

Email: foi.tsdf@nhs.net
Our Ref: TSD10757

Dear Sir/Madam

Request for Information

We are writing to confirm that we have now completed our search for the information you requested.

A copy of the information is below:

- 1. The number of complaints, concerns, PALS enquiries or other recorded patient feedback relating to:**
 - a) vegan food provision.**
<5
 - b) plant-based food provision.**
0
 - c) the availability of suitable meals for patients following a vegan or plant-based diet.**
<5
- 2. Copies of any Equality Impact Assessments, reviews, reports, policies or guidance relating to vegan patients, plant-based diets, ethical veganism or vegan food provision.**
We hold no specific Equality Impact Assessments, reviews, reports, policies or guidance on vegan patients, plant-based diets, ethical veganism or vegan food provision. However, our nutrition guidance is included with this disclosure.
- 3. Copies of any inpatient vegan menus, vegan meal lists, plant-based food information, patient information leaflets or related documents that have been in use during this period.**
Catering do not offer specific stand-alone vegan menus, instead, these options are included within the main menu which is offered to all bedded patients. Please see our menu attached.
- 4. Copies of all inpatient menus currently available to patients, including standard, vegetarian, vegan, religious, cultural, texture-modified and other specialist menus.**
As above.

5. **Copies of any audits, reviews, evaluations or assessments relating to vegan and plant-based inpatient catering provision, including any assessment of the range of meal choices available to vegan patients.**
We do not audit foodservice in a way that specifically targets vegan or plant-based food.
6. **Details of any planned or completed projects intended to improve vegan and plant-based inpatient catering provision during this period.**
We have recently introduced the Carte Choix (plated meal) service, which offers a wide range of meals daily to cover a variety of dietary requirements. This menu is reviewed on a 6 monthly basis. (see attached).
7. **Copies of any policies, procedures, forms or guidance used to identify, record and communicate patients' dietary requirements, including vegan and plant-based dietary requirements, on admission and throughout an inpatient stay.**
We hold no specific policies, procedures, forms or guidance on identifying, recording or communicating vegan or plant-based dietary requirements.
However, our nutrition guidance is included with this disclosure.
8. **Please state whether patients are routinely asked on admission whether they follow a vegan, plant-based or other specific diet and, if so, how this information is recorded and communicated to ward staff and catering services.**
All patient dietary information is communicated to Ward Caterers via EPIC and presented on diet boards in ward kitchens and/or patient bed boards.
9. **Please provide details of any consultation undertaken with vegan patients, vegan organisations, dietitians or other stakeholders in relation to vegan or plant-based inpatient catering provision since 1 January 2024.**
The new patient menu was created in consultation with Trust dietitians, catering specialists, supply specialists, and Dr Alan Desmond who is a Consultant Gastroenterologist, plant-based diet advocate, and author of several books relating to this topic.
10. **Please provide details of any differences in inpatient menu provision, meal ordering systems or dietary requirement recording processes between the Trust's hospital sites.**
The acute hospital site and Newton Abbot currently use the new menu. Totnes, Brixham and Dawlish continue to use the previous multi-portion menu, which offers two meat options and one vegetarian option, but are expected to move to the new patient menu shortly. All sites use Synbiotix for bedside meal ordering.

Low Numbers:

Where there are less than 5, we are unable to provide the exact information you require as this may enable the identification of our employees, members of the public or patients. This would constitute personal information and would be considered exempt under Section 40 of the Freedom of Information Act. Section 40 (FOI Act) provides an exemption to disclosure, where disclosure would contravene any of the Data Protection principles. This exemption is an absolute exemption that is not subject to the public interest test. Where the information relates to an individual who can be identified from that data, or from that data when added to other information, in the possession of, or likely to come into the possession of the data controller, this meets the definition of personal data as defined by the Data Protection Act.

The information supplied to you continues to be protected by the Copyright, Designs and Patents Act 1988. You are free to use it for your own purposes, including any non-commercial research you are doing and for the purposes of news reporting.

If you wish to discuss any of the above, please contact us, quoting the FOI reference number above.

If you are unhappy with the way in which we have handled your request, please contact the Data Protection and Freedom of Information Lead in the first instance. If you wish to make a formal complaint, you should write to our Complaints Manager at Torbay and South Devon NHS Foundation Trust, First Floor Bowyer Building, Torbay Hospital, Torquay TQ2 7AA or by email to tsdft.feedback@nhs.net

If you are not content with the outcome of your complaint or the internal review, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner will only make a decision once you have exhausted the complaints and/or internal review process provided by us. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or through this link <https://ico.org.uk/global/contact-us/>

Yours sincerely,

Freedom of Information Team

Document Type:	Guideline	
Reference Number : 1802	Version Number: 4	Next Review Date: 21 April 2025
Title:	Food and Nutrition Policy	
Document Author:	Community Clinical Dietitian and Team Lead & Specialist Dietitian and Inpatient Team Lead	
Applicability:	All nursing and medical staff	

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1 Purpose

The aim of this policy is to ensure that all patients receiving care by Torbay and South Devon NHS Foundation Trust receive appropriate nutrition and hydration to reduce the risks and complications associated with malnutrition and dehydration.

People must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements, enteral and parenteral nutrition. People's preferences, religious and cultural backgrounds must be taken into account when providing food and drink.

2 Introduction

Provision of Food and Drink is part of the Care Quality Commission (CQC) requirements: Health and Social Care Act 2008 Regulation 14: Meeting Nutrition and Hydration Needs. The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health. This reduces the risks of malnutrition and dehydration while they receive care and treatment. Available from: <http://www.cqc.org.uk/content/regulation-14-meeting-nutritional-and-hydration-needs#guidance-links> (Last accessed 02/10/18)

To meet this regulation, where it is part of their role, providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

Optimal hydration and nutrition is fundamental to health. The provision of food and fluids is a basic human right which can often be forgotten or neglected in a busy healthcare environment.

People are admitted to hospital for a variety of reasons. They should expect to receive adequate and appropriate nutrition and fluids depending on their specific medical condition, religious and cultural backgrounds, preferences and individual needs.

Consequences of malnutrition include:

- Delayed wound healing
- Reduced muscle strength
- Impaired immune function
- Impaired gastro-intestinal function
- Impaired mood
- Increased length of hospital stay
- Increased likelihood of admission to care homes
- Increased healthcare costs
- Prolonged recovery time post discharge
- Increased morbidity and mortality either in hospital or in the six months after discharge

3 Roles and Responsibilities

Fluids and Nutrition are one of the set standards within the Care Certificate. It is the responsibility of all staff who have patient contact to highlight concerns about hydration, nutrition and malnutrition.

