

Document Control

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Patient Meal Ordering Procedure			
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Document Class Procedure	Target Audience All Trust & Sodexo staff involved in any stage of the patient food chain, including artificial nutrition support, e.g. catering staff, all ward staff, dieticians, nurses & midwives, medical staff, speech & language therapists and other allied health professionals.	
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1. Introduction

- 1.1. The aim of the procedure is to formalise the meal ordering system to ensure all patients receive the appropriate meal for their requirements, and the Trust follows one procedure for the provision of patient meals.

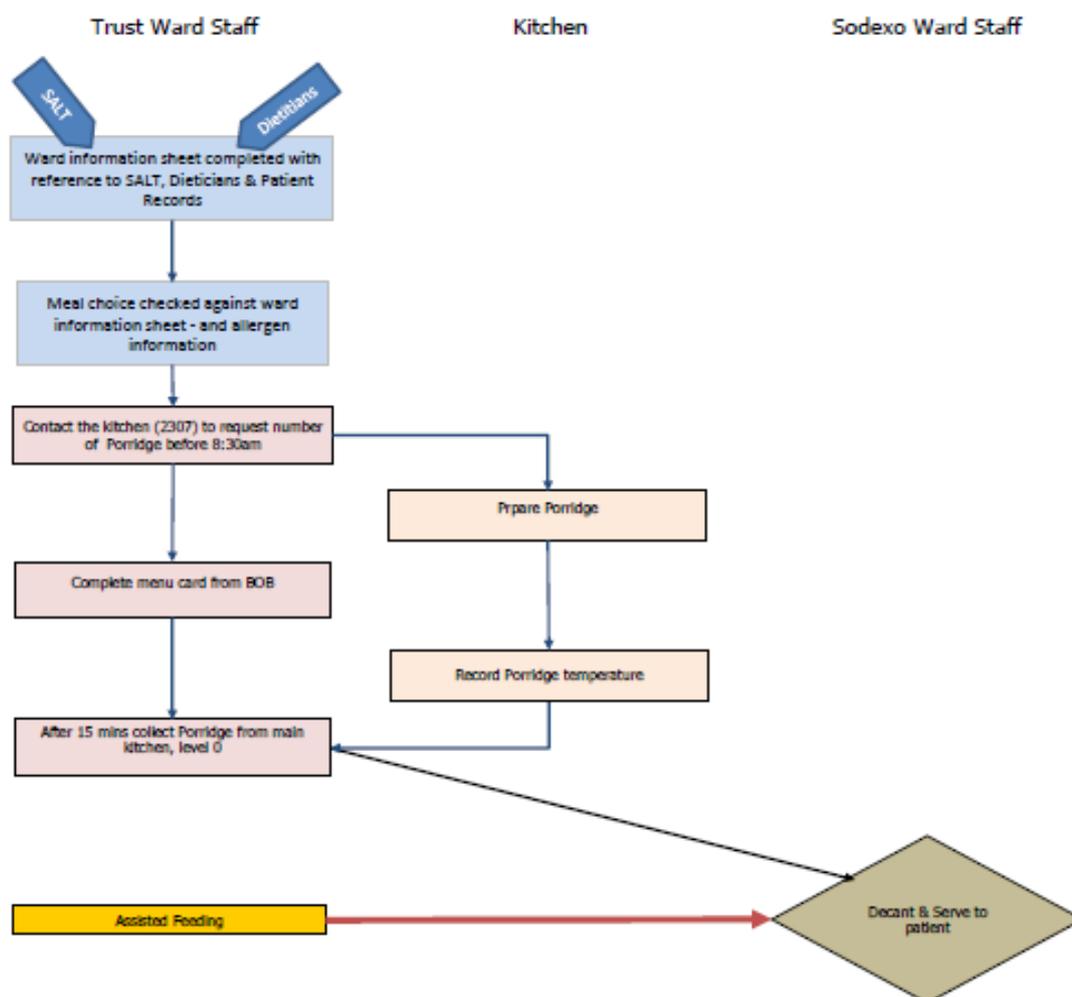
2. Definition of Terms

- 2.1. PSA – Patient Services Assistant
- 2.2. Saffron – Computerised menu card reading system, which also collates numbers and costs wastage
- 2.3. SALT – Speech and Language Therapist

