

<b>Reference Number:</b> UHB 367 <b>Version Number:</b> 1.3	<b>Date of Next Review:</b> 18.07.2023 <b>Previous Trust/LHB Reference Number:</b> Split from Trust policy T259
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## Nutrition and Catering Procedure for Inpatients

### Introduction and Aim

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.

### Objectives

- 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, procurement 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.

### Scope

This procedure applies to all of our staff in all locations including those with honorary contracts

### Equality and Health Impact Assessment

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.

### Documents to read alongside this Procedure

Nutrition and Catering Policy for Inpatients UHB 259

### Approved by

Quality Safety and Experience Committee on... **TBC**

Accountable Executive or Clinical Board Director

Executive Director of

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<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	12 <sup>th</sup> September 2017	3.11.17	The procedure has been separated from policy UHB 221
1.1	15 <sup>th</sup> 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.
1.2	12 <sup>th</sup> November 2020		Update of NG bridge procedure (UHB 067) Allergy section added (5.1)
1.3	12 <sup>th</sup> November 2020		Food Allergies and Patient Safety
1.4	December 2022		Safe Management of Food Bought in by Visitors and Appendix 4
1.5	December 2022		Standard Operation Procedures for blended diets in adult and paediatric clinical areas

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## 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 Health and Care Standards for Wales 2015, All Wales Nutrition Care Pathway and the 'All Wales Food/Fluid Record Charts', and the 'The All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients'. These have been referenced alongside BDA digest, National food strategy 2022, A Healthier Wales / healthy weight healthy Wales, NHS Wales Estates and Facilities Alert Food Allergens January 2020

A major challenge facing caterers and clinicians 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 Pennington's sentinel work found that 75% of hospital patients assessed to be undernourished on admission lost more weight during their stay. BAPEN reported in 2008 that a number of studies have demonstrated a 20-75% increased length of stay in malnourished compared to non-malnourished patients. Malnourished patients have a threefold greater complication rate during surgery, they require more medication, and their mortality risk is higher than well-nourished patients. 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 stay. The cost of malnutrition to both patients and the Health Service cannot be over stated. Data from BAPEN (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.

Children are especially vulnerable to poor nutrition with their extra requirements for growth and development. Changes in their environment are also more likely to affect them than adults. The SACN dietary reference

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values 2011 set out what should be considered in terms of energy and nutrition when catering for 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.

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, renal, 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.

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.

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 or Deputy 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.

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## 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, All Wales Food Record Chart and Nutritional Care Pathway.

This procedure will be supported by other documents including:

- Cardiff and Vale Nutrition and Catering Procedure for Inpatients (UHB 367 V3.3)
- 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 (2011) <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>
- [Introduction | Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance | NICE](#) Hydration tool kit [Health in Wales | New toolkit encourages good hydration for hospital patients](#)
- BDA Digest [NutritionHydrationDigest.pdf \(bda.uk.com\)](#)
- English Nutritional standards for healthcare food and drink [NHS England » National standards for healthcare food and drink](#)
- NHS Wales Estates and Facilities Alert Food Allergens January 2020
- BDA Practice Toolkit – Blended diets with enteral feeding tubes November 2021

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

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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, procurement, 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.
- 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 for 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. [The Code \(nmc.org.uk\)](http://nmc.org.uk)
- 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.



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## 5.1 Food Allergens and Patient safety

- Cardiff and Vale University Health Board has a legal responsibility to ensure patients with food allergies or intolerances are provided with information regarding the presence of food allergens within the food served, and have the risk of cross contamination minimised during procurement, storage, preparation and service. (NHS Wales Estates and Facilities Alert Food Allergens January 2020)
- The Nutrition and Hydration Bed Plan developed by the dietitians is the UHB safety procedure for identifying and communicating patient's food allergies, food intolerances and therapeutic/ standard diet to the catering staff, and wider ward team, enabling appropriate meal and snack provisions.
- Patients should be able to make informed choices regarding their food and have the ability to choose from a range of Free From foods should they require absolute assurance of no cross-contamination risk.
- It is the responsibility of the nursing staff at admission to document on the Nutrition and Hydration Bed Plan any special diets or known food allergies or intolerances, and update the information as clinical needs change.
- It is the nursing staff's responsibility to ensure the Bed Plan is printed off daily for the Catering staff to inform them when catering for the ward.
- It is the responsibility of the UHB to ensure all staff involved in the preparing and serving of food have the appropriate training in allergen management.
- It is the Catering staff's responsibility to understand how to use diet and allergen coding for food products and should be aware of the possibilities of cross contamination, and work in a way to minimise this.
- Any issues arising from allergens should be reported through the UHB incident reporting system, Datix, and any incidents are fully investigated and relevant actions taken.

## 5.2 Safe Management of Food Bought in by Visitors

see appendix 4 for full document

- The Health Board is obligated to comply with the requirements of the Food Hygiene (Wales) Regulations 2013, Food Safety Act 1990 and associated legislation.
- Cardiff and Vale University Health Board aims to support all patients in hospital to meet their nutrition and hydration needs by offering patients a healthy balanced menu with a range of hot and cold food and drinks and snacks.

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- We appreciate that patients may like to have food brought in by a relative or a friend. It is important that this is done safely to reduce the risk of infection, food poisoning and unwanted interaction with prescribed medication.
- Guidance has been developed for the safe management of food bought into for patient consumption Dec 2022.
- The guidance includes advise on storage in ward fridges and bedside locker, length of storage, high risk foods to avoid, when to risk assess and staff responsibilities.

## 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 or deputy 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.

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- The patient food budget should be valued as an essential clinical service and treatment.

## 7.2 Operational

### Dietitians

Registered Dietitians (RD) are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level.

- Dietitians work as integral members of multi-disciplinary teams to assess, diagnose and treat complex clinical conditions with dietary and nutritional advice. Dietitians work to help people to make appropriate dietary changes and to translate the complex and often confusing science of nutrition into simple food choices.
- A Registered Dietitian is responsible for providing a more in-depth nutritional assessment for patients identified as 'at risk' following initial nutritional screening.
- Dietitians provide specialist advice to other professionals, both clinical and non-clinical, on the nutritional needs of patients.
- Dietitians provide support to catering and nursing staff in the provision of good nutrition in our hospitals, and ensure that the Health Board meets the national standards for nutrition, and develop menus which contain a sufficient range of meals to meet individuals' therapeutic, religious and cultural needs

### 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

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- The Registered Nurse or Midwife, working to the Code, Standards of Conduct performance and Ethics for Nurses, Midwives (NMC 2018 [The Code \(nmc.org.uk\)](http://nmc.org.uk)) 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 adopt the principles that supports Johns campaign. 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 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

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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 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’ 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

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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.

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.

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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**

- All patient menus must meet the All Wales Nutrition and Catering Standards for Food and Fluid provision for Hospital Inpatients – 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, 2<sup>nd</sup> edition 2017 The British Dietetic Association.
- 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.

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- 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.
- 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**

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 Kingdom. 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



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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 Government-

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

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<sup>1</sup>

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

## **8.5 Nutrient and Food Based Standards- Children**

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.

The role of nutrition in health and disease is well recognised, and children are particularly vulnerable to poor diet and nutrition, because of their extra requirements for growth. Additionally, children's intakes and appetites can be much more adversely affected or influenced by external factors than adults. There is increasing evidence that children can be influenced to maximise their diet and health, but this needs to be done as early as possible. The role and influence of hospital catering is absolutely paramount when trying to make improvements relating to the nutrition of children and young people. Health and behaviour developed during childhood and adolescence is often carried through into adulthood and can affect health later in life.

SACN dietary reference values 2011 provide guidance when catering for children and adolescents.

- It is good practice to have a separate children's menu with child friendly/ familiar dishes as well as dishes that promote healthier

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meals, with variable portions sizes for the children of all age groups and stages of development.

- Menus should reflect a diet that does not put children and adolescents at long term risk of obesity, dental decay and cardiovascular harm. The menu should provide scope for education in health and disease management.
- Menu planning groups should work closely with children, parents and carers in planning the menu for children considering 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.
- 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/meals 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 Government

## 8.6 Standards for Fluid Provision

- 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.
- 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

- 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

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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.

### **8.8 Blended Diet Guidance – Adults and Children (Appendix 5)**

- There is increasing public interest in the use of liquidised or blended food as an alternative to commercial food formulations for tube feeding particularly for children. Many of these children are now entering into adult services.
- Risk assessments and Standard Operating Procedures have been completed for adult and child inpatient services

## **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 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 package, all food handlers are expected to complete food hygiene, and food allergen training

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', and allergen awareness. 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.

