

POLICY FOR PROTECTED MEALTIMES IN HOSPITALS
Version 2.0

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Author:	Liz Anderson Nutrition Nurse Specialist.
Lead Director	Director of Nursing
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Document History**Policy for Protected Mealtime in Hospitals**

Version	Issue	Reason for change	Authorising body	Date
1		New policy	Nursing, Midwifery and Therapy Board	March 2011
2	0	Updated policy	Nursing, Midwifery and Therapy Professional Board	23/4/2018

Associated documents

BHT Ref	Title	Location/Link
S033	Food and Drink Strategy	http://swanlive/sites/default/files/bht_s033_food_and_drink_strategy_v1.0_rvw_05_2019.pdf
BHT Pol 112	Nutrition Policy	http://swanlive/sites/default/files/guideline_172.pdf

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1. Introduction

Protected Mealtimes are periods on a hospital ward when all non-urgent clinical activity stops. During these times patients are able to eat without being interrupted and staff can offer assistance.

Research suggests that patients who are not interrupted and receive appropriate service and support during mealtimes are happier, more relaxed and eat more (Palmer and Huxtable 2015). The better nutrition a patient receives, the higher his or her chances are of recovering from illness and reducing length of hospital stay (Elias 2015). The Hospital Food Standards Panel (2014) state that food and drink should be provided in an environment conducive to patients being able to consume their meals i.e. protected mealtimes.

A whole Trust approach to protected mealtimes will be needed for success. The idea is that all non-urgent activities stop at mealtimes. No non-urgent ward rounds, therapeutic interventions, diagnostic examinations 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.

Protected mealtimes are also part of the Trust Food and Drink Strategy 2017 – 2019 (S033) and Nutrition Policy (BHT Pol 112).

2. Purpose

The purpose of this Policy is to promote good nutrition for all patients in our care through compliance with protected mealtimes. This is 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.
- Ensuring that the ward staff prioritise the provision of food and nutrition at mealtimes.
- Recognition that nutrition is part of treatment.

3. Implementation

The following points detail the process of protecting mealtimes:

- a) Routine visiting to the ward should be discouraged - unless they are there to help the patient eat or unless in certain circumstances such as palliative care, the patient themselves request it. Some patients would feel that it is impolite for them to eat whilst their visitors are there and not able to eat.
- b) 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 the patients to focus on nutrition. **Exceptions to this are urgent drugs and those that need to be given with food or those that have to be given within a strict time frame.**
- c) 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 multidisciplinary team (MDT) unless, of course, it is urgent.
- d) Nursing staff should not arrange their own meal breaks while patient meals are being served.
- e) All non-urgent activities stop at mealtimes such as:
 - Therapeutic interventions
 - Diagnostic examinations

- Teaching, ward rounds, student visits, and other visits from MDT members such as physiotherapists, occupational therapists, doctors, specialist nurses, discharge coordinators and clinical site managers.
 - Non-urgent/routine X-rays/scans.
 - Cleaning ward areas where patients are eating.
 - 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.
- f) Ward doors should be closed and the protected mealtimes poster displayed (see appendix A.)

Exceptions

In areas of intensive rehabilitation such as the National Spinal Injuries Unit at Stoke Mandeville, it must be recognised that these patients often go out for lunch as part of the rehabilitation process and thus allowances must be made.

It must be recognised that due to the speciality, the new mothers in maternity units do have the needs of their newborn to consider. As these patients do not fall into any risk groups, the Policy will not apply to the Maternity Units at Stoke Mandeville and Wycombe Hospitals.

It is important to take a flexible, realistic approach to protected mealtimes, so that 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:

- When a patient's clinical condition demands urgent and immediate attention.
- Pre-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.
- When a patient needs assessment by a speech and language therapist to ascertain whether they need a modified diet due to swallowing issues.
- 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.
- Should a patient miss a meal for the above reasons, it is the duty of the nurse looking after that patient to document it in the notes and ensure that a snack box is available on the patient's return to the ward. It is then important that their next main meal is a hot one.

Examples of when a meal is interrupted unnecessarily would include:

- Routine dressings/examination of wounds.
- Routine visits of doctors/other members of the MDT.
- Routine blood taking.

If this occurs, the nurse in charge should politely but firmly ask the member of staff to stop what they are doing, explaining that it is the patient's mealtime. If the staff member refuses to leave the patient, it should be documented in the notes.

