

**NHS GREATER GLASGOW AND CLYDE
RIGHT PATIENT, RIGHT MEAL, RIGHT TIME POLICY
FOR ADULT INPATIENTS**

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Right Patient, Right Meal, Right Time
(RPRMRT) Policy

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1. Introduction

“Food, Fluid and Nutrition are fundamental to health and wellbeing and therefore to quality and safety in healthcare” (HIS 2014).

NHS Greater Glasgow and Clyde (NHSGGC) is committed to Food, Fluid and Nutritional Care as a core component of safe effective person centred care that all patients expect and must receive during their stay as inpatients.

NHSGGC Food, Fluid and Nutrition Policy states this commitment will be delivered through compliance with national nutrition and care standards. The Right Patient Right Meal Right Time (RPRMRT) policy details operational practice that will ensure high levels of compliance and achieve a well nourished patient.

The RPRMRT Policy was first developed in 2008 using an ‘Action Learning Set’ approach. The multidisciplinary group explored ideas related to hospital food and how best to meet the needs of patients which would promote good nutrition during the hospital in-patient stay. Subsequently an Improving Mealtimes Experience for Patients: Implementing the Mealtime Bundle was developed to support the consistent delivery of this Policy across inpatient wards.

The Policy has now been updated to reflect current practice and the modernisation of the catering arrangements across NHSGGC.

2. Purpose of the Policy

2.1 The purpose of the Policy is to provide a framework, which puts the patient at the centre of the mealtime experience. In doing so ensuring that the right meal is available for the right patient at the right time.

2.2 The Healthcare Improvement Scotland 2014 (HIS) Food, Fluid and Nutritional Care Standard 4.7 state that “All non-essential staff activity (clinical and non-clinical) is stopped during patient mealtimes and the principles of *Making Meals Matter* are implemented.” This recognises the importance of a conducive ward environment that allows staff to concentrate on supporting and helping patients (many of whom may be nutritionally vulnerable) to eat and drink.

2.3 Inpatient wards are required to adapt the approach most suited to their own clinical environment and client group. This is underpinned by the principle that patient meal times require to be protected as far as possible.

3. Scope of the Policy

This policy covers all adult in-patient services (including maternity, adult, older adult and mental health services) within NHSGGC and applies to all clinical, healthcare and support staff involved with in-patient care.

This policy excludes paediatric in-patient services

4. Policy Aim

4.1 The aims of the policy are:

- To support ward based teams to deliver appropriate food and drink to patients.
- To improve the meal experience for patients by allowing them to eat meals with minimal disruption. Interruptions at mealtimes should be the exception.
- To improve the environment for patients at meal times.
- To ensure meals are provided for patients at flexible times to fit in with the needs of the clinical environment and without affecting the patient's meal experience.

This Policy is supported by the Improving Mealtimes Experience for Patients: Implementing the Mealtime Bundle and the Facilities Improving Mealtime Experience Bundle (*Mealtime Bundle(s)*). Within Mental Health the mealtime bundle is set within the role of the mealtime coordinator (appendix 2).

5. Roles and Responsibility

5.1 The Food, Fluid and Nutrition (FFN) Operational Group for the Acute Operating Division and the Food, Fluid and Nutrition (FFN) Operational Group for Health and Social Care Partnerships are responsible for ensuring this policy is applied across all associated operating arrangements for Acute Directorates and Mental Health inpatient facilities.

5.2 Each Sector / Directorate or Partnership is responsible for ensuring the development, ongoing implementation and review of a local protocol to deliver this Policy.

5.3 Each Senior Charge Nurse / Midwife is responsible for ensuring that the *Mealtime Bundle* is implemented with support from other health care staff as required e.g. dietetics. Within Mental Health the responsibility lies with the identified mealtime coordinator (appendix 2)

5.4 It is the responsibility of Acute Nursing Staff to routinely undertake the necessary actions to fulfil the aims of the policy and demonstrate compliance with the *Mealtime Bundle* ensuring Care Assurance Standard 8 (CAS) is met. Within Mental Health compliance with Core Audit Nursing Standards is required.

5.5 Property, Procurement and Facilities Management Directorate, primarily through implementation of the Facilities *Mealtime Bundle* will support the delivery of food and fluids to wards in accordance with the policy and ensure local site arrangements reflect this.

5.6 It is the responsibility of all disciplines and staff groups to ensure that local protocols are adhered to which includes non-essential duties being stopped during mealtimes.

