



Better Hospital Food
Partnership Hospital Sites Club
**The Patient Environment:
Turning Evidence into Practice**
18 September 2002

The Patient Environment: Turning Evidence into Practice

On September 18th, 160 delegates from around 50 NHS hospitals across the UK met at the New Connaught Rooms in London.

The focus of the conference was on recognising the need to share experiences between the different professional areas involved in the delivery of care. Programmes such as Better Hospital Food, Clean Hospitals, PEAT and Ward Housekeeping are reaching a stage of development where it is necessary to emphasise the concept of the ward team and work to break down the barriers between the disciplines in order to build effective teams around aspirations for patients in the future.

Each hospital was represented by a multi-disciplinary team including members drawn from nursing, hotel services, catering, nutrition, dietetics, ward housekeeping and facilities staff. Delegates were required to attend as teams because project work arising from the workshops at the conference requires multi-disciplinary collaboration if it is to be properly implemented.

MIKE WRIGHT DEPUTY DIRECTOR OF NURSING, GUY'S AND ST THOMAS' HOSPITAL TRUST

Mike opened the conference by asking the question 'What does the patient environment mean?' He listed some aspects, including physical environment, privacy & dignity, food & nutrition, hygiene, politeness, courtesy & respect, sensory needs (such as sleep, rest and exercise), and the maintenance of normality wherever possible.

Mike went on to ask why we should be concerned about the patient experience, and concluded that we are concerned because patients have a right to expect it, they say it's important to them and – above all – they deserve it.

One third of all complaints made about hospital stays have a component that relates to staff attitude or communication problems, and some of those include environmental and food-related complaints.

The NHS Plan has given rise to a wide range of useful initiatives that put the patient at the centre of thinking about

design, processes and treatment programmes. Mike outlined some of the key programmes in relation to the patient experience, and noted that we must drill back to the basics in terms of food and hygiene, challenging outmoded ways of working.

DAVID MCVITTIE CHIEF EXECUTIVE HILLINGDON HOSPITAL

David spoke on the theme of 'You've Got to Have Vision'. Hillingdon has undertaken a project in conjunction with the King's Fund to evaluate and improve the environment of its A&E department. David and his colleagues established a team that made a bid for £35,000 of King's Fund money for the project. The team critically examined all aspects of the waiting area and the way it worked. They decided that the new waiting area must be calm, pleasant and durable, and have a 'wow factor'. It was crucial to involve patients and other users in determining its design, style and atmosphere. The £35,000 from the King's Fund was supplemented by £105,000 from the hospital's own budgets. David showed a video of the completed A&E waiting area to demonstrate the improvements. Since the new waiting area has been in place, complaints about staff attitude, which had been almost weekly, had reduced to just two in the last 12 months.

David felt that the most important question when evaluating and improving the patient environment is 'what's the purpose of the space or the activity we're trying to improve?' and related to that, 'how do we want people to feel?' The improvements in A&E have helped staff to feel their worth to the hospital, and helped the patients to feel that they are being met with care and consideration. 'It's about saying to our patients and staff: 'this is what we're worth',' said David. 'We all have creativity, imagination, vision and the drive to make it happen – let's use it.'

There are fantastic opportunities to improve many aspects of patient care. It requires good leaders, with an equal balance between responsibility, authority and accountability, and a collaborative, multi-disciplinary approach.

*Mike Wright
Deputy Director of
Nursing, Guy's and St
Thomas' Hospital Trust*



*Hillingdon Hospital A&E
department:
before and after*

PHOTOGRAPHS COURTESY OF THE
ENHANCING THE HEALING ENVIRONMENT PROGRAMME, KING'S FUND



The focus of this conference on customer service is fascinating. I enjoyed the Asda presentation – they have an honest opinion of where they've been and where they're going, and we need that too, to progress.

*Sally-Anne Baroudi
Hotel Services Manager
QMC, Nottingham*



**DAVID GILBERT
DIRECTOR OF PUBLIC AND PATIENT
INVOLVEMENT, COMMISSION FOR
HEALTH IMPROVEMENT**

David spoke about how CHI worked and the new Commission for Healthcare Audit and Inspection (CHAI). CHAI will become active in April next year, resulting from bringing together the functions of CHI with the healthcare value for money work from the Audit Commission and a range of National Standards and Department of Health performance related programmes.

