

Community Paediatric Dietetics Team (CCNS) Clinical Operational Policy

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Contents

	Page
1. Purpose of the policy	4
2. The service aims	4
3. Philosophy and model of care and care cycle	5
4. Team composition	5
5. Hours of operation and service provision	6
6. Team meetings	6
7. Supervision and leadership	6
8. Clinical	6
9. Referral	6
10. Triaging	7
11. Assessment	8
12. Medication arrangements	9
13. Discharge procedures	9
14. Liaison with other teams/ agencies	9
15. Quality Standards	10
16. Management of clinical case files	10
17. Incident management	10
18. Governance: quality, safety and performance monitoring	11
19. Equipment	11
20. Implementation and monitoring of the operational policy	11
21. References	11
Appendix 1: Overview of dietary practices in different faiths	13
Appendix 2: Referral form	14

Team Model and Structure

1. Purpose of the policy

- To define the paediatric Home Enteral Feed and Special Needs Dietetic Service provision managed by East London NHS Foundation Trust (ELFT). This policy works in conjunction with the Community Children's Nursing Service (CCNS) Operational policy (which can be found on the Intranet).

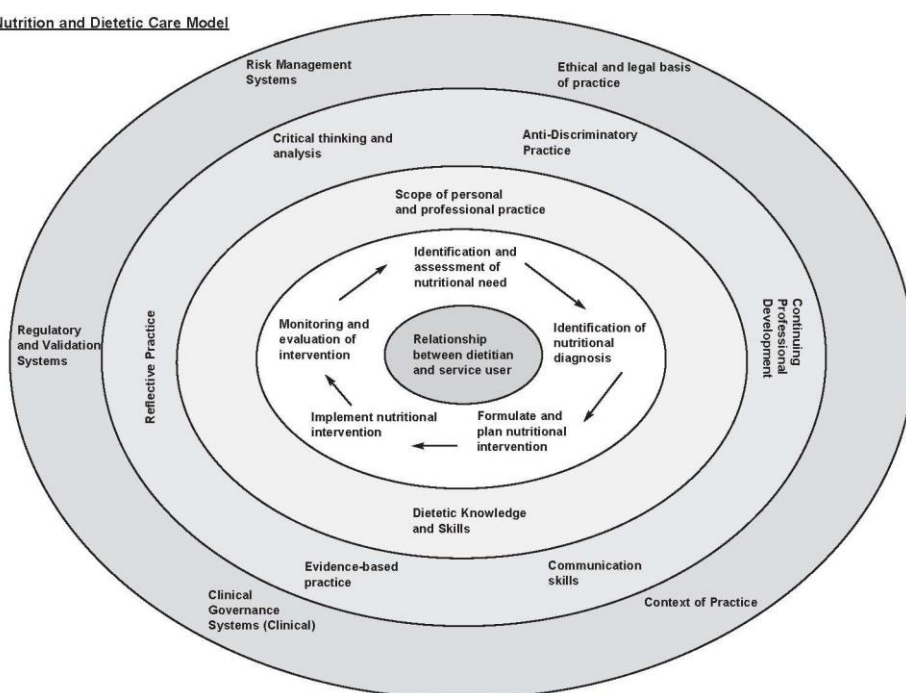
2. The service aims:

- To provide easily accessible expert paediatric dietetic input to paediatric patients from birth up to 16 years of age, and up to 19 years of age if under the Diana Service, and their families resident within the London borough of Newham requiring home enteral feeds or who have additional needs or disabilities.
- To undertake and formulate individualised management and treatment plans, using advanced assessment skills and detailed clinical reasoning, utilising a wide range of treatment skills and options to formulate an individualised Dietetic programme of care to meet the patient's physical, psychological, social and emotional needs where they have a complex, chronic or palliative presentation.
- To recognise that families may choose to exclude, include, or prepare foods and/ or ingredients in a particular way according to their religious faith and beliefs (appendix 1)
- To aim to formulate an individualised Dietetic programme of care utilising enteral feed, oral nutritional supplements and/ or food taking into account the religious faith and beliefs of the individual.
- To deliver a timely, high quality and unbiased service to all children meeting the Dietetic referral criteria.
- To develop, monitor and modify individual client centred treatment plans and goals which are based on diagnosis, are evidence based and in line with local and national guidelines, this will be accomplished by providing routine clinical reviews and responding to urgent situations.
- To provide a structured and consistent approach to dietetic management through multidisciplinary working, promoting effective and integrated working relationships with Clinicians, nurses and other allied health professionals within the in Primary Care and Acute setting.
- To enable patients and their carers to develop the knowledge, skills and confidence to manage their requirements effectively.
- Hold direct and indirect professional accountability for all aspects of Paediatric clinical nutritional care of the children on the aforementioned team caseload

3. Philosophy and model of care and care cycle

- Trust values
- To provide expert evidence based nutrition and dietetic advice to paediatric patients and their families within the London borough of Newham requiring home enteral feeding, have special needs or disabilities.