This policy applies to all ward staff including pre- and post- registration nurses including community nurses and midwives, medical staff, catering staff, healthcare assistants, hotel services staff, dietitians and other allied health professionals.

The Nutrition Steering Group at Torbay Hospital meets quarterly to discuss nutritional issues including the strategic direction for nutrition policy. Assimilation of information from organisations including National Institute for Clinical Excellence (NICE), British Association of Parenteral and Enteral Nutrition (BAPEN), Department of Health, National Patient Safety Agency (NPSA) and CQC is used to guide the group. The Nutrition Steering Group is accountable to the Trust Board.

Senior staff from Catering and the Department of Nutrition and Dietetics meet every two months to discuss and problem solve any operational issues relating to the provision of meals in Torbay and Community Hospitals. A summary of discussions, outcomes and actions from these meetings are fed back into the Nutrition Steering Group as a regular agenda item.

4.1 Screening for malnutrition and risk of malnutrition:

Adults

Torbay and South Devon NHS Foundation Trust use MUST (Malnutrition Universal Screening Tool) and the management guidelines have been adapted for our Trust. The Nutrition Risk Screening Policy Ref 0526) is available from

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0526.pdf
(Last accessed 16/10/2018)

Paediatrics

Provision of food and hydration to children and young adults is included in this policy. STAMP (Screening Tool for the Assessment of malnutrition in Paediatrics) is a validated nutrition screening tool for children in the UK and has been adopted by Torbay and South Devon NHS Foundation Trust.

4.2 Hospital food provision

All patients in hospital will be able to receive appropriate nutrition:

- The food service arrangements will allow for all patients to receive appropriate nutrition. This will include patients with normal requirements and those requiring therapeutic diets. It will also include those patients where food choices are determined by cultural, religious or ethical beliefs.
- Food provided will meet nutritional requirements.
- Healthy food choices will be available as an integral part of the hospital menus.
- Appropriate equipment will be available to aid independent eating.
- When possible an appropriate place to eat should be available.
- Patients and their food should be positioned appropriately.
- Patients and their carers/relatives will be informed about the importance of good nutrition. Information about overcoming a poor appetite will be available to patients and carers when requested from the Department of Nutrition and Dietetics based at Torbay Hospital (Tel 01803 654380).
- Patients and Carers/relatives will be informed about appropriate food items to bring into hospital if appropriate.
- There is a voluntary mealtime companion scheme within Torbay Hospital and Community Hospitals.
- Food choices specific to the needs and preferences of children will be available.

- The catering department will provide dietary information and menu choices for specific therapeutic diets and food allergies.
- All wards undertake protected mealtimes. The Protected Mealtimes Policy Ref 1702 is available from https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1702.pdf (Last accessed 16/10/2018)
- Cognitively impaired patients are identified by nursing staff at ward level and are offered the use of a selection of yellow delph and melamine crockery to improve their oral nutritional intake. Adaptive cutlery is also available if thought to benefit the patient. Finger foods and a picture menu are also available for patients on request from catering
- Patients can access food between meals and a variety of snacks are available from catering.

4.3 Swallowing Problems and Dysphagia

People with a swallowing disorder, (dysphagia) usually will have their swallowing ability assessed by a Speech and Language Therapist. They will recommend suitable diet modification and suitable safe fluid consistencies utilising thickening agents where needed. Speech and Language Therapists will also offer advice on compensatory techniques, level of support required and assist in decision making with the wider multidisciplinary team for people where other methods of feeding may need to be considered.

Food and drink should be offered to individuals in a way that is accessible for them and with the appropriate level of support. Choices around meal and drink options and longer term feeding plans should be undertaken in such a way that individuals can be involved in the decision making process and these decisions are clearly documented in medical notes. Best interest meetings involving the wider multidisciplinary team will be organised as appropriate when making complex feeding decisions.

4.4 Food Hygiene

Good food hygiene is essential for the success of any catering operation. In a hospital, the need for the highest standards in food hygiene is paramount as patients are particularly vulnerable to the effect of food poisoning, and may have less resistance to infection from contaminated food.

Under the Food Safety Act 1990, and European Commission Food Hygiene Regulations 852/2004, it is a requirement to have a permanent procedure in place based on the principles of hazard analysis and critical control points (HACCP), which is implemented, updated as necessary, and monitored.

The Food Safety policy identifies the activities which are critical to food safety and identifies ways of controlling them. The policy also details the training requirements for Trust staff in relation to food safety;

- Nutritional and ingredient content, including allergens of all recipes and of bought in food products will be made available to patients, carers or staff on request from catering.
- Information regarding allergen content of foods available at Torbay and South Devon NHS Foundation Trust can be accessed from catering.

4.5 Meeting Nutritional Requirements

Patients unable to meet their nutritional requirements using the hospital menu may need nutritional supplementation. Oral nutritional supplements and enteral feeds will not be used as a substitute for adequate provision of hospital food.

Oral nutritional supplements are available in many forms and consistencies. Dietitians can provide advice on a wide range of oral nutritional supplements depending on clinical need. The joint formulary provides guidance on the appropriate use of oral nutritional supplements. Available from <https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/9-blood-and-nutrition/9-5-2-nutrition-oral/formulary-oral-nutritional-supplements> (Last accessed 11/10/2018)

Patients unable to take adequate oral nutrition may need artificial feeding and should be referred to The Department of Nutrition and Dietetics at Torbay Hospital Tel 01803 654380.

Patients specifically requiring parenteral nutrition at Torbay Hospital should be referred to The Nutrition Support Team (bleep #6774 or 67-385).

4.6 Ethics of provision of nutrition (BAPEN, 2012)

Ethical and legal considerations should be taken into account and guidance is available from BAPEN (2012) and the Royal College of Physicians (2010).

Available from <http://www.bapen.org.uk/resources-and-education/education-and-guidance/clinical-guidance/ethical-and-legal-aspects-of-clinical-hydration-and-nutritional-support> (Last accessed 02/10/2018).

Available from <https://www.rcplondon.ac.uk/projects/outputs/oral-feeding-difficulties-and-dilemmas> (Last accessed 02/10/2018).