6. Policy Content

6.1 The Right Patient

Nursing Staff have a responsibility to ensure that nutritional screening using the Malnutrition Universal Screening Tool (MUST) (or a validated nutritional screening tool for Forensic Services) is carried out within 24hrs of admission to identify any patients who are or maybe at risk of malnutrition and repeat screening is undertaken weekly thereafter.

Nutritional requirements for each patient should be identified and recorded including:

- Eating and drinking likes and dislikes
- Assistance required with eating and drinking. It is important to note level and type of assistance required by patients
- Requirement for therapeutic, texture modified or special diets
- Adaptive equipment to support eating and drinking
- Requirement to monitor food / fluid intake using a Food Record Chart or Fluid Balance Chart
- Requirement to order additional snacks for nutritionally vulnerable patients
- Requirement to order additional snacks for nutritionally vulnerable patients or patients on a Personalised Diet Plan (PDP) as developed by the Dietitian

Assessment, screening and subsequent reviews must be completed and documented in patient notes and / or care plan as required.

Within the Acute Mealtime Bundle (appendix 1), The Standard Operating Procedure for Mealtimes clearly states that the Red, Amber, Green (RAG) system should be used to assess the level of assistance patients require at mealtimes. Within Mental Health this will be assessed by the mealtime coordinator and discussed with the Multidisciplinary team and recorded in the patient's case record.

All patients should be offered the appropriate range (Healthy Eating, High Energy, Texture Modified, and Therapeutic) of meal choices through the meal choice sheets or electronic ordering system. Patients should be informed of all choices available at each mealtime and be supported where necessary to ensure options chosen reflect their needs as documented. Patients should receive an information leaflet titled 'Information about Food and Health in Hospitals' on admission which details what is available to them. Patients with communication difficulties should be given appropriate support to enable individual food choice. Good practice is detailed within Section 3 of the Nutrition Resource Manual.

Care should be taken at ward level to ensure that patients are offered and receive the desired meal and food choices. This may be as simple as ensuring that names are checked or confirming with the patient they have received the right meal. Patients who require special diets should be identified through ward safety brief and / or ward communication.

Where a patient is required to fast for a procedure this must comply with current policy and suitable food must be ordered and provided on their return.

Food Service should be viewed as an opportunity to communicate with patients on food, fluid and nutrition matters including meal satisfaction and feedback.

6.2 The Right Meal

NHSGGC have developed a menu cycle, which provides a range of meal and food choices suitable for its population.

All meals and daily menus have been nutritionally analysed and rigorously tested to ensure National Nutritional Standards are achieved. A standardised menu and production system is in operation across the Board providing consistent quality to all in patient areas.

Therapeutic and Special diet menus are available for Halal, Kosher, Allergen Aware Low Fibre and Renal diets. Additional requirements can be discussed with local catering services to explore suitable options. Texture modified diets are available, in line with national descriptors. Wards are provided with menu cards for all special diets and ward staff are required to submit these as part of ward meal ordering procedures. It is essential that ward staff check that all special diets (including texture modified) are in line with identified needs as documented in the patient notes.

Patients should be offered a choice of portion size (where appropriate) when the meal order is taken or at the point of service. Courses should be served separately and second helpings should be offered where available and if appropriate. Within mental health second helpings are offered to those nutritionally vulnerable who are not at risk of refeeding.

Snacks and beverages are available for all patients through Ward Provisions. These include milk, hot chocolate, tea, coffee, diluting juice, biscuits, cereal, bread (or toast depending on local site arrangements). In addition to routine meal provision, for patients who are at risk of malnutrition an additional snack can be ordered daily from catering services.

Fresh drinking water should be provided at all times for patients (where appropriate). Local policy should be adhered to for changing water jugs with best practice stating water jugs are changed a minimum of 2 times per day in all inpatient facilities. Where appropriate the patient preferred fluids should be encouraged at every opportunity. Patients should be encouraged to request fluids as required or as part of Acute Services Care Rounding. Within Mental Health fluids are provided at all mealtimes and periodically throughout the day/night.

The physical environment and meal experience should be of quality for patients. At mealtimes this should be considered along with the food they are offered to include:

- Clean and comfortable eating location and position
- Opportunity for handwashing or hand cleansing
- Availability of adaptive equipment including cutlery / drinking straws
- Availability and choice of beverages
- Availability and choice of condiments
- Checking that all patients have everything they require to eat their meal

As part of the Open Visiting Policy, family members / carers or volunteers should be actively encouraged to stay at mealtimes if they participate in improving the mealtime experience for the patient.