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## 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. 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>
- Welsh Government. Health and Care Standards for Wales April 2015 [Health standards framework english \(gov.wales\)](#)
- 32 NICE (2012) Quality standard 24 Nutritional Support in Adults  
[Overview | Nutrition support in adults | Quality standards | NICE](#)
- Hydration tool kit [Health in Wales | New toolkit encourages good hydration for hospital patients](#)
- BDA Digest [NutritionHydrationDigest.pdf \(bda.uk.com\)](#)
- English Nutritional standards for healthcare food and drink [NHS England » National standards for healthcare food and drink](#)
- NHS Wales Estates and Facilities Alert Food Allergens January 2020
- BDA Practice Toolkit – Blended diets with enteral feeding tubes November 2021 [Contents \(bda.uk.com\)](#)

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## 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 patient's 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.

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## **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.”

<b>Activity</b>	<b>Rationale</b>
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



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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)
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### **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/ food allergy
- 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/ food allergy
- 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/ food allergy
- 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

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

## **Appendix 4: Safe Management of Food Bought into a Hospital Setting for Patient Consumption**

### **December 2022**

The Health Board is obligated to comply with the requirements of the Food Hygiene (Wales) Regulations 2006, Food Safety Act 1990 and associated legislation.

Please refer to the Health Boards food safety policy and EU Food Information to Consumers (FIC) food legislation introduced in December 2014 Cardiff and Vale University Health Board aims to support all patients in hospital to meet their nutrition and hydration needs by offering patients a healthy balanced menu with a range of hot and cold food and drinks and snacks.

We appreciate that patients may like to have food brought in by a relative or a friend. It is important that this is done safely to reduce the risk of infection, food poisoning and unwanted interaction with prescribed medication.

### **Special Diets**

The nutrition and hydration bed plan must be completed by nursing staff, for all patients, and especially those with special dietary requirements, food allergies or intolerances. It is important for visitors to check with nursing staff that certain foods are suitable for patients before bringing food or drinks in. Patients with swallowing problems may require food or drinks of a specific texture or thickness e.g. a 'Easy to Chew' or 'Puree', please check with the ward staff before bringing in any food or drink.

### **Food Storage**

If visitors are bringing food items into hospital they should be encouraged by the ward team to bring single portions for same time / day consumption and this food should be clearly labelled with the patients name and the date the food was brought into hospital. For baked goods and biscuits to stay fresh they need to be individually pre-packed or kept in an airtight container. Wards have very limited refrigerator storage space and any food will be disposed of after 24 hours. Please be mindful of bed area and locker space too.

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**The following guidelines must be adhered to for all patients:**

- Small amounts of foods not requiring refrigeration should be kept in the suitable containers on/in the bedside lockers.
- Food brought in should be from the low risk food products list.
- Food should ideally be in a single portion size that the patient can eat without delay.
- All food brought in that does require refrigeration must be labelled, dated and timed.
- Due to limited refrigerator storage space, a small amount of goods can be kept in the ward kitchen.
- Any refrigerated food must be disposed of after 24 hours.
- Where food is allowed to be brought in it should not normally be reheated in any way; in the exceptional circumstance where there is agreement that food requiring heating can be bought in from home, a full risk assessment must be completed by the nursing staff.
- Foods listed in the high-risk foods must be discouraged and the risks associated with such foods made explicit.

<b>Examples of 'low risk' foods</b>	<b>Examples of 'high risk' foods</b>
Fresh fruit and wrapped fruit products. Dried Fruits	Raw meat or fish/shellfish, cooked meat and poultry
Pre-packed muffins, tea cakes. Pancakes, scones or similar	Cooked meat, fish/shellfish or egg products
Pre-wrapped biscuits, crackers and cakes	Pre-wrapped sandwiches (all fillings)
Pre-wrapped chocolate or sweets	Fresh or artificial cream products e.g. yoghurts, mousse, cakes and ice cream
Packets of crisps (individual packets), popcorn, other wrapped savoury snacks	Items with added alcohol e.g. chocolate liqueurs, stolen and similar festive foods
Preserves e.g. jam, marmalade, honey, Marmite, Bovril, Nut Butters (in small plastic jars)	Any other food item which requires refrigeration or heating e.g. pies pasties, sausage rolls, cheese, eggs, scotch eggs, take away meals including pizzas, beef burgers and kebabs
Pre-wrapped nuts and seeds (provided patient doesn't have any	Soft or blue veined or mould ripened cheeses, meat or fish pâté

