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<th>Status</th>
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<td>0.1</td>
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<td>Draft</td>
<td>Discussed at Senior Nurse Forum, Ward Managers meeting and Essence of Care Steering Group.</td>
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<td>0.2</td>
<td>Jun 2007</td>
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<td>Draft revised and discussed at Senior Nurse Forum and Standards for Better Health Food and Nutrition Group. Revised draft presented to Clinical Services Executive Committee for approval on 19-02-08. Policy approved.</td>
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<td>0.3</td>
<td>Mar 2008</td>
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<td>Amendments made to ensure policy meets the requirements of the policy on the development and management of procedural documents and revised Equality Impact Assessment Screening form. Presented to Trust board on 01.01.08 for ratification.</td>
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<td>Revision</td>
<td>Amended to reflect staff changes and contact details (including the author).</td>
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<td>1.2</td>
<td>Aug 2012</td>
<td>Revision</td>
<td>Updated to include incorporation of Eastern Services.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Harmonised policy as a result of the merging of Northern Devon Healthcare NHS Trust and NHS Devon community services. Northern had a Protected Mealtimes Policy which this has replaced. The eastern did not have a policy. A summary of key issues and differences is on page 3.</td>
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<td>2.1</td>
<td>May 2013</td>
<td>Revision</td>
<td>Minor amendments by Corporate Governance to document control report, headers and footers, and formatting for document map navigation and semi-automatic table of contents. Update to Equality Impact Assessment</td>
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**Main Contact**

Deputy Director of Nursing  
Tel: Direct Dial – 01271 335762
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<tr>
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<td>Red tray</td>
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<td>Johns Campaign</td>
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**Trinity Suite, Level 5, North Devon District Hospital Raleigh Park Barnstaple, EX31 4JB**

**Lead Director**
Director of Nursing

**Superseded Documents**
Protected Mealtimes Policy 2013

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<tr>
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**Consulted with the following stakeholders:**
- Collaborative Operational Group (Formerly Matrons Charter)
- Members of the Nutritional Steering Group
- Senior Nurses/Matrons
- Ward Sisters
- Dieticians
- SALT
- Catering Specialist Group
- Hotel Services

**Approval and Review Process**
- Nutritional Steering Group

**Local Archive Reference**
G:\Corporate Nursing

**Local Path**
Policies, SOPs and Guidelines

**Filename**
Protected Mealtimes Policy (inpatient services only) v1.9

**Tags for Trust’s internal website (Bob)**
Red tray
Johns Campaign
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1. **Purpose**

1.1. The purpose of this document is to ensure that the Trust meets nationally recognised best practice for providing support to patients at mealtimes with dignity and respect, and to ensure that patients are encouraged to eat well. Best practice included the Essence of Care benchmark and the Care Quality Commission Essential Standards of Quality and Safety (2010). In outcome 5 - Meeting Nutritional needs, it states that “patients should not be interrupted during mealtimes unless they wish to be, or an emergency situation arises”.

1.2. A protected Mealtimes Policy is set to provide a framework for mealtimes without stifling new ways of working, placing the patient at the centre of the mealtime experience.

1.3. The purpose of the Protected Mealtimes Policy is to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating, assisting staff to provide patients/clients with support and assistance with meals, placing food first at mealtimes.

1.4. A greater understanding about the importance of the patient meal experience and nutritional requirements is increasing within the wider healthcare team. Food and the service of food are regarded by many as an essential part of treatment. Malnutrition can be described as ‘a state in which deficiency of energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome’ (NICE 2006). Certain groups of patient, such as the elderly or the young have particular dietary and eating requirements that need to be met to prevent malnutrition and aid recovery.

