

# University Hospitals of Morecambe Bay

NHS Foundation Trust



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<b>Replaces:</b> Version 2, Protected Meal Times Policy October 2013, CORP/PROC/032	<b>Head of Department:</b> Sue Smith Executive Chief Nurse Linda Womack AHP Lead
<b>Validated By:</b> Nursing and Midwifery Strategy Group (NWSG)	<b>Date:</b> 25/06/2015
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<b>Which Principles of the NHS Constitution Apply?</b> Please list from principles 1-7 which apply 1, 2, 3, 4, 5, 7	<b>Which Staff Pledges of the NHS Constitution Apply?</b> Please list from staff pledges 1-7 which apply 4
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? <b>Yes</b>	
<b>Document for Public Display: Yes</b>	
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## 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

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## 1. SUMMARY

The purpose of a protected mealtime's policy is to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating, enabling staff to provide patients with support and assistance with meals placing food first at mealtimes

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 40% of adults show signs of malnutrition on admission to hospital and often their stay exacerbates their condition (McWhirter et al 1994<sup>1</sup>). 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.

A whole Trust approach to Protected Mealtimes will be needed for success. The idea 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 staff's ability to deliver nutritional care should take place.

Scheduling of activities around mealtimes presents a real challenge to busy hospitals, but 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.

Patients who are uninterrupted and receive appropriate service support during meal times feel happier.

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.

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.

## 2. PURPOSE

All staff employed by University Hospitals of Morecambe Bay NHS Foundation Trust who have direct contact with patients including nurses, medics and allied health professionals.

This can be achieved through:

- Providing a calm and peaceful atmosphere on the ward conducive to the enjoyment of eating a meal
- 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
- Ensuring that the ward staff prioritise the provision of food and nutrition at mealtimes
- Recognition that nutrition is part of treatment

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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 Needs<sup>2</sup>
- Dept. of Health Essence of Care, Food and Nutrition Benchmark<sup>3</sup>
- NHS Estates, Housekeeping Project (England) – 'get the basics right' so that food is enjoyable and enjoyed<sup>4</sup>
- NHS Plan (England) – things the public wanted to see – better facilities, higher standards of cleanliness and better food.
- The British Dietetic Association (BDA) supports the concept of protected meal times<sup>5</sup>
  - i. Missing meals, or experiencing interruptions during the mealtimes, can compromise a patient's nutritional intake, which could have a negative impact on their health and wellbeing.
  - ii. As health professionals, we need to work together to ensure that service users have a calm, uninterrupted period of time to eat.
  - iii. *"Meal times have in the past been seen by some as interruptions to a patient's treatment, now they are seen as part of it. Eating is an integral part of treatment, it is important for service users to have uninterrupted time to eat and enjoy meals".*  
Simon A Williams, Director of Policy, The Service Users Association
  - iv. *"Making sure that our service users get the opportunity to eat and enjoy appetising and nutritious food is one of the most important aspects of nursing care. Research shows that over forty per cent of people who come into hospital are malnourished and seventy per cent become even further malnourished during their hospital stay. Nurses at every level have a key role to play in ensuring that service users' mealtimes are seen as an important part of their care and treatment, where they can enjoy the social as well as nutritional benefits of eating in a relaxed and welcoming atmosphere."*  
Beverly Malone, RN, PhD, FAAN General Secretary, Royal College of Nursing
  - v. Doctors can help to promote more satisfactory nutrition for service users by making sure that as far as possible:  
*"The service and consumption of meals is not interrupted by ward rounds or routine tasks which could take place at other times. Procedures, such as clinical tests, are scheduled to ensure, whenever possible, that service users do not miss meals. Nutritional care depends on teamwork between health care workers in different disciplines, the scope and contribution of whose work should be recognised."*  
Royal College of Physicians, A doctor's responsibility 2002

### 3. SCOPE

All staff employed by UHMB FT who have direct contact with patient including nurses, doctors and allied health care professionals.

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#### 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 FT 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 1130 am till 1330 pm  
Teatime 1630 pm till 1830 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 to ward. It is their 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 MDT 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.
- Some patients may find that having visitors at mealtimes makes them feel uncomfortable eating in their presence and this remains the patient's choice.
- 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.

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- Nursing staff should not arrange their own meal breaks while patient meals are being served.
- All non-urgent activities stop at mealtimes such as:
  1. Therapeutic interventions
  2. Routine dressings/examination of wounds
  3. Diagnostic examinations
  4. Routine teaching, ward rounds, student visits, and other visits from multidisciplinary team members such as physiotherapists, occupational therapists, doctors.
  5. Non-urgent/routine X-rays/scans/bloods
  6. Patient handover
  7. 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 urgent consultations and treatments can take place.

