

THE STATE HOSPITALS BOARD FOR SCOTLAND

FOOD, FLUID NUTRITIONAL CARE POLICY

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REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

2023 review

- References updated
- Updated text re passive content where appropriate
- HWP changed to Nutrition and Physical Health Checklist and general term of NCP throughout text. NCP now termed Nutritional Care plan process to encompass screening and care plan changes going forward
- NST – completed as per hospital standards
- Average length stay updated from 40 years to greater than 30 years (from annual report 2020)
- Supporting Healthy choices project remit
- Therapeutic diets/modified consistency diets and need for patient assistance and advice added
- Diabetes, physical health and obesity stats updated to more recent data
- Weight loss interventions updated to include Total Diet Replacement (TDR) and pharmaceutical options
- Removal of physical health data on patients that accounted for small numbers to ensure confidentiality (this related to COPD/CVD)
- Meals now plated for the wards - removal of bulk service
- Meals to be served with 35 minutes - removed
- Narrative update to provide clarity regarding length of time between any 2 meals to clarify the gap between supper and breakfast
- Food probes on ward removed
- Daily menus now menu (re ordering)
- Re-worded regarding staff supporting patients who are unable to order own meals
- Missed meals – re-worded for clarity around having at least one main meal plus breakfast and supper
- Meal cycle changed from 4 to 3 weeks
- Takeaway guidance reference updated
- Weekly versus monthly theme nights emended.
- NUTMEG taken out and paragraph made generic
- Protected meal times explained
- HEPMA added re use of supplements
- Education and training added regarding assisted eating and drinking
- Online training must be taken instead of as required
- Under section 8 b) (ix) Allergies - reference added regards new national guidance for businesses under 'Natasha's Law' (2021)

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1. Policy Statement

The State Hospitals Board for Scotland (The Board) recognises the importance of Food, Fluid and Nutritional Care (FFNC) in the provision of healthcare as part of its commitment to providing continuous health improvement for the population of The State Hospital (TSH).

The purpose of this policy is to enable the Board to discharge its responsibility through its role as a provider of FFNC.

TSH recognises:

- The importance of FFNC in the prevention, treatment and recovery from disease.
- That patients' in hospital and recovering from physical and mental illnesses have different nutritional needs from the general population and the importance of hospital food in meeting those needs
- That patients with mental health needs may have disordered and/or delusional thoughts around food and fluids compromising their nutritional intake
- Health promotion regarding the prevention and reduction in physical ill-health, and that illnesses and co morbidities are a priority due to the increasing trajectory of overweight and obesity
- That patients with a mental illness have a propensity to gain weight
- That FFNC provision is essential to the wellbeing and quality of life of all patients in hospital and should meet individual requirements
- The importance of identifying patients at risk of malnutrition (both under and overweight) with a validated nutritional screening tool/process
- The value of education about FFNC for patients, carers and staff
- That some patients have special dietary requirements including cultural, ethnic and religious preferences and the requirement for a specialised therapeutic diet
- Disabled people, older people and people with intellectual disability may require assistance with eating and other support.

Our Commitment

TSH will:

- Undertake nutritional screening of patients within 7 days of admission using a validated nutritional screening tool (NST)
- Develop a Nutrition and Physical Health Care Plan (NPHCP) based on patient's risk status. These being accepted as a patient's Nutritional Care Plan (NCP)
- Reassess patients and update on an ongoing basis based on their risk status
- Provide patients meals which meet the current national catering specification (Food in Hospitals 2008/updated 2016), therapeutic need and cultural preferences
- Actively promote healthy lifestyles
- Provide training for staff commensurate (in accordance) to their duties
- Provide appropriate information for patients and carers on aspects of FFNC, supporting health promotion, medication and physical health conditions
- Develop and implement programmes appropriate to patient's individual needs and provide opportunities to support patients in reducing their body weight, such as multidisciplinary weight management groups, national programs (e.g. Total Diet Replacement Plans) and supportive 1:1 care. Use of interventions commensurate to the community such as pharmaceutical options for weight loss.
- Audit, benchmark and evaluate the effectiveness of programmes and interventions
- Contribute to national data collection and reporting
- Ensure TSH meets the National FFN Standards (2014) and other identified legislation/guidance as required.
- Deliver on the Board's recommendations (2015/update 2021) around the Reduction and Prevention of overweight and obesity as part of the 'Supporting Healthy Choices' policy (SHC 2015)

2. Scope

This policy is relevant to all patients and staff within TSH.

3. National and Local Drivers

This policy has been developed to ensure TSH complies with the requirements of the following national policies and guidelines:

- FFNC Standards (NHS HIS 2014)
- Food in Hospital (Scottish Government 2008)
- Clinical Quality Indicators (CQIs) for Food, Fluid and Nutrition (NES, Evidence into Practice 2016)
- Mental Health Strategy for Scotland 2017-2027 (Scottish Government 2017)
- Health Promoting Health Service (Scottish Government CEL 01 2012)
- Obesity Route Map (Scottish Government 2010) and Scot PHN review of obesity route map 2015
- The Healthcare Quality Strategy for NHS Scotland (Scottish Government 2010)
- Healthy Retail Standard 2015 (Scottish Grocery Federation)
- Complex Nutritional Care Standards (HIS 2015)
- Diabetes Framework 2015
- National standards for the delivery of Tier 2 and Tier 3 weight management services in adults in Scotland (NHS Health Scotland 2019)
- A Healthier Future: type 2 Diabetes prevention, early detection and intervention framework (The Scottish Government, 2018)

The policy also supports the:

- Hospitals' Clinical Model
- Hospitals' Annual Operational Plan
- Results of local audits/research/evaluation

4. Background

Patients are admitted to TSH under the provisions of: The Criminal Procedure (Scotland) Act 1995; The Mental Health (Care and Treatment) (Scotland) Act 2003; and other related legislation because of their dangerous, violent or criminal propensities.

“There are a maximum of 140 inpatient beds within TSH. All patients are male with an average age of 42 years (2018); and spend on average 6 years within TSH, ranging from six weeks to over 30 years. The majority of patients have a primary diagnosis of schizophrenia. Most patients are of Caucasian origin with a small number of Indian, Chinese, African and mixed raced backgrounds (total 3.7% July 2019)”.

Although the majority of our patients are “physically well”, in addition to their mental health problems, patients may also suffer from various physical health conditions including diabetes (8% 2022), cardiovascular disease, obesity and for some chronic physical health illnesses such as liver or renal disease (<1%) (2022).