Nutrition and Dietetic Care Model



4. Team composition

- The Trust will only employ registered dietitians in clinical roles of band 5 and above.
- The title Dietitian can only be used by those appropriately trained professionals who have registered with the Health and Care Professions Council (HCPC) and whose details are on the HCPC web site.
- Registered Dietitians are the only nutrition professionals to be statutorily regulated, and governed by an ethical code, to ensure that they always work to the highest standard.
- Registered Dietitians (RDs) are the only qualified health professionals that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

Current staffing level

- 1x 1wte Band 7
 - Community Paediatric Nutrition Support (Home Enteral Tube Feeding) Dietitian
- 1 x 0.5wte Band 6

- Community Paediatric Special Needs Dietitian
- Monday, Wednesday and ½ day on Thursday

5. Hours of operation and service provision

- Monday to Friday 8am – 4pm
- Saturday clinic – third Saturday of the month
- Current Caseload as of 18/02/2017
 - 127 tube fed children
 - 157 non tube fed children
- The service will be provided in a range of settings including out patients clinics, patient's own homes, schools, children's centres, hospices and via telephone and email reviews

6. Team meetings

- Attendance at weekly CCNS team meetings

7. Supervision and leadership

- Dietitians are to receive monthly one to one supervision from their line manager
 - Band 7 Dietitian one to one with CCNS Band 8a or above
 - Band 6 Dietitian one to one with the Band 7 Dietitian
- Dietitians are to take part in group Child protection supervision three times a year
- All supervision to be documented and saved on the trust shared drive

8. Clinical

- Individual Dietitians to ensure that practice is in keeping with the Dietetic Code of Professional Conduct and meets the required professional, national and local standards of practice.
- Be cognisant of and implement Clinical Guidelines, care pathways and practices as per professional, regional and national recommendations/ guidance.
- Individual Dietitians to be responsible for maintaining their own competency to practice through Continuous Professional Development activities and maintaining a portfolio, which reflects personal development (Life Long Learning).
- Maintain clinical professional development (CPD) and KSF profiles by keeping abreast of new trends, frameworks and developments, and incorporate them as appropriate.

Clinical Processes

9. Referral

- **Referral form (Appendix 2)**
- The referrals are prioritised by the clinical Band 7 Dietitian and seen according to priority and need.

- Verbal referrals require a backed up in writing so there is an auditable trail of referral patterns.
- The Dietitian referral form can be found on the Trust Intranet and external website
- Referral may be via GP, Paediatric Consultants or a qualified nurse or Allied Health Professional. Self-referrals are not accepted.

Referral criteria:

Referrals will be accepted for children (birth up to 16 years) with:

Palliative care/ end of life

- Requiring community dietetic follow up

Enteral Feeding

- All referrals accepted (short & long term)

Neurodevelopmental Delay or Neurological Condition or Syndrome

Examples include but are not restricted to:

- | | |
|------------------------------|--------------------------------|
| • Global Developmental Delay | • Spina bifida |
| • Cerebral Palsy | • Hydrocephalus |
| • Brain tumour or injury | • Epilepsy |
| • Micro/ Macrocephaly | • Trisomy 21 (Down's Syndrome) |
| • Encephalopathy | |

Severe & Profound Learning Difficulties

- Education Statement
- Ongoing issues that compromise nutrition
- Children with Autism will initially be seen for a one-off nutritional assessment

Autism referrals

- Children with autism will initially be offered a one-off nutritional assessment with the Dietitian. They will only be offered a follow up appointment if their growth is faltering or they have an extremely limited diet requiring nutritional supplementation.

Weight loss referrals

- Children referred for weight loss advice will initially be offered a block of six sessions. A decision will be made at the end of the six sessions to determine whether further input would be beneficial. The referrer and GP will be informed of the decision.