This should be treated as a clinical risk, as depriving patients of food is compromising their recovery and an incident report should be completed. (NPSA Protected Mealtimes review – Findings and Recommendations 2007.) All incident reports will be received by the Nutrition Steering Committee for the Trust which meets bi-monthly.

4. Monitoring the Effectiveness of the Policy

- Monitoring of adherence to the policy will be in the form of the Perfect Ward app which will record compliance on all wards. The results will be reported to the Nursing, Midwifery and Therapy Professional Board and Trust Nutrition Steering Group. If a ward is not compliant, the nutrition nurse specialist will provide support and devise an action plan with the matron, ward manager and nutrition link practitioners.
- Protected mealtimes is part of the annual PLACE Inspection (Patient Led Assessment of the Care Environment). These results are discussed at Board level and published annually.
- It is also part of Regulation 14 of the Care Commission Fundamental Standards of Care and as such would be part of any inspection by CQC.

5. Consultation and Ratification

The consultation for this Policy will include:

- Consultants
- Ward managers
- Matrons
- Managers (including departmental managers which may be affected – such as radiology and pharmacy)
- Bed managers
- Patient Experience Group

The Policy will be ratified by the Nursing, Midwifery and Therapy Professional Board and Executive Management Committee.

6. References

Buckinghamshire Healthcare NHS Trust (2017) Food and Drink Strategy 2017 -2019

http://swanlive/sites/default/files/bht_s033_food_and_drink_strategy_v1.0_rvw_05_2019.pdf

Care Quality Commission (2015). The Fundamental Standards. Meeting nutritional and hydration needs.

<http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs>

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/Hospital_Food_Panel_May_2016.pdf

Elias (2015) The cost of malnutrition in England and potential cost savings from nutritional interventions (short version). On behalf of the Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre.

<http://www.bapen.org.uk/pdfs/economic-report-short.pdf>

Palmer M, Huxtable S (2015) Aspects of protected mealtimes are associated with improved energy and protein intakes in hospitalised adult patients on medical and surgical wards over 2 years. European Journal of Clinical Nutrition Vol 69 pp 961-965

<https://search.proquest.com/docview/1701528766/fulltextPDF/7395C55DB62A4442PQ/1?accountid=30912>

Patient Led Assessment of the Care Environment (PLACE) 2018

<http://content.digital.nhs.uk/PLACE>

The poster features a circular graphic on the left side with a green background. It contains a silver fork and knife, and several icons of a steaming cup. The words "PROTECTED MEALTIMES" are repeated around the perimeter of the circle. The main text is on an orange background, and the bottom section is on a white background with an orange border.

Buckinghamshire Healthcare NHS Trust

**This Ward Operates a
Protected Mealtimes
Service**

At Lunch from to

**Please avoid entering the ward or
visiting during mealtimes**

Please speak to the nurse in charge for more information

Protected Meal Times

What does that mean?

Introduction

The presentation, colour, aroma, taste and texture of food in hospitals are all important to ensure that meals are tempting even to those with the poorest appetites. The only true measure of success is how much food is eaten. We have introduced a protected mealtime service to help get the most of the food provided.

What is a protected mealtime service?

This is a period of time over lunch and supper, when all activities, on the wards will stop. The nurses, catering staff and volunteers will be available to help serve the food and give assistance to patients who may need help. This will prevent unnecessary interruptions to mealtimes.

Why is it a good idea?

Patients themselves say they would prefer to eat their meals with less distraction on the ward. Other hospitals have already introduced the service and found that patients eat better and recovered more quickly. It creates a more relaxed and calm atmosphere giving patients time to socialise and digest their food.

Who'll be on the ward then?

As well as the patients the only people on the ward will be nursing staff, catering staff, domestics and volunteers, all with the same aim, to help, encourage and monitor the patients food intake during their meal time and make it an enjoyable experience.

However all emergency treatments will still be dealt with.

What can relatives or visitors do to help?

If you are visiting a ward displaying the Protected Mealtime Poster, please respect this and try to visit outside the registered times.

If you normally visit at mealtimes in order to help your relative or friend to eat or just to give encouragement, we are happy for you to continue to do this. Please ask the nurse in charge how you can help out.

If possible please try to avoid telephoning the ward for information during these times, so the staff can concentrate on helping the patients.

If you have any worries or concerns about this, then please speak to the nurse in charge.