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Author / Title: Sally Young, Quality Assurance Matron Katie Gillespie, Clinical Service Manager		Responsibility: Nutrition and Dietetics
Replaces: V3 – Protected Meal Times – Corp/Pol/162 Version 2.3, Protected Meal Times, Corp/Proc/032 Patient Protected Mealtimes Policy (CPFT) POL-002-034		Head of Department: Sue Smith Executive Chief Nurse
Validated By: ENACT Meeting		Date: 28/03/2019
Ratified By: Procedural Documents and Information Leaflet Group		Date: 14/11/2019
Review dates may alter if any significant changes are made		Review Date: 01/09/2021 (Extended #243)
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1,2,3,4,5,7 Principles	Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 4 Staff Pledges	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes		
Document for Public Display: Yes		
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CONTENTS		
		Page
	BEHAVIOURAL STANDARDS FRAMEWORK	3
1	SUMMARY	4
2	PURPOSE	4
3	SCOPE	5
4	POLICY	6
5	ATTACHMENTS	8
6	OTHER RELEVANT / ASSOCIATED DOCUMENTS	8
7	SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	9
8	DEFINITIONS / GLOSSARY OF TERMS	9
9	CONSULTATION WITH STAFF AND PATIENTS	9
10	DISTRIBUTION PLAN	10
11	TRAINING	10
12	AMENDMENT HISTORY	10
Appendix 1	Protected Mealtimes Poster	11
Appendix 2	Equality and Diversity Impact Assessment Tool	12

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is. . . 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

1. SUMMARY

University Hospitals of Morecambe Bay NHS Foundation Trust is committed to ensuring that patients within our hospitals have the opportunity to enjoy mealtimes and good quality food.

Up to 45% of adults show signs of malnutrition on admission to hospital and often their stay exacerbates their condition (Sumantra et al 2013¹). Certain groups of patients, such as the older adult, have particular dietary and eating requirements that need to be met to prevent malnutrition and to aid recovery. Patients who are uninterrupted and receive appropriate service support during meal times feel happier.

The aim of having a protected mealtime's policy is to safeguard patients from unnecessary and avoidable interruptions during mealtimes. This policy supports staff to facilitate an environment conducive to eating, enabling staff to provide patients with support and assistance with meals by placing food first at mealtimes.

2. PURPOSE

This protected mealtimes policy seeks to provide a framework for mealtimes which, without stifling new ways of working, places the patient at the centre of the mealtime experience.

The concept is that all non-urgent activities stop at mealtimes. No diagnostic interventions, non-urgent ward rounds, therapeutic interventions or any other activities that might interfere with the patient's enjoyment of their meal or interfere with the ward staffs' ability to deliver nutritional care should take place.

This can be achieved through:

- Ensuring that patient mealtimes and the importance of nutritional care are respected across the organisation, emphasising to all staff, patients and visitors the importance of mealtimes as part of care and treatment for patients
- Providing a calm and peaceful atmosphere on the ward conducive to the enjoyment of eating a meal
- Ensuring that the ward staff prioritise the provision of food and nutrition at mealtimes
- Recognition that nutrition is part of treatment

Scheduling of activities around mealtimes presents a challenge but with planning and teamwork, it is possible to achieve. Admissions, transfers and discharges should be avoided where possible but wards will still be required to accept patients from other areas to minimise the risks associated with untimely patient flow.

Due to the varying nature of acute hospital services, there will be no set requirement as to when the protected mealtime occurs, wards will be asked to apply the principles to both the lunchtime and evening meal depending on patient and specialty circumstances.

The purpose of this policy is to promote good nutrition for all patients in our care and the rationale for this way of working comes from:

- CQC Standards Outcome 5 – Meeting Nutritional Needs²

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

- Dept. of Health Essence of Care, Food and Nutrition Benchmark³
- Dept. of Health The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals⁴
- The British Dietetic Association (BDA) supports the concept of protected meal times⁵

3. SCOPE

All staff employed by UHMB who have direct contact with patient including nurses, doctors and allied health care professional are required to comply with this policy.

4. POLICY

The following principles must be adopted in all clinical areas where patients receive food, however, it is acknowledged that in a number of clinical settings some flexibility has to be exercised (e.g. Surgical Admissions Unit, Medical Admissions Unit, Maternity Unit for new and expectant mothers).

Corporately it is deemed that protected meal times across UHMB are within the following times, however each area will adapt this depending on the delivery times of their meal trolleys.