1.5. The ward environment, presentation of food and the timing and content of meals are important elements in encouraging patients to eat well. The importance of mealtimes needs to be re-emphasised and ward based staff given the opportunity to focus on the nutritional requirements of patients at mealtimes. Mealtimes are not only a vehicle to provide patients/clients with adequate nutrition but also provide an opportunity to support social interaction amongst patients/clients. The therapeutic role of food within the healing process cannot be underestimated. However, food, even if it’s is of the highest quality, is only of any value if the patient actually eats it.

1.6. Clinical areas where meals are served often adopt different approaches to mealtimes. These can vary both between wards and day to day. In addition, there are a number of environmental factors which may influence whether a patient eats or not.

1.7. The Care Quality Commission (2010) states that “where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and hydration”

1.8. This policy applies to all trust staff.

1.9. Implementation of this policy will ensure that:

- Patients can eat without disruption, where possible
- Patients are made comfortable by staff
- Staff provide an environment conducive to eating
Protected Mealtimes Policy (inpatient services only)

- Staff provide patients with help at mealtimes, especially for patients on the ‘red tray system’
- Mealtimes can be a social activity
- Staff have time to monitor the food and fluid intake of specific patients
- Emphasis is placed on the importance of nutrition and hydration in the trust.

2. Definitions

Protected Mealtimes

2.1. Protected mealtimes are periods when all wards based activities stop to enable nurses, ward based teams, catering staff and volunteers to serve food and give assistance and support to patients. Patients should be able to eat their food in a relaxed environment, at their own pace and rest afterwards.

3. Responsibilities

Role of Nursing Staff

3.1. All nurses in their leadership role are responsible for providing and enabling others to provide good nutritional care. Team leaders are responsible for enabling effective organisation of care, so that the provision of food and nutrition will be prioritised. Executive nurses have the responsibility for ensuring that nutritional care is prioritised at Board level and that systems are in place to support this (Royal College of Nursing, 2007).

Role of Medical Staff including Doctors and Consultants

3.2. In 2002, the Royal College of Physicians said that “Doctors can help to promote more satisfactory nutrition for patients by making sure that as far as possible: the service and consumption of meals is not interrupted by ward rounds, or routine tasks which could take place at other times, and procedures such as X-rays are scheduled to ensure whenever possible patients do not miss meals.” Nutritional care depends on teamwork between healthcare workers in different disciplines, the scope and contribution of whose work should be recognised.

Role of the Facilities Team

3.3. The Facilities Co-ordinator will undertake with a matron a protected mealtime audit on each ward every 4 months. The facilities co-ordinator will set these dates but will arrive on the ward unannounced.

A traffic light scoring system is in place to ensure that action plans are followed to meet the requirements, therefore those audits scoring over 80% would be green (on target), over 75% would be amber (just under target) and below 75% would be red requiring an urgent action plan.

Audit reports and actions will be sent to the following for information and action:

- Deputy contract manager
- Relevant ward manager
- Relevant matron
Actions are given a deadline. Feedback on the actions are reviewed at:

- Nutritional Steering group
- Collaborative Operational Group (formerly matrons charter)

**Role of Mealtime Co-ordinator**

3.4. The importance of teamwork and co-operation between nursing teams and hotel services is essential. A member of the nursing team will be designated as mealtime co-ordinator on a daily basis to help work together to enable the success of providing a calm and if possible uninterrupted mealtime experience.

**Role of Mealtime Volunteer**

3.5. This role is used to support the clinical staff in the preparation and delivery of each meal. This role should not be utilised to assist the patient with feeding unless an appropriate training programme has been undertaken, and competency assessed. However the role should be used to assist with socialisation and encouragement of good nutrition.

**Role of Nutrition and Dietetics Department**

3.6. Responsible for the prescription and monitoring of therapeutic diets. To support training for key staff members around good nutritional care.

**Role of Nutritional Steering group**

3.7. Responsible for monitoring the implementation and compliance of this policy

**4. Providing Protected Mealtimes (flow chart – Appendix A)**

4.1. In order to maximise the benefits from the mealtime experience, clinical staff are required to prepare themselves, the environment and their patients/clients prior to the service of food. The ward may consider closing to visitors at mealtimes unless the purpose of the visit is to assist with food in line with John’s Campaign. The patient/client and their relatives should be made aware of the protected mealtimes policy as soon after admission as is reasonable possible.

