PROTECTED MEALTIMES
AND RED TRAY POLICY

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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. It is in the patient’s best interests to provide an un-interrupted quiet atmosphere to promote adequate nutrition and an opportunity for social interaction amongst the patients. Benefits of protected meal times include weight gain, reduced food waste and reduced food related complaints (NPSA, 2009). Adequate nutrition can improve outcomes and reduce length of stay. Protected mealtimes provide the opportunity for nursing staff to assist with meals and concentrate on nutritional needs. Relatives can be permitted during this time (at the discretion of the nurse in charge) if the patient would benefit from their assistance.

The Protected Mealtime will be identified at the entrance of individual wards by signage, breakfast 8.00 and 8.30, lunch between 12.00 and 13.00 hrs and supper between 17.00 and 18.00 hrs.

2. **Scope**

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.

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 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.

3. **Definitions**

- Target staff - includes all staff that have contact with ward patients. For example: medical, nursing, AHPs, HCAs, catering and domestic staffs.

4. **Duties**

4.1. **Hostess is responsible for:**
- the quality and delivery of meals to the patient and that they meet the required standards.
- the completion of the HACCP (Hazard Analysis of Critical Control Points) form and make 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 ridge 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 ‘I wave’ meal process and preparation as per procedure 2 and operating guide available from ISS catering.

4.2. **Nursing Staff**

Are responsible for ensuring they attend appropriate training and possess the necessary skills and competencies with regard to patient nutrition.

Cancel menu orders when patients are discharged and order fresh meals for newly admitted patients.

4.3. **Meal Co-ordinator.**

The importance of teamwork and co-operation between nursing team and hostess is essential. A member of the nursing team will be designated as meal co-ordinator on a daily basis to help work together to ensure the success of the protected mealtime so that patients have a calm and where possible uninterrupted meal experience.

4.4. **Ensure mealtime is protected time**

Staff breaks should be organised to allow for sufficient staff to be available to assist patients with their meals.

4.5. **Nutrition and Dietetics Department**

Responsible for the prescription and monitoring of therapeutic diets.

Support training for other key staff members around nutritional care.

Responsible for the monitoring and review of this policy.

4.6. **The Nutrition Steering Committee**

Responsible for the monitoring, guidance and setting objectives for the work of the Hotel Services Committee.

Responsible for the maintenance of the risk register pertaining to patient nutrition.

4.7. **The PLACE Team / Patient Experience Group**

Responsible for the monitoring of services provided to patients via quarterly site visits and patient surveys and questionnaires.

4.7.1 **PREPARATION FOR MEALTIME**

Ward staff are required to prepare themselves and the environment for their patients, individual preference and privacy must be respected. Procedure 1 must be followed.

4.7.2 **SERVING OF MEALS**

All ward staff/ hostesses in contact with the food service must follow appropriate hand hygiene guidelines, must ensure that they are wearing the appropriate protective clothing (e.g. appropriate coloured apron) and that their hair is covered.

All staff involved in the food service must adhere to the Trust Infection Control Policy and follow Procedure 2.

4.7.3 **RED TRAYS AND JUGS**

Red trays and jugs highlight:
- Nutritionally vulnerable patients
- Patients who require help/assistance with meals
- Patients where nutritional intake requires monitoring

Patients are assessed on admission and on going. All staff can place patients onto the red tray system, nursing staff should be informed and the PAS code ‘RTR’ should be placed on the electronic board for the appropriate patient.

Only the staff nurse and HCAs should feed patients. Volunteers and relatives are encouraged to assist with preparing the food if this is required, but they cannot feed the patient unless given permission by nurse in charge of clinical area.

4.7.4 FASTING AND GREEN JUG SYSTEM

Patients undergoing surgery may be asked to fast prior to their procedure, this is to promote their safety whilst having an anaesthetic. The patient will be asked to fast for no longer than is necessary. Patients will be offered food and drink prior to them beginning their fast. The green jug system is used for patients fasting for planned procedures to ensure that patients are given water up to 4 hours before planned procedure. If a patient has their planned procedure cancelled and may break their fast they will be offered a suitable 1-wave meal as soon as is possible. The time that a patient is required to fast from is recorded in the patient record. The last time that a patient ate or drank will also be recorded.

4.7.5 RISK MANAGEMENT

Patients’ meals will be served immediately after re-generation to avoid the risk of bacterial growth and a cold inedible meal. 1-wave meals cannot be reheated. 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.

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 attends refresher training every three years.

6. Monitoring

The Clinical Nutrition Steering Committee will monitor and review this policy in light of audits carried out by the Hotel Services Committee and periodic PLACE Assessments. The Patient Experience Group will monitor patient feedback.
6.1. **Measuring Performance**

Key performance indicators identified relating to this policy:

All contracted domestic staff will attend appropriate training within six months of employment and possess the necessary skills and competencies with regard to the patient nutrition.

All contracted domestic staff will attend refresher training every three years.

Protected meal times are publicised to patients, staff and visitors via signage.

All staff adhere to protected meal times – this will be monitored through unannounced inspections.

Designated staff serves patients’ meals immediately on arrival to the ward.

7. **References**

- Age Concern (August 2006) - Hungry to be Heard
- British Association for Parental and Enteral Nutrition (1999), Hospital food as treatment. British Dietetic Association
- Department of Health (2002). - Better Hospital Food Programme
- Hospital Caterers Association. (2004) -Campaign for Protected Mealtimes
- Mcwhirter & Pennington (1994) - Incident and Recommendation of Malnutrition In Hospital British Nursing Journal 308 pp 945-958
- National Patient Safety Agency (2009). 10 characteristics of good nutritional care; An environment conducive to people enjoying their meals and being able to safely consume their food and drinks is maintained (in hospitals this is known as ‘Protected Mealtimes’).
**Appendix 1 - Procedure 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, 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. drug rounds.

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

Patients must 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. Most wipes 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 water (assistance provided if required).
Appendix 2 - Procedure 2:

SERVING OF MEALS

A full operating guide for MiWAVE models 1000/1200/1500/1900/COMBI is 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-ordinator to allow time for assisting patients.

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

Nurses must document any meals, snacks or supplements the patient has taken so that a comprehensive record is maintained for patients requiring a food chart.

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

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 MUST pathway if concerned about a patient’s dietary intake. Refer to the screening policy.
Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611.

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwn â chanoifan Walton ar 0151 525 3611.

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一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是: 0151 525 3611。