Mental Health wards have set visiting times and family members /carers /volunteers are encouraged to participate at mealtimes where appropriate and at the discretion of the Senior Charge Nurse.

6.3 The Right Time

NHSGGC have identified the following times as being optimal for patient meals and meals should be provided within the following timings.

Breakfast	7.30 am onwards
Lunch	12.00 pm – 1.00 pm
Evening Meal	5.00 pm – 6.30 pm

With beverage, biscuits and/ or snacks being offered between the following times:

Mid Morning	10.00 am – 11.00 am
Afternoon	2.30 pm – 3.30 pm
Late Drink	8.00 pm – 10.00 pm

The Senior Charge Nurse / Midwife is responsible for ensuring the following elements are in place to ensure a co-ordinated mealtime (mealtime bundle or mealtime co-ordinator):

- Allocating responsibility of the meal service to a 'mealtime coordinator'.
- Preparing the physical environment and the patients for meal service
- Protecting mealtimes in line with locally agreed mealtimes. These timings must be displayed at the entrance of the ward for all staff to see.

- Ensuring hot courses are served separately when food is regenerated at ward level.
- Ensuring a system is implemented to identify the level of assistance each patient requires at mealtimes and that the appropriate assistance is given (RAG within Acute, within mental health this will be determined by the mealtime coordinator).
- Documenting individual food / fluid consumption as directed in care plan.

The local facilities team is responsible for ensuring all elements of the Facilities *Mealtime Bundle* are in place. This includes:

- Ensuring that right meals are ready based on the ward order
- Liaising with the ward mealtime coordinator
- Ensuring the food is presented well
- Serving the courses separately to ensure best quality
- Ensuring that condiments are available and offered
- Offering extra food if there is anything left over in liaison with the mealtime coordinator

The focus of ALL staff groups should be on the patient meal experience and the importance of encouraging the intake of food and fluid. There should be no competing priorities for attention during the meal service. The routines of professionals that directly impact on patients and capacity of ward staff should be adjusted as far as possible e.g. timings of ward rounds, non urgent tests / assessments. The exception should only be where clinical outcomes may be compromised or discharge delayed. Only patient centred essential activity should be carried out at mealtimes.

Where there are unavoidable interruptions to patient mealtimes such as urgent investigations these should be anticipated and alternative arrangements for patient meals made to ensure that the nutrition of the patient is not compromised.

On occasions where patients are unable to eat their meal at the time served on the ward alternative food can be ordered using the “Late and Missed Meals” protocol. Further detail is available in the Nutrition Resource Manual Section 4.

6.4 Monitoring the Policy

It is expected that each ward area will implement and comply with the *Mealtime Bundle(s) / Mealtime coordinator* to support the delivery of the RPRMRT Policy.

Compliance with the *Mealtime Bundle* will be monitored in line with the Care Assurance Standard 8. Within mental health the role of mealtime coordinator is monitored through compliance with Core Audit Nursing Standard 5 Food Fluid and Nutrition.

6.5 Conclusion

NHSGGC is committed to the effective delivery of food and fluid and the provision of a high quality of nutritional care for all patients in its hospitals. A part of this commitment was the development of the RPRMRT Policy.

The most important aspect of this Policy is the implementation at local level of the *Mealttime Bundle(s)* / *Mealttime Coordinator* to support the delivery of the Policy Content.

7. Impact Assessment

Rapid Impact Assessment undertaken and no major gaps identified.

8. Approvals

Approval by the FFN Operational Groups (Acute and Community) groups
Ratified by the FFN PIG / SMG & MH SMT / Clinical Governance Committee

9. Communication and Dissemination

This document will be made available on the intranet and widely circulated to Directors, Senior Managers and the above groups.

Consultation process in conjunction with the FFN Operational Groups (Acute and Community) groups / Clinical Nutrition Group and FNPIG.

For action by Directorate / Sector Leads and Professional Leads / Directorate General Managers, Clinical Service Managers for cascade to Senior Charge Nurses / Midwives in inpatient areas.

For Circulation to All Acute / Mental Health Staff

10. Implementation of the Policy

The FFN Operational groups will provide ongoing monitoring of the policy through the implementation of Care Assurance Standard 8 to ensure that day to day practice is in line with the policy. In addition, monitoring of the Facilities *Mealttime Bundle* will provide feedback to Senior Nurses and Facilities Managers on a quarterly basis.

