

Food and Nutrition Policy

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Acronyms

BAPENS	British Association for Parenteral and Enteral Nutrition
BDA	British Dietetic Association
DHSSPSNI	Department of Health, Social Services & Public Safety
DRV	Dietary Reference Values
MUST	Malnutrition Universal Screening Tool
WHCT	Western Health & Social Care Trust

1. Introduction

Healthy eating is a key contributor to positive health and wellbeing, and plays a vital role in the prevention of many chronic diseases such as coronary heart disease, stroke, some cancers, obesity, type 2 diabetes and osteoporosis. In Northern Ireland, approximately 69% of premature deaths are largely due to heart disease, stroke and cancer; diseases which are advanced by poor diet and inadequate nutrient intakes.⁽¹⁾

This policy demonstrates the Western Health and Social Care Trusts commitment to improving the diet and nutrition of its service users and staff.

When developing this policy, the Trust has adopted the guidelines and principles set out in the DHSSPSNI strategy document 2011: *Promoting good Nutrition, Improving the Quality of Nutritional care of Adults in all Health and Social Care Settings*.⁽²⁾

2. Background

The WHSCT area covers a population of approximately 300,000 and employs approximately 12,000 and therefore has an opportunity to improve the dietary health of a great number of staff and those who utilise its services.

It is estimated that there are more than 3 million people in the UK who are either malnourished or at risk of malnutrition ⁽³⁾. Malnutrition can refer to both over and under nutrition, and is defined as:

'a state of nutrition in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function, and clinical outcome'.

The Health Survey NI 2001/2012⁽⁴⁾ reported that 61% of adults and 31% of children (aged 2-15yrs) were either overweight or obese. Weight gain brings increased health risks, shortens life expectancy and adversely affects quality of life. The cost of treating obesity related illnesses has been estimated in Northern Ireland at between £15 and £20 million per year. ⁽⁵⁾

Under-nutrition is often under-recognised and under-treated, to the detriment of, and cost to, health and social care services and society as a whole. Results from BAPENs combined Nutrition Screening Weeks in hospitals revealed that under-nutrition affected 29% of adults on admission to hospital. Under-nutrition triples mortality in older people in hospital or following discharge. Under-nutrition is estimated to cost over £13 billion across the UK - equivalent to 10% of total expenditure on health and social care therefore tackling malnutrition could make substantial savings to the NHS. ⁽³⁾

3. Scope of the Policy

This policy relates to all patients, clients, staff and catering services including hospitality, voluntary and contracted out services in the Western Health and Social Care settings. It recognises that people are considered and cared for as individuals, and acknowledges that nutritional care should be provided with an equitable, person centred approach respecting the diversity of people including their religious beliefs and cultures. It is important that all health care facilities within the Western Trust set a good example, and actively promote good nutrition

by enabling people to make healthier food choices and encouraging a healthy balanced diet in line with the Eatwell Plate (Figure 3.1) (www.eatwell.gov.uk)

Figure 3.1: The Eatwell Plate



Food choices available for patients, clients and staff will reflect the nutritional needs of all staff and patient groups.

Irrespective of the setting, the environment should support a positive dining experience to ensure that people achieve optimum nutritional intake.

4. Aim

The Food and Nutrition Policy aims to promote good nutrition among patients, clients and staff within the WHSCT.

5. Objectives

- Offer menus that enable and encourage people to make healthy choices, whilst reflecting the dietary requirements based on religious beliefs or race.
- Provide patients (where appropriate), clients and staff information about diet and nutrition in order to encourage healthy eating.
- The food choices available for patients will reflect the nutritional needs of all patient groups including the nutritionally vulnerable.

6. Responsibilities

The WHSCT has a legal responsibility to provide the correct allergen information about the ingredient that is in the food they make and serve to patients and customers.

6.1 Role of the Nutrition Steering Group

The Nutrition Steering Group is responsible for:

- Raising awareness of the importance of good Nutritional care through the development and implementations of policies, procedures and processes.
- Ensuring nutritional screening, nutritional care planning and protected mealtimes are embedded in standard practise.
- Ensuring that staff is appropriately trained to deliver safe and effective nutritional care.

6.2 Role of the Directors and Managers

- Directors and Managers are responsible for ensuring that all staff is aware of this policy and that any relevant guidance is disseminated and implemented at local level.

6.3 Role of the Nutrition & Dietetic Department

- All menus produced by the Catering Department will be approved by the Department of Nutrition & Dietetics prior to implementation and comply with current national guidelines.⁽⁶⁾
- The Dietitian will be responsible for providing training and advice on therapeutic diets, recipes, menus and special dietary products.

6.4 Role of Individual Staff

All staff should:

- Recognise the important contribution good nutritional care makes to clinical outcomes, health and wellbeing.
- Attend relevant training which supports patients and clients to meet their nutritional needs and helping to create an environment that promotes good nutritional care.