3. Ordering Breakfast

- 3.1. The SALT team are responsible for decisions concerning which texture is suitable for a patient that is under their care, or for a patient with dysphagia, and updating patient information accordingly. Changes to patient's diet requirements may also be made for different reasons other than swallowing, for example gastro/intestinal needs. The Nursing staff are responsible for checking information and ensuring the patient receives the correct menu.
- 3.2. A selection of cereals and bread is held in the ward kitchen. Breakfast items are ordered by Domestic Supervisors. The kitchen will then print out the list for the Domestic Supervisor to collect and send to the ward. Milk and bread is held in a fridge in the main kitchen for Domestic Staff to collect in the morning.
- 3.3. There are modified breakfast options for level 3 (liquidised) and level 4 (pureed) diets. Modified breakfast advice is in every ward kitchen for domestic staff to follow in accordance with SALT advice.
- 3.4. If a patient is on a level 3 liquidised diet, 'Kendamil' porridge can be ordered from the main kitchen and the Health Care Assistant or Nurse looking after the patient is required to mix this to the correct consistency in the ward kitchen.
- 3.5. If a patient is on a level 4 pureed diet, this can be ordered and collected from the main kitchen by following the flow chart below.

Modified Texture Breakfast Ordering Procedure



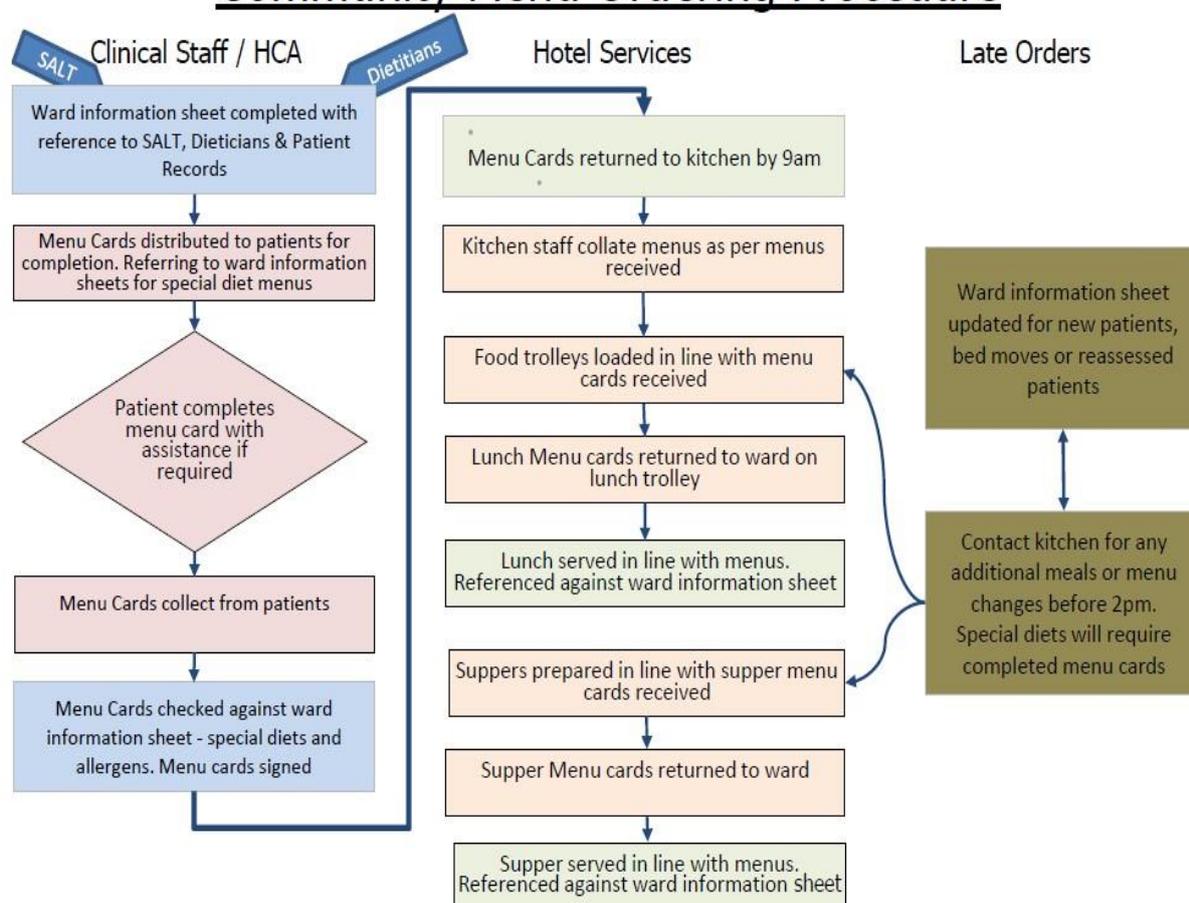
4. Ordering Meals

- 4.1. Menu cards are delivered to the ward on the meal trolleys on the day previous to requirement and given to the ward clerk.
- 4.2. Menu cards for special diets, modified textures and snack boxes are available on BOB (search 'catering'). Copies should be downloaded from BOB rather than photocopied to ensure up to date version.
- 4.3. The SALT team are responsible for decisions concerning which texture is suitable for a patient that is under their care, or for a patient with dysphagia, and updating patient information accordingly. Changes to patient's diet requirements may also be made for different reasons other than swallowing, for example gastro/intestinal needs. The Nursing staff are responsible for checking information and ensuring the patient receives correct menu.

