NHS
Leicestershire Partnership
NHS Trust

Protected Mealtimes Policy - for inpatients use

To provide assurance that inpatients are given protected time to eat and drink at mealtimes

Key Words:	meals for inpatients		
Version:	3		
Adopted by:	Quality Assurance Committee		
Date Adopted:	19 June 2018		
Name of Author:	Leicestershire Nutrition and Dietetic Service and LPT Nutrition Steering Group		
Name of responsible Committee:	Patient Safety Group		
Date issued for publication:	June 2018		
Review date:	December 2019		
Expiry date:	1 Dec 2020		
Target audience:	All health care professionals working within LPT hospital environments		
Type of Policy	Clinical √		Non Clinical
Which Relevant CQC Fundamental Standards?		Food and Drink	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
3	May 2018	Updated with changes to 6.1, 6.6, 7.1
2	October 2014	Additional word added to 6.1 and 7.1
1	2010	Harmonised version of Leicestershire County and Rutland Trust and LPT protected mealtimes policy

For further information contact:
Clinical Dietetic Manager – Primary Care

Tel 0116 2227144
Equality Statement
Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 5 of this document

Definitions that apply to this Policy

Hydration	Applies to any fluid consumed. Foods that have a high fluid content e.g. soup, jelly, ice cream will support good hydration
Malnutrition	A state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes a measurable adverse effects on body composition, function or clinical outcome
Mealtime	Refers to breakfast, mid-day or evening meal. The timing of these may vary and patients can have meals at their bedside, in dining/day room, walking around, while off-site if attending a clinical appointment
Nutritional Assessment	A more thorough analysis of a patients nutritional intake and requirements carried out by a dietitian
Nutritional Screening	Agreed tool that will quickly identify a patient's nutritional risk. This can be completed by any health care professional with appropriate training
Nutritional support	Active measure put in place to help improve nutritional intake. This could be oral or enteral or parental
Oral nutrition	Food taken orally and includes fortified food, additional snacks and oral nutritional supplements
Red Tray System	A coloured tray used to highlight patients that are at nutritional risk. The term can be used more widely than just for a tray – it may be a red beaker, red jug and the term can be used by HCPs to indicate the patient is at nutritional risk e.g. they may talk about red tray patients at mealtimes

1.0. Purpose of the Policy

The aim of this policy is to ensure a system is in place for assurance that inpatients in Leicestershire Partnership Trust are given protected time to eat and drink at mealtimes throughout the day.

2.0. Summary and Key Points

The policy explains how protecting mealtimes from unnecessary interruptions, providing an environment conducive to eating, assisting staff to provide patients/clients with support and assistance with meals is essential to good patient care and experience. The policy also provides a system to monitor if protected mealtimes are achieved.

3.0 Introduction

The trust recognises its responsibility to provide protected mealtimes for all patients and clients across all inpatient areas. As part of trust initiatives to improve the patient experience, quality and meet national policy/guidelines the Protected Mealtimes Policy supports good care around nutrition and hydration. This policy should be read alongside the Adult Nutrition and Hydration Policy for Hospital Use (2018).

By achieving the care outlined in the policy it will allow the trust to meet the requirements of:
- Department of Health – The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals (2014)
- Department of Health Essence of Care – Benchmarks for Food and Drink (2010)
- Care Quality Commission – Fundamental care standards –food and drink

4.0. Flowchart / process chart

 See appendix 1 for safety cross. It use is explained in section 8.1.

5.0. The importance of protected mealtimes

Mealtimes are not only a vehicle to provide patients/clients with adequate nutrition and hydration but also provide an opportunity to support social interaction amongst patients/clients. The therapeutic role of food and drink within the healing process and for patient well-being cannot be underestimated. However food, even of the highest quality, is only of value it the patient/client actually eats it!

5.2   A protected mealtime policy provides a framework for mealtimes which places the patient/client at the heart of the mealtime experience. It supports staff to plan their clinical work as they are aware when clinical procedures cannot take place.