In December 2022, 85% of patients were overweight or obese compared with the Scottish male average of 65% (Scottish Health Survey 2016). In addition, over 85% known patients had a waist circumference in the high-risk category, for cardiovascular disease. (Waddell, F, 2019 PHSG report).

The last recorded level of metabolic syndrome within TSH is 36% (Waddell, F 2016 unpublished).

Diabetes is the most common metabolic disorder and its increasing prevalence is a major health issue for Scotland and within TSH. The most recent Scottish Diabetes Survey (2016) estimates

that there were 291,981 people with a diagnosis of diabetes in Scotland at the end of 2016, a crude prevalence of 5.4%.

In 2022, the prevalence rate in TSH was 8%, (>10 patients), which is a reduction to previous years (2018 was 17.6%). The majority are Type 2 diabetics.

The incidence of Coronary Heart Disease (CHD) is generally higher amongst men, older people and people with a family history of early heart disease. Risk factors for CHD include: high blood cholesterol, physical inactivity, smoking, high blood pressure, obesity, poor diet and diabetes.

5. Governance and Accountability

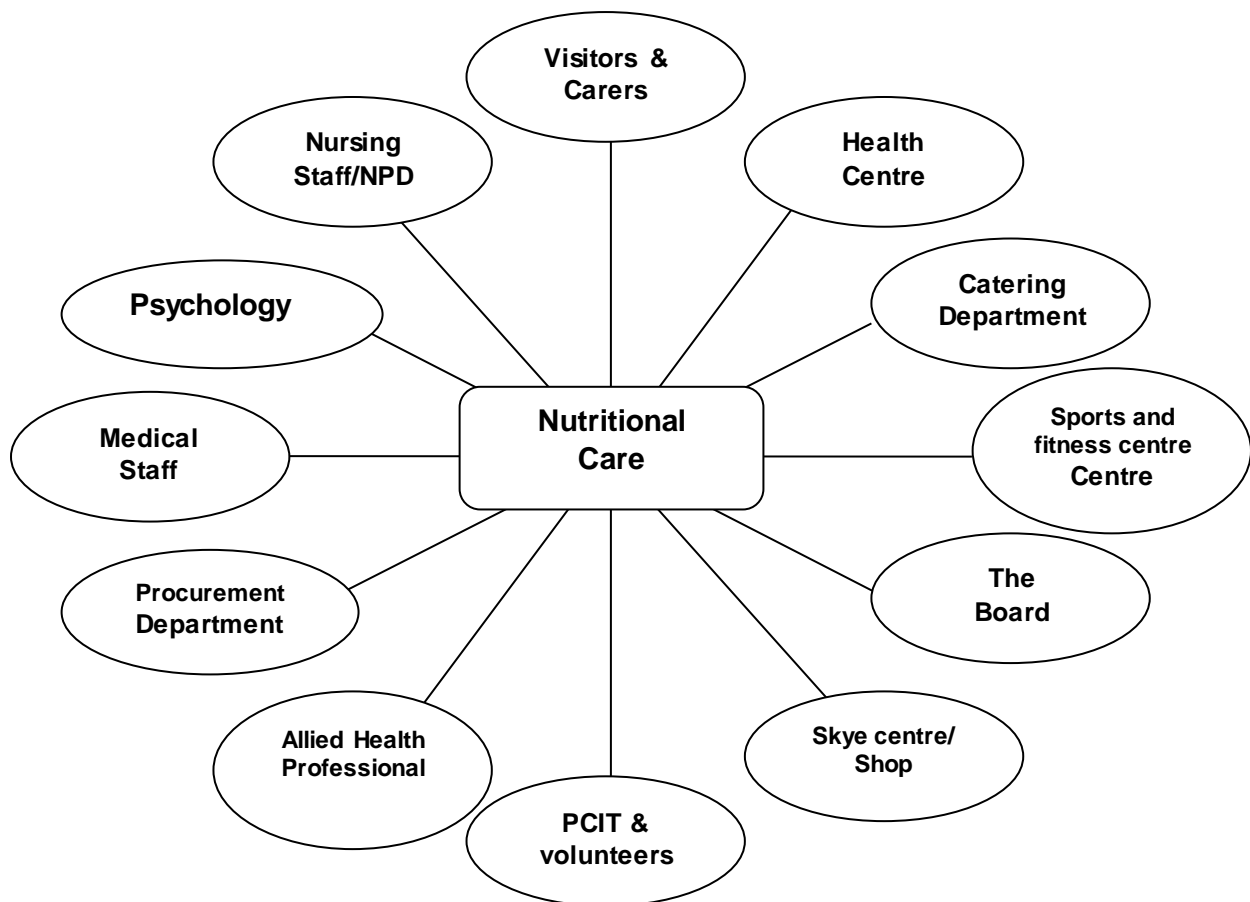
The Board have overall responsibility to ensure that systems are in place for the provision of FFNC for all patients. The Board will ensure that an appropriate financial framework is in place to support the delivery of FFNC.

The multi-disciplinary PHSG is the group with responsibility for ensuring a comprehensive and integrated approach to FFNC, as part of the wider physical health agenda, across TSH.

In line with the national FFNC Standards (HIS 2014), The Board via the Clinical Governance committee will receive a 12 monthly update report on progress, on this topic.

6. Stakeholder Involvement in relation to Food, Fluid and Nutritional Care

The PHSG recognises the roles of various stakeholders within TSH in relation to FFNC, as outlined below.



7. Roles and Responsibilities

The following roles and responsibilities are intended to ensure compliance with national standards:

a) The Board and Senior Management Teams

The Board have overall responsibility to ensure that systems are in place for the provision of FFNC for all patients and that it is regularly evaluated and updated as required (*See FFN Standard 1*).

b) Senior Charge Nurse (SCN)

The SCN have responsibility for supporting the patient's physical health and preventing ill health (Standards of proficiency for registered nurses 2019), in for example facilitating attendance at annual health reviews, supporting staff with patient's compliance with therapeutic dietary regimes and the general provision of adequate nutrition.

c) RMO (Registered Medical Officer)

The RMO has the overall responsibility for mental health of a patient, including that of ensuring a patient's physical health needs are managed appropriately to that patient and any health risks are supported.

d) Dietetics

Dietitians translate the science of nutrition into practical information about food. They work with patients using a patient centred care approach to promote nutritional wellbeing, to prevent food related problems and treat disease. Dietitians assess and advise individuals to promote physical health from a dietary perspective and support physical ill health when nutritionally vulnerable. Dietitians will ensure that patient's meals are nutritionally analysed, and that those requiring advice to improve their nutritional status are assessed and reviewed within the agreed timeframes based on their associated risk. (*See FFN Standards 2, 3, 4 & 6*). Dietitians are a source of valuable nutritional information to support education and training relating to all aspects of nutritional care.