Public Partners within Facilities provide impartial monitoring of the *Mealttime Bundle(s)* at a ward level through observational audits and feedback to Nursing and Facilities staff.

The FFN PIG will undertake ongoing review of policy content and context at Board Level. Learning from Older People in Acute Hospitals (OPAH) Inspections and Clinical Leadership walk rounds will be routinely considered.

The Clinical Governance Committee receive regular updates from the FFN PIG to ensure clinical governance standards are met.

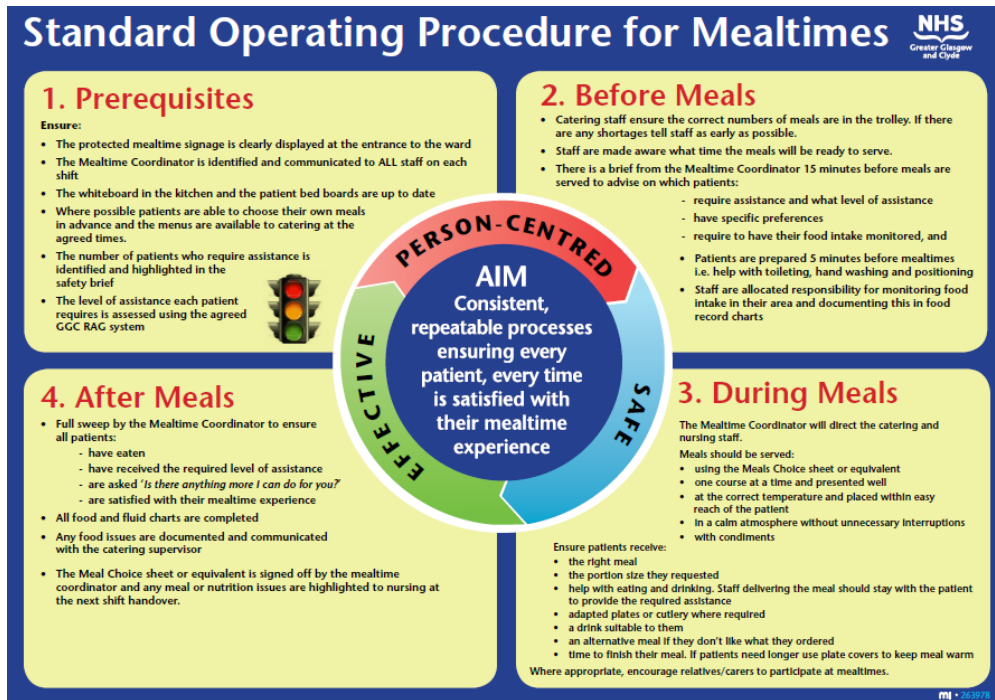
This policy will be reviewed 3 years from the date of approval.

APPENDIX 1

NHSGGC ACUTE MEALTIME BUNDLE

1. Mealtime Standard Operating Procedure

describes the responsibilities and procedures necessary to safely and effectively manage mealtime processes



2. Safety Brief

Patients who are nutritionally vulnerable should be identified on the safety brief. This includes patients who:-

- Are Nil by mouth
- Require a special diet
- Require assistance with eating and drinking
- Are having their food and/or fluid intake recorded

It is important to understand the level of assistance that a patient requires at mealtimes, the following RAG system is in use across NHSGGC

3. Mealtime Coordinator

- The Mealtime coordinator should be identified every day on the duty Rota sheet
- Their name should be written on the ward board to make them known to the team

Timings	Duties
Start of shift	<ul style="list-style-type: none"> SCN/M identifies; <ul style="list-style-type: none"> mealtime/ nutritional issues for the Safety Brief identifying all patients who require assistance update Meal Choices Sheet, establish how many staff are required for the meal service based on workforce and workload Ensure meals for current and any new patients are ordered