Related policies include:

- End of Life Strategy 2150 Available from https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G2150.pdf (Last accessed 16/10/2018)

- Once Chance to get it Right – Palliative care and End of Life Care 1718. Available from https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1718.pdf (Last accessed 16/10/2018)
- Mental Capacity Act – Practice Guidance 1878 Available from https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1878.pdf (Last accessed 16/10/2018)

4.7 Following discharge from hospital/transfer of care

If a patient has been assessed as malnourished or at risk of malnutrition communication to the primary care team should include the following;

- Weight and MUST score
- If oral nutritional supplements started; reason for starting, dose, treatment plan and aim

This should be completed by the medical team or Dietitian (if the patient is known to the Nutrition and Dietetics team). Patients will be given a 14 day supply of supplements and/or enteral feeds and equipment on discharge. Oral nutritional supplements and enteral feeds are available from catering and pharmacy (depending on the product required). Oral nutritional supplements should be included on the patient discharge summary.

On discharge or transfer of care, the receiving healthcare team will be provided with appropriate information to ensure continuity of nutritional care.

The patient's nutritional care plan should be reviewed by the team to whom care has been transferred (e.g. GP, Nursing staff in community hospitals, Community nurses, Care homes, Community Dietitian) and regular MUST screening and documentation of care plan should be completed.

If patients are discharged with enteral feeding tubes the patient and/or carer will have appropriate training on how to manage the tube and enteral feeding prior to discharge.

5 Training and Supervision

Malnutrition and MUST training is available.

The Nutrition Risk Policy is available from

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0526.pdf
(Last accessed 16/10/2018)

Videos on a range of nutritional topics are available on the Trust intranet as well as the public website for care homes to access (For example, MUST, finger foods, dementia, fortified milk, diabetes).

<http://www.torbayandsouthdevon.nhs.uk/services/nutrition-dietetics/support-videos/> (Accessed 02/10/2018)

Details and information of food hygiene training are available from the Torbay Catering Manager or Deputy Manager.

Training sessions on nutrition for catering staff in care homes are delivered by the Department of Nutrition and Dietetics (Tel 01803 654380).

Further support and training on specific issues can be arranged on request from the Department of Nutrition and Dietetics (Tel 01803 654380) and the Department of Speech and Language Therapy for swallowing issues (Tel 01803 654931).

6. Monitoring and Auditing

Questionnaires are given to patients in all bed based care areas across the ICO to evaluate the provision of food and mealtime experience. Results sent by the wards to the catering department at Torbay Hospital are collated and monitored by the catering department. Results are shared and reviewed by the Nutrition Steering Group.

Observational mealtime audits for protected mealtimes are undertaken periodically and results are feedback to the Nutrition Steering Group. Please refer to the Protected Mealtimes Policy Ref 1702 for more information (Available from

**https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1702.pdf
Last accessed 16/10/2018)**

All related audits and reports are reported to the Nutrition Steering Group which in turn produce a summary report for the QIG (Quality Improvement Group) following each meeting.

At present ward Matrons are doing a five notes audit on the safety thermometer. MUST will be monitored by Nerve Centre in the future. In Community hospitals all patients within bed base care are audited each month. Results are shared at Quality and Performance Reviews.

The Department of Health and NHS Commissioning Board recommend that all hospitals, hospices and independent treatment centres providing NHS funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings.

These assessments are referred to as Patient Led Assessments of the Care Environment (PLACE) and look at:

- Cleanliness of the environment
- The internal and external condition of the buildings, fixtures and fittings
- How well the building meets the needs of those who use it – for example through signage and car parking facilities
- The quality and availability of food and drinks
- How well the environment protects people's privacy and dignity
- Plus a new scoring element, the Dementia category, on how the Hospital is providing facilities within a Dementia environment.

The PLACE programme is carried out annually and offers a non- technical view of the non-clinical services and buildings provided by the NHS. It is based upon a visual assessment and does not rely on the application of any technical or scientific tool.

7. References

Further reading

- Health and Social Care Act 2008 Regulation 14: Meeting Nutrition and Hydration Needs. Available from: <http://www.cqc.org.uk/content/regulation-14-meeting-nutritional-and-hydration-needs#guidance-links> (Last accessed 02/10/2018).
- Ethical and Legal Aspects of Clinical Hydration and Nutritional Support, December 2012 <http://www.bapen.org.uk/resources-and-education/education-and-guidance/clinical-guidance/ethical-and-legal-aspects-of-clinical-hydration-and-nutritional-support>
Last accessed 02/10/2018.
- Combating Malnutrition: Recommendations for Action. Report from Advisory Group on Malnutrition BAPEN (2008) http://www.bapen.org.uk/pdfs/reports/advisory_group_report.pdf (Last accessed 02/10/2018)
- NICE Guideline Nutrition Support in Adults 2012 <https://www.nice.org.uk/guidance/qs24> (Last accessed 02/10/2018)
- Royal College of Physicians, oral feeding difficulties and dilemmas, 2010 <https://www.rcplondon.ac.uk/projects/outputs/oral-feeding-difficulties-and-dilemmas> (Last accessed 02/10/2018).

8. Equality and Diversity

This document complies with the South Devon Healthcare Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Equality and Diversity statements.

9. Further Information

This policy has links with the following:

- Nutrition Risk Screening Ref 0526 Available from https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0526.pdf (Last accessed 16/10/2018)

- Protected Mealtimes Ref 1702 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1702.pdf (Last accessed 16/10/2018)
- Artificial enteral feeding standards of care –Adult Ref 1024 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1024.pdf (Last accessed 16/10/2018)
- Dietetic Referral Prioritisation for Inpatients Ref 0522 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0522.pdf (Last accessed 16/10/2018)
- Emergency Short Term Nasogastric/Gastrostomy Feeding Regime Ref 0527 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0527.pdf (Last accessed 16/10/2018)
- Enteral Feeding Guidelines for Safe Practice Ref 0770 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0770.pdf (Last accessed 16/10/2018)
- Naso gastric tube (fine bore) insertion Ref 0241 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0241.pdf (Last accessed 16/10/2018).
- Naso Jejunal/Jejunostomy/PEG-J Feeding Emergency Short Term Regime Ref 0771 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0771.pdf (Last accessed 16/10/2018)
- Nasogastric/Jejunostomy Feeding Ref 0599 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0599.pdf (Last accessed 16/10/2018)
- Refeeding Syndrome Ref 1119 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1119.pdf (Last accessed 16/10/2018)
- End of Life Strategy 2150 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G2150.pdf (Last accessed 16/10/2018)
- Once Chance to get it Right – Palliative care and End of Life Care 1718 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1718.pdf (Last accessed 16/10/2018)
- Mental Capacity Act – Practice Guidance 1878 Available from
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1878.pdf (Last accessed 16/10/2018)

10. Appendices

For details for MUST please see below.

