Cumbria Partnership NHS Foundation Trust

Policy Title: Nutrition and Hydration for Adults

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Accountable Director	Director of Quality and Nursing
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Policy On A Page

SUMMARY & AIM

This policy aims to improve the nutrition and hydration of our adult patients for whom we provide care in inpatient, outpatient, domiciliary or residential/nursing home and Mental Health settings.

TARGET AUDIENCE:

All employees of Cumbria Partnership NHS Foundation Trust who are involved with the nutrition and hydration of patients:

- clinicians,
- clinical students
- volunteers
- staff who work under service level agreements
- care agencies

TRAINING:

All healthcare professionals need to receive regular training on nutritional care and management, relevant to their post. Training is delivered in line with the Trust's Training Needs Analysis and further information can be obtained via the Training Department mailbox - CPFT Training
or Nutrition and Dietetic Department.

KEY REQUIREMENTS

Clinicians in all Care Groups including students, volunteers, staff who work under service level agreements, care agencies, staff who work in Nursing and Residential homes should all be able to:

- identify patients who are at nutritional risk;
- how to improve patients nutritional status;
- know how to seek guidance and obtain support;
- be aware how to access training.

TABLE OF CONTENTS

1. INTRODUCTION

In previous years the role of nutrition has been under-recognised as an important feature in a patient wellbeing. Nutrition is essential in optimising health for all patients. Malnutrition (under and over nutrition) is a cause and consequence of disease leading to worsening of health and clinical outcomes. There is a growing awareness building upon the evidence base of the importance of nutrition in the prevention and recovery from physical and mental ill health. The British Association of Enteral and Parenteral Nutrition (BAPEN) report Combatting Malnutrition: Recommendations for Action estimates that 3 million people are malnourished in the UK, 93% of whom live in the community. This represents 5% of the population and the incidence increases to 14% for those over 65 years of age. The BAPEN Nutrition Screening Week survey in 2011 evidenced that more than a third of adults admitted to care homes in the previous 6 months were malnourished.

This policy reflects relevant legislation and best practice of nutritional and dietary guidance from the Care Quality Commission, High Impact Changes (2010) Essence of Care (DH, 2010) NICE 32 Guidelines: Nutrition Support for Adults (2006) and the RCN Nutrition and Hydration toolkit.

The policy is applicable at all times and is not exclusive to organised mealtimes. For the purposes of this policy the use of the word nutrition throughout this document refers to both food and fluid intake.

2. PURPOSE

This policy describes the procedure to be used by all employees of Cumbria Partnership NHS Foundation Trust who are involved with the nutrition and hydration of patients such as clinicians, clinical students, volunteers and staff who work under service level agreements and care agencies wherever relevant. It extends to all adult patients in the following CPFT areas: inpatient wards, out patients clinics, Mental Health and Learning Disability, patients who are receiving care directly from CPFT but may reside in nursing/residential homes and patients being cared for in their own homes across Cumbria. The use of this policy will enable the Trust to meet the following requirements:

- Department of Health Essence of Care (2010) – Benchmarks for Food & Drink (2010).
- Department of Health – Improving Nutritional Care (2007)
- Care Quality Commission – Fundamental Standards Regulation 14: Meeting nutritional and hydration needs
- NICE Clinical Guideline 32 (2006) Nutrition Support in Adults.

By achieving the care in this policy Cumbria Partnership NHS Foundation Trust (CPFT) aims to meet the diverse needs of our population and workforce taking into account the Equality Act (2010). The dignity and respect of all our patients is essential in the implementation of this policy.

3. POLICY DETAILS – STATEMENT OF INTENT:

This policy aims to improve the nutrition and hydration of our adult patients for whom we provide care in inpatient, outpatient, domiciliary or residential/nursing home and Mental Health settings. The policy will follow a process:

- how to identify patients who are at nutritional risk;
- how to improve their nutritional status;
- how to seek guidance and obtain support;
- how to access training.