CHI is already working with various bodies, including the Department of Health, to negotiate the definition of the patient environment. Within the concept of the patient experience, CHI considers many aspects of how services cater for the patient's needs, including organisational care and the humanity of care. CHI is considering the established standardised indicators to assess these factors, and improving them and will also capture patient opinion in improving its observational analysis tools. There is also stakeholder work, getting the views of CGOs and increasingly, in the future, Patient Forums and staff views.

CHI considers the components of the patient experience to include physical environment, privacy and space, safety, food, along with a range of other issues specific to certain specialist client groups. Emerging examples in mental health settings that could be of concern include lack of access to facilities, unsafe environments, concerns about violence, and a lack of user involvement.

From this, David drew the conclusion that the patient experience was demonstrably more than the built environment. By way of example, he told the meeting that he had first-hand knowledge of an experience on the mixed-sex ward at a psychiatric hospital where had the patient environment been better - the clinical outcome of this case would have been significantly improved.



**LOUISE SMITH
RESEARCH ASSOCIATE, FACILITIES
MANAGEMENT GRADUATE CENTRE
SHEFFIELD HALLAM UNIVERSITY**

Louise introduced the Centre's Ward Housekeeping Evaluation Report. Research had been conducted during the year 2001-2, and had explored different models of ward housekeeping, and within the models had attempted to understand the role design, the implementation, training, financial implications and the value of the service to patients and nurses. Six case studies were developed through interviews with ward housekeepers, FM managers and nurses.

The report found that the role and duties of a ward housekeeper varied widely. The generic job description for a ward housekeeper had been tailored to ward requirements, and there was greater integration on wards where the nursing staff and the housekeeper had been involved with designing the role. The role was found to work best if the housekeeper was a permanent member of staff and dedicated to a specific ward rather than being spread over a number of wards. NHS guidance recommends that the housekeeper is placed at supervisory level, but only one of the case studies had met this recommendation.

Recruitment issues included short-term contracts, pay and unsociable hours; however, the supervisory-level post had attracted a higher level of applicants of better quality.

Hospitals in all six case studies had given their ward housekeepers a full induction programme. The report recommended giving this in written form for future reference, and also information on the housekeeper's role in the NHS Plan, PEAT, BHF and the general Service Standards for the ward. The report also recommended scheduling visits to other hospitality services departments and the nomination of a ward team member as a 'buddy' to introduce the housekeeper. Wider training issues included the importance of allowing the housekeeper to understand the roles of other ward team members

and other departments. Other training might include customer service and more formal training such as NVQs.

The report recommended that management of a ward housekeeper should lay with the ward manager, and that the role of a housekeeper should be flexible enough for the ward manager to assign new tasks without conflict. It is important to involve ward staff at an early stage so they can have an ownership of the project.

Overall the ward housekeeper was greatly valued by clinical staff, who felt they had more time to spend on patient duties. The variety, level of responsibility and patient contact brought satisfaction to the role.

The FM Graduate Centre will be looking at the ward housekeeper role in mental health environments to see how the role might be adapted to these patients' needs.



**PHILIP DAVIES
CUSTOMER CARE PROGRAMME
MANAGER, ASDA SUPERMARKETS**

Philip gave an entertaining and instructive presentation on 'Serving 'em Right'. By the mid-1980s, Asda was voted the best-run company in the UK, but by 1990 it was on the verge of bankruptcy: this happened because Asda lost touch with its staff and its customers. With the appointment of a new Chief Executive in 1991, Asda's culture was transformed. Hierarchical staff structures were dismantled, with, for example, car parking places being allocated on merit rather than status.

The Chief Executive introduced a 'Tell Archie' scheme, in which feedback forms were distributed to all Asda's stores to be filled in by the store staff rather than the managers. Over 40,000 'Tell Archie' forms were returned, and the benefits were twofold: first, that good ideas were generated, and second, that staff morale received a boost from having their ideas listened to.