Appendix 1

Example of a MUST Record Sheet

Torbay and South Devon

Malnutrition Universal Screening Tool (MUST)
Calculate MUST score for all patients on admission re-score weekly

Name:
Hospital No.:
DoB:

Follow steps 1 -5 and record MUST score in table below

Step 1
BMI Score

BMI (kg/m ²)	Score
> 20	= 0
18.5 – 20	= 1
< 18.5	= 2

Step 2
Weight loss score

Unplanned weight loss (%) in past 3 – 6 months	Score
< 5	= 0
5 – 10	= 1
> 10	= 2

Step 3
Acute disease effect score

If there has been or is likely to be no nutritional intake for > 5 days

Score = 2

↓

Step 4
Overall risk of malnutrition

Add scores together to calculate overall risk of malnutrition
Score 0 = **Low risk** Score 1 = **Medium risk** Score 2 or more = **High risk**

Step 5
Complete MUST score in table below and repeat weekly
Follow management guidelines (see reverse)

Height (m) Actual/reported/estimated/ ulna length used (Please circle)		Reported normal weight kg	
---	--	------------------------------	--

Date	On admission	Week 1	Week 2	Week 3	Week 4
Weight (kg)					
BMI (kg/m ²) (or <20cm or >30cm if MUAC used)					
Step 1 BMI score					
Step 2 Wt loss score					
Step 3 Acute disease score					
Step 4 Overall score					
Action taken (See over page)					
Signed					

Please consider the effect that oedema and/or ascites will have on weight and adjust accordingly.

Appendix 2

**Malnutrition Universal Screening Tool (MUST)
Care plan for Hospitals**

Overall Score 1 – Medium Risk

Please tick as completed:

- ☐ Monitor and record MUST score weekly
- ☐ Monitor and record weight at least weekly
- ☐ Complete a 'food record chart' daily

Provide patient with leaflet 'simple ideas to help improve your food intake' and any other relevant patient information sheets below which can be found in the nutrition folder on the ward and the nutrition and dietetics website

<https://icon.torbayandsouthdevon.nhs.uk/areas/nutrition-and-dietetics/Pages/default.aspx>

- ☐ Soft diet
- ☐ Dry mouth
- ☐ Sore mouth
- ☐ Taste changes
- ☐ Diarrhoea
- ☐ Constipation
- ☐ Nausea and vomiting
- ☐ Offer full cream milk and two snacks per day
- ☐ Order fortified milk puddings from Torbay hospital menu (request from catering daily)
- ☐ Encourage nutritious drinks between meals and fortify full cream milk with dried milk powder
- ☐ Offer fortified soups at mealtimes (nourishing, high energy soups) - contact community catering services.
Cooked breakfasts are available at the request of a dietitian (available at Torbay and Community Hospitals, 24 hours notice required).
- ☐ Offer Ensure Shake (maximum of 3 daily) if less than ½ a meal eaten.
- ☐ If patient in hospital and no improvement in weight or oral intake after one week follow the care plan for the MUST score of 2 or more "high risk" group

Score 2 or more – High risk

Complete all the above and:

- ☐ Doctors to prescribe 2 oral nutritional supplements/day (Ensure Compact milkshake or Ensure Crème®) to be taken between meals. Please refer to the 'Nutritional Information Folder' and Joint Formulary for guidance
- ☐ If no improvement in weight or oral intake after 1 week, please refer to the **department of nutrition and dietetics ext. 54382 with their weight, MUST score and action already taken**
- ☐ Please refer immediately to the **department of nutrition and dietetics ext. 54382** if patient is being referred for: major GI surgery, head and neck cancer, wired jaws, new type 1 diabetes (adults), anorexia

nervosa or bulimia. All other high risk cancer patients including people with an oesophageal stent refer to :
oncology dietitians ext.54385

- ☐ Refer immediately to the **nutrition support team – bleep #6774 or #6912** if the patient is referred for – expected intestinal failure lasting more than 5 days, enterocutaneous fistula, severe pancreatitis (Glasgow score >3) or patients planned for a gastroenterostomy

Nutritional supplements such as Ensure Shake and Ensure Compact are rich in vitamins and minerals. Please contact the department of nutrition and dietetics if you are concerned about vitamin and mineral toxicity from a large volume of nutritional supplements.

Complan contains more phosphate, potassium and calcium than other supplements. Individuals with CKD3 who do not have a history of hyperphosphataemia or hyperkalaemia can be provided with Complan first line. It is recommended that individuals with CKD 4 or 5 are prescribed Ensure Compact as first line oral nutritional supplement. Please contact the patient's renal team for further advice if needed.

The 'Malnutrition Universal Screening Tool' 'MUST' is adapted/reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition). BAPEN does not necessarily support the use of any products in particular. For further information on 'MUST' see www.bapen.org.uk

Appendix 3

MUST Care Plan for Primary Care, Community Nursing and Care Homes

Monitor people having oral nutrition support and/or enteral tube feeding in the community every 3-6 months, or more frequently if there is any change in their clinical condition.

Score = 0 Low Risk	- Advise about healthy eating. - Repeat screening: Care Home – Monthly Community – On initial assessment for Community Nurses and then monthly or more/less frequently depending on assessed need and when patient is next due a visit. Registration at GP surgery and where there is clinical concern. Annually for special groups e.g. those > 75 years
Score = 1 Medium Risk* *Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.	- Monitor oral intake. Encourage patient / carer to document dietary intake for 3 days. If adequate and little concern repeat screening every 2-3 months in the community or monthly in a care home. If inadequate and there is clinical concern: - Encourage foods/snacks high in energy and protein. Please refer to the Nutrition and Dietetics website (intranet) for copies of patient leaflets "Making the Most of Your Food" and "Calorie Boosters and Meal Plan Suggestions". http://nwww.torbaycaretrust.nhs.uk/Operations/Nutrition_and_Dietetics/Pages/default.aspx - Encourage the use of Meritene® and Complan® drinks available from larger supermarkets/pharmacies (max. 3/day).¹ - Fortify full cream milk with dried milk powder. Instructions available from http://www.torbayandsouthdevon.nhs.uk/services/nutrition-dietetics/support-videos/patients/ (Last accessed 02/10/2018) See QR code below. - Weight loss may be an indication of an underlying condition. Initiate any medical investigations as appropriate. - Treat any underlying conditions which may affect oral intake (e.g. nausea, vomiting, constipation, diarrhoea, low mood). - Set goal for treatment (e.g. stabilise weight loss, weight gain, improved oral intake, MUST score, improved wellbeing). Review within one month and check score. Is there improvement towards treatment goal? No ↓ Yes ↓ - Follow high risk guidelines - Continue until goal is reached. - Repeat risk score monthly in care home or every 2-3 months in the community.