5.3   It is nationally recognised that up to 40% of adults show signs of malnutrition on admission to hospital and often their stay can increase their nutritional risk. Certain patient groups, such as the elderly and those with dementia, have particular dietary and eating and drinking requirements that need to be met to prevent malnutrition and

aid recovery. A greater understanding of the importance of the patient mealtime experience to meet hydration and nutritional requirements needs to increase within the wider healthcare team.

5.4   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 re-emphasised and ward based staff given the opportunity to focus on the nutrition and hydration requirements of patients at mealtimes

5.5   It is recognised in different clinical areas across the trust there are different approaches to mealtimes. Where possible, patients are encouraged to eat together in dining/day rooms to support social interaction, wellbeing, rehabilitation and improve the patient experience

6.0   Preparing for protected mealtimes

6.1   The presence of family and close friends can help the eating experience of the patient. The patient/client and their relatives should be made aware of the mealtime policy as soon after admission as it practicable. Inclusion of mealtime information in patient information booklets is essential. It is helpful to display posters on the ward which give information on the times protected mealtimes operate. The ward may occasionally consider closing to visitors during mealtimes e.g. due to infection control reasons. This will be a local decision and will be reviewed regularly.

6.2   In order to maximise the benefits to patients from the mealtime experience clinical staff are required to prepare themselves, the environment and their patients/clients prior to the service of food. Eating areas should be clean, uncluttered and any clinical items not conducive to mealtimes should be removed. It is acknowledged in a number of clinical settings across the trust patients/clients manage their own mealtime preparations.

6.3   Protected mealtimes are periods when all ward based activities stop (where clinically appropriate) to enable nurses, ward based teams, catering staff and volunteers to serve food and drink and give assistance and support to patients. Ward based activities include ward rounds, patient admissions, patient transfers and cleaning.

6.4   Ward based teams will organise their own mealtimes to maximise the number of staff available to deliver meals and assist patients/clients with support they need at mealtimes.

6.5   Where appropriate, ward based teams will provide patients/clients with assistance to use the toilet prior to the service of food

6.6   Prior to the service of food all patients/clients will be given the opportunity to wash their hands/have access to hand wipes, with assistance provided if appropriate, and mouth care should be considered

6.7   Patients/clients will be made comfortable prior to the service of meals, with food served within a comfortable reach and in an appropriate eating position

6.8   Patients requiring assistance with eating and drinking to be identified prior to the service of meals so nursing staff can ensure observation of safe eating and drinking principles

6.9   Consideration will be given to the cultural and religious beliefs of patients/clients and the impact this has on eating and drinking

7.0   Role of ward staff during protected mealtimes

7.1   A positive staff attitude and flexible approach is essential to support protected mealtimes. Staff will ensure that patients/clients will be able to eat their food in a relaxed environment, at their own pace and have time to rest and relax afterwards. Adequate time needs to be given to eat the meal as many patients can be slow eaters. It is good practice in community hospitals for pudding to be given out after the main course has been finished to improve the quality of the patient/clients mealtime experience. This is not appropriate in other areas of the trust.

7.2   The ward team will make food a priority at mealtimes, providing assistance and encouraging patients to eat and drink, and be aware of how much is consumed and document on the food and drink record chart (if appropriate). Patients may be identified who are at nutritional risk and then the trust 'Procedure for Monitoring Food and Fluid intake for Adult Inpatients' should   be   followed   see http://www.leicspart.nhs.uk/Library/ProcedureforMonitoringFoodandFluidIntaket heRedTraySystemwithinAdultInpatientsexpAug19.pdf

7.3   Observation of safe eating and drinking principles by ward staff will identify any problems which may need onward referral to members of the multi-disciplinary team

8.0   Monitoring, Compliance and effectiveness of protected mealtimes

8.1   Local systems must be agreed for monitoring the Protected Mealtimes policy. The 'Safety Cross' method (see Appendix 1) that is used in the 'Releasing Time to Care' modules is a simple and effective way to monitor how well protected mealtimes are effectively implemented. The 'Safety Cross' should be displayed in an agreed prominent place on the ward and a member of staff will observe meals each day and RAG rate the day (identify if red, amber or green) and colour in appropriately on the cross. It is felt that lunchtime is the most appropriate time to monitor protected meals as this is the time that the ward is most busy. Decisions though need to be locally made.

