

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Protected Mealtime Policy

Version No	3.1
Effective From	31 October 2019
Expiry date	12 February 2021
Date Ratified	28 October 2019
Ratified By	Clinical Policy Group (Subsequent Paperlite aligned)

1 Introduction

The Newcastle Upon Tyne Hospitals NHS Trust is committed to providing high quality nutritional care to patients in its hospitals and recognises that protected mealtimes are an essential part of the delivery of safe and effective nutritional care which can improve health outcomes as well as the patient experience.

Many patients are 'at risk' of malnutrition and dehydration on admission to hospital and during their hospital stay. Certain groups of patients, in particular children and older people, have specific nutritional requirements during illness that need to be met in order to reduce the risk of malnutrition and aid recovery.

A Protected Mealtime Policy protects mealtimes from unnecessary and avoidable interruptions, provides an environment conducive to eating and drinking, and enables staff to provide patients with the support and assistance they need in order to maximise nutritional intake. Protected mealtimes ensure that the patient is put at the centre of mealtimes, reinforces the importance of nutrition and hydration and promotes a positive patient experience. The policy is aligned to the Trust Food and Drink Strategy.

2 Scope

This policy applies to all adult and paediatric in-patient areas across the Trust but excludes neonates. It is applicable to all clinical and non-clinical staff who are involved in the provision of care or services to patients at mealtimes.

It is recognised that through the implementation of this policy, the routines of some professional staff may have to be adjusted e.g. timings of ward rounds, assessment and care delivery, staff meal breaks, to ensure as many members of the multi-disciplinary team as possible are available to support patients with nutrition and hydration .

3 Aims

The aims of this policy are:

- To improve the dining experience for patients by enabling them to eat meals without disruption.
- To improve the nutrition and hydration care of patients by supporting them at mealtimes.

- To support ward based teams in the delivery of food at mealtimes, ensuring that all available staff can assist with mealtimes.

Where there are unavoidable, but foreseeable, interruptions to patient mealtimes such as scheduled investigations, these should be anticipated and alternative meal / food arrangements made to ensure that the nutrition and hydration care of the patient is not compromised.

4 Duties (Roles and responsibilities)

The Nutrition Steering Group is accountable to the Trust Board and responsible for ensuring that the Protected Mealtime Policy is implemented on all in-patient wards across the Trust.

Directorate Managers and Matrons are responsible for ensuring that all wards in their Directorates implement this Protected Mealtime Policy.

Each Senior Sister / Charge Nurse is responsible for ensuring that this policy is implemented in their ward or department. In conjunction with this each ward will display their Mealtime Policy commitment. (Appendix 1)

The nurse in charge of a shift is responsible for supervising mealtimes and ensuring that the nutrition and hydration needs of patients are met and that the Protected Mealtimes Policy is adhered to.

All disciplines and groups of staff are responsible for ensuring that this policy is adhered to.

5 Definitions

Mealtimes refers to breakfast, lunch and evening meal. It does not include drinks rounds or snacks provided outside of these times.

6 Policy outline

6.1 Non-essential staff activity

All non-essential staff activity (clinical and non-clinical) should cease at patient mealtimes. Activities which are considered non-essential at mealtimes include:

- Routine administration of medication (unless specifically required at mealtimes).
- Routine recording of observations in clinically stable patients.
- Routine bloods.
- Routine ECGs.
- Routine assessments and treatments by Allied Health Professionals (when not contributing to the nutrition and hydration care of patients).
- Routine X-rays (does not include Ultrasound or CT scans or Angiography, MRI, other interventional radiology).
- Routine Doctors rounds

- Presence of visitors (unless helping with feeding).
- Routine cleaning of patient's bays, cubicles or dayroom when meals are being served or consumed.

