

Food Summit Feedback from Delegates

Following the launch of the Better Hospital Food programme on 8 May 2001, NHS Estates hosted a series of Better Hospital Food Summits across the country. The Summits were designed to review the significant progress made to date and advise on implementing the programme. Invitations were directed at delegates directly involved in providing NHS catering services.

Over 1,200 catering manager, dietician and nursing delegates attended these events.

The summits focused on early implementation of the 24-hour service and the new NHS Menu and also provided a platform for delegates to discuss how they would approach issues around implementation in relation to the key targets set in the programme.

Facilitated sessions considered the key issues arising from the programme and delegate groups worked together in searching out solutions to assist early implementation. A consolidated summary of these views from the four Summits can be viewed below.

1. 24 Hour Service – Snack Box		
Topic	Issue	Solution
Cost	Total cost is £1.36 for box, cutlery, juice, chocolate, sandwich & packet of crisps. (Patient menu for 24 hours - £1.70).	Top slice monies from other departments, for example pharmacies, for funding.
		Do not use “branded” products.
		Advertising on boxes.
	Who is paying?	Ensure budgets are clearly identified and earmarked for the service.
		Commitment by Trust Board to fund the extra cost.
		Negotiate local contracts to get cheaper food.
Staff Training		Take issue to the Board as an NHS Plan requirement to provide levers for change – training & implementation.
		Member of catering staff to issue goods to ward record usage and monitor.
	Staffing, regarding preparation and distribution.	Identify staff best placed to provide the service.
	Staffing (who puts together and delivers/serves the snack box).	Multi-disciplinary team approach.
	Lack of ownership by nursing staff.	Implement housekeeping initiative early.
	Knowledge/Training.	
	Training in food service/hygiene storage. Control cost and delivery stock rotation	Encourage good team building and read ‘Who moved my cheese?’
Abuse & Monitoring	Abuse, by patients, staff and visitors.	Control procedures and training to identify entitlement. Continually review and monitor.
	Nursing staff will eat it! Nurses perceptions of	

	food and general attitudes.	
	Security.	
	There is currently no monitoring of where the food goes.	Assign clear goals and responsibilities.
		Adequate coding for snacks/lite bite.
	Theft/pilfering (staff ordering & using snack boxes).	Issue to a specific person, for example the Ward Manager/Night Manager.
		Abuse reported back.
Distribution	Support services are not 24 hours – problems with distribution	Modernise the working practices to mirror modern society
		Multidisciplinary approach.
	Access to Snack Box when the catering department is closed.	<i>No solution offered.</i>
	Choice and selections?	
Storage	Storage of ingredients, are current levels adequate?	Central production and storage.
		Assess current storage and adapt accordingly – establish demand.
	Lack of space at ward level	Assign a budget to develop to ward kitchens and to purchase of equipment
Concerns about Patients	Patient's expectations.	Local initiatives in place to co-ordinate box contents & ensure regular satisfaction surveys.
	Policing usage & intake (what patients are actually eating, their daily intake).	Issue policy and procedures of when to use/issue the snack box.
		Patient signatures.
	Nutritional control.	Catering staff to have guidelines for issue of meals to patients with certain dietary requirements.
Health & Safety	Food hygiene & safety.	24-hour person with responsibility for catering, working with nursing staff to ensure patients obtain and can eat food.
	Disposal of waste, boxes and food.	Recycling.
		Keep a low profile on this position.
	Microwave – policy is not to have them for cost, food hygiene and health and safety reasons	Develop and change the present policy
Time Constraints	Unrealistic timescales.	More time needed.

