# POLICY FOR PROTECTED MEALTIMES

<table>
<thead>
<tr>
<th>Date</th>
<th>Page(s)</th>
<th>Comments</th>
<th>Approved by</th>
</tr>
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<tbody>
<tr>
<td>March 2014</td>
<td>5.3</td>
<td>Addition of responsibilities for Mealtime volunteers</td>
<td>SNMLC Chair’s action March 2014</td>
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</tbody>
</table>

**First Ratified:** 2005  
**Revised:** May 2006 Nursing and Midwifery Group  
**Revised:** Nov 2008 Clinical Governance Group  
**Approved by:** Nutrition Steering Group  
**Date:** March 2014  
**Ratified by:** Senior Nursing and Midwifery Leadership Committee (SNMLC)  
**Date:** March 2014  
**Review Date:** March 2017, or before if required  
**Contact name for comments:** Nina Cron, Nutrition Support Nurse
POLICY FOR PROTECTED MEALTIMES

1. INTRODUCTION

Ashford and St Peters Hospitals NHS Foundation Trust is committed to providing consistent, evidence based, quality care in ensuring all patients receive the nutritional support appropriate to their needs and will incorporate a holistic assessment and demonstrate patient/carer and family involvement in the care provided.

This policy provides a framework for best practice at mealtimes for our patients. The protected mealtimes philosophy is an initiative of the Better Hospital Food Programme and has the support of many national organisations such as the British Dietetic Association (BDA), British Association of Parenteral and Enteral Nutrition (BAPEN 1999), Royal College of Physicians (RCP, 2002) and the Department of Health (DoH, 2003) with supporting reports from the Hospital Caterers Association (HCA, 2004).

Up to 40% of adults show signs of malnutrition on admission to hospital and often their hospital stay exacerbates there condition (McWhirter and Pennington, 1994). BAPEN estimated that public expenditure on Malnutrition in the UK in 2007 was £13 billion.

Mealtimes are not only a vehicle to provide adequate nutrition but also provide an opportunity to support social interaction amongst patients. The therapeutic role of food within the healing process cannot be underestimated and many now regard food, and the service of food as an essential part of treatment. Food, however, even if it is of the highest quality is only of any value if the patient actually eats it.

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 emphasised and ward based staff given the opportunity to focus on the nutritional and eating requirements of patients at mealtimes.

2. SCOPE

This policy applies to all employed clinical staff, qualified and unqualified, bank and agency staff required to work in clinical areas. This includes but is not limited to medical staff, nurses, midwives, allied health professionals (AHP) and health care assistants (HCA).

3. AIM

- To improve the ‘mealtime experience’ for patients by the measures detailed within this policy.
- To provide consistent individualised high quality care in provision of nutrition for all patients of Ashford & St Peter’s Hospitals NHS Foundation Trust.
- To support an environment and culture that recognises the central importance of meal times in providing a nutritious diet for our patients
4. **OBJECTIVES**
   - To provide mealtimes free from unnecessary and avoidable interruptions.
   - To provide an environment conducive to eating, which recognises and supports the social aspects of mealtimes.
   - To limit ward based activity, both clinical and nonclinical, e.g. medical staff ward rounds, diagnostic investigations, patient ward moves.
   - To support ward based teams in the delivery of food at mealtimes.
   - To protect the mealtime period for a minimum period of 1 hour –to include 15mins preparation time to allow focus on provision of high quality meal service to patients.

5. **DUTIES/RESPONSIBILITIES**

5.1 Ward Manager/Sister/Charge Nurse
   - To take full responsibility for the implementation of the Protected Mealtimes Policy.
   - To nominate a Nutrition Link Nurse and a Nutrition Link Health Care Assistant.
   - To educate all staff, patients and visitors on the importance of nutrition at mealtimes as part of care and treatment for patients.
   - To ensure ward teams organise their staffing and negotiate their own mealtimes to maximise the number of staff available to serve meals and assist patients with food.
   - To stop non-emergency or inappropriate ward based activities (where clinically appropriate) and facilitate appropriate activities during mealtimes to enable the nursing staff and food service staff to work together in providing a pleasant ward environment and support to patients at mealtimes.
   - To challenge interruptions such as ward rounds, drug rounds and therapy which should only occur during protected mealtimes if clinically essential and no other time is available.
   - To support specialist staff (SLT) and or family members in the provision of assistance with eating and drinking as appropriate.