This will be achieved by:

- Nutritional interventions which will be evidence based with patients having access to information and support about healthy lifestyle choices and be reviewed where appropriate.
- All decisions will ensure that patient centred care approaches are taken in order to promote user choice and be offered by appropriately trained staff.
- People using inpatient services will be screened using the Malnutrition Universal Screening Tool (MUST) nutritional screen on admission to identify their needs; this will be followed by reassessment and action required
- All attempts must be made to ensure that food provided should reflect culture, religious and spiritual beliefs
- All inpatients must be able to obtain food and drinks outside normal mealtimes where individuals are unable to eat at the normal mealtimes.
- All inpatient settings will support the principles of protected mealtimes.
- Referral to specialist services, such as dietetic and speech and language therapists as appropriate.
- Care plans will identify nutritional care needs and how these needs are to be met and ongoing review.

3.1 Nutritional Risk and Screening

Nutritional risk is identified by the MUST nutritional screening tool which is used across CPFT and NCUH. NICE Clinical Guideline – CG32 Nutrition Support in Adults (2006) states that screening for malnutrition should be carried out by healthcare professionals with appropriate skills and training.

All adult patients will be screened on admission to all wards using MUST to identify those who are malnourished or at risk of becoming malnourished (NICE, 2006). The MUST is the first step in identifying those who may be at nutritional risk or potentially at risk, and who may benefit from appropriate nutritional intervention. This may require assistance with eating and drinking, modified diets or supplements. Screening will be repeated regularly when patients clinical condition changes, or when patients are transferred to different settings such as wards, own home.

The role of clinical observation should prompt further assessment and care planning. Where people cannot be weighed, for example refuse or are too disturbed, an assessment would be based on observation (see subjective MUST) and document. For example, where the

individual is unable to provide information, a visual observation is able to identify possible indicators of weight loss, such as, loose or ill-fitting clothes, jewellery or dentures.

This link will take you to the MUST tool.
http://www.bapen.org.uk/musttoolkit.html

3.2 Nutritional Assessment

Referrals to Nutrition and Dietetics can be made if a patient has been screened using MUST, has risk score of 2 or more AND first line interventions following" Food First Guidelines" have been implemented with no improvement.

For MUST scores of 3 and above referrals will need to be made to the Nutrition and Dietetic service.

The MUST guidelines and overall assessment will guide any need for referral. (see Appendix 1) for Dietetics CPFT referral form. Referral forms are also on STRATA.

The dietitian will see the patient as an outpatient/inpatient (Community Hospitals) or visit in their own home/care home if required. The dietitian will undertake a nutritional assessment on all patients appropriately referred.

Nutritional assessment will include an assessment of the following:

- Weight
- Weight history
- Height
- Body mass index
- History of recent dietary intake
- Medication
- Past Medical History
- Social history
- Other factors that will affect nutritional intake e.g. oral health, medication, mental health and cognition

All clinical staff have an important role in supporting nutritional assessment. An actual or estimated weight should be obtained, unless deemed clinically inappropriate. Reasons for no weight should be documented.

If there are any factors present that may influence body weight, such as oedema, these should also be documented. The dietitian/nursing staff may consider the use of mid upper arm circumference (MUAC).

Specialist advice will be required for patients' with swallowing problems with a referral to Speech and Language Therapists.

It is expected that any assessment from specialist services relating to nutritional status is fully documented and included in the patient record.

3.3 Care Planning

Nutrition forms part of the Multi-Disciplinary Team care plan and is part of the national quality standards and a care plan should be clearly documented in the patient's notes.

All patients for whom there are concerns regarding the adequacy of their nutritional intake should have their food and drink consumption monitored by staff over 3 complete days or longer, if appropriate. (See Appendix 3 for food and fluid record chart).

A member of the nursing staff/registered manager should review the completed food and fluid balance charts and take appropriate action. In care homes catering and care staff should be alerted to any risk and the nurse/registered manager sign to confirm this has happened.

The Nutrition and Dietetics Team can provide Nutrition Resources, these contain useful information on practical tips and suggestions on food fortification; copies are available on request (See Appendix 2).

3.4 Monitoring

All people who are identified as being at risk of malnutrition should be monitored to ensure that their care plan continues to meet their needs. Monitoring of weight and BMI plays an important role in the physical health care of all patients. Measurements need to be undertaken by staff competent to use the equipment and results accurately recorded and interpreted by staff who have undertaken MUST training.