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.

**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 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

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staff to assist them.

- Check menu is appropriately labelled with name and any dietary requirements

**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
- 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 offered at the patient's own pace.

**Compliance with this policy will be monitored by RAISE visits and as part of UHMB FT QAAS – Quality Assurance Accreditation scheme.**

<b>5. ATTACHMENTS</b>	
<b>Number</b>	<b>Title</b>
1	Protected Mealtimes Poster
2	Equality and Diversity Impact Assessment Tool

<b>6. OTHER RELEVANT / ASSOCIATED DOCUMENTS</b>	
<b>Unique Identifier</b>	<b>Title and web links from the document library</b>

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<b>7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS</b>	
References in full	
<b>Number</b>	<b>References</b>
1	McWhirter JP and Pennington CR (1994) Incidence and Recognition of Malnutrition in Hospital BMJ, 308, p. 945-58 [Online] doi: <a href="http://dx.doi.org/10.1136/bmj.308.6934.945">http://dx.doi.org/10.1136/bmj.308.6934.945</a> (accessed 11.8.15)
2	Care Quality Commission (CQC) Provider Compliance Assessment: Outcome 5 (Regulation 14) Meeting nutritional needs. [Online] Available from: <a href="http://www.cqc.org.uk/file/4710">http://www.cqc.org.uk/file/4710</a> (accessed 11.8.15)
3	DoH (2010) Essence of Care: Benchmarks for Food and Drink. [Online] Available from: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216696/dh_125313.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216696/dh_125313.pdf</a> (accessed 11.8.15)
3	NHS Estates (2001) Housekeeping: A First Guide to New, Modern and Dependable Ward Housekeeping Services to the NHS. [Online] Available from: <a href="http://www.hospitalcaterers.org/better-hospital-food/downloads/resources/nhs_housekeeping_services.pdf">http://www.hospitalcaterers.org/better-hospital-food/downloads/resources/nhs_housekeeping_services.pdf</a> (accessed 11.8.15)
4	BDA The Association of UK Dietitians (2012) Policy statement. The care of nutritionally vulnerable adults in community and all health and care settings. [Online] Available from: <a href="http://www.mindthehungergap.com/about/MalnutritionPolicy.pdf">http://www.mindthehungergap.com/about/MalnutritionPolicy.pdf</a> (accessed 11.8.15)
<b>Bibliography</b>	
	BDA The Association of UK Dietitians (2012) The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage services. [Online] Available from: <a href="https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf">https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf</a> (accessed 11.8.15)

<b>8. DEFINITIONS / GLOSSARY OF TERMS</b>	
<b>Abbreviation or Term</b>	<b>Definition</b>
CQC	Care Quality Commission

<b>9. CONSULTATION WITH STAFF AND PATIENTS</b>	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
<b>Name</b>	<b>Job Title</b>
Katie Gillespie	Team Manager Nutrition & Dietetics
Sally Young	QA Matron
All Ward Managers and Matrons	

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<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Sally Young / Katie Gillespie
Previous document already being used?	Yes
If yes, in what format and where?	Protected Policy September 2013 owned by dietiecs team
Proposed action to retrieve out-of-date copies of the document:	Once ratified via Corporsate Nursing Network / UHMB News
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

<b>11. TRAINING</b>		
Is training required to be given due to the introduction of this procedural document? Yes		
<b>Action by</b>	<b>Action required</b>	<b>Implementation Date</b>
Ward Managers and Matrons	To share updates with teams	August 2015

<b>12. AMENDMENT HISTORY</b>				
Revision No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2		5	CQC standards added	July 2018
		Appendix 1	Poster updated	
		Appendix 2 in Version 1	SOP removed – relevant info added to main body of text	
2.1	Oct 207	Page 3	BSF Page Added	July 2018

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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

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## Appendix 2 - EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	no	
	• Ethnic origins (including gypsies and travellers)	no	
	• Nationality	no	
	• Gender	no	
	• Culture	no	
	• Religion or belief	no	
	• Sexual orientation including lesbian, gay and bisexual people	no	
	• Age	no	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	no	
2.	<b>Is there any evidence that some groups are affected differently?</b>	no	
3.	<b>If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?</b>	n/a	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	no	
4a	<b>If so can the impact be avoided?</b>	n/a	
4b	<b>What alternative are there to achieving the policy/guidance without the impact?</b>	n/a	
4c	<b>Can we reduce the impact by taking different action?</b>	n/a	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the HR Equality & Diversity Specialist, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the HR Equality & Diversity Specialist, Extension 6242.

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