

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Policy On Protected Mealtimes

Effective from: 30 August 2011

Review date: 30 August 2014

1. Introduction

- 1.1 The purpose of a Protected Mealtimes Policy is to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating, and supporting good patient nutrition, assisting staff to provide patients/clients with support and assistance with meals, placing food first at mealtimes. The therapeutic role of food within the healing process cannot be overestimated.
- 1.2 This Protected Mealtimes Policy will ensure that the patient is at the centre of the mealtime experience.

2. Background

Patients are 'at risk' of malnutrition on admission to Hospital and during their Hospital stay. Often 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 to aid recovery.

3. The Policy of the Newcastle upon Tyne Hospitals NHS Foundation Trust

- 3.1 Against this background, the Newcastle upon Tyne Hospitals NHS Foundation Trust recognises the importance of protected mealtimes in the provision of healthcare for patients in its Hospitals.
- 3.2 The aims of this Policy are:
 - To improve the 'meal experience' for patients by allowing them to eat meals without disruption.
 - To improve the nutritional care of patients by supporting the consumption of food and fluid.
 - To support ward based teams in the delivery of food at mealtimes, ensuring that all available ward staff to assist with meals.
 - It is recognised that through the implementation of this Policy, the routines of some professional staff may have to be adjusted eg:
 - timings of ward rounds.
 - assessment and care delivery.
 - Staff meal breaks

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 of the patient is not compromised.

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

- 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 nutritional care of patients).
- Routine X-rays (does not include Ultrasound or CT scans or Angiography, MRI, other interventional radiology).
- Presence of visitors (unless helping with feeding).
- Routine cleaning of patient's bays, cubicles or dayroom when meals are being served or consumed.

3.5 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 to wash hands prior to mealtime.
- Correct positioning of patient table to assist eating.
- Clear identification of patients who require assistance.
- Provision of food as selected by patients.
- Provision of assistance including removing packaging or with feeding as required.
- Meals are served whilst warm and within appropriate time span from regeneration or delivery to ward.
- Patients are left clean and comfortable following mealtimes.
- Drinks are available within reach.
- When required as part of plan of care food and fluid intake is accurately documented.

3.6 Each Senior Sister/Charge Nurse is responsible for ensuring that this Policy is implemented locally. It is also the responsibility of all disciplines and groups of staff to ensure that this Policy is adhered to. In conjunction with this each Ward will display their Mealtime Policy commitment. (Appendix 1.)

3.7 It is the responsibility of the nurse in charge of a shift to supervise mealtimes and ensure nutritional needs are met.

4. Monitoring

Senior Sisters/Charges Nurses are responsible for monitoring implementation of the Protected Mealtimes Policy. A Protected Mealtimes Audit will be completed on a quarterly basis by Senior Sisters/Charges Nurses; these will be reviewed by Matrons and reported within Directorate Sisters meetings.

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

5. Communication of the Policy

- 5.1 This Policy will be monitored through the Strategic Action Plan of the Nutritional Steering Committee. This Group is accountable to the Trust Board via, the Nursing and Patient Services Director.
- 5.2 This Policy will be communicated to staff through a variety of means including Preceptorship training, Study events, Nutritional resource files and Trust nursing communication forums eg; Matrons, Sisters, Charge Nurse.
- 5.3 This Policy will be communicated to patients and visitors via patient and relatives information leaflets (Appendix 2) and via direct communication at Ward/Unit level.

References:

- (1) Food, Fluid and Nutritional Care in Hospitals, Clinical Standards, Quality Improvement Scotland, September 2003.
- (2) Protected Mealtimes Policy, Royal College of Nursing/Hospital Caterers Association 2004.
- (3) Nutritional Support in Adults, National Institute of Clinical Excellence. DOH 2006.
- (4) High Impact Actions for Nursing and Midwifery, NHS Institute for Innovation and Improvement. DOH 2009

Related Policy: The Newcastle upon Tyne Hospitals NHS Foundation Trust
Nutritional Policy

Policy Author: Heads of Nursing, Nursing and Patient Services Director with
involvement of Nutrition High Impact Action Group.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

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

Policy Title:	POLICY ON PROTECTED MEALTIMES	Policy Author:	FRANCES BLACKBURN
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.		
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>		
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: FRANCES BLACKBURN, HEAD OF NURSING FREEMAN & WALKERGATE HOSPITALS
 Date: 23 NOVEMBER 2010

Names & Designations of those involved in the impact assessment screening process: Frances Blackburn, Julie Waite, Matron MSU Services

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