The Chief Executive also introduced a Volume-Producing Item scheme, in which

all store staff were encouraged to pick a product of which they could boost the sales. Rewards were offered, including, for the best performers, the use of the CE's Jaguar for a month with all petrol paid: this again boosted staff morale.

Philip talked about Asda's culture of observing animal habits to foster good staff relationships. 'The secret of the squirrel' takes its meaning from squirrels who work hard collecting nuts for winter because they are motivated by their own survival: "If our colleagues can see their work is worthwhile, they'll work harder," said Philip. 'The way of the beaver' considers the teamwork that a group of beavers have: 'There's no head beaver standing over people to tell them what to do – we let our colleagues get on with their jobs and they like the increased freedom and responsibility,' said Philip. 'The gift of the goose' takes as its example a group of geese flying in formation and squawking to each other as encouragement. 'We thank our colleagues for their efforts, which we think can many times mean almost more than pay,' Philip said. Asda has an Above and Beyond the Call of Duty (ABCD) award and a Going the Extra Mile (GEM) award for staff who encourage other staff.

Wal-Mart, now the owners of Asda, introduced a 'chant' to Asda, in which a member of staff asks the question 'Who's number one?' to which the staff as a group reply 'The customer, always'. Asda has the motto 'TLC', meaning 'Think Like a Customer' to encourage staff to see customers' experience through their own eyes.

**ACHIEVING THROUGH PEOPLE:
a series of short presentations of
achievements of NHS Trusts through
initiatives**



**LISA GRANDCOURT
SENIOR WARD HOUSEKEEPER
HORTON HOSPITAL, BANBURY**

Lisa spoke of her experience of the role of housekeeper. She had introduced a number of food-related measures



It's very stimulating. When it comes to introducing ward housekeeping, the challenges are similar for all of us. I've picked up some interesting concepts today – 'Think Like a Customer' (TLC) – that's very useful, it will help me explain to my nursing staff what customer care means.

*Mandy Rann
Assistant Chief Nurse
East Sussex Hospitals NHS
Trust, Eastbourne*



We've been thinking that we should start with 'protected' mealtimes at our hospital. Having heard about it today, it sounds like a really good idea for patients and ward staff alike.

*Marie Knott OBE
Clinical Nurse Specialist
and Deputy Nurse
Executive
Barnsley PCT*

including hand-wipes for patients before and after meals; linen napkins; and a mealtime preparation of table with napkins, cutlery and juice. She had attended a course on nutrition in order to assist and encourage patients to eat. She liaises with the hospital's dietician and completes patient's food charts; monitors the cleaning of appliances and the food temperatures; and attends a three-monthly food forum which considers patient suggestions on food and food service and how it could be improved. Lisa has also introduced an ironing service for patients, a bay cleaning rota, and a daily and monthly monitoring of ward cleaning and maintenance. She has reorganised the ward sluice and she liaises with the ward clerk over maintenance and estates issues, checking and chasing any reported faults. She has reorganised the ward linen cupboard and discarded any stained or torn items.

Lisa said that she finds her role rewarding because of the contact with patients, her autonomy and the teamwork aspects. She is frustrated when patients ask to be lifted or moved, as she has had no training in these areas. She hopes in future to encourage more communal eating, and to improve communications between clinical staff and the housekeeping team.



**DOUGLAS BAILEY
DEPUTY DIRECTOR OF OPERATIONAL
SERVICES, EASTBOURNE HOSPITAL**

Douglas spoke about the ward co-ordinator role that Eastbourne had developed over the last seven years.

Douglas said that the role is an 'absolutely essential' part of the ward team, and that it works best when fully integrated into the ward team structure. The patient is at the centre of services, with the ward care team consisting of the ward sister in conjunction with the ward co-ordinator supported by nurses.

The Eastbourne model is 'the best of both worlds': 'Day-to-day work and prioritising of tasks is assigned at ward team level, but when we get to more

strategic planning and monitoring, the FM department supports the role.' A benefit of the ward co-ordinator is that the role is less gender-specific, and 37% of Eastbourne's co-ordinators are male, which helps with recruitment. Douglas also spoke of the job satisfaction reported by the co-ordinators and the need to avoid 'the overloading syndrome': 'At first our expectations of the role were overstretched: we had to refocus on the key tasks.' He also cautioned against underestimating the initial and ongoing training required to support the post.

