Torbay and South Devon
NHS Foundation Trust

Email: foi.tsdft@nhs.net
Our Ref: TSD8919

28 October 2026

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:

Having reviewed your website and available documents, I have been unable to locate a food and drink policy or any documentation outlining your approach to catering standards. In particular, I am looking for references to the NHS Food and Drink Standards as described on the NHS England website.

Under the Freedom of Information Act 2000, I would be grateful if you could provide the following:

1. **A copy of your current food and drink policy (or equivalent, if applicable)**
   Our Food and Nutrition Policy is provided below. It remains in effect, although its review is overdue.

   Staff names have been removed under section 40(2) of the Freedom of Information Act 2000, which protects third-party personal information where disclosure would breach data protection principles. These principles require personal information to be processed lawfully, fairly and transparently under the UK GDPR and Data Protection Act 2018. Where disclosure would breach these principles, the exemption is absolute and no separate FOIA public interest test is required.

   Our Food Hygiene Policy is still being finalised and is not yet in effect

2. **Any documentation outlining how your Trust implements or complies with the NHS Food and Drink Standards**
   As above

3. **Any internal or external evaluations, audits, or reports relating to food provision quality, nutrition, or catering services over the past three years**

Annual PLACE audit results are publicly available via the link below. This information is exempt from disclosure under section 21 of the Freedom of Information Act 2000, as it is reasonably accessible to you by other means. Section 21 is an absolute exemption and does not require a public interest test.
Patient-Led Assessments of the Care Environment (PLACE) - NHS England Digital

4. **If no policy exists, a brief statement confirming this**
   Not applicable

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

Title: **FOOD AND NUTRITION POLICY**

Ref No: 1802 Version 2
Classification: Guideline

Directorate: Community

Due for Review: 30-09-2018
Document Control

Responsible for review: [redacted]

Ratified by: Care and Clinical Policies Group

Applicability: All patients as indicated

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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 17/08/2016).

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 any operational issues.

4.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. (Link to Malnutrition Risk Screening Policy Ref 0526).

Paediatrics

Provision of food and hydration to children and young adults in 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.

4.1 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 should aim to 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.
- 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. Link to Protected Mealtimes Policy Ref 1702.
- Patients with dementia 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 nutrition and hydration. 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.

4.2 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 as per NPSA guidance 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 then 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.

4.3 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

- Information regarding allergen content of foods available at Torbay and South Devon NHS Foundation Trust can be accessed from catering.

4.4 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.

Patients unable to take adequate oral nutrition may need artificial feeding and should be referred to The Department of Nutrition and Dietetics. Patients specifically requiring parenteral nutrition at Torbay Hospital should be referred to The Nutrition Support Team (bleep #6774 or 67-385).

4.5 Ethics of provision of nutrition (BAPEN, 2012)

Ethical and legal considerations should be taken into account and guidance is available from BAPEN (2012) and 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 17/08/2016).

Available from https://www.rcplondon.ac.uk/projects/outputs/oral-feeding-difficulties-and-dilemmas (Last accessed 17/08/2016).

Related policies include:
1794 End of Life – Guidelines for Good Care of Dying Patients,
1718 Once Chance to get it Right – Palliative care and End of Life Care,
0983 Mental Capacity Act – Multi Agency, Mental Capacity Act 2005.

4.6 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.

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 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 (link to Malnutrition Risk Screening Policy Ref 0526).

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 18/08/2016)

Details of food hygiene training are available from http://nww.sdhct.nhs.uk/corporate/education_and_development/elearning/Pages/foodsafety.aspx (Accessed 18/08/2016)

Training sessions 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 on all wards (Torbay and Community Hospitals) to evaluate the provision of food and mealtime experience. Results are collated and monitored by the catering department.

Observational mealtime audits are completed on a monthly basis by the Ward Manager/Matron. These will be reviewed by the Director of Nursing. Link to Protected Mealtimes Policy Ref 1702.

At present ward Matrons are doing a five notes audit on the safety thermometer. MUST will be monitored by Nerve Centre in the future.

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 17/08/2016).

- 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 17/08/2016

- 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 18/08/2016)

- NICE Guideline Nutrition Support in Adults 2012

  https://www.nice.org.uk/guidance/qs24 (Last accessed 18/08/2016)

- Royal College of Physicians, oral feeding difficulties and dilemmas, 2010 https://www.rcplondon.ac.uk/projects/outputs/oral-feeding-difficulties-and-dilemmas (Last accessed 17/08/2016).