8.2   If there are concerns about achievement of protected mealtimes these should be identified and an action plan put in place to improve by the ward staff and incident reported.

8.3   Multidisciplinary food groups should have 'protected mealtimes' as an agenda item and discuss good practice and concerns and evaluate the effectiveness of protected mealtimes. Any local issues that cannot be resolved at food groups should be raised with the appropriate Directorate groups or the trust's Nutrition Steering Group

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
8.1	6 months /year	Ward protected mealtimes safety cross	Wared manager	Local/ directorate food group	quarterly
8.3	Twice/year	Agenda item and meeting notes	Agenda item and meeting notes	Nutrition steering group	Twice /year

9.0 Duties within the Organisation

9.1   The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively and nutrition and hydration is addressed and managed effectively across the organisation.

9.2   Trust Board Sub-committees have the responsibility for ratifying policies and protocols and supporting good practice in nutrition and hydration and alerting the trust board when concerns cannot be managed.

9.3   Divisional Directors and Heads of Service are responsible for delivering the nutrition and hydration agenda in the work areas they have responsibility for.

9.4   Managers and Team leaders are responsible for supporting and implementing the policy at ward level.

9.5 Responsibility of Staff - Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must

ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

10.0 Training needs

There is no training requirement identified within this policy.

E-learning is available on u-learn on nutrition and hydration and it is recommended all clinical staff should complete every 3 years as part of role specific training. In completing this training staff will have an awareness of protected mealtimes and why it is important.

11.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Fundamental Standards	Meeting nutritional and hydration needs
NICE Clinical Guidance 32	Nutrition Support in Adults
The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals	1.THE 10 KEY CHARACTERISTICS OF GOOD NUTRITIONAL CARE FROM THE NUTRITION ALLIANCE 2. NUTRITION AND HYDRATION DIGEST (THE BRITISH DIETETIC ASSOCIATION) 3. MALNUTRITION UNIVERSAL SCREENING TOOL (MUST) OR EQUIVALENT VALIDATED NUTRITION SCREENING TOOL (NST) 4. GOVERNMENT BUYING STANDARDS (GBS) FOR FOOD AND CATERING SERVICES FROM DEFRA 5. FOR STAFF AND VISITORS CATERING HEALTHIER AND MORE SUSTAINABLE CATERING - NUTRITION PRINCIPLES

12.0 References and Bibliography

This policy was drafted with reference to the following:

- Age UK (2010) Still hungry to be heard campaign

- British Association of Parenteral and Enteral Nutrition – various on line documents see http://www.bapen.org.uk/resources-and-education/publications-and-reports

- British Dietetic Association (2017) The Nutrition and Hydration Digest: improving outcomes through food and beverage services

- Care Quality Commission Regulations (2014) Regulation 14: Meeting nutritional and hydration needs

- Council of Europe Resolution Food and Nutritional Care in hospitals (2007) 10 key characteristics of good nutritional care in hospital

- Department of Health (2007) Improving Nutritional Care

- Department of Health (2010) Essence of Care – Benchmarks for food and drink

- Department of Health (2014) The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals

- Hospital Caterers Association (2010) Better Hospital Food

- Leicestershire Partnership Trust (2015) Nutrition and hydration policy for hospital inpatient use (being updated and new version available in e-source)

-Leicestershire Partnership Trust (2017) Procedure for monitoring food and fluid intake (Red tray system)