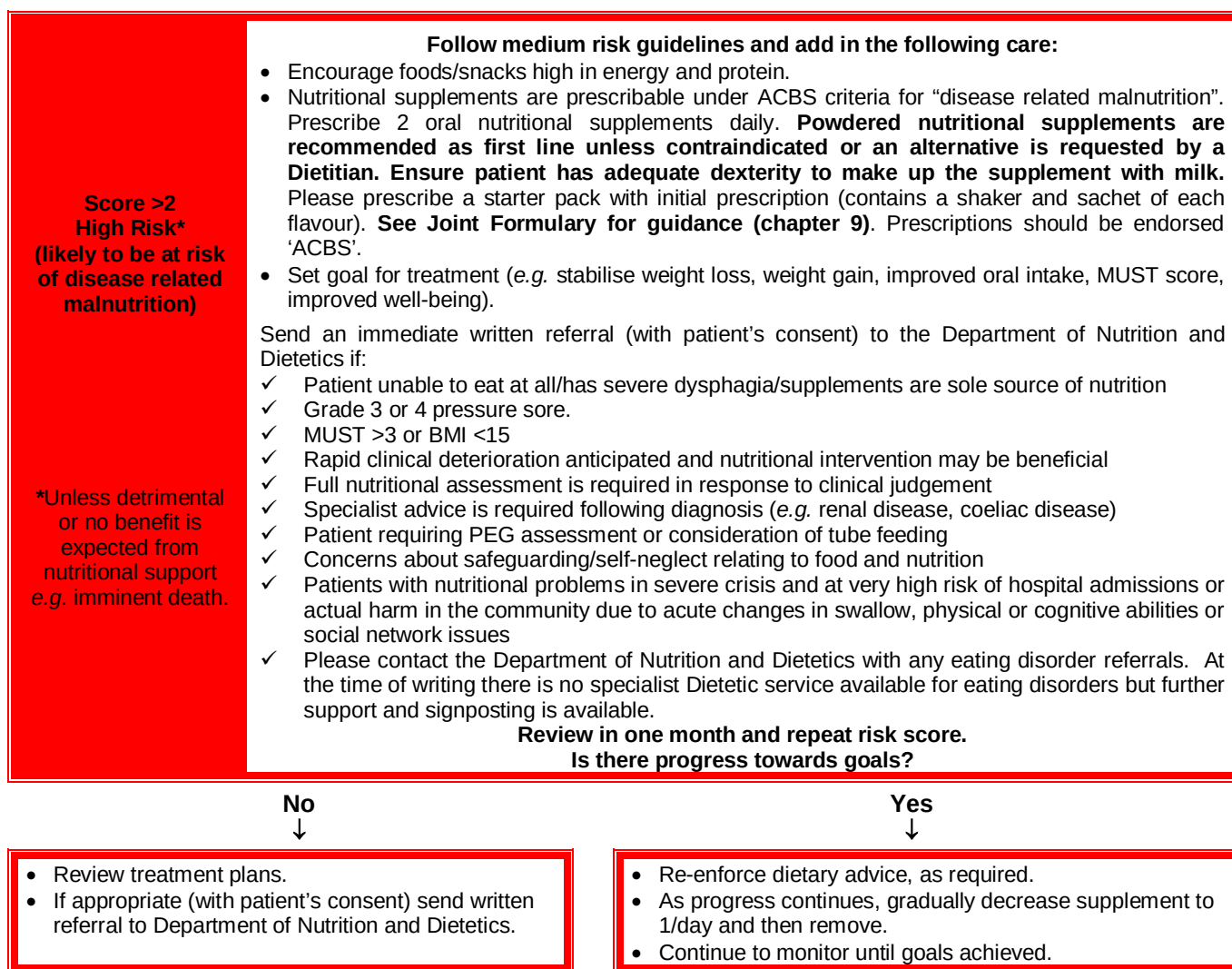
¹ Unless contraindicated e.g. diabetes, renal disease. Contact dietitian for advice.

Note: Patients with a low or medium MUST score are unlikely to meet ACBS criteria and supplements should not be prescribed unless they are recommended by a dietitian.

Instructions for making fortified milk:



For high risk see next page.



Nutritional supplements are rich in vitamins and minerals. Please contact the department of nutrition and dietetics if you are concerned about vitamin and mineral toxicity from a large volume of nutritional supplements.

Please contact the Department of Nutrition and Dietetics at Torbay Hospital if you would like further advice or a referral form
Tel **01803 654 380**



Advancing Clinical Nutrition

'Malnutrition Universal Screening Tool' ('MUST') MAG

Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1023927 www.bapen.org.uk

'MUST'

'MUST' is a five-step screening tool to identify **adults**, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1

Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2

Note percentage unplanned weight loss and score using tables provided.

Step 3

Establish acute disease effect and score.

Step 4

Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5

Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults**.