2. 24 Hour Service – Ward Kitchen Service / Light Bite

Topic	Issue	Solution
Cost	Finding the funding for extra items to be held in stock (including wastage).	Top slice all budgets.
		Use charitable funds (no Xmas night out).
		Advertising/sponsorship from outside

		<p>companies (Mars, local companies). Create and develop a business plan.</p> <p>Share resources, for example junior doctor meals. Take a case to the board.</p> <p>Devolve the budgets to ward level.</p> <p>Charge patients.</p>
	Cost - equipment, maintenance, operator, dishes, wastage, food.	<p>Trust supported from all levels of the organisation.</p> <p>Savings from TPN re-directed to fund changes.</p> <p>Plead the case to the Trust for more money.</p>
Staff Training	Staffing – difficult to recruit if they will be working later in the evening & training.	Train (multi-skill) existing staff and incorporate the working hours into job descriptions.
		Implement properly funded training courses for non-clinical staff.
		Chief Executive downwards to improve attitudes.
	Whose role is it?	Create multidisciplinary teams to increase communication and action.
		Have housekeepers on the ward 24 hours a day.
		Define roles and responsibilities clearly.
		Need to gain total agreement over the importance of feeding patients “normally”.
	Staffing implications due to 24 hour service, who will heat and serve.	Recurring funding additions
Conflict of duties, addition to existing work schedules.	Commitment from all staff involved – hotel services, dieticians and nurses through establishing working parties.	
Clash of priorities, clinical versus services staff.	Raise the profile of nutrition and the development of the food service.	
Food Safety – stock control, rotation and storage.	Establish monitoring systems and 24 hour housekeepers working on shifts.	
	Mandatory food hygiene training for all staff.	
Abuse / Monitoring	Policing of ward kitchen stocks & supply.	Create an audit trail through the use of bar codes.
		NHS supplies to take the lead on ordering.
		Clear policy, relevant to locality, with input from patients/trust managers/team leaders.

		Stage by stage availability.
		Night service provided centrally with a runner/porter to take night requests to wards.
		Wards to take responsibility.
		Limit access through the use of vending machines.
	"Sheep factor" – Once one patient smells coking they all will, could end up with and order for 20 Burgers & Chips.	Restrict out of hours requests to non-cookable (cold) items.
Storage	Storage/Physical environment & storage space on nucleus designs.	Central storage.
		Modify dayroom/existing facilities.
		Where ward kitchens are not adequately provided, centralise a number of sites. Building programme.
	Equipment restrictions - toasters, microwaves, refrigeration.	Funding provided so implementation can take place.
Concerns about Patients	Content versus diet (special & clinical).	Multi-disciplinary team approach to also discuss and agree ownership.
	Special diet provision, as all patients need to access it.	Outsource.
Health & Safety	Health & Safety - food hygiene, monitoring of temperatures, date coding.	Staff and control systems implemented to ensure relevant legislation adhered to.
		Mandatory training for all staff involved.
		Risk assessments to cover fire, food & hygiene.
	Potential for waste – double ordering & stocks.	Use single portions, for example ready meals. Install a fridge & microwave at ward level. Limit opportunity for patients choice or have stock stored centrally for range availability.
3. Menu Design		
Topic	Issue	Solution
Cost	Design, changeover, initial printing, losses and soiling.	Appraise the options during a collated debate to release funds by re-engineering by the Board. Sponsorship from national "brands", for example Mars or Cadbury's. Specific ring-fenced budget.

	Funding	Funding from centre.
Staff Training	Lack of training.	Teaching packs to ensure interdisciplinary consensus. External education from NHS Estates personnel.
	Relying on ward staff to distribute menus until Housekeepers are in place	Employ and empower Housekeepers ASAP.
Concerns about Patients	Patient's perception on specimen will probably exceed what we can deliver.	Limit the new design that will be ward based.
	Too much/too little information for some patient groups.	Ensure appropriate print size is set for standard use and for those who require large print.
		Develop a second language menu.
		Keep wording "to the point".
		Target to specific needs.
	Communication of patient's requirements and choices.	Bar code all dishes and use a bar code reader within the ward.
Tick menu box type card.		
How many translations needed	Picture menu	
Patient's Diets	Therapeutic diets.	Adapt menus & staff training.
Health & Safety	Infection control.	One off use only.
Time Constraints	Time	Training and housekeepers.
		Board commitment behind initiative.
Other	None. Some of us think it's fine!	

