

Policy Number OP94

Supportive Mealtimes Policy

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Appendices

[Appendix 1 Guidelines for Supportive Mealtimes](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

- The aim of the policy is to improve the meal experience for patients, optimising nutritional and hydration intake by allowing them to eat their meals with the assistance they need, without disruption. This policy sets the standard for all wards and departments to adhere to supportive mealtimes.
- Nutrition and hydration must be considered as an integral part of the patient's treatment as it is fundamental to recovery. Therefore mealtimes are seen as a priority over most ward activities that detract from mealtimes, to allow the clinical staff to focus on this crucial aspect of patient care. Relatives/carers are encouraged to assist where appropriate.
- 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 within the healing process cannot be underestimated.
- In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

The term supportive mealtime in this policy refers to providing an environment conducive to eating which is not interrupted by 'non-urgent' activities.

3.0 Accountabilities

Heads of Nursing are accountable for the circulation of the policy to all relevant staff groups. Matrons are accountable for the implementation of this policy, ensuring individual healthcare staff are aware of and comply with it. Individual healthcare staff members are accountable for the operational implementation of the policy. Ward sisters and charge nurses are accountable for monitoring practice against the policy and reporting any variances through the Directorate and Divisional management structure.

4.0 Policy Detail

The ward environment, presentation of food, and the timing and contents of meals are important elements in encouraging patients to eat well. The importance of mealtimes must be emphasised, and ward-based staff provided with the opportunity to focus on the nutritional and hydration requirements of patients at mealtimes.

The provision of supportive mealtimes will mean that mealtimes must not, unless clinically necessary, be interrupted by ward rounds, routine tasks, teaching and diagnostic procedures. The ward environment is free from non-urgent activity and the focus is on meal service.

Patients will continue to be admitted through the emergency portals to ensure patient flow is maintained.

The Guidelines for Supportive mealtimes are [attached as Appendix 1](#).

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

This policy has been assessed as not affecting the equality of any one particular group of stakeholders.

An equality analysis has been carried out and it indicates that:

Tick	Options
✓	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: <ul style="list-style-type: none"> • • •

7.0 Maintenance

The Nutrition Support Steering Group is responsible for recommending any changes or amendments and ensuring the policy is kept up to date.

8.0 Communication and Training

Ward sisters and charge nurses are responsible for the communication of the policy to all relevant staff. They are also responsible for ensuring the policy is noted on the local induction checklist.

The policy will be communicated to nursing staff through existing Nursing Communication network meetings for all grades of nursing staff. Matrons are responsible for communicating the policy at directorate level.

9.0 Audit Process

Compliance with the policy will be undertaken by the relevant Professional Line Manager and supports delivery of Visions and Values.

Criterion	Lead	Monitoring method	Frequency	Committee
QRV visit	Governance	Governance team	Variable	QRV /Governance
Patient satisfaction survey results	Catering	NSSG	Monthly	Patient satisfaction survey results
Meal service audits 6 monthly	Nursing Quality Team	NSSG	6 monthly	Meal service audits 6 monthly

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Better Hospital Food (2002) www.patientexperience.nhsestates.gov.uk.

Bradley, L, Rees, C. (2003) Reducing nutritional risk in hospital: the red tray. *Nursing standard* 17 (26) 33-37

Department of Health (2014) *The Hospital Food standards panel report on standards for food and drink in NHS hospitals*

Department of Health and Social Care (2020) Report of the Independent Review of NHS Hospital Food [Accessed 18/11/2022]
[Report of the Independent Review of NHS Hospital Food \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90424/report-of-the-independent-review-of-nhs-hospital-food.pdf)

Care Quality Commission (2015 Key Lines of Enquiry and Fundamental Standards)

Freeman, L. (2002) Food Record Charts. *Nursing Times* 98 (34) 53-54

BAPEN (2007-2011) Nutritional Screening surveys in Hospitals in England

Horan, D., Coad, J. (2000) Can nurses improve patient feeding? *Nursing Times* 96 (50) 33-34

Ledesham, J. (2000) Screening and monitoring patients for malnutrition *Professional Nurse* 15 (11) pp695-698

Nightingale, F. (1859) *Notes on Nursing*. London, Duckworth

Royal College of Physicians (2002) *Nutrition and Patients: A Doctors Responsibility*. London, RCP.

Resolution ResAP(2003)3 on food and nutritional care in hospitals. www.coe.int

Part A - Document Control

Policy number and Policy version: OP94 Version 5.0	Policy Title Supportive Mealtimes/Making Mealtimes Matter	Status: Final		Author: Head of Nursing – Quality (Secondment) Chief Officer Sponsor: Director of Nursing
Version / Amendment History	Version	Date	Author	Reason
	1	May 2012	Helen Boyce	Implementation of Protective mealtimes
	2	March 2016	NSSG Matron Lead	Review and Update of existing Policy
	3	May 2019	NSSG Matron Lead	Reviewed by Chief Nursing Officer – extended to August 2019 pending full review
	4	November 2019	NSSG Matron lead	Review and Update of existing Policy
	4.1	October 2022	NSSG Matron Lead	Extension
	5	November 2022	Head of Nursing Quality	Review and Update of existing Policy and Title
Intended Recipients: All staff working clinically and in contact with wards				
Consultation Group / Role Titles and Date: Nutrition Support Steering Group (NSSG), Nursing, Midwifery, Allied Health Professionals Leaders Meeting NMAHP L				
Name and date of Trust level group where reviewed	NSSG November 2022 NMAHP L December 2022 Trust Policy Group March 2023			
Name and date of final approval committee	Trust Management Committee March 2023			
Date of Policy issue	April 2023			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	3 years January 2026			
Training and Dissemination: Communications on the Intranet and on display in wards, incorporated into audit.				
To be read in conjunction with:				
Initial Equality Impact Assessment (all policies): Completed Yes Impact assessment (as required): Completed NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904				
Monitoring arrangements and Committee	6 monthly report - Nutrition Support Steering Group			

Document summary/key issues covered.