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related allergies)	
Bottled drinks (plastic only) e.g. squash or carbonated drinks. Fruit juice or Fruit smoothies	Any foods containing cooked rice

If the food required is outside of the list of low risk snacks and beverages, permission to bring food in should be sought from the ward sister who will make decisions on the most appropriate action. This will be based on a risk assessment and in conjunction with advice from the catering department. Further advice should be obtained from the Senior Nurse Manager and the Infection Prevention & Control Team as appropriate. If it is agreed, following a risk assessment, that food can be bought in for a patient, the processes to be followed must be clearly defined and documented.

All healthcare workers who handle food, or are responsible for the provision of food for patients, are legally food handlers. Food handlers must be aware of the Health Boards food hygiene and food safety policies.

The Health Board has a statutory responsibility to ensure that, as far as practicable, any food, regardless of source, when provided for patients, is fit for consumption. Any food bought into the hospital for patient consumption, whether shop bought or home prepared cannot be guaranteed as having the same robust hygiene controls as food provided by our own internal catering services. As such this presents a potential risk to patients who consume the food.

Staff are advised to be

- Aware of Best before and use by dates
- Only use 'low risk' foods
- Promptly and appropriately refrigerate foods
- Dispose of any foods after 24 hours
- Only use food that can be served at ambient temperatures or served straight from the fridge
- Be aware of patients with food allergies or intolerances
- Keep packaging as a reference to allergen content.
- Where possible access basic food hygiene training

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## Appendix 5 Blended Diets for Adults in Hospital

### Blended Diets for Adults in Hospital

The accepted gold standard feed for patients receiving enteral tube feeding is ready to use liquid commercial food formulations.

These are usually nutritionally complete within a specific volume; rarely cause tube blockage; are easy to prepare and administer; and are sterile.

There is increasing public interest in the use of liquidised or blended food as an alternative to commercial food formulations for tube feeding particularly for children. Many of these children are now entering into adult services.

Compared with commercial food formulations there is increased preparation time and uncertainty about the nutritional value and an increased risk of bacterial contamination of blended diets, and tube blockage.

Although there are numerous anecdotal reports from patients, carers and health professionals of potential benefits, there is little published research available to support the use of blended foods for enteral tube feeding.

The clinical team must discuss and record the reasons for the patient (also covers carer, family, parent, partner) wanting to continue with blended food via enteral feeding tube whilst an inpatient, and ensure all alternative commercial food formulations and feeding strategies are considered that might provide an alternative to blended food.

The patient should be fully informed of the risks and limitations involved if they do choose to continue with a blended diet. A Patient Information and Disclaimer form must be given to the patient/carer to sign, and copy kept in their medical records.

The team must, in consultation with the patient, complete a risk assessment (a Risk Assessment Template for Enteral Tube Administration of Liquidised Diet has been developed by the Parenteral and Enteral Nutrition Group of the BDA

<http://www.peng.org.uk/pdfs/hcp-resources/risk-assessment-template.pdf>)

[Layout 1 \(peng.org.uk\)](http://www.peng.org.uk) This will identify the generic risks but also individual patient related risks that may also apply, and help identify how these risks can be reduced.

Enteral feed pumps are designed to be used with commercial food formulations, not blended food. No pump manufacturer supports the administration of blended food via a pump. Pump feeding of blended foods is also not recommended due to the risk of microbial contamination with prolonged hang times, and the potential nutritional inadequacy of more dilute blends.