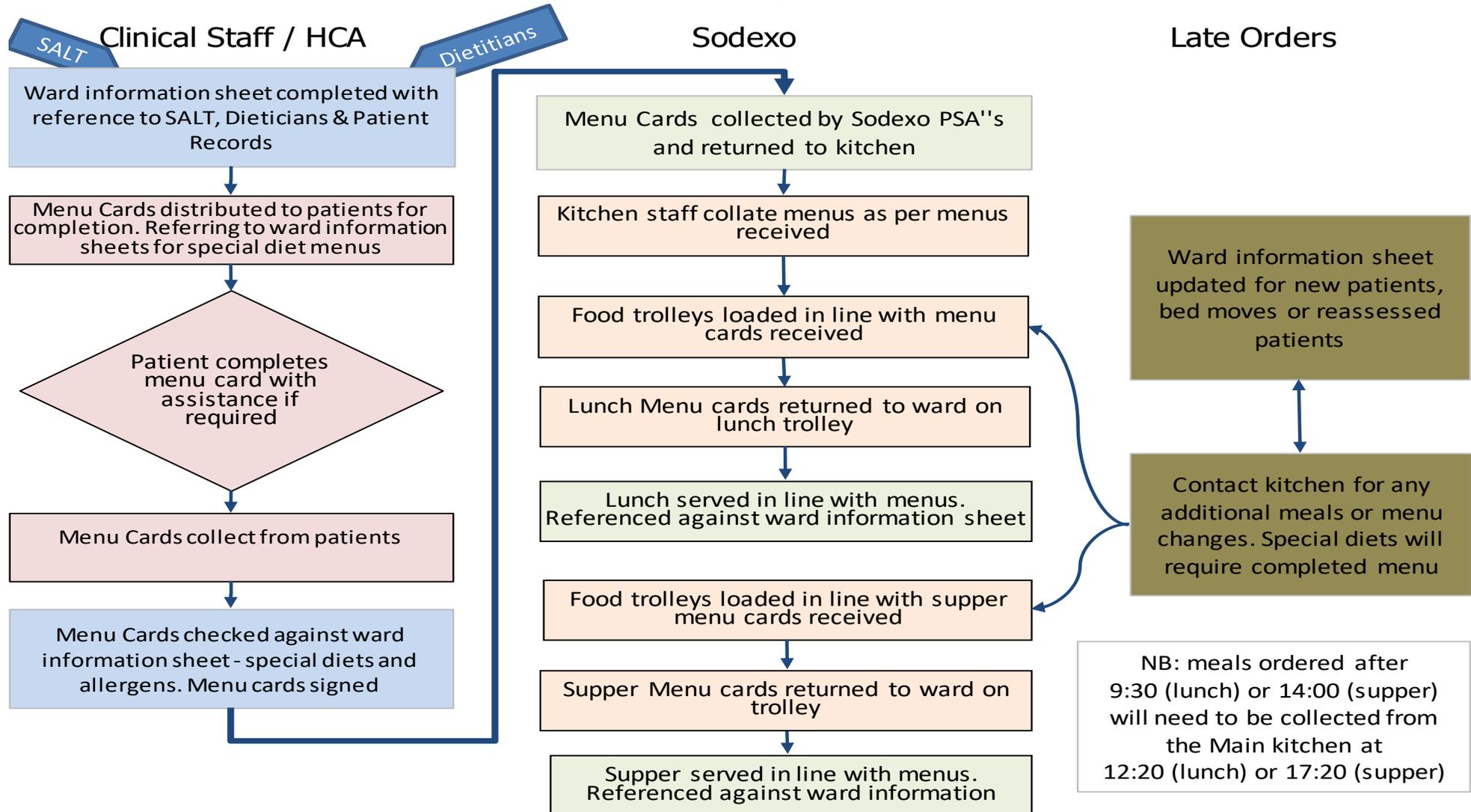
- 4.4. The PSA delivers a menu card to the bedside the day prior to meal date with afternoon beverage, i.e. Monday for Tuesday. If the patient is unable to perform this task a clinical staff member will assist. Clinical staff will fill in the name of the patient and bed number.
- 4.5. Patients who have allergens concerns, but elect to order from the standard menu, should be advised of the risk of cross contamination and a record placed on the patient's notes and Trust risk register
- 4.6. Note: handwritten notes added to menus are not checked by the kitchen and requests may be missed.
- 4.7. The completed menu cards are then collected and checked by the nursing team.
- 4.8. Ward (patient diet) Information sheet is completed by clinical staff with input for SALT and dietitians as indicated and made available for food service staff.
- 4.9. To confirm:-
 - The correct number of menus has been completed to cover all patients
 - Menu card is signed (both lunch & supper) by nurse on duty
 - Meal choices are suitable for patient's nutritional requirements
 - Meals choices are suitable for patient allergens
 - Patients requiring modified texture meals have ordered from the correct texture menu (referring to SALT if required)
 - All patients requiring special diets have been referred to dieticians
 - 'Patient requires assistance with feeding' check box is ticked as required
- 4.10. Allergen and nutritional information for patient meals is available on BOB (search 'Catering')
