Protected Mealtime Policy
**EAST CHESHIRE NHS TRUST**  
**POLICY for PROTECTED MEALTIME**

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Protected Mealtime Policy</th>
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<tr>
<td>Executive Summary:</td>
<td>The aim of this Policy is to improve the ‘Mealtime Experience’ for patients by allowing the patients to eat their meals without disruption and improve their nutritional care by having a protected period at mealtimes.</td>
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<tr>
<td>Supersedes:</td>
<td>V 2.0</td>
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<tr>
<td>Description of Amendment(s):</td>
<td>N/A</td>
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<tr>
<td>This policy will impact on:</td>
<td>All clinical staff to ensure the wellbeing and safety of all in patients in the Trust.</td>
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</table>
| Related Policies: | Red Tray Policy (2016) – CNSG005  
| Financial Implications: | N/A. |
| Policy Area: | Trust Wide |
| Version Number: | V 3.3 |
| Effective Date: | April 2016 |
| Issued By: | Director of Nursing  
Performance & Patient Care Standards |
| Review Date: | April 2019 |
| Author: | Facilities Soft FM-Quality & Performance Manager |
| Impact Assessment Date: | On-going |

**APPROVAL RECORD**

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<th>Date</th>
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<td>Consultation:</td>
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Patient Meals Group  
Nutrition, Dietetic and SALT Department | March 2016  
March 2016 |
| Approval Committee: | Clinical Nutrition Steering Group  
Equality & Diversity Lead  
Safe Guarding Lead | March 2016  
June 2015 |
| Approving Committee | Quality Strategy Group | April 2016 |
| Approved by Director: | Director of Finance | July 2016 |
| Received for information: | SQS | July 2016 |
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Throughout this document, East Cheshire NHS Trust is referred to as ‘the Trust’.
1.0 POLICY STATEMENT

The aim of this policy is to improve the ‘mealtime experience’ for patients by allowing them to eat meals without disruption, improve their nutritional care and increase their satisfaction.

A protected meal time will:
- Allow staff to make patients comfortable.
- Allow patients to eat without disruption, where possible.
- Provide an environment conducive to eating.
- Allow staff to provide patients with help at mealtimes, especially for patients on the ‘Red Tray’ system.
- Allow time for mealtimes to be a social activity.
- Give staff time to monitor and log the food and liquid intake of specific patients.
- Raise awareness across the Trust, and in the wider community of the importance that the Trust places on nutrition and associated activities.

2.0 ROLES AND RESPONSIBILITIES

2.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that the Trust has appropriate policies, guidelines and robust monitoring systems in place. This responsibility may be delegated to a responsible manager.

2.2 Director of Corporate Affairs and Governance

The Director of Corporate Affairs and Governance has the delegated responsibility for ensuring that the appropriate arrangements are in place, to ensure a robust governance of policies/ procedures are provided across the Trust. Some of the responsibilities may be delegated to a responsible manager.

2.3 Heads of Service/ Executive / Clinical Directors.

Heads of Service / Executive /Clinical Directors are responsible for:

a) Bringing to the attention of staff new publications and documents.

b) Retaining evidence that information relating to newly developed and amended policies and cascaded within the teams/ departments and wards.

c) Ensure this document is effectively implemented in their areas of responsibility.

2.4 Line Managers

Staff are responsible for:

a) Accessing the relevant procedural documents as directed by their managers.

b) Informing their staff, and where appropriate escalating to management teams failure to receive any new policy information;

c) Ensuring the new policy is effectively implemented;

d) Ensuring that their staff attend all training identified in respect of the policy document.

2.5 Ward Managers, Sisters in Charge, Housekeepers

a) Must ensure that all staff handling patients food on the wards have completed the necessary Food Safety course and instruction about protected mealtime.
b) Must ensure that staff arrange breaks around the protected mealtime, to allow sufficient staff to be available to assist with the prompt delivery of the patient’s meals. 
c) Where relative, carer or partner is assisting a patient there must be sufficient support by staff to encourage and provide assistance during this protected time. 
(Still Hungry to be Heard 2010, Better Hospital Food)

2.6 Nursing Staff

Ensuring mealtimes are protected;

a) Are responsible for ensuring they are properly trained with the necessary skills and competencies with regard to patient nutrition and service of the meal.
b) Ensure menus are completed within specified times and ensure that all patients are catered for and meals cancelled when patients have been discharged or move to other wards, this will prevent waste. When required order fresh meals for newly admitted patients in readiness for the protected time.
c) Make patients comfortable and ready prepared for the arrival of the meal. Offer wipes for the cleaning of the patients hands 
d) Encourage all non- essential staff to leave the ward eg, domestic cleaning, repair work, non- essential deliveries, Chaplains etc.

2.7 The Nutrition and Dietetics Department /Speech & Language Therapists (SALT)

Responsible for supporting the protected time when monitoring of the therapeutic diets

2.8 The Catering Department

The catering department will be responsible for collating the menus that arrive from the patients/wards in a timely manner. All meals ordered / diets and 24 hour service will be processed, with the quality of food chosen by the patients being provided to the standard required by the Trust, and delivered to the wards at the agreed times in readiness and observing the Protected Mealtime.

