The Newcastle upon Tyne Hospitals NHS Foundation Trust

Protected Mealtimes Policy

<table>
<thead>
<tr>
<th>Version No</th>
<th>2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From</td>
<td>17th September 2014</td>
</tr>
<tr>
<td>Expiry date</td>
<td>17th September 2017</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>9th September 2014</td>
</tr>
<tr>
<td>Ratified By</td>
<td>Nutritional Care Steering Group</td>
</tr>
</tbody>
</table>

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 factor in 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 Mealtimes’ 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’ ensures that the patient is put at the centre of mealtimes and promotes a positive patient experience.

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.

3 Aims

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 at mealtimes.
- To support ward based teams in the delivery of food at mealtimes, ensuring that all available ward 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 of the patient is not compromised.

4 Duties (Roles and responsibilities)

The Nutrition Steering Committee is accountable to the Trust Board and responsible for ensuring that the protected mealtimes 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 mealtimes 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 if 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 taken outside 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 nutritional 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 to wash hands prior to mealtime.
- Correct positioning of patient table to assist eating.
- Clear identification of patients who require assistance with eating or drinking by using assistance signage (red triangles) as appropriate.
- Provision of food and drinks as selected by patients.
- If providing support ask ‘what is the best way to help you with your breakfast dinner, etc.?’
- 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 left clean and comfortable 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; postnatal 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, Enhanced Induction, Nutrition Link Nurse Group and nutritional resource files. Training will raise awareness of supporting the needs of people with protected characteristics; for example disabled people; meeting cultural and religious needs, as well as via Trust nursing communication forums, e.g. Matrons, Clinical Leaders Forum.

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 Committee via Head of Nursing.

Wards/Units should develop specific action plans with close liaison with Matrons regarding any criteria that cannot be fully met.
<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matrons mealtimes audit: protected mealtimes included</td>
<td>Observation of compliance with protected mealtimes &amp; assistance given as appropriate. All adult &amp; paediatric in-patient ward areas of the Trust audited.</td>
</tr>
<tr>
<td>Feedback from the ‘Patient-led assessment of the care environment’ (PLACE)</td>
<td>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</td>
</tr>
</tbody>
</table>

10 Consultation and review

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.

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:

- Food, Fluid and Nutritional Care in Hospitals, Clinical Standards, Quality Improvement Scotland, September 2003.
- 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
- Protected Mealtimes Policy, Royal College of Nursing/Hospital Caterers Association 2004.

13 Associated documentation

None
WARD

DIRECTORATE

Protected Meal Time Policy

The Newcastle Upon Tyne Hospitals NHS Foundation Trust recognise the importance of excellent nutrition as a vital part of patient treatment. Meal times with a calm atmosphere where the main focus is on serving appetising meals and providing patients with uninterrupted time to eat and enjoy a vital part of their treatment – their food - is an essential part of care.

We ask all our staff to support the protection of mealtime for the benefit of patient care.

Helen Lamont                      Mr Andy Welch
Nursing and Patient Services Director    Medical Director

Meal Times on This Ward are:

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
</table>

Our Mealtime Commitments are:

Examples: (to be reviewed and agreed locally)

- All available staff will assist with mealtimes
- Routine investigations will not be undertaken during mealtimes
- Mealtimes will be supervised by an experienced qualified nurse
- Interdepartmental transfers and discharges will not be undertaken during mealtimes
- Patientline switched off
- Patients encouraged to eat in communal setting

Our only exemptions are:

Examples; (to be reviewed and agreed locally)

- None
- Very few limited and with permission of nurse and consultant of patient and arrangements to re-provide meal

Sister                      Consultant

Proud of Nursing and Midwifery in Newcastle
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:** 15\(^{th}\) August 2014

2. **Name of policy / strategy / service:**
   - Policy on Protected Mealtimes

3. **Name and designation of Author:**
   - Jo Ledger and Frances Blackburn

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Jo Ledger (Clinical Specialist Nurse Adult Nutrition) & Lucy Hall (Equality and Diversity Lead)

5. **Is this a:**
   - Policy: x
   - Strategy: □
   - Service: □

**Is this:**
   - New: □
   - Revised: x

**Who is affected:**
   - Employees: x
   - Service Users: x
   - 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)**

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

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>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)</th>
<th>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)</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>The Trust provides food that meets cultural needs. Pictorial menus available for people with limited English Interpreting service available for discussion of nutrition Home prepared food can be brought into the ward.</td>
<td>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 policy.</td>
<td>Opportunities to raise awareness of nutrition and ethnicity within the Health Care Academy training, nutrition link nurse group and enhanced induction – Jo ledger Jan 2015</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Not applicable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>The Trust provides food that meets religious needs. Pictorial menus available for people with limited English Interpreting service available for</td>
<td>It is important that staff do not rely on their general knowledge about a particular religion but ask questions or seek advice so that they can understand more about</td>
<td>Opportunities to raise awareness of nutrition and religion and belief within the Health Care Academy training and enhanced induction – Jo ledger Jan 2015</td>
</tr>
<tr>
<td><strong>Sexual orientation including lesbian, gay and bisexual people</strong></td>
<td>Not applicable</td>
<td>No</td>
<td>No</td>
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<tr>
<td><strong>Age</strong></td>
<td>Reasonable adjustments have been made in relation to dementia for example colour contrast crockery; dementia friendly menu. Focused work to improve nutrition for people with dementia Access to dietician to ask for smaller portions Children and Young person’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.</td>
<td>Evidence about food and dementia; the policy is designed to improve nutrition for older people including those with dementia. Incorporate positive aspects of parent/ carer involvement Jo Ledger</td>
<td>Opportunities to raise awareness of nutrition and age within the Health Care Academy training and enhanced induction – Jo ledger-Jan 2015</td>
</tr>
<tr>
<td><strong>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</strong></td>
<td>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 document intake. Interpreting support Pictorial menus and large print patient information available for people with limited vision</td>
<td>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 Jo Ledger. Disabled people say it is often lack of knowledge and people’s attitudes and behaviours that disadvantage a disabled person. Opportunities to raise awareness of nutrition and disability within the Health Care Academy training and enhanced induction – Jo ledger-Jan 2015</td>
<td>Opportunities to raise awareness of nutrition and disability within the Health Care Academy training and enhanced induction – Jo ledger-Jan 2015</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Not applicable</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Marriage and Civil Partnership</td>
<td>Not applicable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Flexible approach to providing meals</td>
<td>Post natal and breast feeding mothers may need flexibility with meal times. Add to policy- Jo ledger</td>
<td>Opportunities to raise awareness of nutrition; maternity and pregnancy within the Health Care Academy training and enhanced induction – Jo ledger- Jan 2015</td>
</tr>
</tbody>
</table>

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
Jo Ledger and Frances Blackburn

Date of completion
15th August 2014

(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.)