Food and hydration charts will be available on each ward to assist in monitoring intake. Weight should be documented to measure responsiveness to treatment and interventions.

Handovers and multidisciplinary reviews need to also include information on nutritional need and review the care plan on a regular basis. The implications on other health outcomes and behaviours should be considered, for example, medication choices in relation to nutritional problems.

Food and drink provision can be difficult to monitor if the patient lives in their own home as this will depend on patient/family/carers recall

Meal Presentation and Service - see Policy
Protected Mealtimes – see Policy.

Specific Requirements:

<u>Special diets</u>

Catering Departments will supply a range of special therapeutic diets as required such as patients with intolerances, allergies and modified texture diets. Where patients have swallowing problems the modified texture should have been recommended by a Speech and Language Therapist following a swallowing assessment.

<u>Use of Oral Nutritional Supplements (ONS)</u>

There are a range of supplements that can be used to enhance the nutritional status of people when it is difficult for them to meet their needs through food alone. These will only be recommended after an assessment by the Dietitian.
See Appendix 2 Managing_unintentional_weightloss_guidanceFINALDec17-1.pdf

People who use inpatient services for long periods
It is important to recognise that this group of people may be reliant upon our services to provide all their nutritional needs. This will mean there may be a need to supply extra items of food or snacks to supplement the menus or different menus developed to take this into account.

Religious and cultural needs
It is vital when planning meal provision or dietary intervention that the religious and cultural needs of all people are taken into account.

3.5 Transfer/Discharge

Communication between staff is fundamental to ensuring ongoing staff awareness and treatment plans of the most nutritionally vulnerable individuals.

Discharge plans and transfer arrangements will include all information related to nutritional needs.

Discharge information needs to include clear, specific information relating to risks of poor nutritional status and supportive strategies.

3.6 Evaluation

Opportunities to improve services in relation to nutrition will be identified via the incident reporting system Ulysses, compliments and complaints process and via questionnaires, catering satisfaction surveys and meetings aimed at evaluating the patient's experience.

3.7 Equipment required

Equipment to weigh and measure all patients must be available to all staff and be regularly maintained. It is essential that all inpatient areas have weighing scales which are calibrated and are able to weigh patients with mobility problems. In addition height measure and charts to calculate BMI be available.

The following equipment is to be available to all Community wards to ensure that all patients can be screened and assisted to eat and drink.
Sitting and standing weighing scales
Height measure
MUST tape measure
BMI chart
Chairs at variable heights suitable for people with eating and swallowing problems
Crockery and cutlery to support disabilities

4 TRAINING AND SUPPORT

All healthcare professionals need to receive regular training on nutritional care and management, relevant to their post. Training is delivered in line with the Trust's Training Needs Analysis and further information can be obtained via the Training Department mailbox - CPFT Training.

The Nutrition and Dietetics Team provide regular MUST training (see CPFT Intranet Workforce and Organisational Development) along with updates on resources at Community Nutrition Information Sessions delivered locally by the Dietetic department. Contact the Nutrition and Dietetic for further information on this training as not all dates will be on the CPFT Intranet.
See BAPEN **https://www.bapen.org.uk/e-learning-portal.**

All healthcare professionals who are directly involved in inpatient care are required to have the appropriate skills and competencies needed to ensure that nutritional needs are met Care Quality Commission, 2014; BAPEN, 2012).

