



Title	Food, Fluid and Nutritional Care Policy
Document Type	Policy
Issue no	FFN/001/01
Issue date	<i>November 2017 (Updated April 2018)</i>
Review date	<i>(Nov 2019 Extended to Jun 2021), extended to Nov 21</i>
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Equality & Diversity Impact Assessed	November 2017

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Intent/Purpose

NHS Borders recognises the importance of good nutrition in the delivery of quality care. The aim of this policy is to ensure NHS Borders works towards and attains compliance with the Food, Fluid and Nutritional Care Standards (2014), the Complex Nutritional Care Standards (2015) and the Food in Hospitals National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2016). In meeting these standards NHS Borders will ensure the delivery of the highest standard of assessment and monitoring, and delivery of safe, effective and person centred care in relation to meeting the food, fluid and nutritional needs of all patients, paediatric and adult, ensuring all patient groups are included in both hospital and community settings.

Staff should be aware of additional supporting documents which are relevant to this policy: NHS Borders Food, Fluid and Nutritional Care Strategy (2017), NHS Borders Best Practice Guidelines for Enteral Feeding (2017), Malnutrition Universal Screening Tool (MUST 2011), Paediatric Yorkhill Malnutrition Screening (PYMS) Tool (2009), NHS Quality Improvement Scotland Best Practice Statement: Caring for Children & Young People in the Community Receiving Enteral Feeding (2007), NHS Borders Meal Co-ordinator role descriptor responsibilities (2017), Healthcare Improvement Scotland (HIS) Food, Fluid and Nutritional Care Standards (2014) and HIS Complex Nutritional Care Standards (2015). Dietetic and specialist nutritional teams involved in the patients' pathway must also be included when appropriate.

Introduction

Eating well and enjoying food is fundamentally important for every individual's health and wellbeing. In a hospital setting appealing food and good nutrition is more than this, here it is vitally important.

Food, fluid and nutrition are fundamental to health and wellbeing, and therefore to quality and safety in healthcare.

The British Association for Parenteral and Enteral Nutrition (BAPEN) report revealed that overall, malnutrition affected 24% of adults on admission to hospital in Scotland. Nutritional needs vary over a person's lifetime and are influenced by such things as age, activity levels and disease. The 'nutritionally vulnerable' often have small appetites and poor food intakes. Older adults are more likely to be undernourished when admitted to hospital and remain so during their stay. Malnutrition can delay recovery and result in other complications in older populations and those who are ill.

Nutrition and hydration have a key role to play in healthcare. In order to be effective, nutritional care must adapt and change during the progress of a person's life and illness. This requires monitoring and reassessment of the person's nutritional status,

implementation of a personal management plan of nutritional screening and appropriate referral to dietetic services in hospital and/ or community. An oral health risk assessment and timely referral to dietetic and oral health specialist care and services should also be undertaken in all settings.

Background

Food Fluid and Nutritional Care Standards¹ were published by Healthcare Improvement Scotland in 2014. Development of these standards followed review of the Food Fluid and Nutritional Care Standards (2003) and consideration of related guidance e.g. Food in Hospital, National Catering and Specification for Food and Fluid Provision in Hospital (2008). In addition the scope of the standards was expanded to include community thus the six standards were able to address nutritional care needs throughout the patient's journey.

Standards

1. NHS Borders will strive to deliver nutrition and hydration in ways that comply with HIS standards and will be used as a framework to achieve best practice in nutritional care regardless of the care setting.

- 1.1 NHS Borders Food, Fluid and Nutritional Care Steering Group (FFNCSG) will oversee development, implementation and review of the food, fluid and nutritional care strategy and policy spanning all ages whether at home, in a community or hospital setting
- 1.2 Responsibility for implementation of the strategy and policy will sit with the FFNCSG
- 1.3 The FFNCSG and any sub-groups will be multi-disciplinary and involve members of the public
- 1.4 The FFNCSG will convene a sub-group to benchmark any new nutrition related national reports or standards which may have implications for food, fluid and nutrition provision across NHS Borders
- 1.5 The FFNCSG reports to the NHS Borders Clinical Governance Committee, which reports to the NHS Borders Board.