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:

Malnutrition Risk Screening Ref 0526
Protected Mealtimes Ref 1702
Artificial enteral feeding standards of care –Adult Ref 1024
Dietetic Referral Prioritisation for Inpatients Ref 0522
Emergency Short Term Nasogastric/Gastrostomy Feeding Regime Ref 0527
Enteral Feeding Guidelines for Safe Practice Ref 0770
Naso gastric tube (fine bore) insertion Ref 0241
Naso Jejunal/Jejunostomy/PEG-J Feeding Emergency Short Term Regime Ref 0771
Nasogastric/Jejunostomy Feeding Ref 0599
Refeeding Syndrome Ref 1119
End of Life – Guidelines for Good Care of Dying Patients 1794
Once Chance to get it Right – Palliative care and End of Life Care 1718
Mental Capacity Act – Multi Agency, Mental Capacity Act 2005. 0983

10. Appendices

For details for MUST please see below.

Appendix 1 - Example of a MUST Record Sheet

Appendix 2 - Malnutrition Universal Screening Tool (MUST) Care plan for Hospitals

Appendix 3 - MUST Care Plan for Primary Care, Community Nursing and Care Homes

Appendix 1

Malnutrition Universal Screening Tool (MUST)

Torbay and South Devon NHS
NHS Foundation Trust

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/m²)	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/m²) (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 Complan® or Meritene® (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 (Fresubin Energy® Milkshake or Fresubin 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. 54380 with their weight, MUST score and action already taken**

- ☐ Please refer immediately to the **department of nutrition and dietetics ext. 54380** 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 bleep (67) 267**

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 Complan and Fresubin Energy 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 Fresubin Energy 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://nww.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 04/08/2016) 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 ↓

- Follow high risk guidelines

Yes ↓

- 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.

[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.

Score >2 High Risk* (likely to be at risk of disease related malnutrition) ***Unless detrimental or no benefit is expected from nutritional support *e.g.* imminent death.	**Follow medium risk guidelines and add in the following care:** • Encourage foods/snacks high in energy and protein. • Nutritional supplements are prescribable under ACBS criteria for "disease related malnutrition". Prescribe 2 oral nutritional supplements daily. **Complan Shake is recommended as first line prescribable supplement unless contraindicated or an alternative is requested by a Dietitian. Ensure patient has adequate dexterity to make up the supplement with milk.** Please prescribe a starter pack with initial prescription (contains a shaker and sachet of each flavour). **See Joint Formulary for guidance (chapter 9)**. Prescriptions should be endorsed 'ACBS'. • Set goal for treatment (*e.g.* stabilise weight loss, weight gain, improved oral intake, MUST score, improved well-being). Send an immediate written referral (with patient's consent) to the Department of Nutrition and Dietetics if: ✓ Patient unable to eat at all/has severe dysphagia/supplements are sole source of nutrition ✓ Grade 3 or 4 pressure sore. ✓ MUST >3 or BMI <15 ✓ Rapid clinical deterioration anticipated and nutritional intervention may be beneficial ✓ Full nutritional assessment is required in response to clinical judgement ✓ Specialist advice is required following diagnosis (*e.g.* renal disease, coeliac disease) ✓ Patient requiring PEG assessment or consideration of tube feeding ✓ Concerns about safeguarding/self-neglect relating to food and nutrition ✓ Patients with nutritional problems in severe crisis and at very high risk of hospital admissions or actual harm in the community due to acute changes in swallow, physical or cognitive abilities or social network issues ✓ Please contact the Department of Nutrition and Dietetics with any eating disorder referrals. At the time of writing there is no specialist Dietetic service available for eating disorders but further support and signposting is available. **Review in one month and repeat risk score.** **Is there progress towards goals?**

No ↓

- Review treatment plans.
- If appropriate (with patient's consent) send written referral to Department of Nutrition and Dietetics.

Yes ↓

- Re-enforce dietary advice, as required.
- As progress continues, gradually decrease supplement to 1/day and then remove.
- Continue to monitor until goals achieved.

Complan and Fresubin Energy 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**

'Malnutrition Universal Screening Tool' ('MUST')