All staff directly or indirectly involved in nutritional care or food provision are responsible for:

- Following Trust policy and protocols relating to nutritional care.
- Documenting all information concerning nutritional screening and care in accordance with Trust policies and protocols.
- Compliance with food hygiene and food safety regulations when involved in the food service.

7. Standards and Practice

All food preparation and service will comply with the Trusts Food Safety Policy and food hygiene legislation and will comply with food allergen labelling legislation.⁽⁹⁾

7.1 Patient Provision

- All menus will meet the nutrition standards set in the British Dietetic Association: *Food and Nutrition Digest 2012*.

- Therapeutic diets will be provided as directed by the Nutrition & Dietetic Department.
- Menu cycles will meet the needs of all patient groups and a number of special diet menus are available which include:
 - Gluten free
 - Low residue
 - Renal
 - Textured Modified Meals (C,D,E) (see appendix 1)
 - Halal.
- To help patients make an informed choice about the nutritional content and consistency, all menus are coded. (see appendix 2)
- The Trust promotes protected meal times and aims to provide unnecessary interruptions by limiting ward based activities at meal times so that the focus of the ward is on meal service provision and assisting patients to eat. (7)
- All inpatients must receive a nutritional screening assessment on admission and follow the guidance from Malnutrition Universal Screening Tool (MUST). (8)
- Food and beverages will be accessible twenty four hours a day.

7.2 Staff food Provision

- All staff catering facilities will set a good example, and actively promote good nutrition by enabling people to make healthier food choices and encouraging a healthy balanced diet in line with the Eatwell Plate (Figure 1) (10)
- All catering facilities will aim to reduce the amount of fat, salt and sugar used in recipes.
- Catering staff should encourage their customers to choose healthy options as part of the Health Promoting Hospitals ethos.
- Healthier choices should be given more prominence and highlighted on menu boards, promotional offers, table talkers etc.
- High fat and/or high sugar products should not be promoted or included in any special offers.

8. Equality

The WHSCT equality and human rights statutory obligations have been considered during the development of this policy.

References

1. Data tables on deaths registered in Northern Ireland in 2012.
2. *Promoting Good Nutrition: Improving the quality of nutritional care of adults in all Health and Social Care settings* (2011). DHSSPSNI
3. *Nutrition Screening Survey in the UK in 2008: Hospitals, care homes and mental health units* (2009). BAPEN
4. *Health Survey Northern Ireland: First results from the 2011/12 survey*. DHSSPSNI
5. *A Fitter Future for All – a 10 year cross-sectional integrated life course framework to prevent and address obesity in Northern Ireland for 2011-2021* (2011). DHSSPSNI
6. *The Nutrition and Hydration Digest: Improving outcomes through food and beverages services*. (2012). BDA
7. *Protected Meal Times Policy*. WHSCT
8. Malnutrition Universal Screening Tool.
http://www.bapen.org.uk/pdfs/must/must_full.pdf
9. Food Allergen legislation.
<http://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/allergy-leaflet.pdf>
10. Eight tips for Healthy eating.
<http://www.nhs.uk/Livewell/Goodfood/Pages/eight-tips-healthy-eating.aspx>

Appendix 1

Modified Texture Diets

The Modified Texture Diets are coded in line with National Texture Descriptors and will be advised by a Speech and Language Therapist. The food choices will be coded on the patients menu as follows:

MODIFIED TEXTURE DIETS
For patients with swallowing problems
<input type="checkbox"/> TEXTURE C (PUREED) Traditional Chicken
<input type="checkbox"/> TEXTURE D Savoury Beef
<input type="checkbox"/> TEXTURE E (MINCED) Cottage Pie

Appendix 2

Dietary coding on the patient menu

H = Higher Calorie Choice
V = Vegetarian Choice
S = Soft

D = Suitable for Diabetics
♥ = Healthy Choice

➤ Higher calorie choice

The aim of the high calorie choice option is:

- To improve general nutrition and meet DRVs.
- To promote energy intake in those patients with small appetites.
- To provide a higher intake of protein, vitamins, minerals and other essential nutrients.
- To provide a diet which can meet increased nutritional requirements in modest portion sizes and presentation which are appealing and easy to eat.

➤ Suitable for Diabetics

The aim is to encourage a normal diet with healthy eating choices.

➤ Vegetarian Choice

Suitable options for vegetarians.

➤ Healthy Choice

The aim of the healthy choice is:

- To maintain good general nutrition and meet DRVs.
- To support public health messages on eating to protect and promote health.
- To support the clinical management of metabolic syndrome, diabetes mellitus, dyslipidaemia and cardiac risk, overweight, obesity and hypertension.

➤ Soft (not suitable for modified texture diets)

The aim is to indicate dishes which are more easily managed for those with simple chewing difficulties or problems with conveying food from plate to mouth.