Prior to mealtimes	<ul style="list-style-type: none"> ▪ By *10.30am ensure the correct number of meals are in the regenerating trolley and address any meal shortages by alerting catering staff ▪ Make staff aware of the time meals will be served to allow for workload planning. ▪ Gather staff before meals (huddle) and brief them on: <ul style="list-style-type: none"> ○ Which patients require assistance and/or have specific preferences ○ Which patients require to have their food intake monitored ○ Which staff member is responsible for monitoring and documenting this in nursing/midwifery records ▪ Coordinate the preparation of patients prior to the mealtime i.e. toileting, hand washing, positioning.
At mealtimes	<ul style="list-style-type: none"> ▪ Coordinate the meal service with the catering staff, using the Meal Choice Sheet ▪ ensure all patients <ul style="list-style-type: none"> ○ have eaten ○ have received the meal they ordered or an alternative ○ have received the required level of assistance
After mealtimes	<ul style="list-style-type: none"> ▪ Complete a full sweep in the ward to ensure <ul style="list-style-type: none"> ○ All food and fluid charts are completed ○ Any food issues are documented and communicated with the catering supervisor ○ The Meal Choice Sheet is signed by coordinator and any meal or nutrition issues are highlighted to the next shift at handover.

4. Meal Choice Sheet

The Meal Choice sheet (or electronic ordering) states what is available at that meal service and includes codes for staff to add specific, individual information about each patient, e.g. portion size, accompaniments and level of assistance required.

The Meal Choice sheet should only be used for ordering meals for patients actually on the ward at the mealtime. The late and missed meals policy should be used for new admissions and for patients who may be away from the ward at the mealtime. This allows patients to make their own choices when they are admitted as well as cut down on unnecessary food waste.

5. Measurement tools

Measurement of data is a vital component of any improvement process.

The tools in use are the:

- Meal time Observation
- Patient experience questionnaire
- Staff experience questionnaire

Compliance with the Mealtime Bundle will be monitored as part of the Care Assurance System Standard 8.

APPENDIX 2
MENTAL HEALTH: MEALTIME CO-ORDINATOR DUTIES IN THE THERAPEUTIC MANAGEMENT OF MEALS

- The Nurse in Charge will identify an appropriate registered or non-registered member of nursing staff to lead/facilitate the therapeutic management of each mealtime.
- S/He will be competent in the understanding of the principles of the NHSGGC Right Patient, Right Meal, Right Time Policy, (2013). And specifically Appendix 1 “local protocol for implementing Right Patient, Right Meal, Right Time Policy”.
- The mealtime coordinator should also have a thorough understanding of the catering processes and meal ordering and national descriptors of textured modified diets

Right Patient	Duties
Patients supported to make their own informed menu choices on ward	<ul style="list-style-type: none"> • Patients who have been identified as requiring assistance will be provided with the level of support required during the mealtime period. • Take into account the food likes and dislikes of patients • Identify those patients who require a textured modified diet and communicate this to all members of the team. • Ensure any special equipment required for eating and drinking is available and offered • Monitor fluid intake • Ensure any special dietary requirements are met. • Food and fluid charts must be used and appropriately completed. • Patients with any communication difficulties are supported and given the opportunity to make their choice of meal. • Patients are given the opportunity to comment and give feedback on the meal service
Right Meal	Duties
Patients receive meals according to preference, individualized needs and therapeutic requirements	<ul style="list-style-type: none"> • All staff in attendance will be informed of any patient who requires assistance • All staff in attendance will be informed of any therapeutic, texture modified or special dietary requirements • Any modified diets must be of the correct texture as directed by the Speech and Language Therapist • Nursing staff will ensure that the right meal choice(s) are offered /ordered and served to each patient. • Ward meal choice sheets will be used to assist ward staff where appropriate. • Ensure patients are offered appropriate portion sizes to meet their nutritional requirements and personal choice. • Meals should be checked at the point of delivery to the ward to ensure any errors in supply are identified quickly to allow time for rectification. • Ensure courses are served separately.

	<ul style="list-style-type: none"> • Ensure fluids are available at every mealtime. • Food and fluid balance charts will be completed where appropriate.
Right Time	Duties
Mealtimes should be displayed at the entrance to the ward and be visible to all.	<ul style="list-style-type: none"> • The mealtime coordinator is identified by the nurse in charge. • Pre Meal time - Offer toilet & Hand washing to all patients and any assistance if required. • Ensure all staff involved in meal times are focused entirely on their role in the mealtime experience and not undertaking any other activity. • Where patients require assistance staff are identified to carry this out • Any nutritional issues/concerns observed during mealtimes must be reported to the Nurse in charge and recorded in the patient's clinical record. • Ensure relatives/carers are given the opportunity to participate in the meal service if patients require assistance and if the patient agrees. • Ensure that the physical environment is considered as part of the preparation for mealtimes and ensure the dining area is clean and tidy. • Reduce unnecessary noise. • Feedback to Facilities if there are any catering issues that require attention