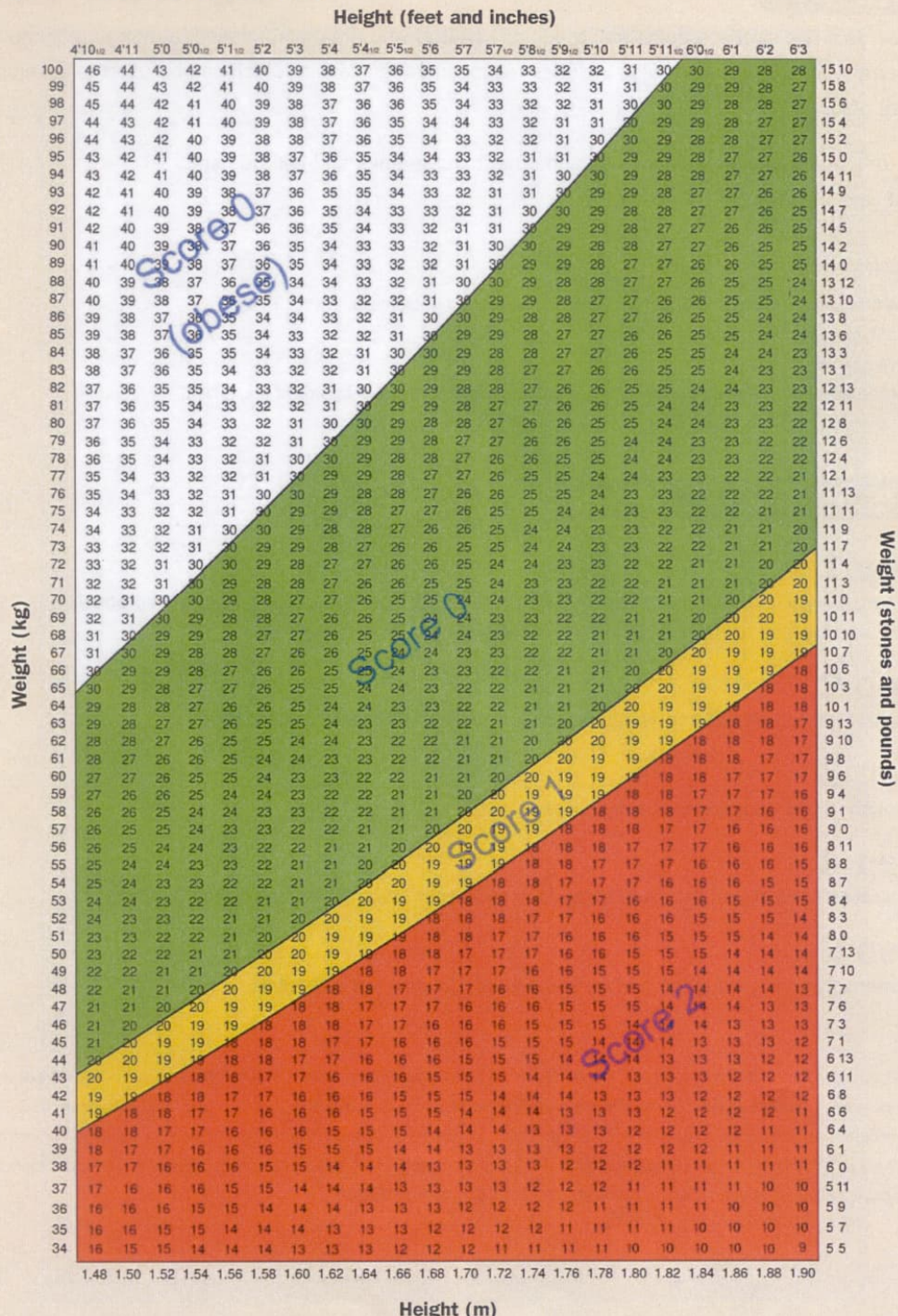
Advancing Clinical Nutrition

'Malnutrition Universal Screening Tool' ('MUST')

MAG
Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1029027 www.bapen.org.uk

Step 1 – BMI score (& BMI)



Note : The black lines denote the exact cut off points (30,20 and 18.5 kg/m²), figures on the chart have been rounded to the nearest whole number.



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Step 2 – Weight loss score

	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
34 kg	<1.70	1.70 – 3.40	>3.40
36 kg	<1.80	1.80 – 3.60	>3.60
38 kg	<1.90	1.90 – 3.80	>3.80
40 kg	<2.00	2.00 – 4.00	>4.00
42 kg	<2.10	2.10 – 4.20	>4.20
44 kg	<2.20	2.20 – 4.40	>4.40
46 kg	<2.30	2.30 – 4.60	>4.60
48 kg	<2.40	2.40 – 4.80	>4.80
50 kg	<2.50	2.50 – 5.00	>5.00
52 kg	<2.60	2.60 – 5.20	>5.20
54 kg	<2.70	2.70 – 5.40	>5.40
56 kg	<2.80	2.80 – 5.60	>5.60
58 kg	<2.90	2.90 – 5.80	>5.80
60 kg	<3.00	3.00 – 6.00	>6.00
62 kg	<3.10	3.10 – 6.20	>6.20
64 kg	<3.20	3.20 – 6.40	>6.40
66 kg	<3.30	3.30 – 6.60	>6.60
68 kg	<3.40	3.40 – 6.80	>6.80
70 kg	<3.50	3.50 – 7.00	>7.00
72 kg	<3.60	3.60 – 7.20	>7.20
74 kg	<3.70	3.70 – 7.40	>7.40
76 kg	<3.80	3.80 – 7.60	>7.60
78 kg	<3.90	3.90 – 7.80	>7.80
80 kg	<4.00	4.00 – 8.00	>8.00
82 kg	<4.10	4.10 – 8.20	>8.20
84 kg	<4.20	4.20 – 8.40	>8.40
86 kg	<4.30	4.30 – 8.60	>8.60
88 kg	<4.40	4.40 – 8.80	>8.80
90 kg	<4.50	4.50 – 9.00	>9.00
92 kg	<4.60	4.60 – 9.20	>9.20
94 kg	<4.70	4.70 – 9.40	>9.40
96 kg	<4.80	4.80 – 9.60	>9.60
98 kg	<4.90	4.90 – 9.80	>9.80
100 kg	<5.00	5.00 – 10.00	>10.00
102 kg	<5.10	5.10 – 10.20	>10.20
104 kg	<5.20	5.20 – 10.40	>10.40
106 kg	<5.30	5.30 – 10.60	>10.60
108 kg	<5.40	5.40 – 10.80	>10.80
110 kg	<5.50	5.50 – 11.00	>11.00
112 kg	<5.60	5.60 – 11.20	>11.20
114 kg	<5.70	5.70 – 11.40	>11.40
116 kg	<5.80	5.80 – 11.60	>11.60
118 kg	<5.90	5.90 – 11.80	>11.80
120 kg	<6.00	6.00 – 12.00	>12.00
122 kg	<6.10	6.10 – 12.20	>12.20
124 kg	<6.20	6.20 – 12.40	>12.40
126 kg	<6.30	6.30 – 12.60	>12.60

Weight before weight loss (kg)

