

Document Control

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Protected Mealtimes Policy (inpatient services only)			
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1.1	Jun 2018	Revision	Add the use of mealtime tabards.
2.0	Jun 2019	Final	Add in the role of checking allergies and special diet approved at COG.
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Policy categories for Trust's internal website (Bob) Nutrition	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

- 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

2.1. Protected Mealtimes

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

3.1. Role of Nursing Staff

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).

3.2. Role of Medical Staff including Doctors and Consultants

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.

3.3. Role of the Facilities Team

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 is reviewed at:

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

3.4. Role of Mealtime Co-ordinator

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. The mealtime coordinator will wear a mealtime tabard so that he/she is easily identified. The coordinator is responsible for checking all patient meal requirements and allergies prior to the meal being served.

3.5. Role of Mealtime Volunteer

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.

3.6. Role of Nutrition and Dietetics Department

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

3.7. Role of Nutritional Steering group

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 mealtime 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

7.1. 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.

7.2. Process for Implementation and Monitoring Compliance and Effectiveness

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

8. Equality Impact Assessment

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age	√			Whether young or mature implementation and compliance with this policy will result in a positive impact
Disability	√			Protected mealtime policy aims to recognise those who may require additional assistance with mealtimes
Gender			√	
Gender Reassignment			√	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership	√			This policy aims to maintain a patient/clients privacy and dignity at all times
Pregnancy			√	
Maternity and Breastfeeding			√	
Race (ethnic origin)			√	
Religion (or belief)	√			Nutritional requirements according to belief should be identified whilst staff follow this policy
Sexual Orientation			√	

9. References (Optional)

- Care quality Commission- **essential Standards of Quality and Safety (March 2010) Outcome 5 meeting nutritional needs**
- McWhirter, JP and Pennington, CR (1994) **Incidence and recognition of Malnutrition in Hospital**, British Medical journal, 308 (6934), pp 945-948, cited in Davidson, A and Scholefield, H. (2005), **Protecting Mealtimes**, Nursing Management, 12 (5), pp 32-36
- Hospital Caterers Association (2004) Protected mealtimes policy, HCA, London.
- NHS Modernisation Agency (2003) **Essence of Care: Benchmark for food and nutrition**, DOH, London
- Royal College of Nursing (2007) **Nutrition Now: Principles for Nutrition and Hydration**, RCN. London
- Royal College of physicians (2002) **Nutrition and Patients: A Doctors Responsibility**, RCP, London
- National Institute for Health and clinical excellence (2006): **Guideline 32 Nutrition Support in adults: oral nutrition support, enteral tube feeding and parental nutrition**

10. Associated Documentation

- [Maintaining Patients Privacy and Dignity Policy](#)
- [Patient meal ordering Procedure](#)
- [Nutrition Policy](#)
- [Risk management Policy](#)