4.2. Nursing staff will make food a priority during mealtimes, providing assistance and encouraging patients to eat, being aware of how much food is eaten and identifying patients nutritionally at risk.

4.3. Ward based teams will organise their own mealtimes to maximise the number of staff available to deliver and assist patients/clients with food.

4.4. Prior to the service of food, all patients/clients will be given the opportunity to wash their hands.

4.5. Patients/clients will be made comfortable prior to the service of meals, positioned appropriately, with food served within reach.
4.6. Patients requiring assistance with food will be identified to the ward team prior to the service of meals by using the ‘red tray’ system (Bradley and Rees, 2003). See Appendix B.

4.7. Interruptions e.g. ward rounds, drug rounds, GP visits, cleaning, documentation and therapy will only occur (during mealtimes) when clinically appropriate.

4.8. Consideration will be given to where patients/clients sit to eat their meals, supporting the social aspects of mealtimes whilst respecting the preferences of the individual.

4.9. Prior to the service of meals, bed tables will be cleared of items not conducive to mealtimes, e.g. urine bottles, dressings. Each table will be clean and suitably prepared with appropriate cutlery, crockery and condiments. Fresh water should be available during the meal and a hot beverage served after the food service.

4.10. These principles should be adopted in all clinical areas where patients/clients receive food, however it is acknowledged that in a number of clinical settings patients/clients manage their own preparations.

5. Key Issues

5.1. Staff must consider ways to:

- Provide mealtimes free from avoidable and unnecessary interruptions
- Create a quiet and relaxed atmosphere in which patients/clients are afforded time to enjoy meals, limiting unwanted traffic through the ward during mealtimes e.g. estates work and deliveries
- Recognise and support the social aspects of eating encouraging patients to access social lunch clubs such as those found on Fortescue ward and Capener ward.
- Utilise volunteers to encourage patients to eat and drink well
- Limit ward based activities, both clinical and non-clinical, to those that are relevant to mealtimes or essential to undertake at that time
- Focus ward activities into the service of food, providing patients/clients with support at mealtimes
- Emphasise to all staff, patients and visitors the importance of mealtimes as part of care and treatment for patients
- Provide teamwork and co-operation between catering/facilities staff and multi-disciplinary ward based teams in order to improve the patients mealtime experience

5.2. Staff must make people aware of the policy by:

- Ensuring appropriate signage is displayed outside the ward to inform staff and visitors of the protected mealt ime period (Appendix C)
- Consulting with Medical staff and other healthcare professionals such as Radiographers and Phlebotomists in changes to ward routines to ensure patients care is enhanced
• Informing staff of the “Care Quality Commission Guidance about compliance-Essential Standards of Quality and Safety 2010 (Compliance with section 20 regulations of the health and social care act 2008) and Care Quality Commission (2010) outcome 5 meeting nutritional needs states patients “should not be interrupted during mealtimes unless they wish to be or an emergency situation arises”.
• Communicating the principle of protected mealtimes to visitors and carers, whilst also encouraging carers and visitors to support patients/clients with food.

6. Training Requirements

6.1. All staff who are required to undertake Food and Hygiene, MUST and Food allergen training will be identified through the Trust’s training matrix available via BOB under ‘what training do I need?’ The training matrix will detail:

• Staff groups requiring training
• Frequency of training
• Mode of delivery i.e. e-learning or taught
• Course titles

7. Monitoring Compliance with and the Effectiveness of the Policy

Standards/ Key Performance Indicators

• Monitoring the compliance of this policy will be the responsibility of the Nutritional Steering Group who will review this policy in light of audits carried out by hotel services and periodic PLACE assessments. The findings of such audits will be reported to the senior nurse forum, the catering specialist group and the Nutritional Steering Group. The Executive Director of Nursing will receive copies of annual audits.
• Where non-compliance is identified, support and advice will be provided to improve practice.