6.2 Supporting good nutritional care

It is important that mealtimes support the delivery of good nutritional care and that best practice is embedded into routines and practice. This includes:

- Encouragement or assistance for patients to wash their hands prior to mealtime.
- Assist the patient to be in an optimum position of comfort with correct positioning of the patient and their table to enable them to eat and drink.
- Clear identification of patients who require assistance with eating and drinking by using assistance signage (red triangles) and notification on the electronic whiteboard as appropriate.
- Provision of food and drinks selected by patients.
- Provision of adapted cutlery or other support aids if required.
- If providing support discuss with the patient the best way to help them with their meals and drinks and document in their nutrition care plan to ensure continuity.
- Providing assistance to patients, such as removing packaging or with eating and drinking as appropriate.
- Serving meals whilst warm and within appropriate time span from regeneration or delivery to ward.
- Ensuring patients are comfortable and have any hygiene needs met such as hand / face washing following mealtimes.
- Ensuring drinks are available, within easy reach and in the appropriate drinking utensil.
- When required as part of the plan of care, food and fluid intake is accurately documented.
- Ensuring that timing of meals can be flexible to support individual needs; for example during fasting; post natal period and breast feeding.

7 Training

This Policy will be communicated to staff through a variety of training and dissemination means, including Health Care Academy, Preceptorship Training, Induction, Nutrition Link Nurse Group and nutritional resource files, as well as via Trust communication forums, e.g. Matron and Clinical Leaders Forums. Training will raise awareness of supporting the needs of people with protected characteristics, for example patients with a disability, meeting cultural and religious needs, Awareness will also be raised of the support required for patients with a cognitive impairment such as Dementia, Delirium or brain injury / illness and any patient with enhanced communication needs.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

Adherence to this Policy will be monitored by Trust wide Matron's mealtime audits and Patient-led assessment of the care environment (PLACE) feedback. Results of audit and inspections will be fed back to Nutritional Steering Group.

Wards/Units should develop specific action plans with close liaison with Matrons regarding any criteria that cannot be fully met.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Matrons mealtimes audit: protected mealtimes included	Observation of compliance with protected mealtimes & assistance given as appropriate. All adult & paediatric in-patient ward areas of the Trust audited.	Matrons	Nutritional Steering Group	Annually
Feedback from the 'Patient-led assessment of the care environment' (PLACE)	National inspection process with specific standards to meet fed back to the Trust; includes observation of protected mealtimes. 25% of Trust estate assessed. 50% of inspectors must be patients or patient representatives	PLACE	Nutritional Steering Group	Annually

10 Consultation and review

This Policy will be monitored through the Strategic Action Plan of the Nutritional Steering Group. This Group is accountable to the Trust Board via, the Nursing and Patient Services Director.

11 Implementation (including raising awareness)

This Policy will be communicated to patients and visitors via ward information posters (see Appendix 1) and using patient / carers' information leaflets (e.g. '[Your Nutrition in Hospital](#)' leaflet) and via direct communication at Ward / Unit level.

12 References:

- Department of Health Social Services and Public Safety (2011). Promoting good nutrition: a strategy for good nutritional care for adults in all care settings in Northern Ireland. 2011 - 2016
- Food, Fluid and Nutritional Care in Hospitals, Clinical Standards, Quality Improvement Scotland, September 2003.
- Healthcare Improvement Scotland (2011a) Making mealtimes matter pack. Edinburgh: Healthcare Improvement Scotland.
- High Impact Actions for Nursing and Midwifery, NHS Institute for Innovation and Improvement. DOH 2009
- NPSA (2007a) Protected mealtimes reviews: Findings and recommendations report. London. NPSA
- Nutritional Support in Adults, National Institute of Clinical Excellence. DOH 2006.
- Protected Mealtimes Policy, Royal College of Nursing/Hospital Caterers Association 2004.

13 Associated documentation

NHS Commissioning 10 key characteristics of good nutrition and hydration NHS England 2015.