2.9 Patient Carer and Volunteer

Encourage and assist the carer/ volunteer to help the patients where possible during the mealtime.

3.0 IMPLEMENTATION

3.1 Scope

a) This policy provides a framework for best practice at mealtimes.
d) All staff handling patients’ food must complete the Trust e-learning Food Safety Course within 3-6 months of commencement of employment. Information about this e-learning package will be via the intranet and must be renewed every three years.
b) It is in the patient’s best interests to provide an un-interrupted quiet atmosphere so that adequate nutrition and an opportunity for social interaction can take place amongst the patients, carer’s and the staff caring for them.
c) The Protected Mealtime will be identified at the entrance of individual wards by signage, closing for at least ½ to an hour at a time, (lunch) between 12.00 and 13.30 hrs and (supper) between 17.00 and 18.30 hrs. Breakfast time is not included in the protected time due to the nature of the continental breakfast provision, ward duties and early ward rounds by the doctors.
3.2 Preparation for Mealtime
Ward staff are required to prepare themselves and the environment for their patients, individual preference and privacy must be respected. Staff must follow the preparation in appendix 1.

3.3 Serving of Meals
All staff must wash their hands and wear the appropriate protective clothing green aprons. Staff must adhere to the Trust Handwashing Policy and Infection Prevention Control Policy and follow the preparation in appendix 2.

3.4 Patients on the Red Tray System during Protected Mealtime
Please refer to the separate Red Tray Policy (CNSG005).

4.0 MEASURING PERFORMANCE

4.1 Key performance indicators relating to this policy:

   a) Ward based staff who serve meals should complete appropriate Food Safety training within three-six months of employment and possession of necessary skills and competencies with regard to patients meals service, safety and nutrition.
   b) Adherence by all staff to Protected Mealtime Policy.
   c) Serving by designated staff or volunteers of patients’ meals immediately on arrival at the ward.
   d) Adhering to the Protected Mealtime Policy for compliance, by internal and External audits:
      Essence of Care Department of Health Toolkit – Food and Drink Benchmark.
      PLACE Yearly audit (Patient Led – Assessment of Care Environment)
      CQC –Quality Care Commission

4.2 The following performance indicators will be monitored and adhered to for the management of the Protected Mealtime Policy. This policy requirement will be monitored during routine patient meals /catering audits, but will formerly be audited as stated below to ensure compliance:

<table>
<thead>
<tr>
<th>KPI’s</th>
<th>Monitored by:</th>
<th>Monitoring frequency</th>
<th>Reporting to</th>
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<tbody>
<tr>
<td>Wards following the Protected Mealtime Initiative: Are the wards prepared, have the patients been made comfortable, is the ward quiet, are there any non-essential staff wandering around, were there ample staff to serve the meal, was the meal served as soon as it arrived on the ward, signage, HACCP logged.</td>
<td>Responsible person from the Patients Meals Group</td>
<td>Twice per year</td>
<td>Patients Meals Group Clinical Nutrition Steering Group Quality Forum</td>
</tr>
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</table>

CNSG, Protected Mealtimes Policy V 3.3 March 2016
Facilities Soft FM- Catering
5.0 RISK MANAGEMENT

a) Patients’ meals must be served immediately on arrival to the ward to avoid the risk of bacterial growth and a cold inedible meal.
b) Special diets and supplements for named patients must not be given to any other patient.
c) Patients who have been identified by a Speech and Language Therapist (SALT) as needing supervision for swallowing difficulties must not be left alone, due to the risk of choking.
d) If the HACCP (Hazard Analysis Critical Control Points) recording sheet is not completed at every mealtime, staffs are at risk of breaking the Food Safety Regulation Law, which could result in the Enforcement Officer, enforcing a fine on the Trust.

6.0 REVIEW

6.1 This Policy will be reviewed every three years by both the Patients Meals Group, the Clinical Nutrition Steering Group or when necessary due to the publication of new guidance.

6.2 This review will be coordinated by a responsible person from within the Patients Meals Group and will address issues identified during the audit and performance review.

6.3 The findings of any performance review will identify any changes that may be required to be made to the policy, and the policy will be presented to both the Patients Meals Group, the Clinical Nutrition Steering Group and sent to the Quality Forum to be sanctioned.

Risk Management for the Food Safety element.
7.0 REFERENCES

- Still Hungry to be Heard. Age Concern, 2010.
- Nutrition & Hydration Toolkit 2006
- Trust Catering Strategy 2016
Appendix 1:  **PREPARATION FOR MEALTIME**

- Day to day routines and interruptions should stop at the start of the mealtime, e.g. ward rounds, doctors visit, cleaning, therapies, patient transfers, new admissions, x-rays, documentation etc., and should only occur in exceptional circumstances.

- Clinical activities should be limited to those that are relevant to patient mealtimes or essential at that time for the patients care, e.g. essential medication.

- Bedside tables and eating areas should be cleared of items not conducive to mealtimes, e.g. urine bottles.

- Patients should be made comfortable in the right position, and where appropriate nursing staff should offer the patient the use of toilet facilities, prior to the meal.