Appendix A: MEAL TIME PROCESS

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

The mealtime co-ordinator to wear mealtime tabard

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

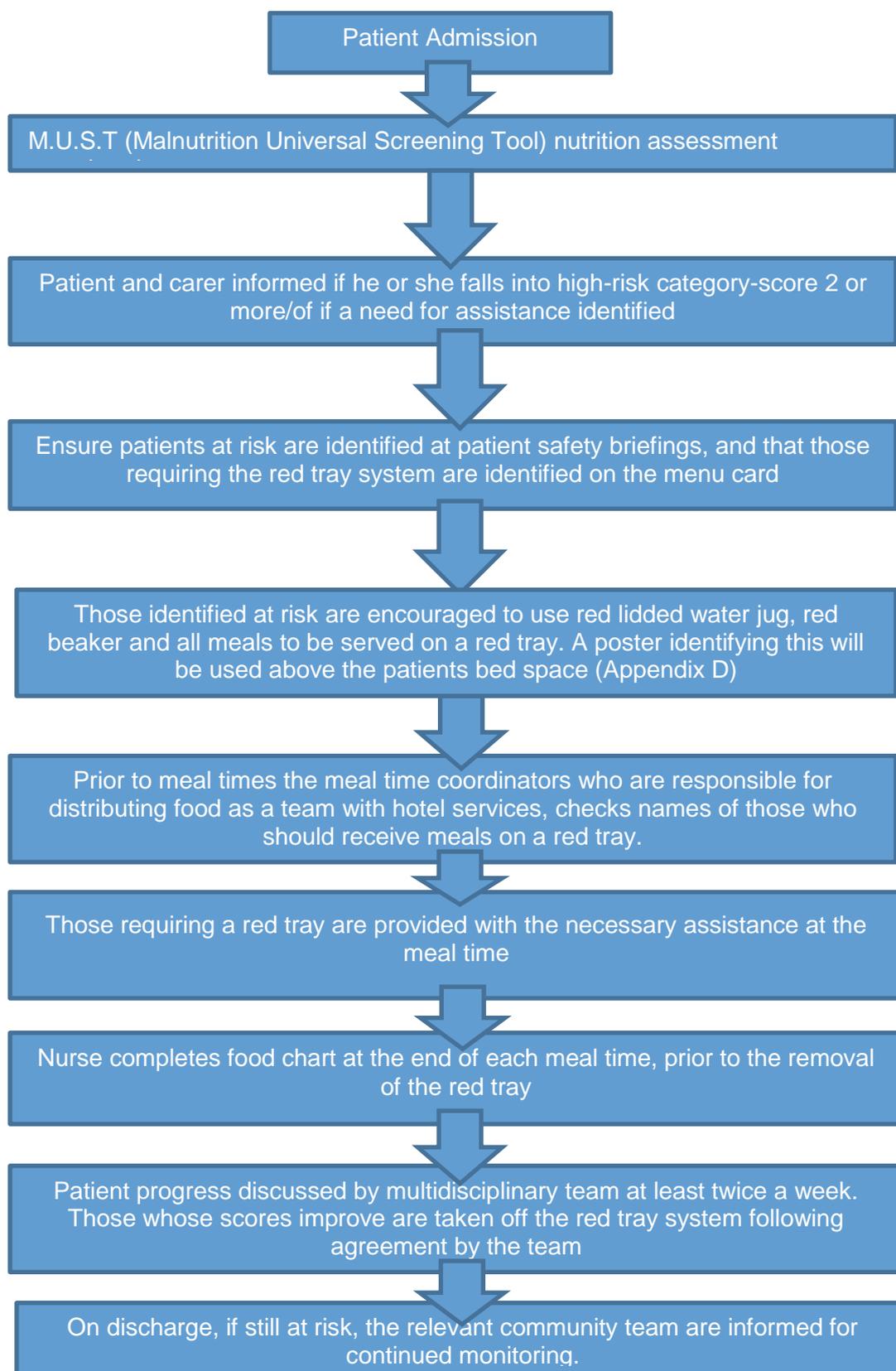
Day to day routines should stop at the start of mealtimes e.g. ward rounds, doctor's visits, cleaning and therapies, these should only occur in exceptional circumstances

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



Adapted from Bradley, L. and Rees, C. (2003) reducing nutritional risk in hospital: the red tray, Nursing Standard, 17 (26), 12 pp 33-37

Appendix C: Protected Mealtimes Awareness Sign



The sign features a circular graphic on the left with a green background, a white fork and knife, and the text 'PROTECTED MEALTIMES' repeated around the perimeter. On the right, there is an orange header with the NHS logo and the text 'This Ward Operates a Protected Mealtimes Service'. Below this, there are two lines of text with empty boxes for times: 'At Lunch from [] to []' and 'at Supper from [] to []', with 'AND' centered between them. A blue instruction reads 'Please avoid entering the ward or visiting during mealtimes', followed by a smaller line: 'Please speak to the nurse in charge for more information'.

NHS

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

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ENJOY YOUR MEAL