Process for Implementation and Monitoring Compliance and Effectiveness

7.1. The key performance indicators comprise:

• Protected mealtimes are publicised to patients, staff and visitors via signage.
• All staff adhere to protected meal times - this will be monitored through unannounced inspections.
• Routine monitoring of patient feedback reports
• Routine monitoring of complaints
# Equality Impact Assessment

## Table 1: Equality Impact Assessment

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<th>Group</th>
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<th>Negative Impact</th>
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<td>Age</td>
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<td>Whether young or mature implementation and compliance with this policy will result in a positive impact</td>
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<td>Disability</td>
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<td>Protected mealtime policy aims to recognise those who may require additional assistance with mealtimes</td>
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<td>Gender Reassignment</td>
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<td>This policy aims to maintain a patient/clients privacy and dignity at all times</td>
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<td>Nutritional requirements according to belief should be identified whilst staff follow this policy</td>
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<td>Maternity and Breastfeeding</td>
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9. References (Optional)

- Care quality Commission- essential Standards of Quality and Safety (March 2010) Outcome 5 meeting nutritional needs

10. Associated Documentation

- Maintaining Patients Privacy and Dignity Policy
- Patient meal ordering Procedure
- Nutrition Policy
- Risk management Policy
Protected Mealtimes Policy (inpatient services only)

Appendix A: MEAL TIME PROCESS

15 minutes prior to mealtime, the bell is rung throughout the ward by hotel services staff

Ward Staff/volunteers start preparing patients for their meal.
- Ask the patient if they would like to use the toilet.
- Assist patients to sit upright.
- Clear patient bed side tables of clutter and ensure area is clean.
- All patients are reminded to wash their hands at the hand basin or offered a wash wipe by a dedicated staff member.
- Patients should be offered protective clothing to prevent spillages where required (if the patient wishes)

Pre meal huddle takes place which includes at least two ward staff that will prioritise patients at risk, and those on a red tray who require assistance will be prioritised

Day to day routines should stop at the start of mealtimes e.g. ward rounds, doctor’s visits, cleaning and therapies, these should only occur in exceptional circumstances

Ward staff assist hotel services in handing out patient meals

Nursing staff only to collect red trays at the end of the mealtime and record on food charts

Privacy and dignity should be maintained at all times
Appendix B: RED TRAY PATIENT PATHWAY

1. Patient Admission

2. M.U.S.T (Malnutrition Universal Screening Tool) nutrition assessment

3. Patient and carer informed if he or she falls into high-risk category—score 2 or more/of if a need for assistance identified

4. Ensure patients at risk are identified at patient safety briefings, and that those requiring the red tray system are identified on the menu card

5. Those identified at risk are encouraged to use red lidded water jug, red beaker, and all meals to be served on a red tray. A poster identifying this will be used above the patient’s bed space (Appendix D)

6. Prior to meal times, the meal time coordinators who are responsible for distributing food as a team with hotel services, checks names of those who should receive meals on a red tray.

7. Those requiring a red tray are provided with the necessary assistance at the meal time

8. Nurse completes food chart at the end of each meal time, prior to the removal of the red tray

9. Patient progress discussed by multidisciplinary team at least twice a week. Those whose scores improve are taken off the red tray system following agreement by the team

10. On discharge, if still at risk, the relevant community team are informed for continued monitoring.

Appendix C: Protected Mealtimes Awareness Sign

This Ward Operates a Protected Mealtimes Service

At Lunch from [ ] to [ ]

AND

at Supper from [ ] to [ ]

Please avoid entering the ward or visiting during mealtimes

Please speak to the nurse in charge for more information
Appendix D: Poster to identify patient who is nutritionally at risk and requires assistance

MEALTIMES MATTER

ENJOY YOUR MEAL