2. To ensure patients get the nutritional care they need, they will be screened on admission and weekly throughout their stay. If necessary, a personal nutritional care plan will be implemented.

- 2.1 A Malnutrition Universal Screening Tool (MUST) will be completed for all adult Borders General Hospital (BGH)/Community Hospital inpatients within 24 hours of admission and reviewed as indicated, but as a minimum weekly. This should be completed under the direction of a registered nurse
- 2.2 If a patient is not well enough to be weighed, then a weight will be estimated and the patient will be weighed at the earliest opportunity
- 2.2 An oral health risk assessment will be completed within 24 hours of admission
- 2.3 Each patient identified as being at risk of malnutrition will have an individual nutritional care plan documenting their risk and actions required
- 2.4 Similarly, patients will be screened and an individualised care plan put in place wherever NHS Borders services are provided, either in a patient's home or other NHS setting (e.g community day centre or outreach service). Screening will be part of initial assessment carried out by the patient's relevant health care team. Repeat screening will be carried out in line with clinical need and NHS Borders MUST guidance.
- 2.5 Clinical areas and community teams will have access to and use appropriate equipment to enable assessment of a patient's nutritional status
- 2.6 All patients at risk of malnutrition whether in hospital or community will be referred for specialist dietetic assessment
- 2.7 Patients with eating and swallowing difficulties need to be identified in a timely manner and referred promptly to Speech and Language Therapy (SLT) for assessment of swallowing difficulties. An appropriate management plan should then be put in place
- 2.8 The PYMS tool should be completed within 24 hours of admission for all inpatient children between the ages of 1-16 to identify those at risk of malnutrition; the PYMS score will be repeated after a week for children scoring 0 and after 3 days for children scoring 1, children scoring 2 will be referred to paediatric dietetics. For infants, weight, length and head circumference should be measured and plotted on an appropriate growth chart.

3. NHS Borders recognises the need for the best possible nutrition in order to manage disease and improve health outcomes and wellbeing.

- 3.1 A mealtime co-ordinator will be identified in ward areas for each mealtime: the mealtime co-ordinator role descriptor will be adhered to
- 3.2 A Protected Mealtimes policy will be adhered to allowing patients to eat with no unnecessary interruption, families and carers will be encouraged to be involved at mealtimes where appropriate
- 3.3 A menu review group will be in place at any time of significant menu change which will include the multi-disciplinary team and public involvement
- 3.4 Food quality audits will be carried out regularly by the catering department to ensure that food is served at the correct temperature and consistency, is attractively presented and of good quality
- 3.5 Patient feedback will be formally sought via questionnaires issued by the catering department twice per year and any necessary changes made by them following feedback.

4. NHS Borders is committed to creating an environment in which people can enjoy their meals and consume food and drinks safely, as recommended in the Food, Fluid and Nutritional Care Standards.

- 4.1 Food and fluid will be provided to patients in a way that is safe, aids recovery and is acceptable to them
- 4.2 Patients will have a choice of nutritious food and fluid options as well as a choice of portion size which take account of their religious, cultural and dietary preferences
- 4.3 Patients will choose their food and fluid options at a time that is appropriate for them and as near to meal delivery time as possible
- 4.4 Appropriate assistance will be given when making menu choices
- 4.5 Patients will be given assistance with eating and drinking if required while food/fluid is at the correct temperature
- 4.6 Patients will have access to out-of-hours food and fluid as required
- 4.7 Menus will cater for varying nutritional needs and requirements of patients taking into account those who are nutritionally vulnerable. This includes the provision of texture modified diets and therapeutic diets
- 4.8 Allergen information will be available for the 14 key allergies. Information regarding known allergies will be documented in the admission section of the inpatient record or within the patient held record.