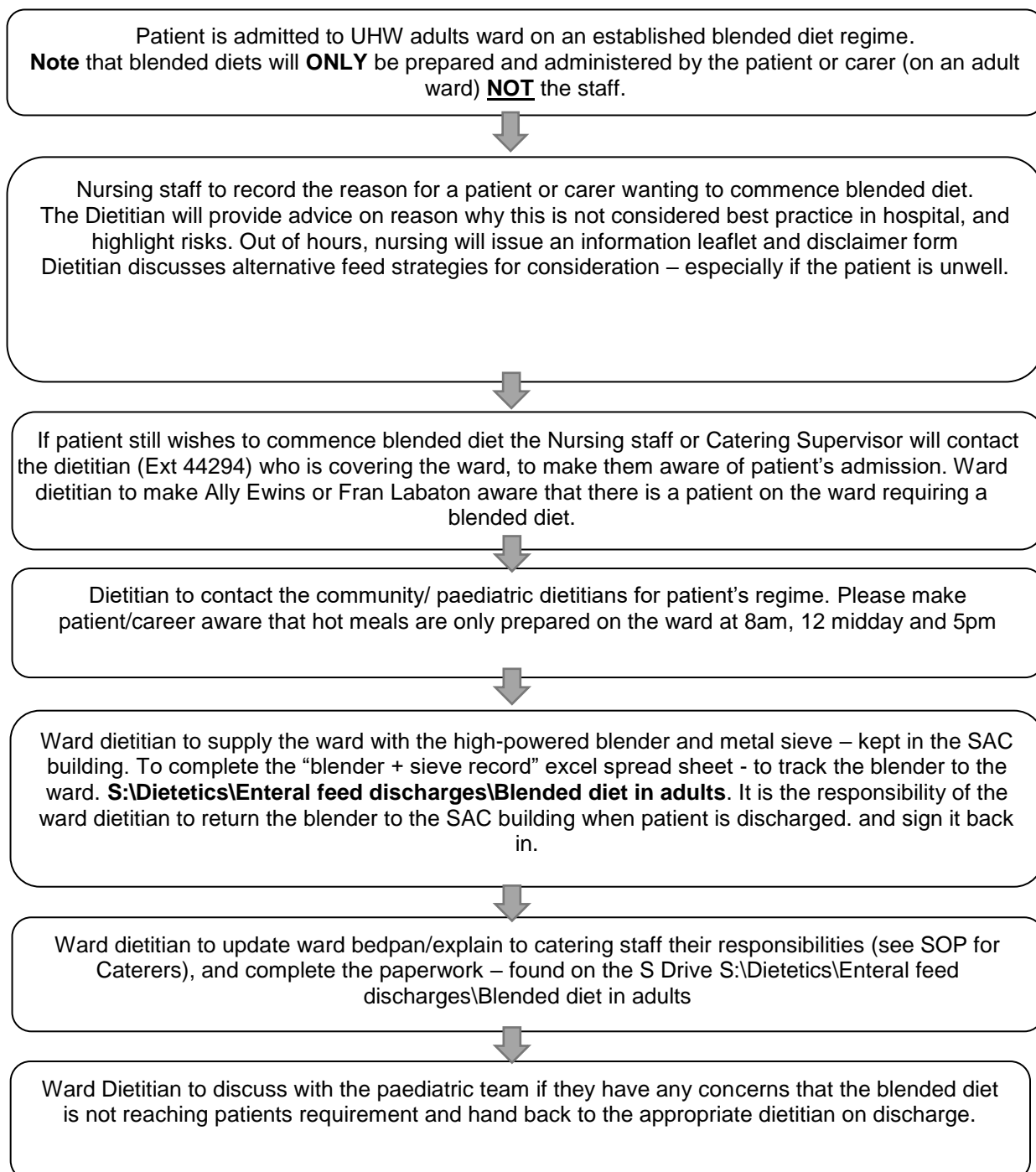
Bolus administration of blended food is most practical via a 60ml syringe.

The patient or carer will be responsible for choosing, blending and administering the blended diet.

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## Blended diet in adult tube fed patients Standard Operation Procedure for Nursing and Dietitians

**NB** Only for patients who are already established on a blended diet tube feed, new blended diet patients will only be started in the community.



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## Blended diet in adult tube fed patients Standard Operation Procedure for Catering staff

**NB** Only for patients who are already established on a blended diet tube feed, new blended diet patients will only be started in the community.