4. Housekeeping Interface

Topic	Issue	Solution
Cost	Knowledge/Skills, including training, funding, grade of position.	New funding.
		Establish required hours.
		Create a job description.
		Offer competitive rates of pay.
	Funding	Requires health authority and trust

		board support.
		Release funds from elsewhere, for example other directorate budgets that will benefit from implementation.
		Create a business plan to the Board requesting additional funding.
Staff Training	Recruitment/Training/Suitability, what is required and who will provide it?	Funding.
		Big training and recruitment programme.
		Multi-disciplinary team involved in training and recruitment.
		Person must be seen as an important member of the team.
		Person in post must be empowered to act and in doing so will remove a lot of pressure from the ward manager.
		Inspire staff through encouragement and commitment.
		Communication.
	Attitudes from Nursing staff towards food.	Involve existing staff in identifying and planning new ways forward.
		Training and regular reviews.
		Get ward staff committed to food. Ward teams – build the team including catering and housekeeping.
		Board level intervention carried through to grass roots level (nurses).
	Job description – domestic or food.	Regularly review procedure/team.
	Ward staff, domestic catering, maintenance staff may see the role as a threat.	Whole organization has to sign up with adequate resources.
		Clarity of ward teams role and model for housekeepers.
Training, support and measures to ensure that all staff, clinical and non-clinical understand the role.		
Person to be employed as part of ward team.		
Availability of ward kitchens.	<i>No solution offered.</i>	
Abuse / Monitoring	Whose staff are they? Will the joint management work?	The right management structure.
		Promote ownership.
	Possible the position could end up as a “jack of all trades”.	Clear lines of responsibility to ensure that the basics (food service/cleaning) are carried out.
		Recommend keep cleaning separate.
		Leadership and team working will be

		essential due to the blending of roles – one person cannot solve all the problems.
	Management – who will they be responsible to – ward managers or catering?	Look at the skill mix on the ward.
	Management fragmentation.	Control of food chain to patient under one manager.
	Role ineffective as it overlaps with other roles eg cleaning, maintenance	Examine, define and redevelop role. Offer training. Set up systems of accountability.
Cultural Issues	Resistance to change, requires a fundamental change in attitude & practice – culture.	Full involvement of all disciplines.
		Organise staff groups to increase communication.
		Deliver training.
		Commitment from the trust board.
		Support from the highest level down, Exec, Non-exec, nurse and medical directors.
		Target settings, monthly agendas and progress reporting to and from the Board.
		Have a base line audit, for example where are you now?
		Need to sell the initiative to the multi-disciplinary team.
	Recognition and reward through training and development, planned career path and NVQ accreditation.	
Distribution	Times of work – 24hours a day, 7 days a week.	Group wards together for out of hours service.
		Continuous monitoring and consultation to ensure correct use of time.
Time Constraints	Lack of resources.	Establish action group to include nurses catering, dieticians with deadlines and achievable goals.

5. Leading Chefs' Dishes

Topic	Issue	Solution
Cost	Portion size too expensive	Decrease portion size yet maintain nutritional value
	Cost	Information from accurate costings (see below) can be used to request funding from the Board.
Client Groups	Problems with various client groups e.g. problems with ingredients, desire for traditional dishes, many dishes unsuitable for special needs.	Adapt recipe to client group, introduce more traditional, soft or pureed options.