In the last year, the hospital has begun a 30-month programme of research to evaluate the co-ordinator's role and to identify how integrated the role can become in the ward. 'We want hard measurements of intangible benefits,' said Douglas.

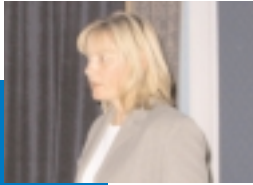


**VANESSA SWEENEY AND
CAROLINE LECKO
MODERN MATRONS
KINGS COLLEGE HOSPITAL**

Vanessa and Caroline spoke about "Protected" Mealtimes that were introduced at the hospital in conjunction with the introduction of hotel services assistants. "Protected" mealtimes involve an 'all hands on deck' approach where nurses help with serving food. Patients are made ready to eat/receive meals, and get help if necessary from speech and language therapists and dieticians. At Kings, ward hostesses had been serving food up until recently, and the reintroduction of nurses to the process required strong clinical leadership by the Modern Matrons.

The outcomes for patients were highly positive. The atmosphere of a restaurant was created on the wards, with nurses sitting down with patients, filling in food charts and making referrals. Patients were happier and nurses felt as if they had control over their wards. Caroline said that the project 'needs ownership from the whole team, with diagnostics and medics all involved.'

The 'protected' mealtimes programme has been rolled out to the whole of Kings College Hospital, with the full support of the Chief Executive and Director of Nursing.



MICHELLE TUPLIN
WARD MANAGER

HULL AND EAST RIDING HOSPITAL

Michelle told the conference about the pilot ward housekeeper project established by the Hull facilities directorate. The project began with four different wards and a generic job description that was modified by the four ward managers. It was decided that the grade should be supervisory, and it was paid for out of the ward nursing budget. The housekeepers' orientation programme identified priorities and ongoing duties. It was felt to be important that the housekeeper was autonomous, had authority, was empowered with the support of a ward manager and had a clear reporting line.

The benefits to patients were great. Improvements in the ward running included great improvements in catering and food delivery as the housekeeper now oversees ordering and delivery; improved linen supplies; a cleaner environment; improved PEAT inspection reports; accessible equipment, with records kept of its location and any lending; and improved nursing response times. Staff benefits have been increased job satisfaction for nurses, who are able to give a better quality of care; time to plan care as well as implement it; and less food wastage. 'Our nurses now work as nurses and it's improved the psychological and physiological care given to patients,' said Michelle.



BRIAN SAUNDERS
FACILITIES MANAGEMENT
CO-ORDINATOR

CYNTHIA DAVIES
SENIOR NURSING OFFICER, MEDICINE
MAYDAY HOSPITAL, CROYDON

Brian spoke about the introduction of ward co-ordinators at Mayday. Initially, nurses, ward sisters, cleaning and the estates department were asked to reconsider their practices, and patients' views were taken into account via PALS. The process also included commercial contractors. The team agreed a job description: 'We wanted people with the potential to run a small hotel – in my mind, that's what a ward is,' Brian said.

Funding was secured for three ward housekeepers at AC3 grade with duty hours of 10am-6pm. 28 applications were received, both male and female, with two from the hospital's catering service. Once in post, the three housekeepers made a list of all the problems with the first objective of putting these right, and agreed a level at which these things should be maintained.

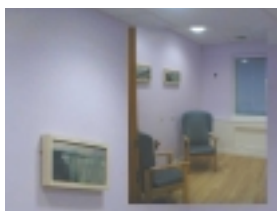
Cynthia outlined the benefits of the ward housekeepers, including improved nutrition, obvious environmental changes, stricter adherence to mealtimes and moves towards changing the drug round to avoid coinciding with mealtimes. The housekeepers are considering introducing hand-wipes for staff and patients before meal service. The housekeepers are looking at ways to make mealtimes a more sociable occasion. Nurses are receiving support to help deliver clinical care, and the interdisciplinary relationships on the ward have been enhanced, with less duplication of work.