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Completion of screening tool	Nursing care sensitive audits - sample of 10 case notes per month	Ward managers	Community Services Clinical Governance Group	Monthly
Completion of screening tool	Monitoring of completion. Sample of 10 per month	Ward Managers	Quality improvement meetings in mental health networks	Monthly
Training delivered & attended (ESR) report	Governance Meetings	Ward managers	Community Services Clinical Governance Group	Monthly
PLACE assessments	Structured Assessment	Ward Managers/Estates and Facilities	Estates & Facilities Committee	Annual
Equipment Audit	Audit	Estates and Facilities	Estates	6 months - Annually
Catering satisfaction surveys	Discharge patient questionnaires	Ward Manager	Estates Community Services Clinical Governance Group	PET visits monthly.
Care plans detail assistance required to meet nutritional needs	As above	Ward Managers	As above	Monitored as questionnaires received 6 months
Protected mealtimes are in place	All wards to complete audit tool	Ward Managers	As above	Every 6 months
Mental Health Compliance	MUST Audit	Community Dietetic Team	Dietetic Team Meeting	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Nutrition & Hydration Steering Group minutes
- Risks will be considered for inclusion in the appropriate risk registers

Related Trust Policy/Procedures

- POL/002/034 Protected Mealtimes
- POL/002/041 Food Safety

Associated North Cumbria Acute Policies

- Ref: CG 07 Version 4.0 Gastrostomy Tube Adult Patient Management Policy
- Ref: CG 11 Version 11 Naso Gastric Tube Policy – Adult

Insertion and Position Confirmation Procedures

6. REFERENCES:

References, Sources and Bibliography

British Association for Parenteral and Enteral Nutrition (BAPEN) (2008) Combating Malnutrition: Recommendations for Action

British Association for Parenteral and Enteral Nutrition (BAPEN) (2011) Nutrition Screening Survey in the UK and Republic of Ireland

British Association for Parenteral and Enteral Nutrition (BAPEN) (2012) Malnutrition Matters - Meeting Quality Standards in Nutritional Care: A Toolkit for Commissioners and Providers in England

British Association for Parenteral and Enteral Nutrition (BAPEN) Malnutrition Universal Screening Tool (MUST)
Accessed 03.07.18 http://www.bapen.org.uk/screening-and-must/must/introducing-must

Care Quality Commission Fundamental Standards Regulation 14: Meeting nutritional and hydration needs
Accessed 03.07.18 https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs#guidance

Department of Health (2010) Essence of Care: Benchmarks for food and drink

Department of Health (2007) Improving nutritional care/ Nutrition Action Plan

Her Majesty's Stationery Office (HMSO) (2010) Equality Act 2010

National Institute for Health and Care Excellence (NICE) (2006) Clinical Guideline 32 Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition
Last updated August 2017

NHS Institute for Innovation and Improvement (2010) High Impact Actions for Nursing and Midwifery: Keeping Nourished, getting better
Accessed 03.07.18
http://webarchive.nationalarchives.gov.uk/20101121214644/http://www.institute.nhs.uk/building_capability/hia_supporting_info/keeping_nourished_getting_better.html

Royal College of Nursing Nutrition and Hydration website Accessed 03.07.18 https://www.rcn.org.uk/clinical-topics/nutrition-and-hydration

7. ASSOCIATED DOCUMENTATION:

CPFT Policies

- Protected Mealtimes Policy https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Patient_Protected_Mealtimes_Policy_POL-002-034.pdf
- Food Safety https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Food_Safety_Policy_POL-002-041.pdf
- Food Safety Manual - Conventional Catering (Nov 17) https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Food_Safety_Manual_-_Conventional_Catering_%28Nov_17%29.pdf
- Food Safety Manual - Food Regeneration (Nov 17) https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Food_Safety_Manual_-_Food_Regeneration_%28Nov_17%29.pdf

NCUH Policies

- Gastrostomy Tube Patient Management Policy http://nww.staffweb.cumbria.nhs.uk/policies/categories/clinical-governance/gastrostomy-tubes-management-of-patients-with-gastrostomy-tubes.pdf
- Nasogastric Tube Policy http://nww.staffweb.cumbria.nhs.uk/policies/categories/clinical-governance/nasogastric-tube-policy.pdf
- Nutrition and Hydration for Adults Policy http://nww.staffweb.cumbria.nhs.uk/policies/categories/clinical-governance/nutrition-and-hydration-for-adults-policy.pdf

8. DUTIES (ROLES & RESPONSIBILITIES):

All staff employed in the preparation of food to service users need to read and adhere to this policy and complete training relevant to nutrition, as identified in the Trust's Training Analysis document.

