The Walton Centre NHS
NHS Foundation Trust

Excellence in Neuroscience

Protected Mealtimes and Red Tray Policy

Author and Contact details:	[redacted]	
Responsible Director:	**Chief Nurse**	
Approved by and date:	**Nutrition Steering Group**	**November 2019**
Document Type:	**POLICY**	**Version 3.1**
Target Audience:	All trust employees.	
Document Approval, History/Changes	For further information contact the Governance Department on [redacted]	

***Think of the environment…Do you have to print this out this document?* You can always view the most up to date version electronically on the Trust intranet.**

Executive Summary

This policy is designed to ensure the nutritional and hydration risks to patients are minimised, it is the responsibility of all staff to be familiar with this policy, and to adhere to the directions within at all times.

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

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1. Introduction

This policy provides a framework for **best practice** at mealtimes.

National estimates suggest that around 29% of adult patients admitted to hospitals in the UK are at risk of malnutrition (Bapen 2018). Malnutrition is associated with poor outcomes of hospital care including increased mortality and longer lengths of stay.

Food provision is essential to the prevention and treatment of malnutrition. Factors recognised to contribute to poor dietary intake include acute illness, co-morbidities, cognitive impairment, low mood and medications. Protecting patient mealtimes and serving food to nutritionally vulnerable patients on a red tray are nationally recognised initiatives described within the 2017 British Dietetic Association Nutrition & Hydration Digest publication as interventions which may help to minimise the risk of malnutrition in the hospital setting.

Benefits of a protected mealtime include improvements in nutritional status, reduced food waste and reduced food related complaints (NPSA, 2009). Protected mealtimes provide the opportunity for nursing staff to assist with meals and concentrate on nutritional needs whilst minimising unnecessary interruptions (including ward rounds and diagnostic procedures (Porter et al 2016).

2. Scope

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

2.1. A Protected Mealtime 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, as required at mealtimes, especially for patients on the ‘Red Tray’ system.
- Allow mealtimes to be a social activity.
- Give staff time to monitor the food and fluid intake of specific patients.
- Raise awareness and emphasise the importance of nutrition within the Trust.

Protected Mealtimes will be clearly identified at the entrance to each individual ward by signage as per below:

Breakfast: 08.00 to 09:00
Lunch: 12.00 to 13.00
Supper: 17.00 to 18.00

As well as patients, the only people on the ward will be the nurses and staff involved with the meal service. Visitors are permitted to be present on the ward for the mealtimes that fall within the time frame stipulated in the Trust’s open visiting policy but are required to adhere to any local arrangements that may restrict visiting during these times (e.g., infection control etc.).

Emergency treatments and procedures can still be delivered during mealtimes and will not be affected by this policy.

2.2. The Red Tray and Jug System

Red trays and jugs with red lids aim to highlight:

- Nutritionally vulnerable patients
- Patients who require help/assistance/encouragement with their meals
- Patients where nutrition and hydration intake require monitoring

Patients are to be assessed for the requirements of a red tray on admission and continually thereafter. Only nursing staff can place patients onto the red tray and lid system however the dietetic team can also advise if necessary. See Procedure 3 for the correct process.

Nursing staff and HCA's can assist patients with all aspects of their mealtime, including feeding. Relatives can also assist their family member with dietary intake if the ward co Ordinator deems it safe after determining any specific safety requirements.

3. Definitions

Target staff - includes all staff that have contact with ward patients. For example: Medical, Nursing, HCAs, Therapies, and other ward based clinical staff, Catering and Domestic staffs.

4. Duties

4.1. Hostesses are responsible for:

- The quality and delivery of meals to the patient ensuring that they meet the required standards.
- The completion of the HACCP (Hazard Analysis of Critical Control Points) form and making them available for inspection by the Environmental Health Officer.
- Ward kitchen check lists are completed at the end of every month and any issues are reported to the correct departments.
- Ensuring that the ISS supervisor completes the ISS Mediclean checklist daily, including fridge and dishwasher temperatures. Any faults should be reported to the main kitchen.
- If the HACCP recording sheet is not completed at every mealtime, staff are at risk of breaking the Food Safety Regulation Law, which could result in the Environmental Health Officer enforcing a heavy fine on the Trust.
- Ensuring menus are completed within the specified times.
- Following the Burlodge meal process and preparation as per procedure 2 and operating guide available from ISS catering
- Ensure meals are provided in line with the nutritional needs of the patients including cultural, textural and allergy/intolerance requirements.