Patient led assessments of the care environment food assessment (protected mealtimes) NHS England 2015

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 30th October 2017
2. **Name of policy / strategy / service:**

Protected Mealtime Policy

3. **Name and designation of Author:**

Paula Coulson (Associate Nurse Consultant) & Frances Blackburn (Deputy Director of Nursing & Patient Services)
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4. **Names & Designations of those involved in the impact analysis screening process:**

Paula Coulson (Associate Nurse Consultant) & Lucy Hall (Equality and Diversity Lead)
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5. **Is this a:** Policy Strategy Service
Is this: New Revised
Who is affected: Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)**

<p>The aims of this policy are:</p> <ul style="list-style-type: none">• To improve the 'dining experience' for patients by enabling them to eat meals without disruption.• To improve the nutritional care of patients by supporting the consumption of food and fluid at mealtimes.• To support ward based teams in the delivery of food at mealtimes, ensuring that all available staff can assist with mealtimes.
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7. Does this policy, strategy, or service have any equality implications? Yes x

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)	Does the evidence highlight any areas to advance equal opportunities or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	The Trust provides food that meets cultural needs. Pictorial menus available for people with limited English. Interpreting service available for discussion of nutrition and hydration needs. Non high risk home prepared food can be brought into the ward.	No direct discrimination. People from Black and minority communities asked us not to make assumptions about their culture, food and health beliefs. We need to ask the individual and find the information we need to provide appropriate care. This is incorporated into the nutrition and hydration policy.	Opportunities to raise awareness of nutrition and ethnicity within the Health Care Academy training, nutrition link nurse group and preceptorship training Paula Coulson Oct 2017
Sex (male/ female)	Not applicable	No	No
Religion and Belief	The Trust provides food that meets religious needs. Pictorial menus available for people with limited English. Interpreting service available for	It is important that staff do not rely on their general knowledge about a particular religion but ask questions or seek chaplaincy advice so that they can understand	Opportunities to raise awareness of nutrition and religion and belief within the Health Care Academy training and preceptorship training Paula Coulson Oct 2017

	discussion of nutrition and hydration needs. Non high risk home prepared food can be brought into the ward.	more about the individual needs, for example regarding food, bereavement, prayer and hygiene requirements.	
Sexual orientation including lesbian, gay and bisexual people	Not applicable	No	No
Age	Reasonable adjustments have been made in relation to dementia for example colour contrast crockery; dementia friendly menu, finger foods. Focused work to improve nutrition for older people with smaller portions served on older people's medicine supplemented by a wide range of sweet and savoury snacks to provide additional nutrition through a mid afternoon and mid evening snack. Children and young people's menu parents / carers can stay with children and young people at all times. Policy highlights choice of food The policy will support older people to have time and support to eat.	The policy is designed to improve nutrition for older people including those with dementia, delirium, cognitive impairment. Incorporate positive aspects of family / carer involvement through John's campaign. Snack provision and finger food available on all three sites. Paula Coulson	Opportunities to raise awareness of nutrition support for older people within the Health Care Academy training and preceptorship training, including raising awareness of risk of malnutrition and importance of timely screening. Paula Coulson Oct 2017
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	Patient passports for people with a learning disability. Speech and Language Service support people with swallowing difficulties Dietetic advice for specific disabilities and nutritional needs. The policy aims to provide staff with dedicated time to observe and support nutrition and hydration and document intake. Interpreting support Pictorial menus and large print patient	Carers can often feel excluded by clinicians – both health and social care professionals should respect, inform and involve carers more as expert partners in care. Incorporate positive aspects of carer involvement through John's campaign. People with a disability say it is often lack of knowledge and people's attitudes and behaviours that disadvantage a person with a	Opportunities to raise awareness of nutrition and disability within the Health Care Academy training and preceptorship training Paula Coulson Oct 2017

	information available for people with limited vision	disability.	
Gender Re-assignment	Not applicable	No	No
Marriage and Civil Partnership	Not applicable	No	No
Maternity / Pregnancy	Flexible approach to providing meals, there is I-wave provision in the delivery suite which enables provision of a range of hot meals 24/7.	Post natal and breast feeding mothers may need flexibility with meal times. -	Opportunities to raise awareness of nutrition; maternity and pregnancy within the Health Care Academy training and preceptorship training Paula Coulson Oct 2017

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Print name

Paula Coulson and Frances Blackburn

Date of completion

30th October 2017

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)