e) Catering

To ensure that the FFN policy in regards to food planning, provision and delivery is adhered to and implemented. Including implementation and monitoring of standardised analysed recipes and menus. (*See Standards 3 & 4*).

f) Key Worker

To ensure that patients are nutritionally screened, as per hospital standards, and referred to appropriate services to improve their nutritional status and physical health as appropriate. To formulate Nutritional care plan by agreeing nutrition related goals with individual patients, to motivate and support patients to make necessary dietary and/or lifestyle changes to improve their nutritional status, advising and supporting healthy choices regarding their diets on a daily basis (*See FFN Standards 2, 3 & 4*).

g) Allied Health Professional

To ensure that they are aware of nutritional goals in patients nutritional care plan process. The speech and Language Therapist (SLT) to support any issues around feeding and modified consistency diets. The Occupational therapy department to be aware of NCP information and support such, including the delivery of healthy cooking sessions and general education around nutrition with groups. (*See FFN Standard 2*).

h) Patient Centred Improvement Team (PCIT)

The PCIT ensures patients are involved in consultations regarding aspects of the FFNC agenda. Patients are able to feedback on all aspects of the FFN agenda including the menus. Carers support this forum and are equally made aware of any changes pertinent to FFN as required.

i) Carer

To ensure carers are aware of HWP for individual patients and are provided with advice/guidance on how to support these, and any other nutritional needs. They are involved in consultations regarding aspects of the FFNC policy, to ensure patient centred care (*See Standards 2 & 5*).

j) Health Champion

The aim of the Health Champion programme is to support, encourage and motivate patients to make healthier choices in relation to FFN and physical activity. Health Champions are based in various departments within the hospital, providing a positive influence at every stage of the patient journey. They receive ongoing training to understand the interactions between mental and physical health and to ensure they have the appropriate skills to provide a consistent approach in coaching, guiding and providing advice to patients. Health Champions encourage and support patients to engage in health improvement programs and to make positive choices in their day to day interactions throughout the hospital environment. They offer a positive influence on patient decision making whilst supporting an explicit health promotion culture within TSH.

k) Supporting Healthy Choices

Supporting Healthy Choices is a multi-disciplinary hospital wide initiative that addresses the obesogenic environment in TSH. It outlines the future strategy and service developments that will support our patients to make appropriate choices related to their overall health and wellbeing. Supporting Healthy choices is a sub group of the Physical Health Steering Group who govern food, fluid and nutritional care, weight management, physical activity and physical health services within TSH.

8. Putting Policy into Practice

a) Standard 1: Policy and Strategy

i) Financial framework

The PHSG will retain an overview of the financial implications of achieving the Food, Fluid and Nutrition Standards and will support the Board to identify developmental priorities and any associated financial implications.

The Financial Framework to Support NHS FFNC Standards and Food in Hospitals includes the implication for capital planning, nursing, catering and AHP budgets (Appendix 1).

ii) Audit and Evaluation

The effectiveness of this policy and strategy will be evaluated in line with developed core programmes and by the development of an evaluation and monitoring framework which will report back to the PHSG. An annual plan of audits will also be undertaken, and this will include:

- 1) Observations of care at mealtimes
- 2) Compliance with Nutritional Screening/Nutritional care plan process.
- 3) Mealtime attendance
- 4) And others as required such as takeaways.

Feedback from users (staff and patients) will be regularly obtained to measure progress regarding service, process and educational activities. Further details are provided in the section below.

b) Standard 2: Assessment, Screening and Care Planning

i) Admission Assessment

Within TSH's agreed care pathway for all new admissions, pre admission assessment information includes identification of any pertinent nutritional needs, such as food allergy or use of nutritional sip feeds (supplements); this is then followed up after admission with all patients receiving a dietetic review within 2 weeks of admission. A physical assessment is undertaken

to identify any problems relating to nutrition such as evidence of eating disorders, gastrointestinal problems or special dietary requirements, food allergies or physical difficulties with eating. It may also include individual food likes/dislikes.

ii) Nutritional Screening on Admission

Nutritional screening will be completed for all patients within 7 days of admission, using the locally developed and validated 'State Hospital Nutrition Screening Tool' (Appendix 2). This will be undertaken by the patient's key/associate worker, and the results and relevant risk factors will be recorded on the electronic patient record (EPR) within the 'Assessments>Nursing>NST' section. Nursing should then inform dietetics, occupational therapy, and/or speech and language therapy of any needs at this point, and similarly document (see below).

iii) Ongoing Nutritional Screening

This will be undertaken based on patient risk factors, based on the initial screening outcome. All patients will be nutritionally screened at least annually (but likely monthly or quarterly depending on their risk), by their key (or associate) worker as part of their annual review depending on a patient's risk category, using the same screening tool. These will also be stored on the EPR which is accessible to all clinical staff. The associated NCP process is updated monthly regardless, to support a consistent review of nursing care plans.

iv) Nutritional Care Plan Process

A patient's NCP is completed within 14 days of admission and then reviewed on an ongoing basis depending on a patient's risk. These plans support a patient's dietary intake, physical activity, psychological wellbeing and for new admissions, smoking cessation where relevant.

The NCP will be completed by the patient's key/associate worker in conjunction with the patient, and other health care professionals to identify and document agreed goals for improvement of diet and lifestyle, which are achievable and specific to each individual patient. The will form part of regular (at least monthly) reviews between the key worker and patient's, in addition to formal review and will be updated at repeat screenings. The NCP is stored within the EPR system and are accessible to all clinical staff.

These plans will be formally reviewed by the clinical team at annual and intermediate reviews and will link with the patients 'Healthy weight management plan' contained within the patients CPA document.

New plans (for new admissions) will be agreed with the clinical team within 2 weeks of admission and then discussed at the admission CPA.

Key workers are responsible for ensuring that agreed NCP are communicated to all members of the clinical team and the patients named person and/or any relevant carers if necessary.

v) Links to other Care Plans

Key workers are responsible for ensuring that the patients NCP links into their other relevant care plans, ensuring a consistent approach to nutritional care across the patients care and treatment objectives. For example, section 2 of the CPA document re physical health and the patients 'Healthy Weight Management Plan'.

vi) Multi-disciplinary Reviews

The key worker is responsible for ensuring that any information from a patient's NCP is communicated effectively and efficiently to the multidisciplinary clinical team for inclusion in all patient reviews to ensure patient centred care.