The Trust Board has a legal responsibility for all Trust Policies ensuring they are adhered to. The Trust should provide safe, nutritious food, ensuring that appropriate arrangements are in place to support effective nutritional care.

All clinical staff have a key role in ensuring:

- That patients' nutrition and hydration needs are met.
- Provision of a safe and conducive meal environment,
- Monitoring and awareness of the nutritional intake of people on the ward.
- Ensuring that malnutrition and other problems relating to nutritional intake are identified and acted upon, such as providing assistance with feeding or raising concerns regarding quality and quantity of food.
- Explaining how the food and beverage service works on the ward and promote eating for health.
- Attending any relevant training provided on nutrition.
- Audits – actively taking part in Audits upon request and sharing lessons learnt.

Catering Managers and catering staff:

- Manage the safety and integrity of the food and beverage service
- Have a key role in ensuring that all aspects of health and safety are complied with. Have effective communication lines between wards and catering departments are in place to ensure needs and problems are identified and responded to.
- A range of textured modified foods will be available, as required by patients such as a fork mashable, pre-mashed and pureed diet (according to the national descriptors).

Dietitians play a key role in the interface between clinical and catering staff.
They are able to provide specialist advice for those people at risk of malnutrition and will develop a nutritional assessment and care plan to promote patients' wellbeing in relation to nutrition.

8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

8.2 Executive Director Responsibilities: Director of Quality & Nursing

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

8.3 Managers Responsibilities:

Ensure and monitor that all staff have the appropriate skills and competencies needed to ensure that nutritional needs are met.

8.4 Staff Responsibilities:

Provide and/or improve the nutrition and hydration of adult patients in various settings such as inpatient, outpatient, domiciliary or residential/nursing home and Mental Health.

8.5 Approving Committee Responsibilities: Nutrition Steering Committee

The Chair of the Nutrition Steering Committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

BMI	Body Mass Index
Malnutrition	A state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes a measurable adverse effects on body composition, function or clinical outcome
MUAC	Mid Upper Arm Circumference
MUST	Malnutrition Universal Screening Tool
Nutrition and Hydration	Applies to any food and fluid consumed. Foods that have a high fluid content e.g. soup, jelly, ice cream will support good hydration.
Nutritional Assessment	A detailed analysis of a patient's nutritional intake and requirements carried out by a dietitian.
Nutritional Screening	Universal validated MUST screening tool that will quickly identify a patient's nutritional risk. This can be completed by any health care professional with appropriate training. Training can be accessed via CPFT Workforce and Organisational Development website.
Nutritional support	Active measure put in place to help improve nutritional intake. This could be oral or enteral.
Oral nutrition	Food taken orally and includes fortified food, additional snacks and oral nutritional supplements.

APPENDIX 1 – CPFT NUTRITION AND DIETETCS REFERRAL FORM

ADULT NUTRITION AND DIETETIC REFERRAL FORM – OUTPATIENT

Please fill out the form **FULLY** giving as many details as possible and ensure relevant blood test results are included. **Failure to do so may result in the form being returned to you**. Please send to:
*Dietetic Department, Level 2 West Cumberland Hospital, Homewood Road, Hensingham, Whitehaven, CA28 8JG **or** email to Dieteticreferrals/handovers@cumbria.nhs.uk*

PLEASE NOTE, REFERRALS ARE *ONLY ACCEPTED FOR THE CONDITIONS BELOW*. IN EXCEPTIONAL CIRCUMSTANCES PLEASE CONTACT THE NUTRITION AND DIETETIC DEPARTMENT MANAGER on 01946 523400.

We cannot accept referrals for Weight Management – referrals for this will be returned to referrer.