Breakfast	as per ward area
Dinnertime	11:30 am till 13:30 pm
Teatime	16:30 pm till 18:30 pm

Should a patient miss a meal for any reason, it is the duty of the nurse taking care of the patient to ensure there is a meal available e.g. snack box for them when they are available to eat return when they to ward. It is the nurses' responsibility to document this occurrence in the patient's notes.

Hot food is available until the following times:

- FGH and RLI site – order up to 6:45pm
- WGH order before 4:00pm
- a snack box is available 24 hours on all sites (there are now salad options available for those with special dietary needs e.g. coeliac, dairy)

While there is a corporate poster campaign, it is each individual ward area's responsibility to have in place a local protected meal times poster displayed (Appendix 1). This needs to be adapted for the area and needs to identify the times the area follows to prepare for mealtimes & provision of patient meals.

Staff should make serving meals and assisting patients with food a priority at mealtimes. They should not be called away or distracted by other members of the multi-disciplinary team unless, of course, it is urgent.

- Volunteers, family members and friends who are supporting patients at mealtimes should be welcomed onto the ward and supported to help those who need assistance at meals and will be actively encouraged to help.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

- It remains a patient's choice to have visitors at mealtimes as some people may not feel comfortable eating in front of others who are not eating.
- Care should be organised so that routine nursing activities, such as drug rounds, observations and dressings are not carried out during this time. This will enable the nursing staff and patients to focus on nutrition. Exceptions to these are urgent drugs and those that need to be given with foods.
- This policy and local application should be included in ward-based induction.
- Nursing staff should not arrange their own meal breaks while patient meals are being served.
- All non-urgent activities stop at mealtimes such as:
 - Therapeutic interventions
 - Routine dressings/examination of wounds
 - Diagnostic examinations
 - Routine teaching, ward rounds, student visits, and other visits from multidisciplinary team members such as physiotherapists, occupational therapists, doctors.
 - Non-urgent/routine X-rays/scans/bloods
 - Patient handover
 - Cleaning wards where patients are eating

If any of the above occurs the nurse in charge should politely but firmly ask the member of staff to stop, explaining that it is the patient's mealtime. If the staff member refuses to leave the patient, it should be documented in the notes. Such issues should be escalated to the Ward Manager. It is perfectly acceptable that clinical staff can be on the ward to read patient's notes and to look up results. However they should not interact with patients during this time unless to assist with mealtimes.

Ward doors should be closed and the Protected Mealtimes poster displayed. (Appendix 1).

It is important to take a flexible, realistic approach to protected mealtimes, so that urgent consultations and treatments can take place when required.

There are therefore times when the ward may have to be entered during the Protected Mealtime period. Examples of this would include:

- Pre and post-operative patients who need to be seen by doctors and anaesthetists for surgery. Generally these patients are nil by mouth anyway.
- Urgent referrals where, if the patient is not seen, this would have a direct effect on their clinical care.
- Pre-booked/urgent scans or X-rays. Whilst every effort must be taken for staff not to book scans during the lunchtime period, it must be accepted that, on occasion, it is necessary.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

Prior to meal times ensure a designated member of staff:

- Clears and ensures patients' tables are clean
- Positions the patients ready for mealtime, by sitting them in their chair or appropriate position in bed
- Offer opportunity to wash / cleanse hands pre-meals
- Identifies the level of support required for all patients – this will range from independent to full assistance.
- Ensure patients who are identified as requiring assistance are assigned a member of staff to assist them.
- Check menu is appropriate with name and any dietary requirements or when using IPad ordering system confirm you have the correct details.

When mealtime is finished ensure:

- Patients' tables are clean and tidy
- Opportunity for patient to wash / cleanse hands post-mealtime
- Patients are clean and comfortable
- Refresh patient water jugs as necessary
- Accurately complete food record chart / fluid balance chart
- Communicate with all staff regarding any concerns with respect to patient's dietary intake

For those who are identified as needing assistance:

- Wash hands according to Trust guidelines
- Ensure patients understand your role and check with them specific details of how they wish to be assisted with their meal.
- Ensure patient is clean, comfortable and relaxed before commencing.
- Understand and adhere to any special instructions regarding seating, positioning, equipment, utensils and dietary requirements
- Check menu is appropriately labelled with name and any dietary requirements or when using IPad ordering system confirm you have the correct details.
- Be well prepared with correct food, drink and additional utensils required
- Assist in cutting food and opening packets if required
- Avoid distractions where possible whilst assisting patients.
- Observe for any non-verbal cues such as pain
- Describe the meal if visual problems are identified
- Ensure food is offered at the patient's own pace.