At TSH the RMO has the ultimate legal responsibility regarding patients care and treatment and within that the patient's nutritional needs, multidisciplinary working is therefore vital to ensure fully informed and evidence based discussions are made in this area of our work.

vii) Specialised Referrals

Following nutritional screening, referrals are made to any special services required including dietetics, speech and language and the GP/health centre. Any specialist nutritional requirement such as nasogastric tube feeding (or parenteral nutrition) would be managed initially by our local acute Hospitals, as would any dialysis, chemotherapy or surgical needs. Within Lanarkshire there are 3 main Hospitals we have priority access to; these include Wishaw University Hospital, Monklands and University Hospital Hairmyres (see also Complex Nutritional Care Standards (2015) Guidelines).

viii) Discharge Planning

Key workers are responsible for conveying relevant nutritional information to a patient's Discharge CPA as required. TSH may use an amended version of the nationally developed Discharge Commutation Tool to share relevant nutrition related clinical information with receiving units/hospitals on discharge or transfer (Appendix 3 - Food, Fluid and Nutrition Communication Tool) if required. Dietetics will support the in house discharge CPA progress, via including the last annual report or review for a patient when clinical need indicates.

ix) Allergies

There is a comprehensive [Food Allergy Management Policy \(CP40\)](#) within TSH which covers all aspects of the management of a patient with a suspected or confirmed food allergy including guidance for nursing staff, catering department, dietetics and pharmacy. From December 2014 it is now mandatory for all 14 allergens to be emphasised and stated on food packing and labels (Food Standards Agency). This is in conjunction with new national guidance for businesses under 'Natasha's Law' (2021). Catering has this information for both staff and patient meals. Occupational Therapy and other AHP staff implement a tool for use in therapeutic cooking sessions to record food allergens.

c) Standard 3: Planning and Delivery of Food and Fluid

For detailed guidance on procedures for ward based staff please refer to the [Standard Operating Procedures for Patient Food and Fluid Provision for all Ward Based Staff](#) located on the intranet.

i) Catering service and delivery

Meals are made by conventional 'cook and serve' production and supplied plated to each ward. Food is transported by heated trolleys which are plugged in, at the ward kitchen, as soon as they have arrived on the ward. Meal deliveries occur three times per day:

- 1) For breakfast, milk, bread and daily snacks
- 2) Before midday for the lunch
- 3) Before 5pm for the evening meal and supper

Food temperatures are checked prior to the food leaving the kitchens.

ii) Meal ordering

Menus are emailed to the ward from the Catering Department with individual patients initials on and are completed by patients and returned to the Catering Department. Some patients may routinely require assistance in completing their selection by nursing. At specific times, individual patients may not be capable of selecting their menu choices and staff are then required to assess, support and ensure a meal is ordered for a patient on their behalf. If patients are in seclusion they will require finger foods, please refer to the [Guidelines for the Provision of Food and Fluids for Patients while in Seclusion](#).

iii) Purchasing

Food and fluid products are purchased from reputable suppliers as per the National guidelines. Only approved suppliers are used and an "Approved Supplier" list maintained. Suppliers will be

instructed to deliver high risk and perishable food at a maximum temperature of + 5° (Critical Limit + 7°C) and frozen food at a temperature of or below -18°C with (Critical Limit -12°C).

The past performance of each supplier are examined under Review Procedures and unsatisfactory performance may result in the suspension of the supplier; noncompliance will be advised to Scottish Healthcare Supplies Officer in Edinburgh.

iv) Menu Planning

Menu planning is done jointly by the Catering and Dietetic department to ensure that the menus meet the specification of Food in Hospitals (2008). TSH provides a 3 week summer and 3 week winter menu cycle, based on feedback from patients. See sample menu Appendix 4.

Menu planning reflects feedback from patients, via the Meal Service Feedback forms and PPG meetings with the proposed menus then discussed with patients at PPG before finalising.

v) Standard Recipes

Standard recipes are used for all dishes and are regularly reviewed by Catering and dietetics. The Catering Dept, on a daily basis, uses specific recipes based on the numbers ordered to ensure consistency and control costs.

An audit plan (by catering) is currently being developed to ensure standard recipes are followed routinely

vi) Menu Analysis

Menu analysis is undertaken by a registered Dietitian using a national system. A new system is envisaged to support provisions ordering, menu analysis and patients menu orders, alongside special diets and therapeutic snack requirements in the future.

d) Standard 4: Provision of Food and Fluid to Patients

For detailed guidance on procedures for ward based staff please refer to the [Standard Operating Procedures for Patient Food and Fluid Provision for all Ward Based Staff](#).

i) Protected Meal Times

Due to the nature of TSH, meals are overseen by staff and no additional (unless emergency) activities take place on the wards at these times. Meals are provided at approximately 8am for breakfast, noon for lunch, 5pm for evening meal and 8pm for supper. A protected meal time is agreed as the time for patients to have a meal and is suggested at a minimum of 30 minutes. Protected meal time are a national initiative.

The FFN Care standards advise no longer than 12 hours between any 2 meals i.e. from supper to next breakfast, are permitted. Facility time can be available **following** meal sittings.

ii) Missed Meals

Patients should be actively encouraged to attend all meals. If they opt to miss one a meal, at least lunch or dinner should be taken alongside breakfast and supper (so not to miss both main meals). If a patient consistently misses meals over 3 consecutive days, it should be recorded and discussion around what action should be taken and should be documented within the progress notes in RiO.

If a patient misses a meal due to an out of hospital appointment or incident, a packed lunch (a sandwich, fruit and yoghurt) can be requested from the kitchen. If a patient misses a meal out with kitchen hours, senior clinical cover/security can access the kitchen and deliver a sandwich and snacks to the ward.

iii) Therapeutic, Ethnic, and Cultural Meals

Dietetic staff at TSH have developed an alternative meal list for patients who require alternatives to the menu due to therapeutic needs e.g. texture modification or ethnic

requirements. These are developed on an individual basis. Most often in house dishes are modified where required, however options to purchase meals for modified consistency or halal diets for example are accessible. The Speech and language therapist (SLT) will undertake any assessments of risk of swallowing and advise on a suitable textured diet, in line with the National Texture Descriptions (see Appendix 5) and the [Standard Operating Procedure for the implementation of the International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#).

Where any need is identified for support to assist patients who are on a therapeutic/modified diet and may require help with feeding, a coordinated approach with advice from the SLT, dietitian and/or OT will be agreed and appropriate information and advice provided as required.

Patients who require a different meal due to ethnic or cultural needs are catered for (e.g. Halal, Kosher) using the standard menus and additional procured items from national and local suppliers. The ward and/or dietitian will discuss suitable options with patients and inform catering.