Patient Details

Title: _____ First Name: _____ Last Name: _____

NHS No: _____DOB _____ Height (m): _____ Weight (kg): _____

BMI: _____

Address: _____

Post Code: _____ Daytime Tel No: _____

Registered **GP** Name: _____ Surgery Tel No:_____

Surgery Address:
_____

Diagnosis: _____

IS THE PATIENT HOUSEBOUND? NO ☐ YES ☐

REASON FOR REFERRAL – Please tick

☐ Diabetes – Type 1 or 2 (please indicate which) and declined DESMOND/DAFNE
- Please highlight/circle if *declined DESMOND/DAFNE* **or** if *not appropriate for Cumbria Diabetes*

– HbA1c _____ mmol/mol

☐ Impaired Glucose Tolerance and *declined Walking Away from Diabetes*
– HbA1c _____ mmol/mol

☐ Coeliac disease – new and annual review

☐ Crohns disease – elemental/polymeric diet

☐ Ulcerative colitis

☐ PEG/NG feeding

☐ Nutrition support - MUST score = 3 /more
Local guidelines completed for 1 month ☐
Note: referral will not be accepted if these guidelines have not been followed

☐ Irritable bowel syndrome

☐ Texture Modification with inadequate intake

☐ Micronutrient deficiency

☐ Allergies / intolerances

☐ Lipid lowering

For more information see the GP referral protocol.

RELEVANT DETAILS TO AID PRIORITISATION e.g. Medical History, investigations, drug therapy, social circumstances. Interpreter required? Please list allergies/intolerances below:

(PLEASE PRINT CLEARLY)

Name of referrer: _____ Position: _____

Address/base: _____ Contact Tel No: _____

Signature: _____ Date: _____

APPENDIX 2 -NUTRITION SUPPORT RESOURCES

Please click on the following links for CPFT Nutrition Resources:

CPFT Nutrition Support Booklet

http://www.doscumbria.nhs.uk/services-by-location/allerdale/item/adult-dietetics-2-copy?category_id=11

For more information on nourishing drinks and snack ideas see "Eat Well, Keep Well".

Managing_unintentional_weightloss_guidanceFINALDec17-1.pdf

Please click on the following link for North Cumbria Acute Hospital Nutrition Resources

http://nww.staffweb.cumbria.nhs.uk/services-and-departments/nutrition-and-dietetics

Other useful links:

https://www.bda.uk.com/foodfacts/home

https://www.bapen.org.uk/pdfs/must/must_full.pdf Mid Upper Arm Circumference

Governments and National Bodies
Accessed03.07.18https://www.bapen.org.uk/malnutrition-undernutrition/combating-malnutrition/what-have-others-done-to-combat-malnutrition/governments-and-national-bodies

APPENDIX 3 - FOOD AND FLUID CHART

Cumbria Partnership NHS
NHS Foundation Trust

NAME -

DATE	RECORD FOOD AND DRINK					
	Give careful description using handy measures e.g. slices, teaspoons, cups, bowls	Amount eaten / drunk				
		None	All	¾	½	¼
Breakfast						
Mid-AM						
Lunch						
Mid-PM						
Evening						
Bedtime						
DATE	RECORD FOOD AND DRINK					
	Give careful description using handy measures e.g. slices, teaspoons, cups, bowls	Amount eaten / drunk				
		None	All	¾	½	¼
Breakfast						
Mid-AM						
Lunch						
Mid-PM						
Evening						
Bedtime						

DOCUMENT CONTROL

Equality Impact Assessment Date	No change from June 2017
Sub-Committee & Approval Date	Nutrition Steering Committee 11/12/2018

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V2.0	02/08/2018	30/06/2021	August 2018

Statement of changes made from version

Version	Date	Section & Description
V1.2	20/07/2018	• Template completely revised and minor changes within the policy text
V2.2	29/01/2019	• Amendments following PMG meeting 22/01/2019
V2.3	26/02/2018	• Monitoring section 5 updated by J Rigby

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Hazel Gilmore	Team Lead Speech and Language Therapy – Community Care Group CPFT	19/06/2018
Jacqui Ross	NCUHT Dietetic Manager	14/06/2018
Nicola Storey	Community Dietitian Team Lead NCUHT	14/06/2018
Sue Raynard	MS Specialist Nurse – Specialist Care Group CPFT	03/07/2018
Juliet Greenwood	MS Specialist Nurse – Specialist Care Group CPFT	02/07/2018
Information Governance	Information Governance Data Officer	27/07/2018
Nutrition Steering Committee	Committee of Dietitians, SLT, Senior Nurses	11/12/2018