

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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Policy on a page

Summary and aim

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.

Target audience

Ward managers/leaders/matrons and all staff supporting patients to eat and drink at mealtimes.

Training

Add details – what training is there for this policy?

Key requirements

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 with adequate nutrition and hydration but also provide an opportunity to support social interaction amongst patients. 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 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.

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Introduction and Purpose

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 with support and assistance with meals is essential to good patient care and experience.

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 mealtime

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 9A: Visiting and accompanying in care homes, hospitals and hospices
- Care Quality Commission – Fundamental care standards – regulation 14: meeting nutritional and hydration needs
- Leicestershire Partnership NHS Trust and Northamptonshire Healthcare Group Nutrition and Hydration Strategy 2025-2028
- National standards for healthcare food and drink, NHSE (2022)
- NHS Plan (2000)

Policy Requirements and Objectives

Details of the principles and core standards relating to the policy, and the objectives.

Leicestershire Partnership NHS Trust and Northamptonshire Healthcare Group Nutrition and Hydration Strategy 2025-2028 objectives include:

- To ensure protected mealtimes are in place and designed to make sure patients are not unnecessarily interrupted during meal service.

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- Provide an environment conducive to eating and drinking, advocating good patient nutrition and hydration.
- Consider nutrition and hydration related outcome measures for patients and how these can be monitored and reported.
- Provide patients with the support and assistance they need, to maximise nutritional intake
- People should be encouraged to eat and drink independently.
- Patients should receive appropriate support, which may include encouragement as well as physical support, when they need it. This may involve ward staff or volunteers help with feeding patients.
- There should be enough staff to assist patients to eat and drink which may include ward staff or volunteers.

Process

Introduction

The trust recognises its responsibility to provide protected mealtimes for all patients 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.

The importance of protected mealtimes

Mealtimes are not only a vehicle to provide patients with adequate nutrition and hydration but also provide an opportunity to support social interaction amongst patients. 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

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- 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 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.

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 is 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 line with CQC Regulation 9A (visiting and accompanying inpatients), protected mealtimes must not be applied as a blanket restriction on visiting and should facilitate the presence of visitors or carers where this supports an individual's nutrition, hydration, wellbeing, or recovery.

To maximise the benefits to patients from the mealtime experience clinical staff

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are required to prepare themselves, the environment and their patients 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 several clinical settings across the trust patients 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 with support they need at mealtimes.

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

Prior to the service of food all patients 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 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 and the impact this has on eating and drinking.

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

- **Lead Executive Director**

Responsible for ensuring that this policy is carried out effectively and nutrition and hydration is addressed and managed effectively across the organisation, including the provision of protected mealtimes.

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

- **Policy Authors**

Responsible 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.

- **Operational leads**

Responsible for delivering the nutrition and hydration agenda in the work areas they have.

Responsible for ensuring implementation within their area, and for ensuring all staff who work within the area always adhere to the principles. 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.

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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.

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Appendix One: Definitions

Terminology: Descriptor

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

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Appendix Two: Governance

Version control and summary of changes

Version number	Date	Description of key change
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.
6	April 2026	Reviewed due to expiry date and changed to new policy template. Reference made to Leicestershire Partnership NHS Trust and Northamptonshire Healthcare Group Nutrition and Hydration Strategy 2025-2028 objectives.

Responsibilities

Responsibility	Title
Executive Lead	Group Chief Nurse/Executive Director for Nursing, AHP and Quality
Policy Author	Assistant Director of Nursing and Quality
Advisors	Medical Leadership Meeting
Policy Expert Group	
Nutrition and Hydration Steering Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality and safety Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Quality Forum

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Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Compliance with adhering to Protected mealtimes	Outcome of PLACE inspections, annually at Nutrition and Hydration Steering Group

Training Requirements

Please explain what relevant training is available for staff to support the understanding and implementation of this policy.

References

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

Leicestershire Partnership NHS Trust and Northamptonshire Healthcare Group Nutrition and Hydration Strategy 2025-2028

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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

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