Patients are supported to observe religious festivals, through the provision of celebratory meals (e.g. Christmas dinner), or provision of food and fluid out with normal mealtimes during periods of fasting (e.g. Ramadan).

iv) Supplements

[The Standard Operating Procedures for ordering supplements](#) and [Standard Operating Procedures for the use of nutritional supplements](#) provides information regarding the dietetic initiation and ward accessing nutritional supplements for those patients who are prescribed such to support their nutritional needs. This will be recorded on HEPMA.

v) Seclusion

Food ordering and provision for a patient in seclusion is detailed in TSH [Guidelines for the Provision of Food and Fluids for Patients while in Seclusion](#).

vi) Healthy Eating

The dietetic department have coded the menus using the traffic light system. This helps patients to choose healthier meals and enables ward staff to assist patients, as identified in their NCP process, who are trying to lose weight or have health complications e.g. diabetes. Traffic light coded menus are displayed for patients on each ward based on the Food Standards Agency Guidelines. Green options indicate lower fat/sugar/salt options and red indicate high in fat/sugar and/or salt.

vii) Hydration

[Hydration Guidelines](#) within TSH provide information and advice for staff on the monitoring, assessment and treatment of patients' hydration status.

viii) Patient Shop

As the result of the implementation of the Healthy Retail Standard (HRS 2017) changes to ensure a minimum of 50% of food items and 70% of drinks stocked in the shop meet the criteria. At TSH 100% drinks and 80% of food items comply with the criteria which is monitored externally.

Patients are supplied with a reusable bag which determines the maximum volume which can be purchased during their weekly visit.

ix) Procurement/External Food Items

TSH no longer offers patients the opportunity to purchase food stuffs from external sources. Any cultural, religious or therapeutic needs will be assessed on an individual need if they cannot be met by the hospital. Courier delivered food parcels from carers will be stopped by security if deemed a security risk. Nurse in Charge / Ward staff will search food items entering a ward, if these are not deemed appropriate for the patient, due to a health risk, i.e. the patient

has an allergy or poorly controlled diabetes OR pose an Infection Control risk i.e. require refrigeration etc. It is likely items will be disposed of following approval by senior clinical cover and the sender advised. External food items should support a patient's NCP.

x) Visitors

Following consultation with patients, carers and staff a set of guidelines is agreed for food and fluids which carers/visitors may bring into TSH for patients. This list is issued to carer/visitors at the time of application to visit. These items must fit into 1 'tray' at security to be scanned. It is 1 'tray' per visit not per visitor. Consideration has been given to security, infection control, storage as well as health and safety. Items deemed a risk, such as alcohol, chewing gum or the attempt to bring in non-food items that are not permitted will be stopped. See [Updated list of approved food and fluid items from visitors](#).

xi) Takeaways/Themed Nights

To increase variety and choice to patients within TSH, patients have the opportunity to order one takeaway meal, once a month. When a patient chooses to order a take-away meal, nursing staff must ensure that their hospital meal is cancelled. Takeaway night now rotates on each hub between a Friday, Saturday or Sunday evening and patients must order in line with the [Takeaway Guidance \(2023\)](#).

Due to the length of stay patients have in comparison to other hospitals weekly theme nights are provided by the hospital support alternative meal choices. These are scheduled to help support special occasions (agreed with patients at PPG) e.g. Christmas, Easter, Halloween and Summer events.

xii) Special Events

Catering provide a list of options that can be ordered for patient events; Any additional food items provided for these events needs to be agreed with infection control and SCN and purchased via procurement (this enables traceability of food items consumed). Input from the ward dietitian, SLT and/or catering may be required if there is therapeutic need – such as known food allergies on the ward, modified consistency diet or clinical condition such as renal impairment.

xiii) Assisted Eating

Provision is made for patients who require assistance or additional time to eat their meals. If patients require adapted equipment e.g. cutlery or cups to optimise their nutritional intake, an Occupational Therapist will assess and order equipment as required. The SLT will assess any patient at risk of swallowing difficulties. Support for education and training in the area will be provided as required depending on clinical need.

xiv) Food and Fluid Refusal

[A Food and Fluid Refusal policy](#) to support patient who may refuse food, fluid and nutrition is available for staff to support the management if such patients.

xv) Suspension of Detention (SUS) – outings

Patients going on rehabilitation outings should have agreement regarding obtaining food items agreed with the clinical team prior to such outings. Consideration should be given to any clinical need (therapeutic diet) or risk (food allergy/swallowing capacity). Patients going on a clinical outing for assessment or treatment should not require access to food stuffs when out unless prior agreed with the clinical team or provided by TSH (out of hours provision).

e) Standard 5: Patient Information and Communication

i) Patient and Carer Information - on admission

Patients will be provided with an information booklet on food provision during the admission process as part of the patients 'welcome pack'. This will be fully explained to them by their key worker.

Carers will also be informed of food and fluids which are provided to patients within TSH in addition to the items that can be brought in to TSH when visiting. See [Updated list of approved food and fluid items from visitors](#).

ii) Patient and Carer Information – continuing care

Patients who require a change in food and fluid provision due to medical conditions e.g. diabetes, Coeliac disease, will be assessed and have the changes fully communicated to them by the ward Dietitian. The patient's dietitian will work with catering to provide suitable menus, alongside the SLT and Occupational Therapy if required. In addition, the Dietitian may communicate any particular food or fluid related requirements to the patient's carers/regular visitors supported by the Patient Centred Improvement Team (PCIT) staff, to ensure they are aware of any changes.

iii) Patient and Carer Feedback

Patients have a variety of opportunities to provide feedback on hospital services, including ward meetings and patient partnership group meetings, both of which would provide an opportunity for patients to discuss any issues relating to food, fluid and nutrition.

Monthly there is a patient partnership catering sub-group which focuses on specific issues, including quality and quantity of food, menu planning, patient education on healthy options, and sampling of new recipes. Patients, Catering and Dietetics (when requested) attend this meeting.

Meal feedback forms are available on all wards, and can be completed by patients at any time. These are collated on a weekly basis, with feedback given to patients (by catering/dietetics) on any action taken via the patient notice board on each ward.