Compliance with this policy will be monitored on visits as part of UHMB QAAS – Quality Assurance Accreditation scheme and trust wide Corporate Quality Reviews

5. ATTACHMENTS	
Number	Title

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

1	Protected Mealtimes Poster
2	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](#) intranet homepage.

Unique Identifier	Title and web links from the document library

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

Number	References
1	Sumantra Ray, Celia Laur, Rajna Golubic (2013) Malnutrition in healthcare institutions: A review of the prevalence of under-nutrition in hospitals and care homes since 1994 in England (accessed 20.6.19)
2	Care Quality Commission (CQC) (2010) Summary of Regulations, outcomes and judgement framework. Outcome 5 and Regulation 14, Meeting nutritional needs. Available from: https://www.cqc.org.uk/file/4771 (accessed 17.8.18)
3	Department of Health and Social Care (2010) Essence of Care: Benchmarks for Food and Drink. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216696/dh_125313.pdf (accessed 17.8.18)
4	Department of Health (2014) The Hospital Food Standards Panel's report on standards for food and drink in NHS https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals (accessed 10.09.2019)
5	BDA (2017) Policy Statement - The management of malnourished adults in all community and all health and care settings. Available from: https://www.bda.uk.com/improvinghealth/healthprofessionals/policy_statement/s/policy_statement_-_management_malnourished_adults (accessed 20.06.2019)

Bibliography

BDA (2017) The nutrition and hydration digest: improving outcomes through food and beverage services. Available from: https://www.bda.uk.com/regionsgroups/groups/foodservices/nutrition_hydration_digest (accessed)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
CQC	Care Quality Commission

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Katie Gillespie	Team Manager Nutrition & Dietetics	March 2019

University Hospitals of Morecambe Bay NHS Foundation Trust	ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021
Title: Protected Meal Times	

Do you have the up to date version? See the intranet for the latest version

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Sally Young	QA Matron	March 2019
Kim Wilson	Associate Director of Nursing	Sept 2019
Clinical staff	Ward Managers and Matrons	March 2019
Jo-Anne Halliwell	Clinical Improvement Lead	June 2019
Gillian Graham	Named Nurse Adult Safeguarding	Jan 2019

10. DISTRIBUTION PLAN	
Dissemination lead:	Sally Young / Katie Gillespie
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	Archive previous version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup or Weekly News. New documents uploaded to the Document Library.

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? Yes		
Action by	Action required	Implementation Date
Staff with direct contact with patients	E-Learning Package	2019

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2		5 Appendix 1 Appendix 2 in Version 1	CQC standards added Poster updated SOP removed – relevant info added to main body of text	July 2018
2.1	Oct 2017	Page 3	BSF Page Added	July 2018
2.2	12/12/2018	Page 1	Review Date extended – form 179/2018	01/02/2019
3	September 2019	Throughout	Minor grammatical and structural changes throughout the document	01/03/2021
3.1	18/05/2021	Page 1	Review date extended #243	01/09/2021

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

Appendix 1 – Protected Mealtimes Poster



University Hospitals **NHS**
of Morecambe Bay
NHS Foundation Trust

This ward operates a protected meal-times service



You are welcome to help and assist patients during meal times however, please try to avoid entering or visiting the ward if you are not assisting patients. Please speak to the nurse in charge for more information.

Breakfast from **to**
Dinner from **to**
Tea from **to**

University Hospitals of Morecambe Bay NHS Foundation Trust

ID No. Corp/Pol/162

Version No: 3.1

Next Review Date: 01/09/2021

Title: Protected Meal Times

Do you have the up to date version? See the intranet for the latest version

Appendix 2: Equality & Diversity Impact Assessment Tool



University Hospitals of
Morecambe Bay
NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Nutrition and Dietetics		
Lead Assessor	Sally Young / Katy Gillespie		
What is being assessed?	Protected Meal Times		
Date of assessment	January 2019		
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Network	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Staff Side Colleague	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Service Users	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Staff Inclusion Network(s)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Personal Fair Diverse Champions	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Other (including external organisations) Please give details:	<input type="radio"/> Yes	<input checked="" type="radio"/> No

1) What is the impact on the following equality groups?		
Positive: <ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	Negative: <ul style="list-style-type: none"> ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups 	Neutral: <ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments <ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Race (All ethnic groups)	Positive	Different tastes are catered for
Disability (Including physical and mental impairments)	Positive	Support is offered to all patient groups regardless of any disability
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Positive	Support is offered to all patient groups regardless of age
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.

Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/Pol/162
Version No: 3.1	Next Review Date: 01/09/2021	Title: Protected Meal Times
Do you have the up to date version? See the intranet for the latest version		