We've found this inspiring. It's reassuring to hear that we're on the right track with a lot of things we're doing and that our challenges are the same as everyone else's.

Susan Walker
Matron
Mid Yorkshire NHS Trust,
Dewsbury District Hospital

PHOTOGRAPHS COURTESY OF THE ENHANCING THE HEALING ENVIRONMENT PROGRAMME, KING'S FUND



Before and after shots of work done in London hospitals for the King's Fund Millennium Project

**SARAH WALLER
HEDLEY FINN**

KING'S FUND MILLENNIUM PROJECT

Sarah and Hedley introduced the King's Fund Millennium Project to study the patient environment in a number of London's Trusts. Hospitals associated with the project each received £35,000 from the King's Fund, which some Trusts were able to supplement with their own money.

Sarah showed some examples of how the budgets had been used, including gardening, the redecoration of a bridge walkway, use of local artists' work, and environmental music.

Hedley introduced a series of observational photos from hospitals in and outside London, showing the use of light and space in hospitals.

WORKSHOPS

At this point, the delegates worked in teams (each team from the same hospital - hotel services, housekeepers, matrons and dieticians) and asked to compare photographs that they taken over the previous weeks of good and bad food and food service examples – both in their hospitals and the commercial world. Particularly good and particularly bad examples were agreed and mounted on a flipchart sheet with the comments about what made them good and poor written on card next to each.

After this hospital-based teamwork session, each of the groups gave feedback to the conference. Examples of good practice included a well laid-out tray with fruit in an attractive bowl; a chef cooking a patient's request to order; a calm, pleasant dining area with plants. Examples of bad practice included a vomit bowl being used for fruit; a small, cluttered ward pantry visible from the ward; a messy bedside table with the food tray on it; and messy hand-made unlaminated signs.

In the second session, the groups were challenged **"to plan and undertake a project to effect tangible improvements in food service or the way in which food was presented or consumed in their Trusts."** The improvement must be sustainable, although it could be small or large. Sarah told the groups that decisions need not be made today, but NHS Estates and the King's Fund would contact all the delegates in four weeks' time to review progress.

Examples from delegates given at the conference included:

Mid Yorkshire PCT

The Trust has therapeutic meals where staff eat with patients, but the practice is fragmented. The Trust will carry out an observational audit and charge individual wards with auditing other wards to generate competition, with a view to extending the therapeutic meals practice.

Royal Cornwall Hospital

The hospital would like to put a mural in its main restaurant with the co-operation of its new arts co-ordinator. It would also like to rejuvenate its maternity day rooms for dining purposes, and will be meeting with the maternity lead to put that into effect.

Queen's Medical Centre, Nottingham

The hospital would like to implement a communication campaign known as Bedside Table Manners to improve nutrition. It is hoped to give star ratings to encourage competition.

Paul Cryer, Programme Manager at NHS Estates, detailed the prize on offer for the winning team.

Mike Wright, Chairman of the Conference,

summed up the day's presentations and made his concluding remarks. "Whatever we do, we must do it from the patient's perspective – we must stay in touch with them and really get to understand what they. Whatever it is we do – it must always be in the in the best interests of the patient."

*If you would like to know more about the Partnership Sites conference or the Club itself please contact us at **betterhospitalfood@nhsestates.gov.uk** or get in touch with any of our current members.*

The Better Hospital Food Partnership Sites Club currently comprises of a group of around 50 forward-thinking hotel services/facilities managers from hospitals that are enthusiastic about modernising catering services in the NHS. The number of Club members continues to grow. Applicants and the services they provide at their hospitals are first vetted to ensure that they will be able to support the aims of the Club fully.

CHANGE OF MEMBERSHIP FOCUS

The Partnership Sites Club is changing its membership focus.

This second National Conference saw a coming-together of hotel services managers, nurses, housekeepers and dietitians, and we plan to continue to build a multi-disciplinary Club around this kind of structure.

So you do not need to be a hotel services/facilities manager to be in the Partnership Sites Club – you only have to share the values and be able to demonstrate that you are delivering a high-quality food service at your hospital.