Formal evaluation of the provision of food, fluid and nutrition is undertaken on an annual basis. This will be via the patient catering survey, visitors' experience survey, and annual patient survey.

f) Standard 6: Education and Training for Staff

TSH has a comprehensive training matrix for FFNC which is incorporated into the corporate training plans (See Appendix 1: Financial Framework to Support NHS FFNC Standards and Food in Hospitals). This is reviewed annually to identify any ongoing needs for FFNC related training. TSH is a registered training centre for a variety of REHIS FFNC related courses which are run on a regular basis. E.g. REHIS Food and Health training for carers of those with a Learning Disability'. This is supported by a professional consensus statement from the British Dietetic Association noting 'senior staff should attend relevant courses, such as the REHIS Elementary Food and Health Course for Carers of Adults with a Learning Disability and have nutrition, hydration and healthy eating high on their agenda of training topics'. Training and education is delivered via a variety of means including online, face to face as well as external providers.

All clinical staff must undertake an online module on healthy eating as part of their mandatory training programme. A further module is available specifically looking at FFNC in a forensic setting for clinical staff whom have patients with additional therapeutic needs.

Additional face to face training is delivered to the health champions, junior Doctors and new nursing staff.

Where required specific training to support an individual patients therapeutic need will be provided in cases such as palliative care, dysphagia or a food allergy.

The new appointment of a substantive health psychologist will support the training and education, support and integration of health and nutrition messages, research and development of the

psychologist role and supporting healthy choices remit. They will be integral in supporting the gap between mental and physical needs and facilitating these to be better met.

9. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within TSH via the intranet and through the staff bulletin.

The Person Centred Improvement Service will facilitate communication with Patients.

The PHSG as Advisory Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or sooner if required by changes to national policy or local circumstances.

10. Equality and Diversity

The Board is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

11. Stakeholder Engagement in policy consultation

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
The Board	Y
Carers	N
Volunteers	N

12. References

- BDA 2016. The Nutritional Care of Adults with a Learning Disability in Care Settings
- Diabetes Framework 2015 Scottish Government. A Healthier Future: type 2 Diabetes prevention, early detection and intervention: framework
- Health Scotland 2019 – National Standards for the delivery of tier 2 and tier 3 weight management services for adults.
- NHS Health Improvement Scotland (2014) Food Fluid and Nutritional Care in hospitals. Edinburgh. Standards
- NHS Health Improvement Scotland Food Fluid and Nutrition Complex Care Standards 2015. NHS Health Scotland (2019) Standards for the delivery of Tier 2 and tier 3 weight management services in Scotland.
- Nursing Midwifery Council (NWC) 2019. Future Nurses: Standards of proficiency for registered nurses.
- Scottish Executive Food in Hospitals (2008): National Catering and Nutrition Specification for food and fluid provision in hospitals in Scotland. Updated 2016.
- Scottish Government (2008b) Leading Better Care: A review of the Senior Charge Nurse and Clinical Quality Indicators
- Scottish Government (2009) Towards a mentally flourishing Scotland
- Scottish Government CEL 14, (2008) Health Promoting Health Service
- <http://www.healthscotland.com/topics/settings/health/hphs.aspx>
- Scottish Government (2008) Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)
- Scottish Government (2010) The Healthcare Quality Strategy for NHS Scotland
- Scottish Government (2010) Prevention of overweight and obesity in Scotland, A route map towards a healthy weight.
Scottish Government (2011) Scottish Health Survey: Topic Report; Obesity
- Scottish Government (2018) 'A Healthier future' Diet and Health, weight delivery plan.
- Scottish Grocery Federation 2015. Health Care Retail Standards.
- Scottish Public Health Network (2015) A review of the obesity route map.
- The Criminal Procedure (Scotland) Act 1995
- The Mental Health (Care and Treatment) (Scotland) Act 2003;
- Bryce CA, (2019) Physical health report to PHYSICAL HEALTH STEERING GROUP,
- The State Hospital Supporting Healthy Choices policy 2015/16

The State Hospital Financial Framework to Support NHS FFNC Standards and Food in Hospitals - updated Sept 19

Funding Headings	Detail	Projected Spend 2019/20	Projected Spend 2020/21	Projected Spend 2021/22
Staff Training				
	Elementary Food Hygiene Training	£ 200	£ 200	£ 200
	Intermediate Food Hygiene Training	£ -	£ -	£ -
	Advanced Food Hygiene Diploma (x3)	£ -	£ -	£ -
	HACCP Training	£ 300	£ 300	£ 300
	REHIS Food & Health Course (LD)	£ 100	£ 200	£ 200
Catering Provisions				
	Therapeutic Kitchen Provisions	£ 5,000	£ 5,000	£ 5,000
	Annual Provisions Budget	£ 290,000	£ 290,000	£ 290,000
IT Equipment				
	IT License for Menumark	£ 1,450	£ -	£ -
	Dietplan (Forestfields Software)	£ 260	£ 260	£ -
Staffing (Existing)				
	Dietetics	£ 110,048	£ 113,349.44	£ 116,749.92
	Catering Staffing (Patients Only)	£ 394,946	£ 406,794.38	£ 418,998.21
	SLA Speech & Language Therapist 0.4WTE	£ 23,880	£ 24,596.40	£ 25,334.29
Total		£ 826,184	£ 840,700	£ 856,782

The State Hospital Nutrition Screening Tool



The State Hospital – Nutrition Screening Tool

Screening Date		Screening undertaken by	
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SECTION 1 - Patients Details	
Patient Name	
Patient Date of Birth	
CHI	
Ward	

Following completion, please file original in patients notes and send copy/email to dietetics department.

SECTION 2 - Calculating BMI																	
Weight (kg) =																	
Height (m) =																	
BMI = (from BMI chart on separate sheet)																	
	<table border="1"> <thead> <tr> <th colspan="2">BMI SCORES</th> </tr> </thead> <tbody> <tr> <td><15</td> <td>2</td> </tr> <tr> <td>15 - 18.4</td> <td>1</td> </tr> <tr> <td>18.5 - 24.9</td> <td>0</td> </tr> <tr> <td>25 - 29.9</td> <td>1</td> </tr> <tr> <td>30 - 34.9</td> <td>2</td> </tr> <tr> <td>35 - 39.9</td> <td>3</td> </tr> <tr> <td>≥40</td> <td>4</td> </tr> </tbody> </table>	BMI SCORES		<15	2	15 - 18.4	1	18.5 - 24.9	0	25 - 29.9	1	30 - 34.9	2	35 - 39.9	3	≥40	4
BMI SCORES																	
<15	2																
15 - 18.4	1																
18.5 - 24.9	0																
25 - 29.9	1																
30 - 34.9	2																
35 - 39.9	3																
≥40	4																
SECTION 2 score from above table (maximum score 4) =																	

(BMI ranges taken from SIGN 8 Guideline)

