMENTS

Health and Social Care Act 2008 (Regulated Activities) CQC Regulation 14 Meeting nutritional and hydration needs
https://www.legislation.gov.uk/ukdsi/2014/9780111117613/regulation/14

Protected mealtimes Policy: http://www.hospitalcaterers.org/media/1817/pmd.pdf

Dietary Reference Values for Energy Scientific Advisory Committee on Nutrition 2011

Food Standards Agency https://www.food.gov.uk/sites/default/files/media/document/eatwell-guide-master-digital.pdf

7 BIBLIOGRAPHY

British Association of Parenteral & Enteral Nutrition: Malnutrition Universal Screening Tool (MUST) https://www.bapen.org.uk/pdfs/must/must_full.pdf

The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Service 2019 https://www.bda.uk.com/static/c24296fe-8b4d-4626-aeebb6cf2d92fccb/NutritionHydrationDigest.pdf

BSMHFT Dysphagia Policy C54

BSMHFT Enteral Feeding Clinical Guidelines

8 GLOSSARY

None

9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Freq
Nutrition Screening Tool Completed (2.1)	Lead Dietitian	RiO	Annually
Adherence to MUST Pathway – referrals to dietetics for MUST >2	Lead Dietitian	Insight	Annually

10 APPENDICES

1. Equality Impact Assessment
2. Completing the MUST Tool
3. Referral to Dietetics
4. Nutrition and Hydration Standards Summary
5. Protected Mealtimes
6. Hydration Awareness

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Policy	Nutrition & Hydration Policy		
Person Completing this policy	Lizzie Whitehead	**Role or title**	Dietetics Team Lead
Division	Corporate	**Service Area**	Nutrition & Dietetics
Date Started	21/7/2023	**Date completed**	21/7/2023
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
To ensure the nutrition and hydration needs of all service users in inpatient facilities are met			
Who will benefit from the proposal?			
All service users in inpatient facilities			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
The policy outlines that cultural food needs are identified and met as fully as possible			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
The policy ensures adequate nutritional screening of service users within inpatient facilities to ensure nutrition and hydration needs are met across all service users			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
The policy does not involve a significant commitment of resources			

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this policy promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*				*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age			X	Malnutrition and dehydration can be more prevalent in older age due to dementia, mobility, reduced appetite and co-morbidities
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	X			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	X			

People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			X	There are increased nutritional needs in persons who are pregnant or lactating
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief			X	Policy ensures religious and cultural dietary needs are to be met
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	X			
Affecting someone's right to Life, Dignity and Respect?				

Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
N/A				
How will any impact or planned actions be monitored and reviewed?				
N/A				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
N/A				
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis				

APPENDIX 2

Completing the MUST Tool :

On the service user's RiO registration page:
Go into: Assessments (on the right)
Click on Physical Health Assessment
Click on Nutrition
Click on Malnutrition Universal Screening Tool "MUST"
Date: put in the date of completion
Follow the steps listed in the form

Please note that the patients weight & height needs to be recorded under Physical Observations prior to completing this form to ensure it is completed accurately

Once the MUST Score has been calculated (this will be generated automatically), please follow the appropriate action steps listed at the bottom of the form

MUST scores of 2 or more must be referred to Dietetics

APPENDIX 3

Requesting a Dietetic Assessment:

On the service user's RiO registration page:
Go into: Referral, Transfer, and Discharge (on the right) Click on Referral Management
At the bottom of the page, click on Create New
Referral Date: put in the date referred
Service Group: Corporate Services –Nursing/AHP
Service: Nutrition and Dietetics
Care Setting: Multi setting
Referral Source: Internal to BSMHFT
Referrer: Where you are based
Referral Reason: Whichever is appropriate or can leave blank – if left blank, include reason in referral comments
Team Referred: Nutrition and Dietetics
HCP referred to: **Leave this blank**
Referral Urgency: can leave this blank (should state in referral comment if urgent)
Administrative Category: NHS Patient
Referral Comment: **For an appropriate and timely response, always include:**

- **The nutritional risk/issue and whether the Service User is aware of the referral**
- **Approximately how long since admission,**
- **Nutritional screening score, what the aim of a referral,**
- **Name of referrer and contact details.**