5. All staff will ensure that patients and carers are informed, involved and supported in all stages of their care and have access to information in relevant formats to support decision making.

- 5.1 Patients (and carers where appropriate) will have the opportunity to discuss, and are given information about, their food, fluid, nutritional care and mouth care
- 5.2 Patient's views are sought and inform decisions made about the food, fluid and nutritional care provided. They will be supported if required to make an informed choice
- 5.3 Person-centred education and communication will be shared with the patient (and/ or their carer) along with evidence based written information to empower patients and encourage supported self management where appropriate. This will include availability of mouth care resources and signposting to dental services.

5.4 Discharge planning will include signposting to other services such as weight management programmes, lunch clubs, shopping services and meal makers where relevant.

6. NHS Borders will ensure staff and volunteers receive regular, high quality training in nutritional care and patient support.

- 6.1 All staff will receive nutrition training and education commensurate with their duties and responsibilities and have access to ongoing continuous professional development
- 6.2 All staff, carers and volunteers will have appropriate Hand Hygiene education
- 6.3 Existing nurses and healthcare support workers (HCSWs) will have training co-ordinated by Training and Professional Development. This will include Caring for Smiles and Childsmile training where appropriate
- 6.4 Nutrition will become a key clinical competence to be completed in the first 6 months of starting employment as a registered nurse
- 6.5 Mealtime volunteers will undertake a training session prior to starting their role
- 6.6 Every department will identify a link person/ ambassador who will have specific training related to their role
- 6.7 Training data will be fed back to the FFNCSG on a quarterly basis.

References

1. Healthcare Improvement Scotland: Food, Fluid and Nutritional Care Standards, October (2014)
http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/nutritional_care_standards.aspx
2. Healthcare Improvement Scotland: Complex Nutritional Care Standards, December (2015)
http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/complex_nutrition_standards.aspx
3. NHS Borders Food, Fluid and Nutritional Care Strategy (2017)
4. NHS Borders Best Practice Guidelines for Enteral Feeding (2017)
<http://intranet/resource.asp?uid=8787>
5. Malnutrition Universal Screening Tool (MUST) Toolkit (2011)
<http://www.bapen.org.uk/screening-and-must/must/must-toolkit>
6. Paediatric Yorkhill Malnutrition Screening Tool (2009)
<http://www.knowledge.scot.nhs.uk/media/2592959/pyms%20user%20and%20info%20guide.pdf>
7. NHS Quality Improvement Scotland Best Practice Statement – Caring for Children and Young People in the Community receiving enteral feeding (2007)
http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/caring_for_children_and_young_people.aspx
8. NHS Borders Mealtime Co-ordinator Role Descriptor
9. Nutrition screening surveys in hospitals in Scotland, 2007-2011, British Association for Parenteral and Enteral Nutrition (BAPEN) (2014)
<http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf>
10. Food in Hospitals National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland. Scottish Government (2016)
<http://www.gov.scot/resource/doc/229423/0062185.pdf>
11. Caring for Smiles Manual – Better Oral Care for Dependant People
www.nes.scot.nhs.uk/media/2603965/caring_for_smiles_guide_for_care_homes.pdf
12. Adults with Incapacity (Scotland) Act (2000)
<https://www.legislation.gov.uk/asp/2000/4/contents>