-NHS Institute for Innovation and Improvement (2010) High Impact Actions for Nursing and Midwifery – Keeping Nourished, getting better

-NICE (2006) Clinical Guideline 32 – Nutrition support in adults

-Royal College of Nursing (2007) Hospital hydration best practice toolkit

Appendix 1

Tool to Monitor Protected Mealtimes

NHS
Institute for Innovation and Improvement

MONTH ……………………

ALL WENT WELL - No interruptions. All staff to support patients to enjoy a calm and unhurried meal

NECESSARY INTERUPTIONS - recorded as being clinically appropriate

NOT APPROPRIATE INTERRUPTIONS – deliberate interventions that should be delayed

Adapted from

Releasing Time to Care
The Productive Mental Health Ward

		1	2		
		3	4		
		5	6		
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
		25	26		
		27	28		
		29 30 31			

The 'Safety Cross' should be displayed in an agreed prominent place on the ward and a member of staff will observe meals each day and RAG rate the day (identify if red, amber or green and colour in appropriately on the cross

APPENDIX 2   **PRIVACY IMPACT ASSESSMENT SCREENING**

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment. **The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.**	

Name of Document:	**Protected Mealtimes Policy - for inpatients use**		
Completed by:	**Alison.Scott@lnds.nhs.uk**		
Job title	**Clinical Dietetic Manager – primary care**	**Date**	**12-3-18**
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			**no**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			**no**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			**no**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			**no**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			**no**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			**no**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			**no**
8. Will the process require you to contact individuals in ways which they may find intrusive?			**no**
If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 **Lpt-dataprivacy@leicspart.secure.nhs.uk** **In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.**			
IG Manager approval name:			
Date of approval			

Appendix 3

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	x ☐
Respond to different needs of different sectors of the population	x ☐
Work continuously to improve quality services and to minimise errors	x ☐
Support and value its staff	x ☐
Work together with others to ensure a seamless service for patients	x ☐
Help keep people healthy and work to reduce health inequalities	x ☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	x ☐

Stakeholders and Consultation   **Appendix 4**

Key individuals involved in developing the document

Name	Designation
Alison Scott	Clinical Dietetic Manager – primary care

Circulated to the following individuals for comment

Name	Designation
Nutrition Steering group	For onward dissemination to members of different professional groups
Hospital Dietitians Group	Cover all inpatient areas in trust

Due Regard Screening Template   **Appendix 5**

Section 1	
Name of activity/proposal	Protected Mealtimes Policy for inpatients use
Date Screening commenced	1 February 2018
Directorate / Service carrying out the assessment	Nutrition and Dietetic Service
Name and role of person undertaking this Due Regard (Equality Analysis)	Alison Scott
Give an overview of the aims, objectives and purpose of the proposal:	

AIMS:

To provide assurance that inpatients are given protected time to eat and drink at mealtimes

OBJECTIVES:
1. To ensure that staff are clear on the purpose and procedure to follow to implement protected mealtimes
2. To provide a tool that can assist staff with deciding if protected mealtimes are implemented

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	Positive – no one discriminated against and covers all inpatients areas
Disability	Positive – no one discriminated against and covers all inpatients areas
Gender reassignment	Positive – no one discriminated against and covers all inpatients areas
Marriage & Civil Partnership	Positive – no one discriminated against and covers all inpatients areas
Pregnancy & Maternity	Positive – no one discriminated against and covers all inpatients areas
Race	Positive – no one discriminated against and covers all inpatients areas
Religion and Belief	Positive – no one discriminated against and covers all inpatients areas
Sex	Positive – no one discriminated against and covers all inpatients areas
Sexual Orientation	Positive – no one discriminated against and covers all inpatients areas
Other equality groups?	

Section 3
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	**X**

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This is good practice and protected mealtimes have been in place for many years. There are no new developments, equipment or raining needed.			
Signed by reviewer/assessor	Alison Scott	**Date**	1 February 2018
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	