SECTION 3 - Weight Change	
Has the patient's weight changed in the last 3 months? (NOT last NST score weight).	
<input type="checkbox"/> YES <input type="checkbox"/> NO (score 0 for this section and skip to section 4) <input type="checkbox"/> UNKNOWN (score 0 for this section and RESCREEN if weight change information becomes available)	
If yes, by how much?	
<input type="checkbox"/> LOSS kg <input type="checkbox"/> GAIN kg	
Using the "Weight Change Chart", please enter the weight change score below.	
SECTION 3 score (maximum score 2) =	

The State Hospital – Nutrition Screening Tool

SECTION 4 - Nutritional Assessment		Comments/Details
1. Has the patient been prescribed an antipsychotic, antidepressant or mood stabiliser?	<input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNKNOWN = 0	
2. Does the patient have any ongoing physical therapeutic reason for a special diet or require assistance. (Examples are allergies, diabetes, constipation, high cholesterol, ethnic or religious needs physical or learning disability)?	<input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNKNOWN = 0	
3. Is the patient currently experiencing any physical short-term acute illness, disease or treatment which may limit their ability to meet their current nutritional requirements? (examples are vomiting and diarrhoea, flu, infection, chemotherapy)	<input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNKNOWN = 0	
4. Does the patient have difficulty chewing, swallowing, or digesting food? (If swallowing difficulties reported, refer directly to Speech and Language Therapist)	<input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNKNOWN = 0	
5. Does a global assessment of the patient suggest inappropriate nourishment? (loose/tight fitting clothes, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, altered/heavy smoking habits).	<input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNKNOWN = 0	
6. Does the patient indicate a disordered eating pattern (e.g. bingeing, restricting food) or pre-empt thoughts for food, and/or refuse 2 or more meals a day?	<input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNKNOWN = 0	
SECTION 4 score (maximum score 6) =		

Please copy the patient's score from each section in the appropriate space below and enter total. Match the overall score to Management Grid scores and note action required.

SECTION 5 - Overall Score and patient management	
Section 2 score	
Section 3 score	
Section 4 score	
TOTAL	



MANAGEMENT GRID	SCORE	0	1-2	3-5	6 or above
	RISK	<u>Minimal Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>
	ACTION	No action required, routine care	Observe, Healthy Eating Diet	Referral to Dietician Set up weight trigger points	Urgent Referral to Dietician
	SCREENING	Annually <small>IF ADMISSION PATIENT SCORES 0 RESCREEN IN 3 MONTHS.</small>	Quarterly	Monthly	Monitor and review weekly

This Nutritional Screening Tool does not replace your professional clinical judgement, if there are additional clinical concerns please discuss with relevant services/CTM.

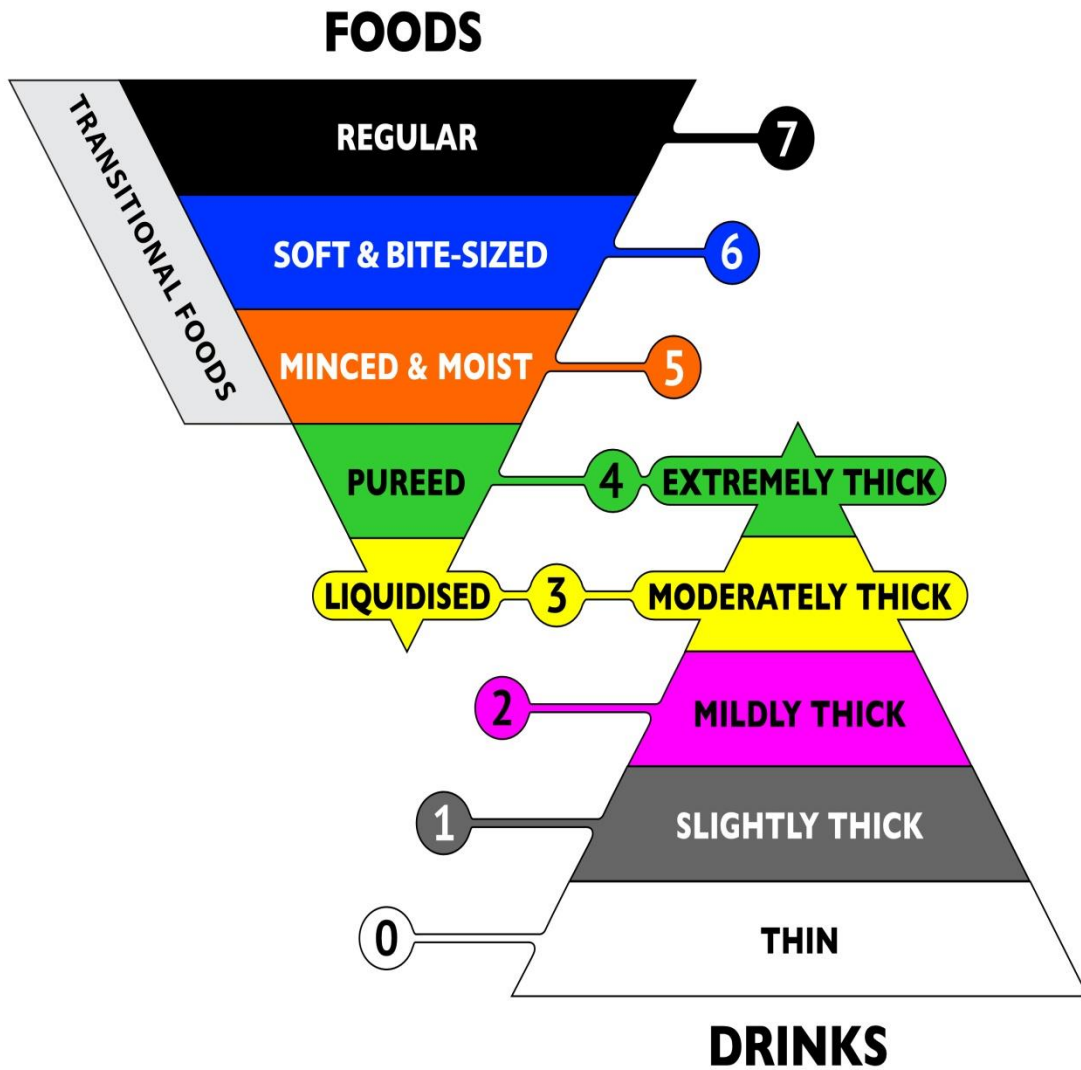
Food, Fluid and Nutrition Communication Tool