10. Triaging

Prioritisation for accepted referrals (see section 9: referral criteria) will occur as follows:

Priority 1: To be seen within 1 - 2 weeks

- New Enterally fed patient upon discharge from hospital
- Rapidly deteriorating condition which may require enteral feeding

Priority 2: To be seen within 3 weeks

- Severe Dysphagia

- End stage terminal illness with complex nutritional needs
- Children with a child protection plan or where there are child protection concerns (please contact the dietician to discuss these concerns)

Priority 3: To be seen within 4 weeks

- Faltering Growth
- Ex-premature
- Other severe medical issues: cardiac, respiratory, oxygen dependent, tracheotomy
- Metabolic diseases
- Conditions compromising nutrition/ fluid intake

Priority 4: To be seen within 6 weeks

- General nutrition advice
- Overweight/Obesity
- Constipation

11. Assessment

- Patient will only be seen with a parent / carer present
- Medical History and diagnosis
- Medications
- Anthropometry:
 - Weight in kg
 - Plot centile on growth chart
 - Height in cm
 - Plot centile on growth chart
 - For > 2 years of age only – BMI: kg/m²
- Estimated Requirements per 24 hours:
 - Macro and micro nutrients
 - Fluids
- Dietary assessment
 - Food
 - Fluids
 - Oral nutritional supplements
 - Textures, thickeners, weaning,
- Suitability of current feeding regimen and update if required
- Allergies/ intolerances
- Feed tolerance
- Feeding equipment
- Trouble shooting – holistic approach
 - Gastrostomy stoma site
 - Swallowing difficulties
 - Change in health status
 - Parental concerns
 - Refer on to appropriate health professionals

Feeding policy (Naso-Gastric Tube Feeding) is available to view on the Intranet.

12. Medication arrangements

- Communication with GP's to request the provision of Advisory Committee on Borderline Substances (ACBS - supplements/ feeds)
- ACBS products must be completed within 2 working days
- Communication with Enteral feeding companies to arrange the delivery of ACBS products must be completed within 2 working days

13. Discharge procedures

- Children that have completed their dietetic treatment will be discharged back to their GP's care – the GP will be kept informed
- Children that fail to attend or cancel two consecutive appointments, including referrals for weight loss, will be discharged from the service. The referrer and GP will be informed of the discharge.
- Enterally fed and/ or Palliative care/ end of life patients will not be discharged if the patient fails to attend or cancels two consecutive appointments however the GP will be informed.
- Tube fed children that are approaching the age of 16 years, and not under the Diana Service, will be invited to an ad hoc transition clinic with the Adult Community Nutrition Support Dietitian, this is to support a smooth transition into adult services.
- None tube fed children will be referred to the Adult Dietetic service at Newham Hospital (Barts Health)
- Copies of Dietetic reports will be provided for the adult Dietetic services

14. Liaison with other teams/ agencies

Key External Relationships

- Acute Dietitians (Newham university hospital, Royal London Hospital, Great Ormond Street hospital, University College London Hospital, Evelina)
- Commissioners
- Provider services
- Home enteral feeding company
- GP's
- Social workers
- Special Educational Needs Co-ordinators (SENCo)

Key Relationship with other Departments

- Clinical Psychology / Counselling Services
- Outpatients Department: All outpatient services including staff, outpatients call centre,
- Speech and Language Therapy Services
- Physiotherapy Services
- Children centres

15. Quality Standards

- The service will act at all times with impartiality and will look with equality to service the needs of the Trust, as the employer, and the needs of the individual, as clients.
- The service will be operated and maintained in accordance with Service and Trust policies, procedures and guidelines.
- All information received will be kept in the strictest of medical confidence with all health records kept in an appropriate manner.
- All persons working in the department will adhere to any and all appropriate legal and ethical codes of practice as set by statute and / or professional associations.