BAPEN
Advancing Clinical Nutrition

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.**

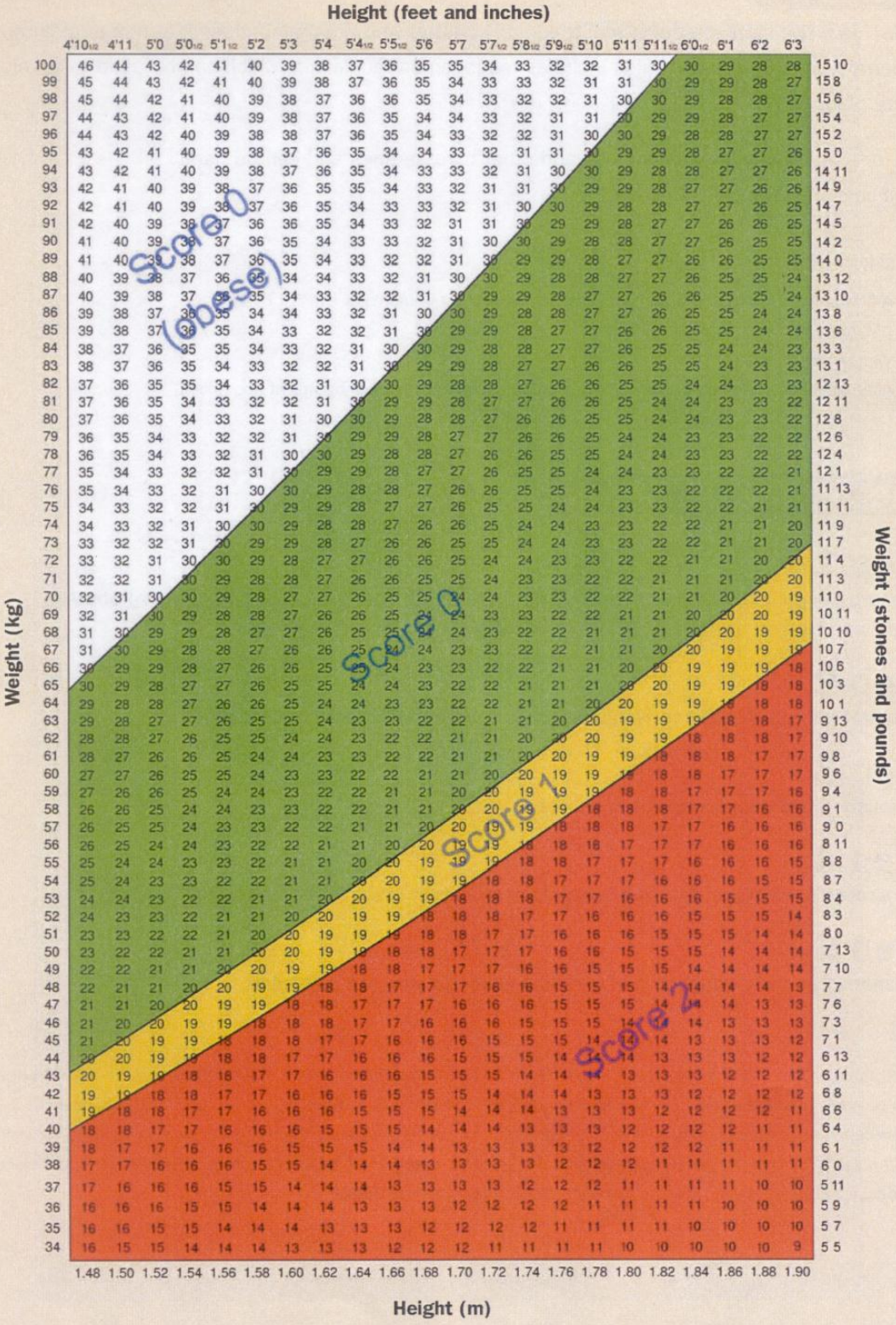
'Malnutrition Universal Screening Tool' ('MUST')

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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.

'Malnutrition Universal Screening Tool' ('MUST')

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Step 2 – Weight loss score

Weight before weight loss (kg)	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 (st lb)	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

'Malnutrition Universal Screening Tool' ('MUST')

BAPEN
Advancing Clinical Nutrition

MAG
Malnutrition Advisory Group
A Standing Committee of BAPEN

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

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).

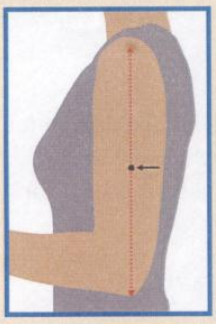
Estimating height from ulna length



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/m^2.
If MUAC is > 32.0 cm, BMI is likely to be >30 kg/m^2.

Document Control Information

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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.

Ref No:	1802		
Document title:	Food and Nutrition Policy		
Purpose of document:			
Date of issue:	30 September 2016	**Next review date:**	30 September 2018
Version:	2	**Last review date:**	
Author:	[redacted]		
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:	20 July 2016		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	Please select	
	Yes	*No*
Does this document have training implications? *If yes please state:*	☐	☐
Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
May 2012	1		[redacted]
30 September 2016	2	Revised	Care and Clinical Policies Group

The Mental Capacity Act 2005

The Mental Capacity Act 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

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

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.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☒
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☒	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process?	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Details *(please state):*	Nutrition Steering Group		

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	***Food and Nutrition Policy 1802***	**Version and Date**	*Version 2 18/08/2016*
Policy Author	[redacted]		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably 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☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure 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?)

NICE Guidelines 32 – Nutritional Care for Adults
Health and Social Care Act 2008 Regulation 14: Meeting Nutrition and Hydration Needs

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Nutrition Steering Group

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	Julie Kemmner	**Signature**	
Validated by (line manager)		**Signature**	