- 4.11. Menu cards are delivered to the Patient Meals department of the Production Kitchen no later than 9.00am of the day of requirement.
- 4.12. In the event of a patient being transferred or discharged (after completing a menu card) patient meals should be contacted as soon as possible.
- 4.13. Special Diet and modified texture menus are available at any time, but will require 45mins preparation time for orders after 9:30am for lunch and 1:30pm for supper.
- 4.14. The production Kitchen cannot supply food to a patient without receipt of a signed menu card.
- 4.15. By 9:30am, the meal requirements are tabulated and the production numbers defined & chefs informed of requirements.
- 4.16. The meal cards are placed on the appropriate meal trolley.
- 4.17. Meal trolleys are collected, from main kitchen, by PSA's/Porters and delivered to ward. PSA's are required to check trolley contents against loading chart before leaving the kitchen

- 4.18. For admissions, late orders or transfers a limited range of hot meals, inpatient quick bite bags or sandwiches are available for collection from the main kitchen. For Lunch until 13:30 and for Supper until 18:30. The main kitchen will be closed after 7pm.
- 4.19. For food required after 7pm inpatient quick bite bags are available from the porters lodge (EXT: 5900)
- 4.20. Meals ordered after 9:30 for Lunch & 14:00 for Supper will need to be collected from the main kitchen.