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Roles and Responsibilities

Role	Responsibility
Director of Nursing, Midwifery and Acute Services and Medical Director	The Executive Nurse Director has strategic responsibility for: Food, Fluid and Nutritional Care, ensuring systems are in place to raise awareness; implement this policy across hospital settings; and enable appropriate support to be provided to staff in delivering practice, as outlined in this policy. The Medical Director has a role in ensuring medical staff awareness of this policy and the NHS Borders Food, Fluid and Nutritional Care Strategy
Food, Fluid and Nutritional Care Steering Group	<p>Is responsible for setting appropriate and relevant standards of competency to educate and train all staff and volunteers</p> <p>Is responsible for overseeing food, fluid and nutritional care policy implementation, monitoring and reporting</p> <p>Advises the Board on all aspects of delivering food, fluid and nutritional care for individuals including screening and assessment, care planning and provision of appropriate nutritional care</p> <p>Ensure appropriate mechanisms are in place for the effective engagement of representation of the public, professional staff and clinical leads from across NHS Borders</p> <p>Undertakes the necessary work to ensure the promotion and delivery of safe, effective, person centred nutritional care</p> <p>Oversees the work of sub-groups which have delegated responsibility for developing policies and processes for each HIS standard</p> <p>The FFNCSG reports to the Clinical Governance Committee, which reports to the NHS Board.</p>
Associate Directors of Nursing, Associate Medical Directors, Heads of Service and General Managers	<p>Ensure that budgets are set and managed so that the nutritional requirements of all individuals can be met whatever feeding route is deemed clinically appropriate</p> <p>Ensure an adequate training and education programme is available for all staff involved in nutritional care assessment and delivery</p>
Clinical Service Managers, Clinical Nurse Managers and Community Nurse Managers	Are responsible for ensuring all staff have received appropriate training in nutritional care using a person-centred coaching tool
Clinical Governance and Quality	<p>Will provide support to the audit process to monitor compliance with the standards including the monitoring of complaints</p> <p>Develop Person Centred Coaching Tool for Senior Charge Nurses to use in clinical areas to audit compliance with FF&N standards</p>
Senior Charge Nurses/Team Leaders	<p>Ensure that staff are supported to be released for agreed training sessions</p> <p>Use Person Centred Coaching Tool approach as audit mechanism to provide learning and ongoing training to teams and test effectiveness</p> <p>Ensure if there is uncertainty that the adult has capacity to give or withhold consent, reference is made to the Adults</p>

	<p>with Incapacity (Scotland) Act 2000 and further advice sought</p> <p>Ensure that equipment and resources are available for healthcare workers to provide adequate nutrition and hydration to all patients for example adaptive cutlery/crockery/cups</p> <p>Ensure that individuals with complex nutritional requirements have appropriate support from expert staff, for example Dietitians, SLT, Nutritional Support Team, Clinical Nurse Specialist Gastroenterology</p> <p>Ensure that all staff caring for patients in NHS Borders can carry out a nurse swallow screen and identify patients who require referral to SLT services</p> <p>Ensure that patients with eating and swallowing difficulties have a chart above their bed with SLT recommendations which have been discussed with the clinical team, patient and carers as appropriate</p> <p>Ensure compliance to food, fluid and nutritional care policies (ie protected mealtimes, food hygiene)</p> <p>Promote mealtime support from healthcare volunteers</p>
Link Nurses/ Nutritional Ambassadors	See Appendix 1
Dietitians	<p>Ensure that on receipt of referral liaise with nursing, medical and other relevant professionals</p> <p>Assess and develop an individual nutritional care plan</p> <p>Monitor and review dietetic care plan</p> <p>Liaise with appropriate healthcare professionals regarding ongoing care and ensure relevant dietetic information is included in discharge letters for patients leaving hospital</p> <p>Advise on oral nutritional supplements, enteral and parenteral nutrition in conjunction with the NST when required</p>
Speech and Language Therapists	<p>Ensure patients have timely assessments of their dysphagia</p> <p>Ensure appropriate management plans are in place for patients which may include strategies and texture modification of food/fluid in line with National Descriptors</p> <p>Plans should be effectively communicated to allow the team to make the most appropriate decisions to ensure adequate nutrition can be provided in the most appropriate form</p> <p>When issues are identified regarding dysphagia which may compromise adequate nutritional management, these must be highlighted to the clinical team</p> <p>Provide appropriate SLT recommendations to people assessed by them and record progress in the relevant documents</p> <p>Regularly assess, review and provide advice/ treatment along the patients journey to ensure maximum recovery</p>
Occupational Therapists	Provide advice in relation to correct positioning, appropriate aids, equipment, feeding techniques and adaptations
Physiotherapists	Provide advice on postural management to optimise safe eating, drinking and swallowing
Pharmacists	Supply nutritional products that are unable to be obtained via procurement