The provision of assistance with and the opportunity for patients to eat their meals in a calm environment without risk of inappropriate interruption from unnecessary clinical interventions.

The policy places the required level of importance associated with nutrition whilst in hospital and allows for emergency or discreet clinical intervention for those not eating within reason. To encourage clinicians and family members/carers to be involved in mealtimes where applicable.

Guidelines for Supportive Mealtimes

The principles of Supportive Mealtimes must be established within the ward routine and structured day.

Members of the multidisciplinary team, visitors, parents involved in the food service, assisting or assessing patients eat and drink during mealtimes are encouraged to be part of the mealtime experience.

Multidisciplinary team members **not** involved in the food service, assisting or assessing eating and drinking will be asked to vacate patient areas during the mealtime thus allowing patients to enjoy their meal undisturbed.

Emergency situations will be dealt with in the usual way during this period.

Nursing staff are required to prepare themselves, the environment and their patients prior to the service of food. The following principles must be considered.

Key Points for a good meal service

Pre-Meal Service

- The patient and their relatives must be made aware of 'Supportive Mealtimes' as soon after admission as is reasonably possible. Inclusion of this information into patient information booklets is recommended and notices on the ward.
- Staff must be alerted by catering/ward hostess at least 15 minutes before meal service is due to commence to allow clinical staff to finish existing tasks and prepare patients for the mealtime service.
- Bed tables will be cleared and cleaned prior to the service of food of items not conducive to mealtimes such as urinals, vomit bowls and toiletries.
- Where required, staff will provide patients with assistance to use toilet facilities prior to the service of meals.
- The level of assistance required and specific dietary needs will be identified at the safety brief daily.
- All staff must wash their hands with soap and water prior to serving meals and wear a clean apron.
- Prior to the service of food, all patients will be given the opportunity to wash their hands with soap and water or use individual wipes.
- Patients who usually wear dentures, must have them made available ensuring that they are clean and well fitting. Nursing staff will assist patients with this if necessary.
- Patients should be encouraged to sit out in a chair if clinically stable and able to do so or to be in a sitting position whilst in bed, prior to the meal service. Where there is a physical restriction due to clinical condition e.g., having to remain flat in bed, full assistance to be provided.

During The Meal Service

- A registered practitioner is part of the meal service to ensure any updates in nutritional and hydration status can be made to staff involved.
- Meals and cutlery must be placed within easy reach of the patient, together with a drink.

- Desserts to be served separately after the main meal.
- Red trays to be used for patients requiring assistance.
- Patients requiring assistance should be served their meal when staff member is available to assist so the meal does not go cold.
- Patients will be assisted with removing hot lids or opening packages, preparing bread and butter, cutting up food where required.
- Where a patient does not eat a meal for whatever reason, an appropriate alternative must be offered.
- Ward sisters and charge nurses are responsible for ensuring that all health professionals are aware of the supportive mealtimes for their area.
- Staff mealtimes will be co-coordinated by a designated staff member to ensure that the number of staff on the ward at patient mealtimes is maximised to ensure food is the priority.
- Ward Hostess/Assistants will support the nursing team to ensure patients receive appropriate food and supplements to meet clinical need and individual preferences. The nurse caring for the patient supported by the ward hostess / assistant will ensure that patients order the correct meals and are able to complete the menu choice in order to maintain adequate nutrition.
- The patients' relatives/carers will be actively encouraged to participate in assisting with eating and drinking where this is appropriate and support and adequate training cross reference to Trust Dysphagia policy CP68.
- An appropriate sign will aid identification of patients at risk and those who require assistance with eating or drinking.
- Health care professionals involved in nutrition, hydration, speech and language are encouraged to be on the ward during mealtimes.
- Only when clinically appropriate and in exceptional circumstances must the mealtime be interrupted.
- Non-essential clinical duties will cease in preparation for the mealtime and will not recommence until the mealtime is over. Patients must not be collected from the ward to attend routine investigations unless previously negotiated.
- Medication rounds will not take place at mealtimes, except for medication which needs to be given in conjunction with a meal e.g., insulin, phosphate binders, pancreatic enzymes.

Post Meal and Dessert Service

- Following the meal service has been delivered a check that all patients have eaten must take place.
- If patients are identified at risk nutritionally, a food intake charts must be completed at the time of removing the meal tray. Any concerns must be communicated to the nurse in charge.
- If a patient is identified at high risk from a hydration assessment an accurate fluid balance chart is completed at the time of any drinks or other input and outputs if the patient is a medium risk record input and if the patient has passed urine or had their bowels open. Any concerns must be communicated to the nurse in charge.
- Following mealtimes, tables to be cleared.
- Patients should be offered to wash their hands or use individual wipes.
- Oral healthcare offered to patients where assistance is required.