1. A patient is admitted to UHW adults ward and is requesting a blended diet.
2. Nursing staff or Catering Supervisors must alert the dietetic department on 02921 84 4294 (or the on-call dietitian if it is on the weekend)
3. Ward dietitian to supply ward with x1 high powered blender and x1 metal sieve for patient/patient's carer use only. The dietitian will highlight that patient is on a blended diet on the bed plan.
4. WBC (ward-based caterer) to make a space in the kitchen to store the high-powered blender and the metal sieve, and make the patient/carers aware of this.
5. The patient/patient's carer to choose suitable main meals from the menu, before meals – code **BD** Blended Diet (please note all level 4 and level 6 meals will also be suitable) The meal must be regenerated as close to the administration as practically possible.
6. WBC to regenerate meals as normal, at usual meal times, and temperature probe the meal (>80 degrees centigrade for 6 seconds). The blended food must not remain at room temperature for more than 1 hour. **After 1 hour any food remaining must be discarded**
7. WBC to make the patient/carers aware the meal is ready and leave it with extra gravy and/or milk/water.
8. Caterer to leave the meal in the kitchen with additional bowls or jug for the blended mixture. The patient or carer may need additional cutlery /wet wipes and cling film left for them. After 1 hour any food remaining must be discarded. **Blended food cannot be reheated**
9. The patient/patient's carer (with protective clothing – supplied by the caterers) enters the kitchen, and washes their hands and cleans the work surface to be used.
10. The patient/patient's carer to mix the meal with the extra gravy and/or water. Blend for approx. 3 minutes. The food should have a 'double cream' consistency and be completely smooth.

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11. The Patient/patient's carer to strain the mixture through the clean metal sieve into a food bowl and cover with clingfilm (supplied by the caterer) and exit the kitchen with the food bowl.
12. WBC to clean and disinfect the sieve and the washable parts of the blender in the dishwasher. The patient/ carer will be asked to leave the used blender and sieve by the dishwasher.
13. WBC to store the clean and disinfected sieve and the blender safely in the kitchen ready for the next meal.
14. Once the patient was discharged home, the blender and the sieve will be collected by the ward dietitian.

Suitable foods to blend outside of meal times include

- Yoghurts
- Custard and Rice pots
- Bananas
- Fruit pots (not Pineapple)
- Ice Creams
- Lemon drizzle or Carrot Cake (blend with a wet product such as Custard/Rice pots or Yoghurt)

Additional fluids used could be milk, supplement drinks and water



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## Blended diet in adult tube fed patients Patient/Carers Information and Disclaimer form

C&V understand that you are using blended or liquidised food via a feeding tube at home.

While you are in hospital we advise that you use commercial feeds for the following reasons:

- For patient safety, C&V are obliged to abide by the manufacturer's instructions for the use of the tubes that they make
- C&V also need to consider the risk of food being contaminated with bacteria if they are blended on the ward - food poisoning would be very harmful to you
- The texture of blended food cannot be guaranteed and there could be the potential for the tube to block
- C&V cannot be sure that blended foods will provide the best possible nutrition while you are in hospital



I wish to continue with a blended diet administered via a gastrostomy tube, whilst in hospital, and I am fully aware of the reasons why you advised against this. I take full responsibility for my decision

C&V will not be responsible for the choice of food to blend from the hospital menu

C&V is not responsible for the microbiological safety of the blended food prepared on site, or any blended food bought in. Any cooked and blended food must not remain at room temperature for more than 1 hours. **Blended food cannot be reheated on the ward, any blended food bought in must be used immediately**

C&V is not responsible for the preparation of the blended meals and ensuring it is the right consistency.

C&V is not responsible for the administration of the blended meals via the gastrostomy, and not responsible for any tube blockages that may occur.

C&V cannot accept responsibility for any harm that may occur from using the staff only kitchen facilities on the ward.

The kitchen is a busy area and you will need to respect the work of the staff using it.

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The kitchen area used must be left clean and tidy. Do not use the dish washer, but leave the blender and sieve by the dish washer for the kitchen staff to clean and disinfect, and replace in the storage area provided

I agree to comply with basic food hygiene guidelines when accessing the kitchen

- **DO NOT access the ward** when you have symptoms of gastrointestinal infections, influenza or COVID
- Hand washing before entering the kitchen
- Wear protective aprons whilst in the kitchen
- Clean the work area before and after blended meal preparation
- No blended food can be stored in the ward fridge for later
- Food bought in cannot be reheated in the ward microwave, and must be used immediately.

PRINT NAME

SIGNATURE

RELATIONSHIP TO THE PATIENT

SIGNATURE OF HEALTH CARE PROFESSIONAL

PRINT NAME

DATE