The Partnership Sites Club meets four times a year, with national conferences additional to the regular business of the Club. At the last regular meeting, held on 30 July in Leeds, part of the agenda included a workshop to further identify ways in which managers providing catering services can interrelate and work more closely with ward-based colleagues. The workshop was predominantly attended by Club members from the hotel services arena, but there were a number of housekeepers, nurses and Essence of Care leads present to help add richness to considerations about the ward/patient perspective.

The following pages detail the outcome of that workshop.

The Partnership Club aims are to:

- promote food and food service in the NHS as a crucial part of the clinical process;
- actively work in partnership with other 'catering-chain' providers so that there are no gaps and patients feel and get a seamless service;
- continuously develop new ways of working and ideas for service that reflect the changing lifestyles and expectations of our patients;
- be open and share ideas and achievements with all other parts of the NHS;
- act as a reference site for other NHS managers;
- provide benchmark information so that others can learn from the experiences of Club members;
- design 'improved nutrition' into the food and beverage system at every opportunity;
- work collaboratively with other Club members to develop and promote excellence that is grounded in best practice and value for money;
- demonstrate that the services they provide are appreciated and well liked by their patients;
- design and provide food & beverage services based on what works for the patient and not what suits the 'system';
- demonstrate they understand that change is part of the journey and not a point of arrival in seeking to provide 'gold standard' food and beverage services for patients.

BHF Partnership Hospital Sites Club:
Workshop held 30 July 2002

Conclusions

Delegates to the meeting formed into five groups. Each group was set the task of discussing ways to implement some of the more strategic conclusions that had arisen from the autumn conference of the Partnership Club. The following is a summary of the groups' recommendations.

TEAM-BUILDING

As a means of strengthening the team's approach, the groups recommended the establishment of two multidisciplinary working groups: a series of specialist working groups (cardiac, orthopaedic, paediatric etc) to observe current practice and propose changes in an action plan or series of plans. Details should be fed back to a second, 'power' group which authorises, allocates funding, etc, and passes the initiative back to the working groups to implement. The 'power' group would be a senior group with a Board-level link, including the Essence of Care co-ordinator, a caterer, a senior nurse manager, and a dietitian. There was also a recommendation that the working groups should include service users.

The groups felt that external organisations, whether in the public or private sector, could have useful ideas to offer around service delivery, and recommended that study groups or individuals should be formed and charged with the responsibility of forming liaisons with such organisations, in order to report back on good practice and stimulate discussion on ways of implementing it.

It was felt to be a key factor in team-building that all members of a team should have an input, and therefore the groups recommended that all staff levels should be canvassed for their opinions. However, there was a warning that this canvassing should be done in a controlled and effective way, so as to ensure the most efficient input.

Barriers between nursing staff and facilities staff was also felt to be a major stumbling-block to teamworking, and there was a recommendation that a senior nurse be seconded to facilities as a PEAT project nurse for two days each week.

There was also a recommendation for excursions and 'fun events' in and away from the workplace, to stimulate a sense of teamship; and a 'back to the floor' exercise for senior management.

LISTENING & COMMUNICATING

In general, the groups felt that multi-disciplinary groups should be addressing communication problems, and that it was important to have clear, achievable and shared objectives.

As a way of eliciting feedback from service users, the groups felt it would be useful to involve the CHC and local community groups on a more in-depth basis by following up complaints and working with service users to address issues. One key aspect of this was felt to be communicating the results back to patient groups selectively and efficiently.

The groups felt that the profile of facilities management services could be usefully raised with people in a position to move targets forward by reporting on progress at Board level.

There was a recommendation for the National Standards working groups to be continued as a means of keeping in touch with ongoing issues. The final recommendation was that the benefits of the NHS Plan should be 'sold' to teams through bulletins and Trust publications.

MONITORING AND SERVICE REVIEW

The groups felt that service users must be aware of the team's expectations of standards, and that all members of the service team should be part of the appraisal process.