Community Menu Ordering Procedure

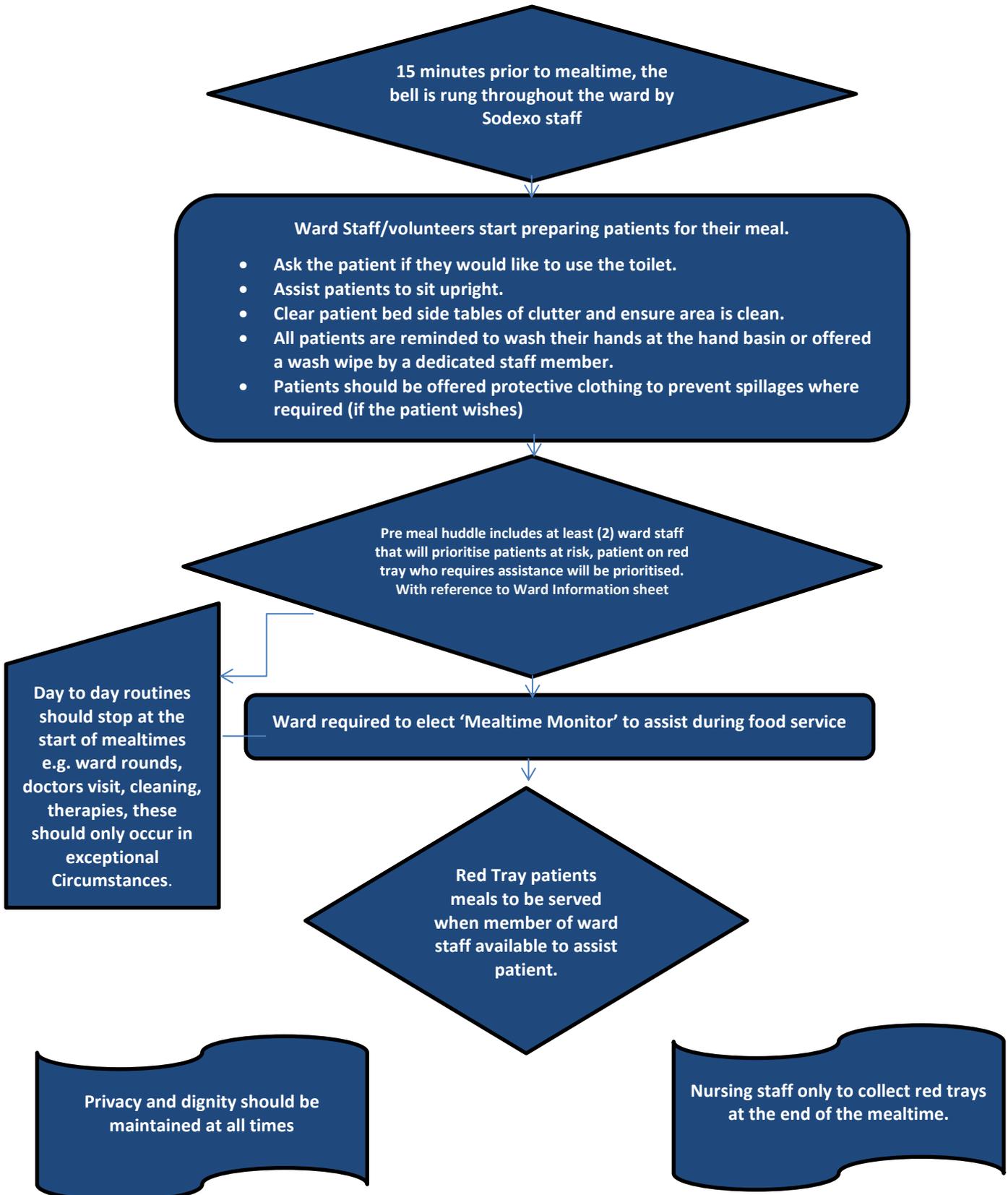


Menu Ordering Procedure



5. Ward Service

Ward Food Service follows the Protected Mealtime Process



- 5.1. Patients ordering from Allergy Aware or Gluten Free menus should be served first to avoid cross contamination.
- 5.2. All meals should be served with reference to the Ward Information sheet.
- 5.3. The menu card is returned to the Main kitchen, Patient Meals department and kept on file for seven days. This is in the case of a complaint or query regarding validity of request.
- 5.4. In the event that a meal card has been filled out, no patient is present and no valid reason given, a Trust Incident Report form must be completed. Dieticians/SALT may sometimes order two meals of differing textures for a patient assessment/lunch review. If one is not eaten this would not require an incident form to be filled out.
- 5.5. An inpatients quick bite bag should only be issued when a patient has missed a meal due to treatment or admission after meal service. inpatients quick bite bags may only be issued after a completed/signed menu card is received by the kitchen
- 5.6. For patients transferred to community sites, individual hot meals are available on request on arrival at the community hospital. Levels 4 Puree and Level 6 Soft and Bite Sized diet meals are held at South Molton Hospital. Other textures can be ordered from the main kitchen at NDDH with 24 hours' notice, excluding weekends.
- 5.7. In addition to the standard menu and the inpatients quick bite bag the Trust also provides a range of special diets. For the full details of the special diets please refer to section 15 of this procedure or alternatively the information is available on BOB (search 'catering').
- 5.8. For patients on modified texture of special diet menus; dietitians and SALT should be informed of any ward transfer or transfer to community site.
- 5.9. For Patients requiring Thickened Fluids, the SALT team are responsible for decisions regarding which fluid consistency is suitable for a patient and updating the patient's notes accordingly, and the nursing staff are responsible for preparation of thickened fluids.