This service is compliant with:

- HCPC Standards of Conduct, Performance and Ethics
- HCPC Standards of Proficiency
- HCPC Standards of Continuing Professional Development
- British Dietetic Association Code of Professional Conduct

16. Management of clinical case files

Data Security

- The service will be delivered in accordance with and compliance to the Trust's Information Governance & IT Security Policies

Medical Records Security

Health Records Policy is available to view on the Intranet

- Patient medical records and information will be managed confidentially at all times.
- The Dietetic service uses the main electronic medical record (RIO) to enter nutrition and dietetic care plans and assessments. However as these records are not always available in primary care or domiciliary settings, therefore patient data can be downloaded onto portable encrypted laptops provided by the Trust.
- Trust encrypted laptops will not be left in unsecure locations e.g. the boot of a car
- Trust encrypted laptops will not be used in areas where the data can be viewed by those not involved with the patients care.
- All new documentation such as referrals will be secured in a locked draw or cabinet while waiting for triage or uploading to RIO

17. Incident management

- Service compliance with:
 - Reporting
 - Remedial action
 - Roles and responsibilities
 - Documentation
 - Securing evidence e.g. case files

18. Governance: quality, safety and performance monitoring

- All staff within the Dietetics team will comply with the Trust Mandatory Training Programme and the NHS Litigation Authority (NHSLA) requirements
- Clinical Staff will maintain their own requirements for continuous professional development in line with the current HCPC requirements.
- Service compliance with:
 - Clinical audit (audit reps and specific team programme)
 - CQC compliance
 - Complaints (formal and informal)
 - Learning from complaints, incident reviews and other feedback mechanisms
 - Key performance indicators
 - AIMS

19. Equipment

- The Dietetic Service is predominantly delivered in host departments, school or family homes and therefore utilises their facilities.
- Scales and measuring mats will be cleaned between patients using sanitising wipes provided by the trust
- Scales must comply with the Local Authorities Coordinators of Regulatory Services (LACORS- scales calibration) guidance and will be calibrated once a year
- The trust will keep an up to date record of all medical scales

20. Implementation and monitoring of the operational policy

- Annual review by team manager/modern matron/operational lead
- Agreement and sign off by the team
- Implementation and dissemination plan (team, directorate and Trustwide)
- Monitoring of update by service manager
- Guidance for local operational policies in the Organisation-wide Policy for the Development and Management of Procedural Documents

21. References

- HCPC – health care & professions council. *Standards of Conduct, Performance and Ethics* [online]. Date of publication: 26/01/2016. Viewed 08/06/2017
<http://www.hcpc-uk.org/publications/standards/index.asp?id=38>
- HCPC – health care & professions council. *Standards of Proficiency - Dietitians* [online]. Date of publication: 01/03/2013. Viewed 08/06/2017
<http://www.hpc-uk.org/publications/standards/index.asp?id=43>
- HCPC – health care & professions council. *Continuing professional development and your registration* [online]. Date of publication: 10/07/2006. Viewed 08/06/2017
http://www.hcpc-uk.org.uk/assets/documents/10001314CPD_and_your_registration.pdf

- British Dietetic Association. *Code of Professional Conduct*. [online] June 2008. Review date: January 2016.
<https://www.bda.uk.com/publications/professional/codeofprofessionalpractice2015>
 - Directorate policies
 - National Guidance
 - Consultation records/minutes

Appendix 1

	Meat	Poultry	Fish and Shellfish	Dairy Products	Eggs	Fruit and Veg	Miscellaneous	Fasting
Buddhist	Many are vegetarian but some may eat fish. Dairy foods encouraged				Some may exclude.	Yes	Diet will vary depending on country of origin	Yes
	Some may be vegan							
Hindu	Most are vegetarian. Dairy is generally acceptable.				Some may be vegan.	Yes	<i>Strict hindus also exclude:</i> Tea and Coffee Alcohol	Yes
	Those who eat meat, poultry, and fish will exclude beef.				Some may exclude.			
Jewish	Pork and pork products are excluded.				Eggs can be eaten without blood spots.	Yes	<i>Will also exclude:</i> Gelatin, Fats, Emulsifiers, stabilisers, and additives from animal origin that is not kosher.	Yes
	Kosher beef, lamb, poultry and fish (with fins and scales) are eaten. Shellfish is not eaten.							
	Meat and dairy are never eaten at the same meal. Dairy may not be eaten until 3 hours after meat or poultry.							
Muslim	Pork and pork products are excluded.				Yes	Yes	<i>Will also exclude:</i> Gelatin, Fats, Emulsifiers, stabilisers, and additives from animal origin that is not halal. Alcohol	Yes
	Halal beef, lamb, poultry, fish are eaten.							
	Dairy products are eaten by most.							
Sikh	Many are vegetarian.				Some may exclude.	Yes		No
	Those who eat meat, poultry and fish will exclude beef and possibly pork.							
	Halal and kosher meat are not eaten.							
Rastafarian	I-tal foods				Some may exclude.	Yes	<i>Prefer to eat a pure and natural diet so may exclude:</i> coffee, milk, alcohol, canned or non-organic foods.	Yes
	Pork and pork products are excluded.							
	Small fish are eaten							
	Many will be vegetarian.							
	Some may be vegan.							