		Many more dishes created with dietetic input to Leading Chefs.
	Alcohol in recipes	Use alcohol free replacements.
	Patients understanding what the dish is.	Balancing new dishes with traditional favourites.
Availability & Preparation	Unavailability of ingredients e.g. strawberries, spring onions	Adapt ingredients to what is locally availability. Listen and take on board genuine concerns of service providers.
	Outside recommendations for preparation of food with little understanding of workings of a hospital kitchen.	Change and adapt preparation and cooking methods to comply with food safety standards and hospital kitchen standards.
	Non scaled-up recipes.	Immediate issue of accurate information, re scaled recipes, which would lead to accurate costing.
	Not a genuine choice to 90% of patients – may reduce patient’s choice, for example elderly.	Reduce number of chef’s choices in line with demand and review what our patients want.
	Cook chill system.	Selective choice of menu items for cook chill.
	Recipes are inflexible.	Let’s make them flexible and tailor dishes to local needs and demands. Chef’s could suggest and create more dishes for special needs patients.
	Web-based dishes are inaccessible for those without computers.	We need computer and internet access.
Time Constraints	Time taken to implement new menu.	<i>No solution offered.</i>
	Timing.	Establish hospital food groups to find and agree a way forward.

6. Nutritional Standards

Topic	Issue	Solution
Snack Box	Quality and calorific content of snack box contents not standardized.	Agree with dietician’s rules/guidelines on quality of contents.
		Recognise age/ sex/ treatment of patients will affect their nutritional requirements. Develop variety of snack boxes, varying calorific or nutritional content.
Internet Access	No training or access to internet	Production of hard copies
		Internet training

7. National Dish List

Topic	Issue	Solution
Staffing	Lack of skilled staff	Recruit skilled staff.

		Buy in more prepared food
Dishes	Some dishes are not suitable for regeneration	Prepare meals suitable for regeneration
	Chefs not adhering to recipes.	Monitor and evaluate cooking practices.
		Introduce and enforce guidelines on food preparation.

8. Web-based Menu Management Systems

Topic	Issue	Solution
	Lack of access	More investment!
	Inaccurate information	Provide email feedback forms allowing users to contribute and comment on content.

9. Meal Timings

Topic	Issue	Solution
Cost	Additional staff hours and equipment.	"Tony Blair dig deep".
		Trust Board shifting emphasis for funding – seeing long term savings in reducing length of stay. (better clinical outcomes from better nutrition).
Staffing	Family unfriendly unsociable rotas and shifts.	Recognise that staff have individual needs and requirements.
		Encourage dialogue, involve all affected staff and actively support from board down
	Recruitment and retention	Directive from government to ensure funding
		Trust board commitment
		Change priorities by re education
	Changes to staffing shift patterns and schedules of work.	Involve all disciplines at the onset.
Encourage flexibility and ownership. Change all staff roles – multi-tasking.		
Medical staff culture and practice, for example change in ward rounds.	All staff involved in decision making team from an early stage.	
Patients' Needs	Elderly patient requirements	Work the current system to be more patient friendly
	Patients choice – may not all fit the same model of service.	Implement system of catering to respond to individual needs (service not always production).
	Ward routines	Light bites available 24 hours provide patients to an alternative other than missing a meal.

10. Patient Groups with Special Needs

Topic	Issue	Solution
Execution	No plan for implementation	Take ownership and make this happen
	Number of premises involved to apply menu.	Flexibility of operating programme.
	Acute focused programme for hospitals not community homes.	Don't be too prescriptive – involve consultation and discussion.
Chefs' Dishes	Limited number of chef dishes suitable for special	No solution found.
Staffing	Lack of training and therefore lack of support	Regularly monitor and evaluate staff performance.
		Educate nursing assistants and encourage their involvement
Patients' Needs	Lack of flexibility	Develop two-tier system e.g. one for normal and one for gluten free diets.
	Lots of groups with small demand – can we cater for all groups.	Get the MDT together with input from trust board and patients council. Manage the solution, create a policy to cater for all patients needs.
	Foreign sounding names on menu resulting in problems with interpretation and expectations.	Involve patients and nursing staff in the planning and information.
		Use dietitians as advocates.
	Learning disabilities culture – social rather than health.	<i>No solution offered.</i>
	Difficulties of patients with learning disabilities with the menu.	<i>No solution offered.</i>
Potential overuse of the snackbox in learning disability and mental health units.	<i>No solution offered.</i>	