4.2. Ward Manager / Mealtime Coordinator are responsible for:

- Ensuring there is an allocated 'mealtime co-ordinator' daily.
- Ensuring other tasks are not undertaking routine tasks such as breaks and non-essential medicines during mealtimes.
- Ensure patient tables are cleaned and ready for mealtimes.

- Ensuring that Nursing staff (Registered nurses and HCA) complete e learning training that covers nutrition and hydration e.g., Mouthcare Matters
- Informing the catering team when patients are discharged so that fresh meals for newly admitted patients can be ordered.
- Ensuring adherence to Tendable audits to gain assurance and monitoring of mealtimes and identifying any areas of improvement that will result a seamless mealtime.
- Preparing the eating environment for their patients and making sure that individual preferences, privacy, and dignity are respected. Please refer to 'Procedure 1' for more guidance.
- Ensuring that the nutritional boards outside kitchens are accurate and up to date, including details of cultural, textural, allergy and intolerance requirements.

4.3. Meal Co-ordinators are responsible for:

- Initiating the mealtime service
- Liaising between nursing staff and the hostess
- Ensuring staff breaks are organised to allow for sufficient staff to be available to assist patients with their meals.

The importance of teamwork and co-operation between the nursing team and hostess is essential.

4.4. Speech and Language Therapy Department

Speech and Language Therapists may recommend a patient has assistance (through the Red tray system) with their food or drinks. This may be due to difficulties with self-feeding and or due to risks associated with oral intake (e.g. risks of choking, commencement of oral trials). If this has been recommended, this will be identified on the yellow sign behind the patient bed space.

4.5. Nutrition and Dietetics Department is responsible for:

- Assessing, advising, and monitoring patients' nutritional care plans.
- Providing support and training for other key staff members around nutritional care and are responsible for the monitoring and review of this policy.

4.6. The Nutrition Steering Group is responsible for:

- Provide assurance that the Trust has effective mechanisms and systems in place to meet the nutrition and hydration needs of patients.
- Reviewing and updating policies and guidelines.

4.7. The PLACE Team / Patient Experience Group is responsible for:

- The monitoring of services provided to patients via quarterly site visits and patient surveys and questionnaires.

4.7.1 Staff Involved in the service of food are responsible for:

- Adhering to the Trust Infection Control Policy
- Following appropriate hand hygiene guidelines
- Ensuring that they are wearing the appropriate protective clothing (e.g. appropriate coloured apron) and that their hair is covered.

Please refer to ‘Procedure 1’ for more guidance.

4.7.2 Risk management

Patients’ meals will be served immediately after re-generation to avoid the risk of bacterial growth and a cold inedible meal. Food brought in for the patient should be appropriately labelled and disposed of within the appropriate time frame (e.g. best before date). Food from outside the Trust cannot be reheated due to microbial risks.

Special diets and supplements for named patients must not be given to any other patient.

Under no circumstances should meals on Red Trays for named patients be offered to any other patient.

Patients who have been identified by Speech and Language Therapist (SLT) as needing supervision for swallowing difficulties must not be left alone, due to the risk of choking.

Appropriate support with menu choices must be provided to patients who lack capacity. Nursing staff must identify such patients and communicate their needs to the catering team, mealtime coordinator and other relevant professions as appropriate.

5. Training

All contracted domestic staff: handling patients’ food on the wards must attend the Basic Food Hygiene Course provided by the contractor within six months of commencement of employment and attend refresher training every three years.

6. Monitoring

The Nutrition Steering Group will monitor this policy, consider audits undertaken via Tendable, annual PLACE assessment and review patient feedback.

The key performance indicators identified relating to this policy include:

- All contracted catering staff will attend appropriate training within six months of employment and possess the necessary skills and competencies about the patient nutrition.
- All contracted catering staff will attend refresher training every three years.
- Protected mealtimes are publicised to patients, staff, and visitors via signage and staff verbal communication.
- Monitored through Nutrition Steering Group via Tendable Audit.
- Designated staff serve patients’ meals immediately on arrival to the ward.

7. References

- Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. (2018). Published on BAPEN (British Association of Parenteral and Enteral Nutrition) website www.bapen.org.uk ISBN: 978-1-899467-23-8

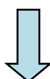
- British Dietetic Association Food Services Specialist Group. The Nutrition and Hydration Digest (2nd edition) Improving outcomes through food and beverage services (2017).
- Porter J, Haines TP, Truby H. The efficacy of Protected Mealtimes in hospitalised patients: a stepped wedge cluster randomised controlled trial. BMC Med. 2017 Feb 7;15(1):25
- National Patient Safety Agency. 10 characteristics of good nutritional care. (2009).