6. Audit

- 6.1. Each ward will be routinely spot checked at least once a month to ensure compliance with protected mealtime's policy
- 6.2. The Patient Meals office is responsible to check all menu cards are collated and trolleys loaded correctly
- 6.3. Although every effort must be made to provide the patient with chosen meal this may not always be possible. If another meal is required the kitchen will need to be contacted and 45 minutes notice to provide another meal.
- 6.4. In the event that a meal card has been filled out, no patient is present and no valid reason given, the contract manger must be informed of any wards that repeatedly fail to follow procedure and a Trust incident form will be completed.
- 6.5. Records of the number of meals provided against the number of beds per ward will be submitted to the Trust monthly.

7. Guidelines for the issue of inpatient quick bite bags

- 7.1. An inpatient quick bite bag should only be issued when a patient has missed a meal due to treatment or admission after meal service.
- 7.2. Inpatient quick bite bags will be available from the main kitchen between the hours of 7.00am and 6.30pm. Outside of these hours pre-packed snack boxes will be available for collection from the porters lodge (please note that the kitchen staff or porters will not deliver these boxes they will need to be collected).
- 7.3. An inpatient quick bite bag will not be issued without a fully completed and signed requisition form, patient's name, and ward are essential.
- 7.4. Within kitchen hours the pick list should be used and up to one item per section maybe chosen. Outside of kitchen hours we still require the form to be fully completed without the choices being ticked and a standard box will be issued, there will be a vegetarian option available. Please note – Inpatient quick bite bags are not available as modified texture diet or special diet options. Modified texture diet or special diet meals are available from the main kitchen with 40 minutes notice. The main kitchen will be closed after 7pm.
- 7.5. The kitchen staff and porters will be instructed not to issue an inpatient quick bite bag without the relevant paper work as they will be responsible for these boxes; the form must be fully completed and should be signed by an authorised signatory.
- 7.6. Allergen information is available on BOB and should be checked by ward staff before completing Quick bite bag requisition
- 7.7. If not for immediate use inpatients quick bite bags require refrigeration in ward kitchens.

8. Guidelines for the issue of Travel Snack Bags

- 8.1. Travel Snack Bags should only be issued travelling from the hospital.
- 8.2. Travel Snack Bags will be available for collection from the main kitchen between the hours of 7.00am and 6.30pm.
- 8.3. Travel Snack Bags will not be issued without a fully completed and signed requisition form. Patient's name and originating ward are essential.
- 8.4. Allergen information is available on BOB and should be checked by ward staff before completing Travel Snack Bag requisition.

9. 24 hour hot food service

- 9.1. 24 hour hot food service is available from MAU and Caroline Thorpe kitchens. Menus are available on BOB.

10. Patient's food being brought in

- 10.1. Food being brought in by patients or patient's family can create a risk of contamination and breach of food safety regulations. If a patient has special requirements the senior nurse should seek advice from the infection control department and refer to Trust Infection Control Food Hygiene Policy.

11. Ordering oral nutritional supplements and enteral feeds

- 11.1. Supplements and thickeners can be ordered using the forms available on BOB (search 'supplements'). Forms can be sent down to the kitchen via the food services trolleys (lunch and evening); Order will be returned on the next trolley. Please note cut off times on the order forms. Orders can only be processed with a completed and signed order form. For community hospitals there is an email order set up which can be accessed through BOB (search 'supplements'), please allow 48hrs for delivery.

12. Fresh Fruit

- 12.1. Fruit is available with every menu and can be requested from the kitchen outside of mealtimes.