5.2 Nursing and Support Staff
   - To make food a priority during mealtimes, providing assistance and encouraging patients to eat, be aware of how much is eaten and, where appropriate, complete food intake charts accurately.
   - To, where appropriate, offer the patient the opportunity to use the toilet prior to mealtimes.
   - To give all patients the opportunity to cleanse their hands before the meal is served.
   - To make sure patients who are able are sat out of bed.
   - To ensure patients are comfortable and are in an appropriate position.
   - To ensure all tables are cleaned and suitably prepared prior to the service of food and beverages; removing all non-essential items and adding appropriate cutlery, crockery and condiments.
   - To take the meal orders from patients and hand over to the catering staff.
   - To ensure food is placed within a comfortable reach and assistance given with packaging if needed.
   - To identify patients requiring assistance with their meals prior to the service of meals. Ensuring that these patients are provided with a red tray and are given and assisted to eat their meals at the end of the meal service.
   - To ensure those patients with identified dietary and fluid modifications (i.e. swallowing disorders, diabetes etc.) have suitable diet and fluids provided.
   - Ensure specialist guidance is adhered to regarding diet and fluid provision (SLT pink sheet).
5.3 Mealtime volunteers
- To make themselves known to the nurse in charge when they volunteer on the ward.
- To provide and assist all patients with the opportunity to cleanse their hands before the meal is served.
- To assist with giving out the meals and feeding patients according to their level of training.
- To inform the nursing staff of the amount the patient has eaten to enable Nursing staff to complete food intake charts.

5.3 Catering services staff
- To liaise with nurse in charge at start of meal service.
- To ensure special diets which have been ordered are provided.

5.4 Associate directors / Clinical Nurse Leaders
- To work with the Hotel Services Managers to ensure support services, i.e. cleaning, portering and catering are available to meet the needs of the patients.
- To support the Ward Sister/Charge Nurse, CPE and Nutrition Link Nurse to develop staff awareness via training and communication of the Essence of Care Food and Nutrition Benchmark.
- To advise and educate medical staff and other health care professionals to avoid consultations between 12:15 and 13:15 hours.

5.5 Medical Directors, Consultants and Medical Teams.
- To ensure all medical staff are aware of the Protected Mealtimes Policy.
- To comply with the Protected Mealtimes Policy within their areas of responsibility e.g. no clinical ward rounds or diagnostic interventions to occur during the meal service unless in an emergency situation.

5.6 Specialist Nurse Nutrition Support
- To support Heads of Nursing/Matrons and Ward Sisters in implementing the Protected Mealtimes Policy.
- To monitor implementation of the Protected Mealtimes Policy via clinical audit and review.
- To provide education and training for nursing staff and other members of the multidisciplinary team in nutrition support and the importance of protected meal times.

5.7 Dietetic staff
- To support implementation of the policy.
- To promote awareness, compliance, education and training in conjunction with the specialist nurse nutrition support.

5.8 Family and Carers
If family and carers wish to assist with meal times for their relatives they should be encouraged to do so. This may require consultation and education with Nursing and therapy staff (SLT and dietitian) when a swallowing disorder has been diagnosed or a specialist guideline is required e.g. food and fluid modification or fluid restriction.

6.0 IMPLEMENTATION
This policy will be managed by the Nutrition Steering Group and cascaded onto the relevant areas by the Nutrition Support Nurse, Matrons and Ward Sisters. It will be available on the Trust Intranet.
7.0 MONITORING OF COMPLIANCE
Practice will be monitored by the Nutrition Support Nurse and within individual wards by the Matrons and Ward Managers to ensure this policy is effectively implemented. Compliance with the policy will be audited yearly using the Essence of Care Food and Nutrition Benchmark.

8.0 REVIEW
The Nutrition Steering Group will be responsible for the review of this policy at two yearly intervals or sooner if required.

9.0 REFERENCES
BAPEN (1999) *Hospital food as treatment.* British Association for Parenteral and Enteral Nutrition.


Equality Impact Assessment Summary

Name: Nina Cron

Policy/Service: Policy for Protected Mealtimes

**Background**
- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment
- The aim of the policy is to provide a framework for best practice at mealtimes thereby improving the meal experience for patients.
- The policy will provide a process whereby the importance of mealtimes is emphasised
- The equality and impact assessment was carried out by Nina Cron, Nutrition Support Nurse

**Methodology**
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)
- The protected mealtime initiative has the support of BAPEN, BDA, RCP and DoH to enable all patients to receive the nutrition needed to aid in their recovery.
- The Nutrition Steering Group and the Nursing and Midwifery committee have been consulted and the Catering department involved in giving feedback regarding the delivery of meals on the ward.

