

# Protected Mealtimes Policy - for inpatients use

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

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## 1.0 Quick Look Summary

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.

The concept of Protected Mealtimes refers to pausing routine ward activities to allow patients a quiet time to enjoy their meal. It is not to be used to exclude visitors to any patients unable to feed themselves where the visitor wishes to support and encourage the patient with their meal, supplement, snacks or fluids

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.

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.

**PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY**

### 1.1 Version Control and Summary of Changes

Version number	Date	Comments
1	2010	Harmonised version of Leicestershire County and Rutland Trust and LPT protected mealtimes policy
2	October 2014	Additional word added to 6.1 and 7.1
3	May 2018	Updated with changes to 6.1, 6.6, 7.1
4	July 2020	Updated with changes to 3.0, 5.5, 7.2, 8.1, 8.3
5	August 2023	Reviewed due to expiry date and changed to new policy template

### 1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Dr Anne Scott	Executive Director for Nursing, AHP and Quality
Jane Martin	Assistant Director Nursing and Quality
Nutrition and Hydration Steering group	
Core policy reviewer group	
Heads and Deputy Heads of Nursing	

### 1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Nutrition and Hydration Steering group	Quality Forum

### 1.4 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.

### 1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

## 1.5 Definitions that apply to this Policy

<b>Hydration</b>	Applies to any fluid consumed. Foods that have a high fluid content e.g. soup, jelly, ice cream will support good hydration
<b>Malnutrition</b>	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
<b>Mealtime</b>	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
<b>Nutritional Assessment</b>	A more thorough analysis of a patients nutritional intake and requirements carried out by a dietitian
<b>Nutritional Screening</b>	Agreed tool that will quickly identify a patient's nutritional risk. This can be completed by any health care professional with appropriate training
<b>Nutritional support</b>	Active measure put in place to help improve nutritional intake. This could be oral or enteral or parental
<b>Oral nutrition</b>	Food taken orally and includes fortified food, additional snacks and oral nutritional supplements
<b>Red Tray System</b>	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

## 2.0. Purpose and Introduction

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.

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.

The concept of Protected Mealtimes is supported by many organisations including the British Dietetic Association; The Patient's Association; The Royal College of Nursing; The Royal College of Physicians and the Hospital Caterer's Association.

Adherence to Protected Mealtimes is also assessed as part of the Food Assessment part of the PLACE Programme, in particular reference to whether it was clear that all unnecessary activity was ceased during the meal time

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 – regulation 14: meeting nutritional and hydration needs
- National standards for healthcare food and drink, NHSE (2022)
- NHS Plan (2000)

### **3.0 Policy requirements**

#### **3.1 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.

The concept of Protected Mealtimes refers to pausing routine ward activities to allow patients a quiet time to enjoy their meal. It is not to be used to exclude visitors to any patients unable to feed themselves where the visitor wishes to support and encourage the patient with their meal, supplement, snacks or fluids.

#### **3.2. 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.

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.

The key principles of protected mealtimes are:

- Making sure the patient is positioned in a way which is both comfortable and safe for them to eat their meal
- Making sure that the environment is such that it encourages patients to eat their meals
- Providing assistance and helping patients with their meal by helping them to eat or cut up food
- Observing / monitoring nutrition and fluid intake
- Discouraging anything that interferes with the meal and reduces the amount eaten

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..

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

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. It is vital infection prevention and control is considered and risk assessed.

#### **3.3 Preparing for protected mealtimes**

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. In order to manage risks around mealtimes mental health and family, young persons/learning disability inpatient wards are closed to visitors for mealtimes, however exceptional circumstances will allow a carer to be present for mealtime to help the patient eat and drink, or just to give encouragement.

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.

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.

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.

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

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

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

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

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

#### **4.0 Duties within the Organisation**

##### **Policy, Guideline or Procedure / Protocol Author**

Responsibility for ensuring the nutrition and Hydration Steering Group identify learning and best practice to inform this Policy and update accordingly

To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

### **Lead Director**

Responsible for ensuring that this policy is carried out effectively and nutrition and hydration is addressed and managed effectively across the organisation.

Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework

### **Directors, Heads of Service**

Directors and Heads of Service within directorates are responsible for delivering the nutrition and hydration agenda in the work areas they have.

### **Senior Managers, Matrons and Team Leads**

Are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times. Any deficits identified will be addressed.

### **Staff**

Each individual member of staff, substantive, temporary worker and volunteer within the Trust is responsible for complying with this policy. They need to be aware of their personal responsibilities in promoting a framework for mealtimes and place the patient at the centre of the mealtime experience. Mealtimes are not only a vehicle to provide patients with adequate nutrition but also an opportunity to support social interaction amongst patients.

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.

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.

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

### **Consent**

- 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

## 5.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
	Valuing high Standards Accreditation	Outcomes of Valuing high Standards Accreditation	Ward Sister Charge Nurse	At each accreditation
	PLACE Inspections	Outcomes of PLACE inspection	Facilities	At each PLACE inspection

## 6.0 References and Bibliography

This policy was drafted with reference to the following:

- Age UK (2010) Still hungry to be heard campaign
- 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 on Trust website)
- NHSE (2022) National standards for healthcare food and drink
- NHS Institute for Innovation and Improvement (2010) High Impact Actions for Nursing and Midwifery – Keeping Nourished, getting better
- NHS Plan 2000
- NICE (2006) Clinical Guideline 32 – Nutrition support in adults
- Royal College of Nursing (2007) Hospital hydration best practice toolkit

## **7.0 Fraud, Bribery and Corruption consideration**

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The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

## Appendix 1 Training Requirements

### Training Needs Analysis

<b>Training topic:</b>	There is no specific training requirement identified in this policy, however nutrition and hydration training provides an awareness of protected mealtimes and why it is important
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> <b>Role specific</b> <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> <b>Directorate of Mental health</b> <input type="checkbox"/> <b>Community Health Services</b> <input type="checkbox"/> Enabling Services <input type="checkbox"/> <b>Families Young People Children / Learning Disability &amp; Autism Services</b> <input type="checkbox"/> Hosted Services
Staff groups who require the training:	Staff involved in assisting and providing food and drink for patients in inpatient settings
Regularity of Update requirement:	3 yearly
Who is responsible for delivery of this training?	uLearn
Have resources been identified?	None needed – already available
Has a training plan been agreed?	
Where will completion of this training be recorded?	<input type="checkbox"/> <b>ULearn</b> <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	TED



## Appendix 2 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	<input checked="" type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

## Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Protected Mealtimes Policy for inpatients use
Date Screening commenced	August 2023
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Jane Martin Assistant director of Nursing and Quality
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:  To ensure that staff are clear on the purpose and procedure to follow to implement protected mealtimes	
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 <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click <a href="#">here</a> 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 training needed.			
Signed by reviewer/assessor		Date	01.08.23
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	01.08.23

#### Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) 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.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	Protected Mealtimes Policy - for inpatients use	
<b>Completed by:</b>	Jane Martin	
<b>Job title</b>	Assistant Director Nursing and Quality	<b>Date</b> 01.08.23
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
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 them? 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	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	<b>Hannah Plowright</b>	
<b>Date of approval</b>	<b>18/08/2023</b>	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust