

#### 1. Introduction and Background

- 1.1 In 1859 Florence Nightingale said “Nothing shall be done in the ward while the patients are having their meal”. However, today patients often find their mealtime experience anything but interruption-free. With ward activity continuing throughout mealtimes, patients rarely enjoy their food in a quiet and relaxed environment.
- 1.2 The therapeutic role of food and fluid within the healing process cannot be underestimated. The service of food and beverages is an essential part of treatment. The importance of food to aid recovery should be highlighted to patients and relatives, and all steps should be taken at meal times to optimise food intake. Food, even if it is of the highest quality is only of any value if the patient actually eats it.
- 1.3 25% – 34% of adult patients admitted to hospital are malnourished or at risk of malnutrition (Nutrition Screening Surveys in UK Hospitals 2007 – 2011 (BAPEN 2014)). Certain groups of patients, such as the elderly, have particular dietary and eating requirements that need to be met to prevent malnutrition and to aid recovery. Nutritional screening using the MUST tool will highlight those patients who need a nutritional support care plan, and for whom enhanced mealtimes will be especially advantageous.
- 1.4 The Ward environment, presentation of food and the timing and content of meals are important elements in encouraging patients to eat well. The importance of mealtimes needs to be re-emphasised and ward based staff given the opportunity to focus on the nutritional and eating requirements of patients at mealtimes and improve the meal experience. Wards should operate a system of ‘**Enhancing Meal Times**’ for patients to help achieve this. The ‘Carers Charter’ implemented across the trust by the Patient Experience Team ensure that ‘Carers’ are given open visiting, especially during mealtimes. This is also supplemented through the ‘Stay With Me’ concept in the trust that supports and welcomes a designated family member or carer of patients with dementia to remain in the hospital outside of visiting hours, to provide essential reassurance and support.
- 1.5 These guidelines provide a framework for best practice at mealtimes and are designed to support all staff involved in providing nutrition and hydration to patients during their hospital stay. It should also be used to provide guidance to staff on improving the patients mealtime experience and implementing the ‘**red tray**’/‘**red lid**’ **system** for those patients assessed as requiring nutritional support within their Ward or department areas.
- 1.6 The **red tray system** is a very visual way of highlighting patients assessed as requiring assistance at meal times and/or nutritional support within the ward area. There is now a trust wide system to ensure patients requiring a red tray receive their food on one – **see Appendix 1 for the red tray system**. This system is triggered when patients are assessed as requiring assistance or nutritional support, a **Red RT in a Circle** is drawn onto the white board behind the head of the patient’s bed; this is a visual communicate to catering staff that they need to order a red tray on the electronic tablet when they are taking the patients meal order.
- 1.7 It is important that patients have an appropriate menu to refer to and make their meal choices from. Supplies of paper copies of the standard menu can be obtained from catering, or found in the ward catering folder kept in the ward kitchen. Each bed space should have a fresh

menu once it has been cleaned and prepared for a new patient. This menu should be for the patients use during their hospital stay and it should be thrown away when they are discharged. For those patients that require a different menu from the standard menu staff can obtain a copy from the ward catering folder or the catering department.

- 1.8 There are **3 meal times** each day, breakfast, lunch and evening meal and **3 snacks** available between meals (mid-morning, mid-afternoon and evening time) -See Appendix 3. These are all important for the patient to meet their nutritional needs over the course of each day, and these guidelines should be followed at each meal time and when ordering of meals. Choices available at snack time are listed on the patient snack menu – A5 copies of this are available in the ward catering folder and from catering. Snack menus should also be visible in picture and written format on the ward drinks trolley.
- 1.9 Patients meals are ordered prior to the meal service time, and this must be recognised as an important step in ensuring the mealtimes are as effective as they can be. Patients should be given an appropriate menu, and time to consider which choices they will make. If there are communication difficulties these need to be accounted for and measures put in place so that the catering assistant can still log the patients order– the use of a patient weekly meal planner can assist with this. If there are cases of patients opting not to order food this should be highlighted to the ward nursing team by the catering assistant. A system should be established by each individual ward when patients are not on the ward to ensure a meal or snack box is ordered for them and will then be provided on their return to the ward.
- 1.10 These guidelines are based on the enhancing mealtimes philosophy, in accordance with the NHS Mandatory Foods Standards 2016 .There has been many national reports highlighting the importance of providing good nutritional care and support for the patient including; Still hungry to be heard (Age concern UK 2010), Essence of care benchmarks for food and drink (DoH 2010) Nutritional support in Adults QS24 (NICE 2012), CQC Hospital food plan – food and drink strategy 2015/2016.
- 1.11 This is an important area of practice as there have been widespread inconsistency and poor standards highlighted relating to helping patients with eating. This is seen as a significant general problem affecting the vast majority of hospital trusts in a recent report ('Older peoples experiences of dignity and nutrition during hospital stay: Secondary data analysis using the adult inpatient survey' London School of Economics CASE brief 34 June 2015)

## **2. Scope**

2.1 This guideline applies to:

- a) All healthcare staff that have contact with patients' at mealtimes including those on a bank and honorary contract. Optimising nutritional intake at mealtime will involve staff of all grades working on the ward.
- b) Volunteer mealtime assistants, these are recognised volunteers within the Trust who has had specific training to assist patients at mealtimes.
- c) Staff who are responsible for planning patient clinical activity such as tests, investigations and clinical interventions that could impact on patient mealtimes (Medical, Allied Health Professionals)
- d) Catering staff who are ordering the meals and heating them at ward level.

### **3. Recommendations, Standards and Guideline Principles**

#### **3.1 The principles of this guideline aim to improve the meal experience by**

- a) Allowing patients mealtimes to be enhanced from unnecessary and avoidable interruptions
- b) Creating a quiet and relaxed atmosphere in which patients are afforded time to enjoy meals, limiting unwanted traffic through the patient bay area/ward during mealtimes, e.g. estates work and linen deliveries.
- c) Ensuring that the ordering of food has been properly conducted from appropriate standard or support menu. It is important that the patient's requirements and preferences are clearly communicated, and the full choice of options is offered.
- d) Recognising and supporting the social aspects of eating.
- e) Providing an environment conducive to eating, that is, welcoming, clean and tidy.
- f) Limiting ward-based activities, both clinical (i.e. drug rounds) and non-clinical (i.e. cleaning tasks) to those that are relevant to mealtimes or 'essential' to undertake at that time.
- g) Focusing ward activities into the service of food, providing patients/clients with support at mealtimes.

The amount and type of support can vary but could include:

- ↗ Preparation of the tray – undoing packaging, cutting up food, providing appropriate utensils.
  - ↗ Positioning the meal so that the patient is as comfortable as possible, adjusting table heights etc.
  - ↗ Encouragement and prompting
  - ↗ Positive about mealtimes
  - ↗ Some plates of food will need preparation for some patients e.g. jacket potatoes will need cutting in half and butter and filling applying.
  - ↗ Sandwiches can be very difficult to get out their packet for many patients, consider doing this and cutting into quarters for some patients.
  - ↗ Feeding the patient, ensuring there is time for them to eat what they can of the meal at their own pace, consider amounts given at a time, and offer a drink at intervals
- h) Emphasising to all staff, patients and visitors the importance of mealtimes as part of care and treatment for patients.
  - i) Ensuring that it's 'food first' at mealtimes.
  - j) Ensuring all patients that are at risk of malnutrition (with a MUST score of 1+) or need assistance with eating or drinking have their meals served on a Red Tray (or equivalent alert system) and a Red Lid (or equivalent alert system) is used for their bedside water jug. This will help facilitate staff to recognise visually those patients in need of support and those who need their fluid and nutritional intake monitoring and recording at all times.
  - k) The ward needs to have a clear system for ensuring all patients needing a red tray are served their meal on one – the number of patients and thus trays required will vary at each meal time. See Appendix 1 for Trust Wide Process for Red Tray System.
  - l) Red trays should not be cleared away until the amount the patient has eaten is accurately recorded on the food record chart

#### **3.2 Specific Nursing and Midwifery Roles and Responsibilities**

Nursing and Midwifery Staff have particular responsibilities regarding their Clinical areas as follows: See Appendix 1 and 2.

### **3.2.1 Matrons are responsible for ensuring:**

- a) The Enhancing Patient Mealtimes Guidelines for best practice are fully implemented and promoted within their areas of responsibility.

### **3.2.2 Ward/Unit Sister/Charge Nurse is responsible for ensuring:**

- a) The Enhancing Patient Mealtime Guidelines are implemented in their area.
- b) Nursing staff make food a priority during mealtimes so that all attention is on serving meals, helping and encouraging patients to eat and observing the amount of food consumed.
- c) Non-meal time related tasks (including staff breaks) must be reduced to a minimum during meal-times.
- d) Medical and allied health professionals are asked where possible to refrain from entering the ward during mealtimes to undertake clinical tasks at the patient's bedside so that the emphasis is solely on nutritional care and enjoyment of the meal unless they are assisting with the meal provision service.
- e) Carers, family and friends are welcomed and supported to visit and offer support at mealtimes especially for patients identified as requiring additional support. This applies to all meals including breakfast. While socialising during mealtimes should be encouraged, privacy should be offered to those patients who have difficulties with eating, if they wish.
- f) All Staff including Housekeepers are aware of the Patient's nutritional status e.g. Nil by Mouth, Free Fluids etc. They should know if the patient has special dietary requirements or are on a therapeutic diet (e.g. gluten free diet or modified consistency diet), and this should be clearly communicated to the catering staff ordering patient meals. It is good practice to highlight patients' particular nutritional requirements on the PSAG board with the mealtime assistance symbol.

### **3.2.3 Individual Staff are responsible for ensuring:**

- a) All inpatients have a Nutritional risk assessment and patients receive adequate nutrition and hydration during their hospital stay.
- b) The patient and where appropriate their family/visitors are made aware of the Enhancing Patient Mealtime Guidelines as soon after admission to the Ward as is reasonably possible. All mealtimes are supervised by a Qualified Nurse.
- c) Ward tasks must, where possible be organised to maximise the number of staff in clinical areas to deliver and assist with the patient meals (including consideration of staff breaks)
- d) Staff wash their hands and don a **green** disposable apron prior to serving meals or assisting patients to eat
- e) Any delegation of assistance to patients with meals should be done by a registered nurse.
- f) The guidelines and principles are applied flexibly to balance patients' clinical needs and their nutritional needs (for example: if a patient is required to leave the ward for an investigation that will aid diagnosis or expedite discharge this can be authorised and the nursing staff must ensure that a replacement is organised for the missed meal).
- g) Weekly meal planners are completed in conjunction with patients, family members and carers of those patients that lack/ have fluctuating capacity.

### 3.3 Preparation for Mealtimes

In order to maximise the mealtime experience ward staff are required to prepare themselves, the environment and their patients. Individual patient preference must be respected.

The following principles should be adopted by all clinical areas:

- a) Interruptions e.g. Ward Rounds, Doctors visits, cleaning, documentation, therapy, patient transfers etc. should only happen in exceptional circumstances.
- b) Clinical activities at the bedside should be limited to those that are relevant to patient mealtimes or essential at that time (medications which need to be taken prior to e.g. insulin during or after meals e.g some antibiotics)
- c) To raise awareness of all staff, patients and visitors of the importance of mealtimes as part of care and treatment for patients.
- d) Bed tables and eating areas must be cleared of items not conducive to mealtimes e.g. urine bottles, and bed tables cleaned prior to meal serving.
- e) A system should be established by each individual ward when patients are not on the ward to ensure a meal is ordered and will be provided on their return to the ward.

### 3.4 Patient Preparation

- a) Ensure the patient is offered the use of toilet facilities prior to the meal.
- b) All patients must have the opportunity to wash their hands themselves or to have assistance if unable to do so themselves. A bowl of water and soap by the bed side may be used for this if access to hand washing facilities is difficult or provide the patient with an individual pre-packed hand wipe to use prior to eating.
- c) The patient should be assisted to sit in an appropriate and comfortable position to facilitate ease of eating. Adjust table height or position, bed position, etc when needed.
- d) The patient should be supplied with appropriate feeding aids. (Occupational Therapy will undertake an assessment of patient need.)
- e) Ensure spectacles and hearing aids are in use when appropriate.

### 3.5 Meal Service

- a) Meals should be offered in appropriate portion sizes wherever possible by the Ward Housekeeper / Health care assistant / Mealtime Volunteer Assistant/Ward Meal Hostess.
- b) Patients should be provided with appropriate cutlery and condiments.
- c) Patients who have been identified as requiring additional support at mealtimes for example:
  - Those patients who require their daily intake of food and fluids recorded on a food chart and fluid balance chart.
  - Those patients who need assistance with eating (ranges from removal of lid or cling film to needing full assistance) should have their food served using the red tray and have a Red lid placed on their water jug. Those patients should also be identified as needing support at handover and within the nursing records (For more details see flowchart in appendix 1).
- d) Independence should be promoted, however assistance and encouragement, cutting up

food, assisting with feeding should be provided as required on the ward at meal times.

- e) Some patient may benefit from time taken to remind them what they ordered and prompting to have their meal.
- f) Patients with a reduced appetite may need encouragement to manage what they can of the meal.
- g) Patient dignity must be maintained.
- h) All patients should be offered as appropriate:
  - A smaller portion size if required at the point of ordering the patients meal.
  - Therapeutic diet – to treat/alleviate disease, e.g. renal, allergy diet.
  - Special diet – for cultural, e.g. vegetarian and/or religious purposes, e.g. Kosher.
  - Modified consistency diet – for patients with dysphagia, e.g. easy to chew, pureed diets.
  - Test/investigation diet, e.g. Picolax bowel preparation diet.

**NB:** It should be acknowledged that the Trust will endeavor to provide dietary requirements / regimes that the patient has decided to follow, but is under no obligation to do so if the dietary regime is not part of clinical care.

l) At the end of the meal time the tray is not to be removed by domestic or ward staff until directed by nursing staff. Food record charts should be completed before red trays are cleared away and also documentation on fluid balance chart of any refreshment.

#### 4. **Education and Training**

- 4.1 The roles, responsibilities and expectations of staff in supporting patients' at mealtimes should be discussed at local induction. Patient nutrition is included in the Trust wide HCA Induction Programme and Preceptorship Programmes for Nurses and Midwives.
- 4.2 Any education and training needs in supporting patients at mealtimes must be identified by the Line manager at local induction or through appraisals and actioned through the individuals Personal Development Plan.
- 4.3 Volunteer Mealtime Assistants training is provided by the Mealtime Assistant Coordinator, who can be contacted on ext. 7221.

#### 5. **Monitoring and Audit Criteria**

Element to be Monitored	Lead	Method	Frequency	Reporting arrangements
Adherence to Protected Mealtimes	Matrons Facilities	Nursing Quality Metrics Food Audit	Monthly	Clinical Management Group Board / Quality and Safety Meetings, actions will be monitored through this meeting by CMG Head of Nursing

#### 6. **Legal Liability Guideline Statement**

Guidelines or Procedures issued and approved by the Trust are considered to represent

best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes

## 7. **Supporting Documents and Key References**

BAPEN (1999) Hospital food as treatment. British Association for Parenteral and Enteral Nutrition

BDA (2003) British Dietetic Association

DoH (2010) Essence of care benchmarks for food and drink HCA (2004) Hospital Caterers Campaign for Protected Mealtimes

Hospital hydration best practice tool kit – [www.nrls.npsa.nhs.uk](http://www.nrls.npsa.nhs.uk)

BAPEN (2014) Nutrition Screening Surveys in Hospitals in the UK, 2007-2011.

RCP (2002) A Doctor's Responsibility. Royal College of physicians: London  
Milton Keynes General Hospital NHS Trust, Red Tray Project

Age Concern (2006), Hungry to be Heard.