Appendix 1 - Procedure 1

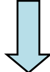
PREPARATION FOR PROTECTED MEALTIME

Day to day routines and interruptions should stop at the start of designated protected mealtimes e.g. ward rounds, medical /MDT visits, therapy sessions, cleaning, patient transfers, x-rays, routine observations etc. and should only occur in exceptional circumstances.

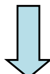
Clinical activities should be limited to those that are relevant to patient mealtimes or essential at that time for the patient's care e.g. an essential drug round.



Items located where food is being consumed e.g. bedside tables, communal eating areas must be cleared of any items not conducive to mealtimes e.g. urine bottles, toiletries

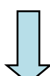


Patients must be made comfortable in an upright position (unless unable to do so for medical reason) and where appropriate nursing staff should offer the patient the use of toilet facilities, prior to their meal.

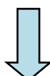


All patients should have the opportunity to wash their hands themselves or have assistance. Trust-approved hand wipes should be provided or hand gel can also be used for this purpose.

Patients should be offered protective clothing to prevent spillages where required (if the patient wishes).



Meal aids should be provided if required.

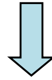


All patients should have access to appropriate fluids (assistance provided if required).

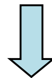
Appendix 2 - Procedure 2

SERVING OF MEALS & SNACKS

A full operating guide to the Burlodge available from ISS catering service. This includes installation, heating meals, cleaning and warranty guidance.



Meals should be offered as requested on the patient menu. Each patient should be offered a choice from the menu, including those newly admitted to the ward, regardless of the previous patients' food order.



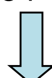
Meals should be served in a logical manner; red trays should be served in an order requested by the meal co-ordinato*r* to allow time for assisting patients.

Snacks are available at ward level from the 'tea trolley' service.
This is operated six times per day.

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

Ward Coordinator to ensure that early identification of food allergies, intolerances and texture modification recommendations and liaise with the ISS team.

Independence should be promoted, however if assistance in cutting up food and feeding is required then this should be a nursing priority and the patient will require a red tray.



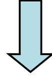
Privacy and dignity should be maintained at all times.

Nursing staff should refer to the SOP Nutritional Screening - MUST Flowchart if concerned about a patient's dietary intake.

Appendix 3 - Procedure 3

RED TRAY & JUG PROCESS

Patients are assessed on admission by nursing staff and on-going as per Nutrition Screening Policy. Nursing staff can place patients onto the red tray system if concerned.



Potential Reasons for a RED TRAY &/OR JUG

- Nutritionally vulnerable patients (MUST Score ≥ 2) who require encouragement.
- Patients who require help/assistance with meals
- Patients where diet & or fluid intake requires monitoring via a Food/Fluid CHART
- Patients identified by YELLOW SLT Signage

On a daily basis a member of the nursing team will be designated as meal co-ordinator to help work together to ensure the success of the protected mealtime, so that patients have a calm and, where possible, uninterrupted meal experience.

To place a patient on the RED Tray System, list their name on the ISS KITCHEN WHITE BOARD under Column 'RED TRAY REQUIRED' and inform the Ward's Daily Meal Time Co ordinator & ISS Hostess

Red trays should be served in an order requested by the Daily Mealtime Co-ordinator to allow time for assisting patients.

Nursing staff and HCA's can assist patients with all aspects of their mealtime, including feeding. Volunteers and relatives are permitted to assist with preparing the meal (e.g., opening packets etc.) and should approach the nurse in charge before assisting with feeding to determine any specific safety requirements.
Privacy and dignity should be always maintained.

For patients on a RED Tray nurses must document any meals, snacks and supplements the patient has taken so that a comprehensive record is maintained for patients requiring a food chart.
N.B. For patients who require Red Tray Assistance but have a MUST of '0', food charts are not required (check with your ward dietitian if there are any concerns).

Appendix 4 - Equality Impact Assessment (EIA) Form

The Walton Centre NHS
NHS Foundation Trust

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part 1

1. Person(s) Responsible for Assessment: [redacted] 2. Contact Number: [redacted]

3. Department(s): Infection Prevention & Control 4. Date of Assessment: 05.01.24

5. Name of the policy/procedure being assessed: Protected Mealtimes & Red Tray Policy

6. Is the policy new or existing?

New Existing √

7. Who will be affected by the policy (*please tick all that apply*)?

Staff √ Patients √ Visitors √ Public

8. How will these groups/key stakeholders be consulted with?

9. What is the main purpose of the policy?
To ensure that patients receive appropriate nutrition in line with individual need

10. What are the benefits of the policy and how will these be measured?
Patient will receive appropriate nutrition
Measured via Tendable Mealtime Audits

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? *If yes, please give brief details*

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? *Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)*

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age	√			Patient will receive assistance to meet nutritional needs	
Sex			√		
Race			√		
Religion or Belief			√		
Disability	√			Patient will receive assistance to meet nutritional needs	
Sexual Orientation			√		
Pregnancy/maternity			√		
Gender Reassignment			√		
Marriage & Civil Partnership			√		
Other			√		
If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)					

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? *See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).*

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to Hannah Sumner, HR Manager or Safeguarding Matron for further support.