13. Diets Codes and their definition

- 13.1. **H = Healthier Eating.** Dishes/items that have low total fat, salt and added sugar content, and are suitable as part of a healthy balanced diet. Choices are lower in fat, salt and sugar and are suitable choices if you have been advised to follow a 'healthier' diet for example for your diabetes or for your heart health or if you are trying to lose weight
- 13.2. **E =High Energy.** Dishes that are particularly high in calories and are suitable choices if you have a small appetite or require food high in energy due to your illness, weight loss or surgery.
- 13.3. **V = Vegetarian.** Suitable for lacto-ovo vegetarians where milk, eggs and their products are consumed but excludes all meat, poultry, fish and ingredients or products derived from these e.g. gelatine and rennet.
- 13.4. **EC = Easy to Chew** Normal, everyday foods of a soft/tender texture that require less chewing and reduce the risk of choking. It is not intended for people where there is an identified increased risk of choking, or people who are unsafe to eat without supervision.
- 13.5. **M/C = May Contain**

14. Diets that require non-standard menu

- 14.1. **Modified Texture:** A diet of a specific texture which can be managed by a person with eating or swallowing difficulties. The following menus are available: IDDSI Level 3 - liquidised Level 4 - pureed, Level 5 - minced and moist and Level 6 - soft and bite sized. Please refer to SALT for guidance on swallowing recommendations.

- 14.2. For patients requiring reduced sugar or reduced fat diets:** Nutritional information is available on BOB. Patients should be monitored as per standard process and referred to dietitians if they meet referral criteria as per the nutrition policy.
- 14.3. Diets for patients who are malnourished:** will require input from the Dietitian. Please refer the patient for the Dietitian to arrange the menu choices. Nutritional information is available on BOB
- 14.4. Fortified** – Calorific values of all meals and special diets are available on BOB. Should additional items be required please contact the dietitians.
- 14.5. Allergy diets e.g. cow’s milk protein, egg, or nut-free:** Allergy Aware and gluten free menus are available on BOB. For specific requirements allergy and ingredient information is available on BOB (search catering). If patient allergy requirements are unlisted dietitians should be contacted.
- 14.6. Other special diets:** Diets such as low potassium or low sodium will require input from the Dietitian. Please refer the patient for the Dietitian to arrange the menu choices.
- 14.7. Other alternative menus available:** Halal, Kosher & Vegan meals are also available, copies can be found on BOB. Other meals on standard menus may also be suitable, please consult the nutrition information.

15. Special Diet Menus currently Available

Halal
Kosher
Vegan
Children’s extra choices
Allergy Aware
Gluten Aware
24 Hour
Finger Food
Hot Finger Food
Inpatient quick bite bag
Travel box
Renal

16. Modified Texture Menus currently Available

Liquidised – Level 3

Pureed – Level 4

Minced & Moist – Level 5

Soft & Bite sized – Level 6

17. Red Tray Pathway

- 17.1. M.U.S.T. (Malnutrition Universal Screening Tool) nutrition assessment completed.
- 17.2. Patient and relatives informed if he or she falls into high-risk category – score 2 or more/or if a need for assistance identified.
- 17.3. Red square put in communication board (whiteboard) or against patient's name in ward area, ward Information Sheet updated and 'Patient requires assistance with feeding' checkbox marked on menu card for multidisciplinary team to take appropriate action for patients with red trays.
- 17.4. Meal times, domestic staff & mealtime monitor responsible for distributing food, checks names and menu cards of those who should receive meals on a red tray.
- 17.5. Nurse identifies those with red tray and provides at least 15 minutes' attention at meal time if help required with feeding.
- 17.6. Nurse completes food chart at foot of bed at the end of each meal time, prior to removal of red tray.
- 17.7. Patient progress discussed by multidisciplinary team each week. Those whose scores improve are taken off the red tray scheme following agreement by the team.
- 17.8. On discharge, if still at risk, the relevant community team informed for continued monitoring.

Adapted from Bradley, Lindsey & Rees, Colin. (2003). Reducing nutritional risk in hospital: the red tray. Nursing standard (Royal College of Nursing (Great Britain) : 1987). 17. 33-7. 10.7748/ns2003.03.17.26.33.c3357.