Date and time: of referral
Referral for Assessment: **Leave this blank**

Appendix 3

Nutrition & Hydration Standards

1. BSMHFT will provide food and drink that can meet the requirements of all its service users. When planning menus the range of different needs covered by its services will be taken into account. This includes, age, variable lengths of stay, different levels of physical health and mobility, and cultural diversity. Specific areas such as older adults, forensic, rehab and eating disorders may have additional standards.
2. All menus will provide a choice of food that allows all individual dietary needs to be met.
3. In all BSMHFT food production units all menus will be based on approved standard recipes and methods, and this will be monitored.
4. Food Services will be based on The Eatwell Guide that reflects the healthier eating guidelines (NHS Choices 2022)
5. All service users requiring special/therapeutic diets will be referred to the Nutrition and Dietetic service.
6. Menus must also the specific nutrient standards of the Estimated Average Requirements (EARs) and Reference Nutrient Intakes (RNIs) (COMA 1991).
7. The recommended daily fluid intake can vary depending on the individual and factors such as age, climate and physical activity. As a minimum, Service Users should drink at least 1200ml per day. In addition to drinks some food can also contribute (soups, jellies etc.). (British Nutrition Foundation 2023)
8. Excessive intake of fluids (above approximately 2.5-3 litres a day) – where not clinically indicated should be discouraged due to risk of electrolyte imbalances.

Appendix 4

Supported and Protected Mealtimes – time to eat, time to engage

Background

Protected Mealtimes were established in 2003 to reduce the amount of non-essential activity on wards during the meal times and allow ward staff the time to provide assistance and support to service users.

Meal times are an important time for service users not only to provide adequate nutrition and health improvement but an opportunity to support social interaction.

It supports person centred care by placing service users' needs first at mealtimes.

The ward environment, presentation of food, the timing and content of meals are important elements in enhancing the mealtime experience for service users.

Aims

- To improve the 'meal experience' for service users by allowing them to eat meals without disruption.
- To improve the nutritional care of service users by supporting the consumption of food.
- To support inpatients teams in the delivery of foods at mealtimes.
- To facilitate mealtimes as a social activity for service users.

How can we achieve this?

- To create a quiet and relaxed atmosphere in which service users are afforded time to enjoy meals and drinks, limit unwanted traffic through the ward during mealtimes, e.g. estates work and linen deliveries.
- Housekeepers/key staff to prepare environment 10 minutes prior to meal times.
- To provide an environment conducive to eating that is welcoming, clean and tidy. Consider table covering, background music etc.
- To limit ward-based activities, both clinical (i.e. drug rounds) and non-clinical (i.e. cleaning tasks) to those that are relevant to mealtimes or 'essential' to undertake at that time.
- To focus ward activities into the service of food, providing service users with support at mealtimes.
- Staff breaks to be taken before or after the mealtime periods.
- To emphasis to all staff, service users and visitors the importance of mealtimes as part of care and treatment for service users. Relatives/carers are welcome to help/provide encouragement at mealtimes as part of a service user's care plan.

Appendix 5

Hydration Awareness

S

- **Signs , symptoms and risk factors**
- repeated UTIs, fever, vomiting
- frequent falls
- postural hypotension, low blood pressure, weak pulse,
- headaches, dizziness or lightheadedness, drowsiness, confusion
- dry mouth, lips or eyes
- on diuretics
- open or weeping wound
- hyperglyceamia
- constipation, diarrohea

I

- **Intake**
- Asses intake for a day, use the fluid intake chart
- Normal intake is 8 or more cups of fluid (>1600mls), be aware of excessive fluid intake and its underlying causes
- 6- 8 cups of fluid may put the individual at risk of dehydration (1200 - 1600mls)
- Less than 6 cups (1200mls) indicates a high risk

P

- **Plan**
- If there are no signs and symptoms and intake is good keep encouraging fluid
- If intake is between 6-8 cups a day encourage more frequent drinks, check the number of times they are passing urine (4-7 times a day is normal) and investigate the signs and symptoms
- If intake is less than 6 cups a day increase the intake gradually by ensuring they are encouraged drink, monitor fluid intake and monitor signs and symptoms
- Write in the care plan