Action	Lead	Timescales	Review Date

Declaration

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified.

Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified.

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed

Name: [redacted] Date: 05-01-24

Signed: [redacted]

Appendix 5 - Policy approval checklist

The Protected Mealtimes Policy is presented to the Nutritional Steering Group for Approval.

In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

Policy review stage

Table 1

The reviewing group should ensure the following has been undertaken:	**Approved?**
The author has consulted relevant people as necessary including relevant service users and stakeholders.	√
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	√
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	√
The policy fits within the wider organisational context and does not duplicate other documents.	√
An Equality Impact Assessment has been completed and approved by the HR Team.	√
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	√
The document clearly details how compliance will be monitored, by who and how often.	√
The timescale for reviewing the policy has been set and are realistic.	√
The reviewing group has signed off that the policy has met the requirements above.	√

Reviewing group chairs name: [redacted]	**Date: 09-01-2024**

Policy approval stage

X **The approving committee/group approves this policy.**

☐ **The approving committee/group does not approve the policy.**

Actions to be taken by the policy author:

Approving committee/group chairs name: [redacted]	**Date: 09-01-2024**

Appendix 6 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
2.0	All	Review following TUPE transfer of Dietitian team to Walton Centre	Dec 15	
3.0	All	Full review at expiry date	Dec 20	
4.0	All	Full review	Oct 2023	
4.1	4.1	Change from Domestic to catering staff, insertion of Burlodge to replace IWAVE and clarification of responsibilities	Jan 24	

Translation Service

If you require this leaflet in any other language or format, please contact the Patient Experience Team on stating the leaflet name, code and format you require

.

Arabic	اذا كنت بحاجة إلى هذه النشرة بأي لغة أو تنسيق آخر، فيرجى الاتصال بفريق متابعة تجارب المرضى على الرقم موضحاً اسم النشرة، والرمز، والشكل الذي تطلبه.
Chinese	如果你想索取本传单的任何其他语言或格式版本，请致电0 ，说明所需要的传单名称、代码和格式。
Farsi	در صورت نیاز به این بروشور به هرفرم یا زبان دیگری,لطفا با تیم تجربه بیمار با شمار یا۳۰۹۳ یا با ایمیل زیرتماس بگیرد با ذکر نام بروشور ، کد و قالب مورد نیاز خود
French	Si vous avez besoin de ce dépliant dans une autre langue ou un autre format, veuillez contacter Patient Experience Team (équipe de l'expérience des patients) au en indiquant le nom du dépliant, le code et le format que vous désirez.
Polish	Jeśli niniejsza ulotka potrzebna jest w innym języku lub formacie, należy skontaktować się z zespołem ds. opieki nad pacjentem (Patient Experience Team) pod numerem telefonu , podając nazwę ulotki, jej kod i wymagany format.
Punjabi	ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੈਂਟ ਐਕਸਪੀਰਿਅੰਸ ਟੀਮ ਨਾਲ 'ਤੇ ਈਮੇਲ ਕਰ ਅਤੇ ਪਰਚੇ ਦਾ ਨਾਮ, ਕੋਡ ਅਤੇ ਆਪਣਾ ਲੋੜੀਂਦਾ ਫਾਰਮੈਟ ਦੱਸੋ।
Somali	Haddii aad u baahan tahay buug-yarahan oo luqad kale ku qoran ama isaga oo qaab kale ah, fadlan Kooxda Waayo-arragnimada Bukaanka kala soo xiriir oo sheeg magaca iyo summadda buug-yaraha iyo qaabka aad u rabtid.
Urdu	اگر آپ کو یہ کتابچہ کسی دیگر زبان یا شکل میں درکار ہو تو، براہ کرم پیشنٹ ایکسپیریئنس ٹیم سے پر رابطہ کریں، یا کتابچے کا نام، کوڈ اور اپنی مطلوبہ شکل کا ذکر کرتے ہوئے پر ای میل کریں۔
Welsh	Pe byddech angen y daflen hon mewn unrhyw iaith neu fformat arall, byddwch cystal â chysylltu gyda'r Tîm Profiadau Cleifion ar gan nodi enw'r daflen, y cod a'r fformat sydd ei angen arnoch.