There was a recommendation for a hands-on approach to monitoring: that monitoring should take place in a working environment, as 'being seen' is an important facilitator for good-quality feedback. Further to this, there was also a recommendation for nominated individuals from support and/or hotel services to be responsible for visiting each ward daily to receive meal service and quality feedback, and conversely that all staff should be given a kitchen tour to understand how the food service provision works.

The groups recommended the use of satisfaction surveys and comment cards as a means of gathering feedback, particularly the NHSE and other organisations' questionnaires, with NHSE and other organisations' audit tools used to monitor and analyse feedback. Results should be fed back to the Board, the PEAT steering group, the Directorate and general managers.

MANAGING CHANGE

The groups felt that the Essence of Care programme had much to offer in terms of managing change via its focus on the importance of good food to improve patient care and recovery.

The groups recommended the devolving of budgets to wards via an initial controlled pilot programme that noted the effect of devolvement on nursing staff and assessed the trial against nutritional impact and food wastage.

It was recommended that change management should be cushioned by a link into patient surveys that would demonstrate the importance of food as a major part of the treatment.

It was also recommended that doctors' involvement should be sought by inviting doctors to the various multi-disciplinary groups currently in action.

Recommendations were made concerning training, including the necessity for teamwork coaches, leadership skills training and SSD assistants' training in such core skills as communications.

INVESTING AND VALUING STAFF

The groups felt that pay should be linked to skills and to staff development. There was a recommendation that pay rates for equivalent duties in the private sector should be assessed; that pay rates in the NHS should be linked to responsibilities undertaken.

There was a recommendation for investment in a National (Facilities) Training Programme which would be linked to a National Pay Structure. This would in turn promote growth within the NHS for support staff and trainee managers, aid recruitment and retention and promote a wider message of valuing staff to the community.

There was also a recommendation that 'shop floor' workers should be given more opportunity to network and go to conferences, in order to convey the message of valuing staff and give them insights into other solutions to current challenges.

It was further recommended that awards and achievement recognition be expanded to enfranchise those staff who either do not wish to pursue qualifications, or who cannot pursue qualifications, and that structures be developed for recognising non-qualified staff contributions.

Trust name	Contact	Position	Email
East Sussex Hospitals NHS Trust	Doug Bailey	Deputy Director of Operational Services	douglas.bailey@esht.nhs.uk
	Mandy Rann	Assistant Chief Nurse	
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	Esther Mason	Matron	
	Vimla Sharma	Matron	
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	M Board	Essence of Care Lead	
	Susan Geldart	Dietitian	
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	Jenny Mason	Modern Matron	
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	Sue Walker	Senior Clinical Nurse	
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	Mark Fulford	Hospital Food Liaison Officer	
	Jean Barker	Head Nurse/Matron	
	Ann Micklewright	Head of Dietetics and Nutrition	
	Susan Thomas	Head Nurse/Matron	
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	Gill Hems	Service Manager, Nutrition & Dietetics	
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	Stephen Wells	Deputy Head of Development	
	Lauren Weaver	Contracts Monitoring Officer	
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	Evelyn Prodger	Modern Matron/Essence of Care Lead	
	Russell Sherry	Catering Manager	
Royal Devon & Exeter Healthcare NHS Trust	Declan Flanagan	Catering Manager	declan.flanagan@rdehc-tr.swest.nhs.uk
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	Jackie Elworthy	Modern Matron	
	Linda Anthony	Director of Facilities	
Winchester & Eastleigh Healthcare NHS Trust	Philip Tarling	Hotel Services Manager	philip.tarling@weht.swest.nhs.uk
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	Sharon Terry	Lead Nurse - Surgery & Anaesthetics	
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	Chris Rawson	Hotel Services Manager	
	Mrs K Holden	Assistant Domestic Services Manager	
	Marie Knott	Clinical Nurse Specialist	
Norfolk & Norwich Healthcare NHS Trust	Eileen Duckworth	Head of Nutritional Care	eileen.duckworth@norfolk-norwich.thenhs.com
	Sian Watkins	Matron - Medicine	
	Barbara James	Matron - Womens Services	
	Carol Carter	Facilities Project Manager	
University Hospitals of Leicester	Wendy Chapman	Catering & Domestic Services Manager	wendy.chapman@uhl-tr.nhs.uk
	Sandra Kamp	Senior Nurse	
	Andy Powell	Head of Facilities	
	Nicky Grant	Essence of Care	
	Lorraine Pullen	Catering & Domestic Services Manager	
	Ian Statham	Catering & Domestic Services Manager	
	Alice Young	Dietitian	
	Kerry Johnston	Senior Nurse	