	<p>Advise on any adverse interactions between nutrients and drugs</p> <p>Dispense medicines in a suitable form for optimal up-take</p> <p>Advise on prescribing suitability and timing of administration of medicines for individuals on enteral and parenteral nutrition</p>
Catering Service	<p>Develop menus in conjunction with the Dietetic Team to ensure that all patients nutrition and hydration needs are met</p> <p>Ensure availability of meals and snacks 24 hours a day, according to National Catering Standards</p> <p>Ensure the needs of patients are met through meal provision taking account of clinical, cultural and religious needs or lifestyle</p> <p>Ensure a range of children's meals are available which has had input from the catering and paediatric dietitians where necessary</p> <p>Is responsible for undertaking food quality audits as well as conducting bi-annual patient satisfaction surveys</p>
Healthcare Support Workers	<p>Support the mealtime co-ordinator and clinical staff to prepare patients for mealtimes by offering them personal care including mouthcare, handwashing and if necessary assistance to clean their hands</p> <p>Support and assist patients to eat and drink at their bed or away from their bed if clinically appropriate maximising patients' dignity at all times</p> <p>Ensure patients are provided with the equipment and utensils for eating and drinking that meet their individual needs</p> <p>Support patients after mealtimes with personal care where appropriate</p>
Individual Clinicians	<p>Assess patients nutritional status using the MUST/ PYMS tool within the agreed timescale on admission and draw up an appropriate care plan.</p> <p>Be able to undertake a nurse swallow screen and referral to SLT if required</p> <p>Monitor nutritional status on a regular basis and act on assessment outcomes</p> <p>Refer to appropriate healthcare professionals to support individual needs (Dietitians or SLT)</p> <p>Ensure patients are supported to receive appropriate nutrition and hydration</p> <p>Ensure patients identified as 'Nil by Mouth' have appropriate safety measures in place</p> <p>Ensure patients requiring modified food and fluid receive appropriate textured diet in line with SLT recommendations and national descriptors</p> <p>Ensure Mealtime Co-ordinator role is in place in all settings serving food and fluids</p> <p>Ensure the Protected Mealtimes Policy is adhered to at all times to minimise interruption to meals and to enhance the mealtime experience, taking account of support from carers/ volunteers</p> <p>Ensure patients receive assistance, aids or supervision to eat and drink as required</p>

	<p>Ensure food and fluid charts are completed correctly and acted upon</p> <p>Liaise with registered staff on the ward/department if there are concerns over a patient's food and/ or fluid intake</p> <p>Liaise with appropriate teams when planning the discharge of patients requiring enteral feeds as advanced notice is required</p> <p>Ensure all patients are discharged appropriately, taking account of their ongoing ability to manage their food and fluid intake independently and where necessary, refer to relevant healthcare professionals in the community</p>
Mealtime Co-ordinators	See Appendix 2
Mealtime Volunteers/ Carers	Must work under the direction of the Registered Nurse responsible for the care of the patients to assist named individuals or loved ones with a range of activities associated with mealtimes
Medical Staff Consultant in charge of the patient retains ultimate responsibility	<p>Liaise with the MDT to be aware of the nutritional needs of the individuals in their care</p> <p>To be aware of and actively support the protection of mealtimes</p> <p>To advise the MDT on medical issues that may hinder the delivery of optimal nutritional support</p> <p>Ensure that all medical staff receive specific nutrition training at induction and as part of annual updates</p> <p>Ensure 'Capacity' training is included in induction training for all new Doctors and in annual updates for Consultants</p>
Training & Professional Development	<p>Ensure all staff receive nutrition training and education commensurate with their role on employment</p> <p>Ensure all existing staff receive update nutrition training</p> <p>Mealtime volunteers will undertake a training session prior to commencing with their role</p> <p>Submit training data to the FFNCSG on a quarterly basis</p>
Oral Health Staff	<p>Will facilitate training for Caring4Smiles and Childsmile Oral Health Improvement Programmes.</p> <p>Caring for Smiles is Scotland's national oral health promotion, training and support programme for staff in all care settings. The guide is designed to support training and be a source of best practice and advice on oral health issues for nursing/care staff. It also gives guidance on oral risk assessment and referral process, should a patient require dental care from a dental professional/dental team. Childsmile's aim is to reduce inequalities in oral health and ensure access to dental services for every child in Scotland from birth</p>