**Key Findings**
- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups
- The policy does not involve any adverse or potentially adverse impacts for any identified group of patients.

**Conclusion**
- Provide a summary of the overall conclusions
- The policy does not identify any adverse of potentially adverse impacts for any group of patients.

**Recommendations**
- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment
- None
## Guidance on Equalities Groups

<table>
<thead>
<tr>
<th><strong>Race and Ethnic origin</strong> (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</th>
<th><strong>Religion or belief</strong> (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</th>
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<tr>
<td><strong>Disability</strong> (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
<td><strong>Sexual orientation including lesbian, gay and bisexual people</strong> (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
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<td><strong>Gender</strong> (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
<td><strong>Age</strong> (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</td>
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<td><strong>Culture</strong> (consider dietary requirements, family relationships and individual care needs)</td>
<td><strong>Social class</strong> (consider ability to access services and information, for example, is information provided in plain English?)</td>
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PROFORMA FOR RATIFICATION OF POLICIES PROCEDURES and GUIDELINES BY RATIFYING COMMITTEE

- Please complete this form electronically
- Include contact telephone numbers
- The boxes will expand as required

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<tr>
<th>Policy/Guidelines Name:</th>
<th>Policy for Protected Mealtimes</th>
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<tbody>
<tr>
<td>Name of Person completing form:</td>
<td>Nina Cron 3649 bl8880</td>
</tr>
<tr>
<td>Date:</td>
<td>6/2/14</td>
</tr>
<tr>
<td>Author(s) (Principle contact)</td>
<td>Nina Cron</td>
</tr>
<tr>
<td>Name of author or sponsor to attend</td>
<td></td>
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<td>ratifying committee when policy/guideline</td>
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<td>is discussed</td>
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<td>Date of final draft</td>
<td>6/2/14</td>
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<td>Has this policy/guideline been</td>
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<td>thoroughly proof-read to check for</td>
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<td>errors in spelling, typing, grammar</td>
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<td>and consistency? (delete as necessary)</td>
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<td>By whom:</td>
<td>Nutrition Steering Group/Adult Nursing POC Group</td>
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<tr>
<td>Is this a new or revised policy/guideline? (delete as necessary)</td>
<td>Revised</td>
</tr>
<tr>
<td>Describe the development process used to generate this policy/guideline.</td>
<td>Policy Revised by Ashford and St Peter’s Nutrition Steering Group individually who last met on 15/1/14</td>
</tr>
<tr>
<td>Who was involved, which groups met, how often etc.?</td>
<td></td>
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<tr>
<td>Who is the policy/guideline primarily for?</td>
<td>For all staff and volunteers on wards at meal times</td>
</tr>
<tr>
<td>Is this policy/guideline relevant across the Trust or in limited areas?</td>
<td>Relevant across the Trust</td>
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<tr>
<td>How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?</td>
<td>Disseminated via Trust intranet and cascaded via Heads of Nursing, Matron, Ward Managers and Nutrition Support Nurse.</td>
</tr>
<tr>
<td>Describe the process by which adherence to this policy/guideline will be monitored. (This needs to be explicit and documented for example audit, survey, questionnaire)</td>
<td>Audited via Ward Quality indicators for MUST scoring and annual audit</td>
</tr>
<tr>
<td>Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline?</td>
<td>This policy is based on Guidance and recommendations found in:</td>
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<tr>
<td></td>
<td>• DoH 2003 Essence of care, Patient-focused benchmarks for clinical governance</td>
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<tr>
<td></td>
<td>• NICE 2006. Nutrition Support in adults; oral, enteral and parenteral nutrition</td>
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<td>Has the policy been checked against minimum requirements for NHS LA Standards (if applicable)</td>
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<td>Question</td>
<td>Answer</td>
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<td>What (other) information sources have been used to produce this policy/guideline?</td>
<td>See references</td>
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<td>Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?</td>
<td>• Yes</td>
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<td>Other than the authors, which other groups or individuals have been given a draft for comment? (e.g. staff, unions, human resources, finance dept., external stakeholders and service users)</td>
<td>• Nutrition Steering Group</td>
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<td>Which groups or individuals submitted written or verbal comments on earlier drafts?</td>
<td>Nutrition steering group members</td>
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<tr>
<td>Who considered those comments and to what extent have they been incorporated into the final draft?</td>
<td>Nina Cron.</td>
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<td>Have financial implications been considered?</td>
<td>Yes</td>
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<td>Proposed review date</td>
<td>Jan 2016</td>
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