	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
5st 4lb	<4lb	4lb – 7lb	>7lb
5st 7lb	<4lb	4lb – 8lb	>8lb
5st 11lb	<4lb	4lb – 8lb	>8lb
6st	<4lb	4lb – 8lb	>8lb
6st 4lb	<4lb	4lb – 9lb	>9lb
6st 7lb	<5lb	5lb – 9lb	>9lb
6st 11lb	<5lb	5lb – 10lb	>10lb
7st	<5lb	5lb – 10lb	>10lb
7st 4lb	<5lb	5lb – 10lb	>10lb
7st 7lb	<5lb	5lb – 11lb	>11lb
7st 11lb	<5lb	5lb – 11lb	>11lb
8st	<6lb	6lb – 11lb	>11lb
8st 4lb	<6lb	6lb – 12lb	>12lb
8st 7lb	<6lb	6lb – 12lb	>12lb
8st 11lb	<6lb	6lb – 12lb	>12lb
9st	<6lb	6lb – 13lb	>13lb
9st 4lb	<7lb	7lb – 13lb	>13lb
9st 7lb	<7lb	7lb – 13lb	>13lb
9st 11lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st	<7lb	7lb – 1st 0lb	>1st 0lb
10st 4lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st 7lb	<7lb	7lb – 1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb – 1st 1lb	>1st 1lb
11st	<8lb	8lb – 1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb – 1st 3lb	>1st 3lb
12st	<8lb	8lb – 1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb – 1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb – 1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb – 1st 4lb	>1st 4lb
13st	<9lb	9lb – 1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb – 1st 5lb	>1st 5lb
14st	<10lb	10lb – 1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb – 1st 7lb	>1st 7lb
15st	<11lb	11lb – 1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb – 1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb – 1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb – 1st 8lb	>1st 8lb
16st	<11lb	11lb – 1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb – 1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb – 1st 9lb	>1st 9lb

Weight before weight loss (st lb)



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Alternative measurements: instructions and tables

If height cannot be obtained, use length of forearm (ulna) to calculate height using tables below.
(See The 'MUST' Explanatory Booklet for details of other alternative measurements (knee height and demispan) that can also be used to estimate height).

Estimating height from ulna length



Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible).

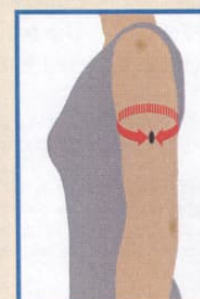
HEIGHT (m)	Men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	Men (>65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length (cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
HEIGHT (m)	Women (<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women (>65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
HEIGHT (m)	Men (<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	Men (>65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
	Ulna length (cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
HEIGHT (m)	Women (<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women (>65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Estimating BMI category from mid upper arm circumference (MUAC)



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.



If MUAC is < 23.5 cm, BMI is likely to be <20 kg/m².
If MUAC is > 32.0 cm, BMI is likely to be >30 kg/m².

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1802		
Document title:	Food and Nutrition Policy		
Purpose of document:	Guideline		
Date of issue:	21 April 2022	Next review date:	21 April 2025
Version:	4	Last review date:	
Author:	Community Clinical Dietitian and Team Lead & Specialist Dietitian and Inpatient Team Lead		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group		
Date approved:	17 October 2018		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	☐	☐
Does this document have training implications? <i>If yes please state:</i>	☐	☐
Does this document have financial implications? <i>If yes please state:</i>	☐	☐

Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
May 2012	1	New	
30 September 2016	2	Revised	Care and Clinical Policies Group
21 December 2018	3	Revised	Care and Clinical Policies Group
21 April 2022	4	Minor amendment	Specialist Dietitian and Acute Team Leader

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future.

It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions.

There is a legal duty placed upon all staff to apply the Mental Capacity Act 2005 in all circumstances where a person is required to consent to 'acts in connection with care and treatment' and where there is reason to doubt the person's mental capacity to do so.

Guidance can be accessed via [Pages - Mental Capacity Act \(torbayandsouthdevon.nhs.uk\)](https://www.torbayandsouthdevon.nhs.uk/pages-mental-capacity-act)

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users ☐		Staff ☐	Other, please state... ☐
Could the policy treat people from protected groups less favourably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes ☐ No ☐	Gender Reassignment	Yes ☐ No ☐
Race	Yes ☐ No ☐	Disability	Yes ☐ No ☐
Gender	Yes ☐ No ☐	Pregnancy/Maternity	Yes ☐ No ☐
Sexual Orientation			Yes ☐ No ☐
Religion/Belief (non)			Yes ☐ No ☐
Marriage/ Civil Partnership			Yes ☐ No ☐
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes ☐ No ☐
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes ☐ No ☐ NA ☐
Are the services outlined in the policy fully accessible ⁶ ?			Yes ☐ No ☐ NA ☐
Does the policy encourage individualised and person-centred care?			Yes ☐ No ☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes ☐ No ☐ NA ☐
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes ☐ No ☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users ☐		Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state... ☐	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes ☐ No ☐
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.



TORBAY HOSPITAL MENU

Nutrition & Hydration: Eating & drinking enough is vital to your recovery. Our catering team is dedicated to providing balanced, nutritional meals to support you with your recovery. Should you have dietary preferences or requirements please let the catering staff know and we will do our best to accommodate your needs.

Feedback about your catering experience during your stay is highly valued. To help improve the service provided, please scan the QR code and complete the short questionnaire.



MEAL ORDERING

Breakfast orders will be taken by Caterers each morning. Lunch and dinner orders will be taken before the service giving you time to make a selection from the menu.

MEALTIMES

Please speak to your Caterer if you have questions about mealtimes:
Breakfast: 8:00 am - 9:00 am
Lunch: 12:00 midday - 13:00 pm
Dinner: 5:00 pm - 6:00 pm

MISSED MEALS & SNACKS

If you have missed a meal, please ask a member of staff for the missed meal menu. Hot & cold drinks along with snacks will be offered throughout the day.

SUSTAINABILITY

In our journey to become more sustainable and reduce our carbon footprint, we have included more options with a low carbon footprint on our menu.

BREAKFAST

Orange Juice or Apple Juice **GF, V**
Thick & Creamy Yogurt **GF, P, V, EC**
All-Bran **V**
Bran Flakes **V**
Gluten Free Oats **GF, V, P**
Porridge **V, P**
Ready Brek **V, P**
Weetabix **V**
Gluten Free Cornflakes **GF, V**
Corn Flakes **V**
Rice Krispies **V**

Whole Milk **GF, V**
Semi-Skimmed Milk **GF, V**
Soya Milk **GF, V, VG**
Lacto Free Milk **GF, V**

White or Brown Bread Toast **V**
GF Toast **GF, V**

Served with a choice of:
Butter **GF**
Sunflower Spread **GF, V, VG**
Honey **GF, V**
Fruit Preserve **GF, V, VG**
Marmalade **GF**
Marmite **V, VG**

LUNCH & DINNER

Lighter Options: The following lighter options are available every day if you do not wish to choose from our hot selections (overleaf).