Age Concern (2010), Still Hungry to be Heard

NICE (2006) Clinical Guideline: Nutritional Support in adults. Oral nutrition support, enteral tube feeding and parenteral nutrition.

NICE (2012) Quality standard 24 nutritional support in adults.

National Patient Safety Agency (NPSA) Protected Meal Times Review

The Hospital Food Standards Panels report on Standards for Food and Drink in NHS hospitals, DoH, Age UK, August 2014.

The NHS England Guidance 'Commissioning Excellent Nutrition & Hydration 2015-2018 has a lot of very good, up to date references that would probably be very useful in bringing this up to date. Copy of this guidance on my desk if you want to save printing again.

## 8. **Key Words**

Protected mealtimes, mealtimes, red tray, red lid

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**Version Number:**  
**V5**

**Details of Changes made during review:**

**V5 approved \*\*\*\*\***

- a) Minor grammatical amendments made
- b) The Word 'Protected Meal time' removed throughout document and replaced with 'Enhanced Meal Times'
- c) Appendix 1 updated in line with current process

**V4 approved 17<sup>th</sup> June 2016**

- d) Minor grammatical amendments made
- e) National guidelines in section 1.9 updated with latest references to mandatory documentation that these guidelines are based on.
- f) All reference to Interserve removed from guideline and changed to Trust Catering and Facilities services
- g) Section 3.3 point E added relating to the process to be in place when a patient is not on the ward to have their meal due to tests and investigations to ensure that they are offered food and drink on their return.
- h) Section 3.2. point F updated added in relation to identifying patients requiring assistance.
- i) Section 5.1 updated in respect of audits undertaken.
- j) Appendix 1 updated
- k) Appendix 2 added: Patient and Staff Preparation for Patient Meal Time
- l) Appendix 2 Meal Time Audit 2012-Inpatient areas removed. .

**V3 – approved 15<sup>th</sup> June 2012**

- m) Title changed from 'Protected mealtimes – Guidelines for Best Practice' to



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**PROCESS FOR RED TRAY SYSTEM.**

The red tray system as a very visual way to highlight patients assessed as needing assistance with feeding (and / or nutritional support). The process described below defines a trust wide process for ensuring this happens:

A Patient on the ward is assessed as needing assistance at mealtimes  
**(Ward Nursing Team/ wider Multi-Disciplinary Team)**




The need for assistance is recorded in the nursing documentation/ patient notes and **A RED 'RT' in a circle is written onto the white board behind the patient's bed:**



Some wards will also use a magnetic symbol on their central board for further communication – the sign behind the bed should be used in all ward areas as it will communicate need to catering staff.  
**(Ward Nursing Team or AHP on referral)**



As each lunchtime / evening meal is ordered by the 'Catering Assistant ', they check the white board behind the bed to see if the red symbol is present.



If the red symbol is present a red tray is ordered on the tablet and the meal choice is then taken  
**(Catering staff)**



When requested the red tray will be highlighted on the printed menu slip produced in the main kitchen for each meal order  
**(Catering Staff)**



The menu slip is used to place each meal choice on a tray in the main kitchen – when a red tray is indicated on the slip the meal choice will be put on a red tray  
**(Catering Staff)**



The meal with the correct coloured tray goes up to the ward where it is heated, put back on the correct tray and then given to the correct patient on the ward  
**(Catering and Domestic staff /Housekeeper/ HCA)**



Assistance is provided to all patients who receive their meals on a red tray  
**(Nurses, HCAs, Housekeepers, Meal-time Volunteers)**



Once the meal is finished tray not to be removed by ward / domestic staff until instructed by nursing staff. The food record chart will be completed to record what the patient has eaten before the tray is cleared away. Record any refreshments on fluid balance chart.  
**(Nurses, HCAs, Housekeepers, Meal-time Volunteers)**

**PATEINT AND STAFF PREPARATION FOR PATIENT MEALTIMES**

**UHL Daily Food & Drink Provision**