- All patients should have the opportunity to wash their hands themselves or have assistance. Wipes are also used for this purpose.

- Patients should be offered protective clothing to prevent spillages where required.

Appendix 2:  **SERVING OF MEALS**

- On arrival of the meal trolley, the Hazard Analysis of Critical Control Points (HACCP) form must be completed and patients meals should be served to the patients promptly within 20 – 25 minutes to maintain a safe temperature of the meal.

- All staff, volunteers and carers must wash their hands prior to helping with the meals service. Nursing staff and volunteers must wear a green apron during this process.

- Meals should be offered as requested on the patient menu and diet requested.

- Meals should be served in a logical manner - red trays must be given to the named patients who actually requested the meals. Any remaining non-therapeutic meals for patients who are no longer present on the ward, should be offered to any new patients before re ordering a meal, to prevent and reduce waste.

- Snacks are available at ward level and non-prescribable supplements such as Meritene or Complan should be offered if less than ½ a meal is consistently eaten. Any snacks or supplements taken by the patient must be recorded and maintained.

- All patients on therapeutic diets or for cultural or social reasons should be offered a meal appropriate for their needs.

- All patient volunteers and carers will be encouraged to help on all the wards and will receive instruction where required, for helping to feed patients.

- Independence should be promoted, however if assistance in cutting up food and feeding is required then this should be a nursing priority unless the patients relative\carer is helping.

- Privacy and dignity of patients should be maintained at all times.

- The Trust has a 24hour service for hot & cold meals via the Help Desk ext.1999
Appendix 3  Equality and Human Rights Impact Assessment

Date: 30.6.15  Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, and strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.
Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

CNSG004 - Protective Mealtime Policy

Details of person responsible for completing the assessment:

- Name: Sue Thomson
- Position: Facilities Soft FM Quality and Performance Monitor
- Team/service: Facilities Soft FM

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

The aim of this policy is to improve the ‘Mealtime Experience’ for patients by allowing the patients to eat their meals without disruption and to improve their nutritional care. Guidance has been taken from references 9.0. Page 7 of this document.

2. Consideration of Data and Research
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
Cheshire East (CE) covers East Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
EAST CHESHIRE NHS TRUST
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- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
  - In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
  - Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
  - C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
  - In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
  - Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.

- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)
1. No patients have ever complained to my knowledge or Customer Service with regards to a Protected Mealtime. Patients’ relatives arriving early for visiting understand the need for the protected time and either assist at the mealtime or call back.

2. Nursing staff on the ward understand the need for the policy and the importance of the quiet time with fewer distractions. This also assists in the serving of Red Trays to patients and assisting the patients to eat. Giving nurses more time to concentrate on filling in the food and fluid charts and issuing patients medication.

3. Doctors will observe the policy when explained to them, and only visit patients where there is an urgent clinical need.

No official complaint has been logged over this policy.

2.3 Does the information gathered from 2.1 – 2.2 indicate any negative impact as a result of this document?

No negative impact, very positive comments made during audits from staff and patients.

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?  Yes □  No √

**Explain your response:**
All Patients having meals at our hospitals will be treated equally during Protected Mealtime. For patients whose first language is not English, interpretation services are available in the Trust.

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?  Yes □  No √

**Explain your response:**
All patients having meals on the wards will be treated equally. In the case of breastfeeding mothers in the maternity ward, partners are allowed to stay with the nursing mothers. But all non-essential services would be discouraged, unless it was crucial for the service to be maintained, due to the nature of the ward.

Maternity has a protected rest time just after the Protected Mealtime, which has to be observed by all partners so that the mothers benefit from the peace and rest. Fathers are also encouraged to eat with their partners especially after the birth.

**DISABILITY**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?  Yes □  No √

**Explain your response:**
This policy has a positive impact for disabled people, in that specific protected mealtime ensures that time is allocated for patients during mealtimes. Therefore any patient requiring extra help will be able to get that and be given time to eat, their disability means that they may need extra time or help to eat.

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently?  Yes □  No √

**Explain your response:**
No adverse impacts identified. But help would be available for any age of patient depending on their needs.

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LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes o No √
Explain your response: No adverse impacts identified.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes o No √
Explain your response: No adverse impacts identified.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes o No √
Explain your response: No adverse impacts identified.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes o No √
Explain your response: No further adverse impacts identified.

4. Safeguarding Assessment - CHILDREN
a. Is there a direct or indirect impact upon children? Yes o No √
b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:
c. If no please describe why there is considered to be no impact / significant impact on children
The guidelines protect the interests of all groups of patients

5. Relevant consultation
Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organizations’ etc?
This Protected Mealtime Procedure was consulted and agreed nationally before rolling out to all Trusts, stakeholders and key groups. The guidelines are to enable everyone to comply with the best practice for the Patient.

6.
Review Date: June 2015
Date completed: June 2015

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
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<tbody>
<tr>
<td>Continually up date and maintain information on legislation and new procedures introduced</td>
<td>S Thomson</td>
<td>On going</td>
</tr>
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<td>2016 On going</td>
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8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead: lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date 30.6.15