1. Personal Info	2. Nutritional Screening																				
Name: Hub: Ward: D.O.B: CHI:	Height: Weight: BMI Admission: BMI Discharge: Date last screened: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">NST SCORE</div>																				
3. Physical assistance with eating and drinking including chewing and swallowing difficulties																					
Requires assistance with eating or drinking? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, go to section 4)																					
Does the patient require any of the following: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">Encouragement/Prompting</td><td style="width: 50px;"></td></tr> <tr><td style="padding: 2px;">Cutting up food/Opening packets</td><td></td></tr> <tr><td style="padding: 2px;">Modified eating equipment e.g.: cutlery, plates</td><td></td></tr> <tr><td style="padding: 2px;">Assistance with eating e.g.: putting food on fork</td><td></td></tr> <tr><td style="padding: 2px;">Full assistance e.g.: feeding patient</td><td></td></tr> <tr><td style="padding: 2px;">Other (please state):</td><td></td></tr> </table>	Encouragement/Prompting		Cutting up food/Opening packets		Modified eating equipment e.g.: cutlery, plates		Assistance with eating e.g.: putting food on fork		Full assistance e.g.: feeding patient		Other (please state):		Difficulties chewing certain food/poor dental health: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">No dentures/ill-fitting dentures</td><td style="width: 50px;"></td></tr> <tr><td style="padding: 2px;">Difficulties with swallowing?</td><td></td></tr> <tr><td style="padding: 2px;">If yes specify reason/detail:</td><td></td></tr> <tr><td style="padding: 2px;">Reviewed by SALT</td><td></td></tr> </table>	No dentures/ill-fitting dentures		Difficulties with swallowing?		If yes specify reason/detail:		Reviewed by SALT	
Encouragement/Prompting																					
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Modified eating equipment e.g.: cutlery, plates																					
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Full assistance e.g.: feeding patient																					
Other (please state):																					
No dentures/ill-fitting dentures																					
Difficulties with swallowing?																					
If yes specify reason/detail:																					
Reviewed by SALT																					
4. Personal dietary needs	5. Specialised/Therapeutic diet requirement																				
Religious/ethnic/cultural dietary requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state: Diabetic: Yes <input type="checkbox"/> No <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Diet Control <input type="checkbox"/> O.H.A's <input type="checkbox"/> Food allergy: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state: If yes is it: Contact <input type="checkbox"/> Ingested <input type="checkbox"/> Airborne <input type="checkbox"/> Food/Fluid dislikes: Extra food/snacks required: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes what/when:	Texture modified diet Yes <input type="checkbox"/> No <input type="checkbox"/> Solids A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Fluids Normal <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input type="checkbox"/> Specialised diet: Gluten free <input type="checkbox"/> Renal Disease Diet <input type="checkbox"/> Seen by Dietician: Ongoing <input type="checkbox"/> Previous <input type="checkbox"/> No Input <input type="checkbox"/> Refusal <input type="checkbox"/>																				
6. Food supplements																					
Prescribed food supplement required: Yes <input type="checkbox"/> No <input type="checkbox"/> Prescribed brand: Frequency: Preferred flavour:																					
7. Additional comments																					
8. Signature																					
Name: Date: Contact E-Mail/Telephone Number:	Designation:																				

Sample Menu

Monday LUNCH	Tuesday LUNCH	Wednesday LUNCH	Thursday LUNCH	Friday LUNCH	Saturday LUNCH	Sunday LUNCH
Tomato Soup (V)	Yellow Split Pea Soup (V)	Leek & Potato Soup (V)	Carrot & Parsnip Soup (V)	Chicken and Sweetcorn soup	Minestrone Soup (V)	Thick Vegetable Soup (V)
Orange Juice	Apple juice	Orange Juice	Apple juice	Orange Juice	Apple juice	Orange Juice
Ham salad Bap	Tuna Mayo Salad Pitta	Cheese & Ham Panini	Baked potato with chicken tikka	Chicken Salad Baguette	Lome Sausage on a Roll	Meat Brunch with Bacon
Comed Beef Bap (no mayo)	Cheese and Coleslaw Pitta (V)	Salmon Salad Sandwich(no mayo) 	Roast Beef Sandwich (no mayo)	Prawn Mayo Salad Sandwich	Turkey salad roll	Ham sandwich
French Bread Pizza (V)	baked potato and Baked beans	Quorn and pepper panini (V)	Egg Mayo Sandwich (V)	Cheese salad Roll (V)	Boiled Egg & Roll (V)	Baguette with Coronation Quorn (V)
	Beetroot		Coleslaw	Sweetcorn		
Pineapple in Juice	Rice Pudding Pot	Fruit in Jelly	Yoghurt	Rice Pudding Pot	Fruit Pot	Comer Yoghurt
Grapes	Banana	Apple	Kiwi	Pear	Satsuma	Banana
DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
Chicken in BBQ sauce	Beef Lasagne	Chicken goujons	Mince beef hot pot	Battered Haddock and Lemon	Chicken Biriani	Roast Beef and Gravy
Macaroni Cheese (V)	Vegetable & Quorn Lasagne (V)	chick pea +Veg Buritto (V)	Vegetable & Chickpea Curry (V)	Spicy Vegetable Burger (V)	Vegetarian cottage pie (V)	Vegetable Enchiladas (V)
Turkey Salad	ham Salad	Hot Mexican Bean Salad (V)	Mackerel Salad 	Chicken and Corn pasta salad	Comed Beef & Tomato Salad	Tuna & Bean Salad
Boiled Rice	Saute Potatoes	Boiled Potatoes	Rice & Naan	Mashed Potatoes	Naan Bread	Parsley Potatoes
Boiled Potatoes	Petit Pan Roll	Mashed Potatoes	Baby Jacket Potatoes	Chips	Baby Boiled Potatoes	Mashed potatoes
Beetroot	Mixed Veg	Sweetcorn	Broccoli	Baked beans	Carrots	Cauliflower
Coleslaw	Carrots	Green Beans	Carrots	Peas	Cabbage	Peas
SWEET	SWEET	SWEET	SWEET	SWEET	SWEET	SWEET
Fruit	Fruit	Fruit	Fruit	Fruit	Fruit	Fruit
Jelly Whip	Pear Fool	Spotted Dick & Custard	Bread & Butter Pud with Cream	Semolina Pudding	Rhubarb Crumble & Custard	Ice Cream Sponge Roll
SNACK	SNACK	SNACK	SNACK	SNACK	SNACK	SNACK
Cheese and Crackers	Bread Butter/Spread Jam	Oat & Apricot Muffin	Fruit Loaf	Maderia Cake	Yoghurt	Bread Butter/Spread Jam
Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit

National Texture Descriptions



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