Appendix 1

Food Fluid and Nutrition Link Nurse Descriptor

Terms of Reference

Nurses are key to the successful delivery of nutritional care. Nutrition is fundamental to good patient care and the needs of the patients are best addressed using a multi-disciplinary approach.

This document provides some details about the expectations of the role that you are undertaking and the support you can expect.

AIM:

- To attend Link Nurse Study Days and cascade information within your area
- To share and monitor safe evidence based current practice within your area
- To establish networks of appropriately trained links Locally and Nationally
- To use the network to monitor standards and improve the care of the service users within your area.
- To escalate any concerns to your Line Manager

REQUIREMENTS:

- Be enthusiastic, willing to learn with an interest in the FF&N Speciality
- To have a basic understanding of the FF&N Speciality and a desire to expand this knowledge
- Possess good communication skills
- To be in a position to be a change agent and have an interest in Quality Improvement with the support of your line manager
- To act as a role model for colleagues, service users, their visitors and carers
- To be able to attend Link Nurse study days/FF&N and Catering Forum meetings where possible as agreed with your line manager or send a deputy if unable to attend
- Cascade information within your area

ROLES AND RESPONSIBILITIES

- **Commitment to the role by** creating a positive approach within the team to meal times- patient comfort and position, hand washing, good oral care, access to fluids, time to eat and drink, protected meal times(Health Improvement Scotland eat well, get well stay well campaign).
- **To attend** Food, Fluid & Nutrition Link Nurse Study days/updates a minimum of twice annually.
- **Support the education of ward nursing staff** with regards to MUST, documentation /care planning, speech and language therapy (SLT) dysphagia training and assessing staff competencies. Support the SCN/CN's in addressing educational issues identified through implementation of Patient Centred CareTool (PCCT). Ensure awareness of policy and guidelines including Caring for Smiles referral process into dental services, SLT, and weekend/ out of hours ordering of enteral feeds.
- **Support ward nursing staff to** understand the importance of MUST and nutritional assessment in the patient's journey, including identify difficulties that can impact on eating and drinking such as swallowing, dental/oral health issues, vision and difficulties to eat and drink independently.
- **Support SCN/CN to improve** quality of nutritional care on the ward and ensure there is sufficient height and weight measuring equipment and in good working order. Ensure MUST folder is up to date with the latest information and tape measures.
- **To ensure that all nursing staff** are aware of process for ordering meals, extra snacks and how to obtain adaptive eating /drinking equipment for any patients who may require extra assistance.
- **To ensure that daily Oral health** is carried out and recorded daily and that staff are aware of the ordering of oral health resources from top up list.
- **The FF&N Lead Nurse** must be a resource for registered nursing staff with regards to enteral feeding and management of enteral feeding tubes. Name of Lead Nurse for FF&N must be displayed prominently in the ward.
- **To Liaise within the multidisciplinary** team as an advocate for the patient.
- **Awareness** of all policies, guidelines, etc relating to Food Fluid and Nutritional care within NHS Borders.Information can be found on Food Fluid and Nutrition microsite on the Intranet.