Appendix 2

Community Paediatric Dietetic Team - Referral Form
(Home Enteral Feeds and Special Needs)

Community Children's Nursing Service
The Boleyn Medical Centre
Third Floor, 152 Barking Road
London E6 3BD
Tel: 020 8475 8580 / Fax: 020 8475 8591
(See page 3 for referral criteria)

Referrer Details

Name of Referrer			
Profession			
Contact No	Tel: _ _ _ _ _	Fax: _ _ _ _ _	
Email Address			

Patient Details

Patient Name			
NHS no		Date of Birth	_ _ / _ _ / _ _ _ _
Address			
Postcode		Male/ Female	
Contact no:	Home: _ _ _ _ _	Mobile: _ _ _ _ _	
Parents Email Address:			
Ethnicity		Consent for referral	Yes No
Language		Interpreter required?	Yes No

GP Details

GP Name			
Address			
Postcode			
Contact No	Tel: _ _ _ _ _	Fax: _ _ _ _ _	

Medical Information

Diagnosis	
Medical History	
Medication	

Other Health Professionals involved: Consultant, Nurse, SLT, Physio, OT, HV etc...

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Reason for Referral.

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Anthropometry On The Date Of Referral.

Weight (kg)		Height (cm)		BMI (kg/m ²)	
Centile		Centile		Centile	

Growth History

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Oral Intake and/ or Enteral Feeding Regimen As Appropriate

Please include details of the types and amounts of foods, fluids and oral supplements consumed. Please include any advice given on textures, volumes, thickeners, pacing and foods to be avoided

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Additional Information

Is a home visit required (see page 4 - home visit criteria):	Yes	No
If a home visit is required, please state the reason:		
If a home visit is required are there any known safety concerns for staff:	Yes	No
If there are safety concerns please provide further information:		
Are there any social issue? If yes please provide further information and the social workers details if applicable.		

Print Name:.....

Date:.....

Signature:.....

**Community Paediatric Dietetic Team
Referral Guidelines**

Referral Criteria

Referrals will be accepted for children (birth up to 16 years) with:

Palliative care/ end of life <ul style="list-style-type: none">• Requiring community dietetic follow up
Neurodevelopmental Delay or Neurological Condition or Syndrome <p><u>Examples include but are not restricted to:</u></p> <ul style="list-style-type: none">• Global Developmental Delay• Cerebral Palsy• Brain tumour or injury• Micro/ Macrocephaly• Encephalopathy• Spina bifida• Hydrocephalus• Epilepsy• Trisomy 21 (Down's Syndrome)
Enteral Feeding <ul style="list-style-type: none">• All referrals accepted (short & long term)
Severe & Profound Learning Difficulties <ul style="list-style-type: none">• Education Statement• Ongoing issues that compromise nutrition• Children with Autism will initially be seen for a one-off nutritional assessment* (see below)

***Autism referrals**

- Children with autism will initially be offered a one-off nutritional assessment with the Dietitian. They will only be offered a follow up appointment if their growth is faltering or they have an extremely limited diet requiring nutritional supplementation.

***Weight loss referrals**

- Children referred for weight loss advice will initially be offered a block of six sessions. A decision will be made at the end of the six sessions to determine whether further input would be beneficial. The referrer and GP will be informed of the decision.
- Weight loss referrals will only accepted if they fit into the referral criteria above.

***DNA & Cancellations**

- Children that fail to attend or cancel two consecutive appointments, including referrals for weight loss, will be discharged from the service. The referrer and GP will be informed.
- Enterally fed and/ or Palliative care/ end of life patients will not be discharged if the patient fails to attend or cancels two consecutive appointments however the GP will be informed.

Page 3

**Referrals not meeting the above criteria need to be sent to: The Paediatric Dietitians,
Newham University Hospital, Glen road, London. E13 8SL**

Home Visit Criteria

- Tube fed patients with reported sudden deterioration of condition or onset of severe complications impacting upon enteral feeding.
- Palliative care/ end of life patients who are unable to attend school or clinic.
- Immuno-compromised patients who are nutritionally compromised and unable to attend school or clinic.
- Enterally fed patients requiring 24 hour oxygen.