Trust name	Contact	Position	Email
The Royal West Sussex Trust	Rosemary Knox	Assistant Director Hotel Services	rosemary.knox@rws-tr.nhs.uk
	Trevor Hayes	Facilities Manager - Catering	
	Jenny Killeby	Ward Sister Medical (E of C rep)	
	Fatima Hoosen	Dietitian	
	Trevor Clarke	Housekeeping Supervisor	
The Newcastle Upon Tyne Hospitals NHS Trust	Ian Stafford	Catering Services Manager	ian.stafford@nuth.northy.nhs.uk
	Helen Lamont	Head of Nursing (Essence of Care Lead)	
	Christine Lewis	Hotel Services Manager	
Worcestershire Acute Hospitals NHS Trust	Neil Watson-Jones	Trust Catering Manager	neil.watson-jones@worsacute.wmids.nhs.uk
	Catherine Mahoney	Essence of Care - Nutrition Lead	
	Sue Dickenson	Senior Dietitian	
West Middlesex University Hospital NHS Trust	Alison Hothersall	Nutrition & Dietetic Service Manager	helen.simpson@wmuh-tr.nthames.nhs.uk
	Jon Nevison	Senior Manager, Improving the Patient Environment	
	Tonie Neville	Head of Midwifery	
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	Linda Taylor	General Manager - Facilities	
	Karen Belcher	Senior Nurse	
South London & Maudsley NHS Trust	Pam Wastell	Estates and Facilities Business Manager	pam.wastell@slam-tr.nhs.uk
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	Derek Nicoll	Housekeeping Lead	
	Karen Carpenter	Hotel Services Manager	
	Sarah Burleigh	Nurse Advisor & Essence of Care Lead	
	Barry Huckstep	Estates and Facilities Development Manager	
	Kate Trotter	Chief Dietitian	
	Sue Fisher	Support Services Manager	
Walsall Hospitals NHS Trust	Keith Palmer	Senior Support Services Manager	Palmerk@wht.walsalh-tr.wmids.nhs.uk
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	Angela Deathridge	Housekeeper Lead	
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	Cathy Bessent	Modern Matron, Housekeeper Lead	
	Pat Searle	Modern Matron, Essence of Care Lead	
Guys & St Thomas' Hospitals NHS Trust	Graham Walker	Catering Manager	Graham.walker@gstt.sthames.nhs.uk
	Tim Carter	Head of Hotel Services	
	Sarah Banfield	Director of Nutrition and Dietetics	
Heatherwood & Wrexham Park NHS Trust	Sue Batty	Head of Patient Environment	sue.batty@hwph-tr.nhs.uk
	Gay Lewis	Essence of Care Lead	
	Maureen Darby	Domestic Services Manager	
	Jose Santos	Catering Services Manager	
Birmingham Heartlands and Solihull NHS Trust	Martin Cantor		cantorm@heartsol.wmids.nhs.uk
	Ann O'Brian		
	Helen Reilly		
	Diane Eltringham		
Bromley Hospitals NHS Trust	Meryem Shrimpton	QA Training Officer	meryem.shrimpton@bromleyh-tr.sthames.nhs.uk
	Mrs L Simmons	Chef/Manager	
	Mrs L Huckel	Domestic Contract Manager	
North Tees and Hartlepool NHS Trust	Peter Mitchell	Facilities Manager, Estates Services	
	Kate Marrs	Facilities Manager Hotel Services	
	Bev Reilley	Clinical Nurse Specialist	
Essex Rivers Healthcare NHS Trust	Karen Lake	Modern Matron	
	Carrie Whitfield	Sister (Essence of Care Lead)	
	Maggie Somers	Housekeeper	