Appendix 2

Ward Meal Coordination - Roles/Responsibilities

Nurse in Charge of Ward

- Ensure a HCSW is identified and appointed daily/per shift as meal coordinator.
- Ensure that staff breaks do not commence/are managed to ensure all staff as far possible are present on the ward at the time patient meals arrive and until the meal coordinator confirms all patient meals are distributed and all patients requiring assistance have a member of staff allocated.
- Where concerns about patient safety in relation to swallowing, choking or aspiration, ensure Speech and Language Therapy assessment/advice has been requested.
- At mealtimes discourage all non-essential activity and as far as possible limit interventions that will interrupt the patient's meal.
- Where appropriate request AHP assistance at mealtimes with positioning and assessing patients' needs in respect of equipment/environment in relation to eating/drinking.

Meal Coordinator

- At start of day/shift identify all patients:
 - on special diets/particular food requirements e.g. textured food, supplements, restricted foods, etc.
 - with dysphagia (swallowing problems)
 - nil by mouth
 - with food allergies
 - food charts
 - requiring adapted cutlery
 - requiring assistance with eating/drinking.
- In advance of expected time of arrival of meal trolleys, coordinate with colleagues to ensure:
 - **30 minutes before** begin preparation for efficient meal delivery, this includes ensuring:
 - patient toileting needs addressed
 - oral hygiene is attended to (particularly patients with dysphagia)
 - patient hand hygiene addressed i.e. hand washing or hand wipes offered and encouraged
 - bed tables cleared and cleaned
 - communal tables (where in situ) are cleared and cleaned
 - where required adapted cutlery and cups provided
 - patients who require to wear dentures have these in place checking firstly that these are clean
 - allocate staff to provide 1:1 for patients with dysphagia who require assistance with feeding or monitoring when eating/drinking
 - staff are aware of patients with dysphagia that are on new or changes diet as per SLT recommendations and the need to observe how the patient manages with the new/changed diet.

- **10 minutes before:**
 - patients who do not need to remain in bed are appropriately positioned in a chair with meal table in place in front of them
 - patients who need to remain in bed are in an appropriate position to eat, i.e. in an upright position at 90°
 - where communal table are in situ patients encouraged and assisted as appropriate to walk/get to the table and seated
 - ensure patients' clothing is appropriately protected e.g. provide napkins, aprons, etc as required.
- Ensure all staff are alerted when the meal trolley arrives on the ward.
- Communicate/remind staff:
 - about patients on special diets
 - to be aware of patients requiring assistance to open packaging on such things as yougurt pots, butter packs, ice cream, etc
 - to assist as required with spreading bread, crackers, etc and cutting up food
 - to provide water ensuring this within reach of the patient, unless contraindicated by SLT recommendation
 - to offer salt, pepper, sauce, etc.
 - alternatives are available from the kitchen if patient's preferences have changed
 - to wear blue aprons when giving out meals
 - retain fruit and pre-packaged, dated foods on ward, refrigerated where necessary to be consumed later
- Commense distribution of patient meals.
- Inform the nurse in charge when all patient meals are distributed and all patients who require assistance being attended to.
- Alert the nurse in charge of any patient who refuses food and/or fluids.
- After all patients have finished eating, remind staff to:
 - complete food charts accurately when collecting trays
 - offer hand wipes and ensure patients hands/mouth/clothes are free of foodstuffs
 - tidy and wipe tables ensuring all debris is removed
 - before returning trays to the trolley remove plastic pots, paper napkins, check for patient's dentures, etc.
 - ensure patients with dysphagia have completion of thorough oral hygiene, paying particular attention to roof of the mouth, soft palate and back of the throat.
 - record in the individual AUPR for any patient with dysphagia how they coped with their diet where this is newly recommended or changed.
- Ensure all patient menus are completed for the following day checking menu choices meet basic nutrition requirements and all special diet information is clearly marked on the menu card.

NB in admitting wards such as MAU the Meal Coordinator is responsible for co-ordinating with the kitchen regarding special meals and ensuring the correct menu card is completed for new patients.