Sandwiches

Available on white or wholemeal Bread

Vegan **V, VG**
Egg Mayonnaise **V**
Cheese **V, P**
Tuna Mayonnaise **P**
Chicken Mayonnaise **P**
Ham **P**



Jacket Potato & Side Salad

Jacket **GF, V, VG**
Side salad **GF, V, VG**

Please select up to two toppings:

Baked Beans **GF, V, VG, EC, P**
Egg Mayonnaise **GF, V, EC, P**
Boiled Egg (x2) **GF, V, P**
Grated Cheese **GF, V, P**
Tuna Mayonnaise **GF, EC, P**
Sliced Ham **GF, P**

SMALLER APPETITE

These meals are smaller, but are higher in energy and protein, so ideal if you are not feeling very hungry.

Cheese & Pot Bake **GF, V, ED, EC, P, LP**

Broccoli, cheese sauce & diced potato

Macaroni Cheese **V, ED, EC, P, LP**

Pasta in a Cheddar cheese sauce

Salmon Bake **GF, ED, P, LP, LS**

Salmon, peas, potato & cheese sauce

Chicken Hotpot **GF, ED, EC, P, LP, LS**

Chicken, swede, carrots & potato

Chicken Biryani **GF, ED, P, LP, LS**

In a Coconut sauce with seasoned rice

Pasta Carbonara **ED, P, LP**

Pasta, chicken, mushroom and ham

Ham & Leek Bake **GF, ED, P, LP**

Ham in leek sauce with diced potatoes

Corned Beef Hash **GF, ED, P, LP**

Corned beef, onions, peas & potatoes

Beef Stroganoff **GF, ED, P, LP, LS**

Served in cream sauce with white rice

Menu Coding

Allergen and intolerance information can be found by following the QR code overleaf or by asking your Ward Caterer.

GF: Gluten Free choices are naturally gluten free or contain <20ppm of gluten

V: Suitable for Vegetarians

VG: Vegan choices are suitable for those on a vegan diet

ED: Energy Dense are suitable for nutritionally vulnerable patients with a poor appetite

EC: Level 7: Easy to Chew. SLT's may recommend EC or level 7 for those that fatigue easily or those that have poor dentition

P: Higher Protein meals contain more than 19g of protein- complete desserts contain more than 5g of protein

LP: Low Potassium meals contain products that are naturally low in potassium

LS: Low Salt meals contain minimum added salt and avoid processed products

DF: Dairy Free meals don't contain any milk or milk products

*All options are subject to availability, and you may be asked to make an alternative choice.

Version 1. 24.11.2025



TORBAY HOSPITAL MENU

LUNCH & DINNER

Starter

Starters are served with your evening meal

Tomato, Lentil & Pepper Soup **GF, V, VG, EC, P**
Soup of the Day - Please ask for details

Main Meals

Quorn & Mushroom Pie **V, VG, ED, LP**
Mushroom, Quorn & onion in a delicious sauce topped with puff pastry with fried potatoes

Vegan Hotpot **V, VG, LP, LS**
Leeks, lentils, carrots, spinach & pearl barley in cream sauce with fried potatoes and veg

Lentil & Sweet Pot Casserole **GF, V, VG, LS**
Green beans, lentils, peas and sweet potatoes in tomato sauce with roasties & vegetables

Vegan Curry **V, VG, LP, LS**
Tender soya pieces, mushroom, chickpeas & peas in tomato sauce with fluffy yellow rice

Macaroni Cheese **V, ED, P, LS**
Penne pasta in a cream sauce with sliced carrots, peas & sweetcorn

Cheese & Tomato Omelette **GF, V, P, LP, LS**
Omelette filled with tomato and vegan cheese served with fried potato and vegetable medley

Spinach & Ricotta Tortelloni **V, ED, EC, P, LP**
Egg pasta filled with ricotta cheese, parsley & cheddar cheese with a vegetable medley

Mushroom Stroganoff **GF, V, LS**
Mixed mushrooms in a creamy sauce with long grain rice and sweet peas

SPECIAL DIETARY REQUIREMENTS: We offer a wide variety of meals to suit different ethnic, cultural, and religious preferences. Our menu also includes options for individuals with food allergies or intolerances. For more details or to discuss your specific dietary requirements, please speak with your Ward Caterer.

Battered Fish **ED, P, LP, LS**

Flaky haddock in a crisp breadcrumb with fried diced potato and minted mushy peas

Tuscan Salmon **GF, P, LP, LS**

Salmon with peppers & haricot beans in a rich tomato sauce with parsley potatoes & veg

Sweet & Sour Chicken **GF, ED, P, LP, LS**

Chicken, pineapple & peppers in sweet & sour sauce with white rice & peas

Roast Chicken **P, LP, LS**

Roasted chicken breast in gravy with roast potatoes, chipolata & vegetables

Chicken Curry **GF, ED, P, LS**

Tender chicken pieces in a mild curry sauce, served with a hearty portion of vegetable rice

Sausage & Mash **LP**

Juicy pork sausages in gravy, served with creamy mash and peas

All Day Breakfast **ED, P, LP**

Pork sausages, back bacon, crispy hash browns, fluffy omelette and baked beans

Meatballs & Pasta **ED, EC, P, LP**

Tender pork meatballs with penne pasta in a tomato, garlic & basil sauce

Shepherd's Pie **GF, EC, P, LP**

Tender mutton, carrots & onion in gravy, topped with mash, carrots & broccoli

Roast Beef **GF, P, LP, LS**

Sliced roast beef in rich gravy with roast potatoes, carrots and sprouts

ALLERGY & INTOLERANCE: We understand the importance of catering to dietary needs and are committed to providing a safe dining experience. Please scan the QR code for allergen information. Alternatively, consult a member of the catering team.

SCAN ME



DESSERTS

Hot Custard (**Ask for allergen information**)
Available upon request with hot desserts.

Hot Desserts

Sponge Pudding of the Day

Ask your Ward Caterer for details

Apple Crumble **V, VG, LS**

Sweet apple compote with a buttery crumble topping

Plum & Cherry Crumble **ED, V, VG, LS**

Plum & cherry compote with a buttery crumble topping

Rice Pudding with Apricot **GF, V, EC**

Creamy rice pudding with tangy apricot preserve

Cold Desserts

Sugar Free Strawberry Jelly **GF, V, VG, EC**

Sugar Free Orange Jelly **GF, V, VG, EC**

Thick & Creamy Yogurt **GF, P, V, EC**

Ambrosia Rice Pudding **GF, V, EC**

Ambrosia Custard Pot **GF, V, EC**

Vanilla Ice Cream **GF, V, EC**

Vegan Ice Cream **GF, V, VG, EC**

Chilled Strawberry Mousse **GF, V, EC**

Cheese & Biscuits

Fresh Fruit **GF, V, VG**

Apple, Orange or Banana