Combined meeting notes from food standards and strategy groups 1 & 2

17th and 30th July 2018

Broadmoor Hospital, Learning & Development Centre, Crowthorne, Berkshire.
**Initial thoughts**

- Invite director of nursing / nursing input to be part of group to ensure clinical links are proactively promoted with regards to all aspects of food in healthcare settings.
- Defining of different staff group responsibilities in relation to patient feeding i.e. nursing, dietetic, hca’s, facilities.
- NHS standard contract – current 5 core standards but links to others standards needs to have a clear approach to what the standard is and reference the other standards e.g. Government Buying Standards and British Diatetic Association Digest.
- Robust management of services – toolkits, education and training.
- Full overview of the patient food journey and patient experience – case studies and patient stories.
- Building on current frameworks e.g Food for life, DEFRA tools, SDU etc.
- Packaging – ease of use, does is support eating or hinder the process, is it minimal and sustainable?
- ‘Standards on a teatowel’ – simple, plain language, easy to understand / follow.

**What does good look like?**

- Good organisational reporting structures and leadership strategy with information flowing easily up, down and across the organisation.
- Data Reporting – ensuring accurate, comparable and measurable data reporting.
- Assurance / compliance – ensure that compliance starts at the top i.e. with board accountability and food and drink strategies linked to new standards.
- Food waste measured accurately in a transparent and consistent manner.
- What does the whole process look like ‘farm to fork / purchase to plate’?
- Meal choices – quality of choices not necessarily quantity of choices, speciality areas e.g. paediatrics, maternity, dementia.
- Menu design – quality and thought given to how food is grouped and will look as well as the nutritional aspect e.g. no having cauliflower and boiled or mash on same plate. Thought to the aesthetics.
- Championing food, nutrition and hydration – social values and culture change.
- Procurement of contracts on a best value basis not cheapest.
- Modern menu’s which reflect how people eat at home for all groups, potential for less choice but better quality (patient / staff / visitor) – although acknowledgement is given to the differing nutritional requirements of these groups.
• Retail catering may have differing issues which conflict with other areas and this can link in with the current NHS estate challenge and needs to take into account the health and well being of the workforce, the reduction for staff in break times, distance from place of work to accessible food and the future proofing of standards set to continue on work started via the CQUIN.

• NHS needs to be at the fore front of modelling good behaviours and practices.

• Need to look at the last 9 yaerds and take a holistic view to patient food and its service including communal eating, help with feeding, education around choices and for staff around service. Staff to eat with patients where possible.

• Presentation needs to be appetising to encourage eating with fit for purpose nutritionally adequate food.

• 24/7 access to food for all groups.

• Consider environment for all groups and how food is presented to encourage social interaction and feeding.

• Cultural, religious and regional differences.

• Food and nutrition standards which are consistant across all organisations.

• Empty plates used as a quality indicator.

• Reducing bed days and staff sick days by better quality foof, nutrition and hydration.

• Wastage tool to ensure consistency which could feed into ERIC.

• Ensuring dignity for all.

• Celebrate the good news stories and good work which is going on – raise the profile of food across the healthcare sector whilst manageing expectations.

• Work closely with supply partners – workshops to be held with suppliers towards end of the year.

Focus

• Safety:
  Process
  Assurance / Compliance
  Communication
  Patient needs
  HACCAP
  Clinical Engagement
  Audit
  Monitoring

• Environment:
  Patient dinning – social
  Assisitance
Staff and visitors access nice environments and spaces to eat.
Empathy – are we offering drinks and snacks to visitors on wards?

- **Culture Change:**
  Removing barriers – thinking differently
  Change the way senior management look at food and hydration
  Ensure the right people are involved
  Consultation
  Clinical ambassadors
  The power of 3

- **Service:**
  Ensuring fit for purpose for different groups
  How does food look on plate / tray?
  Specialist needs – ease of systems to avoid mistakes.

- **Measureable standards:**
  Accurate data & evidence
  Validated compliance
  Consistency and standardisation across organisations.

- **Procurement:**
  Look at whole process
  Look at best value not cheapest
  Understanding of contracts and specifications being signed up to.

- **Food Waste:**
  Reduction in waste
  Analysis of reasons for waste
  Understanding ordering systems.

- **Simplification:**
  Simple language
  Concise document
  Clear standards – with links

- **Joint Accountability:**
Starting at board level
Food and Nutrition everyone's responsibility

- Balance Scorecard:
  Should be used as part of procurement process
  Should be used as part of the normal reporting and compliance process.

- Standardisation:
  Template for board reports
  Template for food and drink strategy
  Links to training
  Good practice links
  Structure of food offer
  Use of Technology

Work streams

<table>
<thead>
<tr>
<th>Patient Experience / Service</th>
<th>Retail, Staff &amp; Visitor Feeding</th>
<th>Sustainability &amp; Food Waste</th>
<th>Environment &amp; Culture</th>
<th>Safety</th>
<th>Raising the Profile</th>
<th>Procurement</th>
<th>Training &amp; Education</th>
<th>Toolkits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trays</td>
<td>Environmen t</td>
<td>Reduction in disposables</td>
<td>Communicatio n</td>
<td>Audit</td>
<td>Communication s</td>
<td>Frameworks</td>
<td>Skills framework</td>
<td>Board templates</td>
</tr>
<tr>
<td>Tableware</td>
<td>Availability</td>
<td>Resposibly resourced products</td>
<td>Case Studies</td>
<td>Complianc e</td>
<td>Working with stakeholders</td>
<td>OJEU</td>
<td>Links to courses</td>
<td>Menu bank</td>
</tr>
<tr>
<td>Help feeding</td>
<td>Healthy Choices</td>
<td>Data</td>
<td>Patient Stories</td>
<td>Specialist needs</td>
<td>Good news stories</td>
<td>Specification s</td>
<td>Sucession planning</td>
<td>Recipie bank</td>
</tr>
<tr>
<td>Availability of food</td>
<td>Value for money</td>
<td>Technology</td>
<td>Managing expectations</td>
<td>HACCP</td>
<td>Patient Workshops</td>
<td>Contract management / partnership</td>
<td>Patient education</td>
<td>Audit templates</td>
</tr>
<tr>
<td>Presentatio n</td>
<td>Links with local trusts</td>
<td>Working with partner suppliers</td>
<td>EHO</td>
<td>Interviews</td>
<td>GBS</td>
<td>Regeneratio n training</td>
<td>Balance Scorecar d</td>
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<td></td>
<td></td>
<td></td>
<td>Food safety</td>
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<td></td>
<td></td>
<td>Strategy / Policy template</td>
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Background

- Better hospital food campaign 2002/3
- Hospital Food Standards Panel Report 2014
- Update on Hospital Food Standards Panel Report 2017
WHY?
Focus

- Quality Patient Food
- Health and Well-being of the workforce
- Visitor Food
- Food Waste
- Sustainability

Healthy Lives, Healthy People: a Public Health Workforce Strategy

East Midlands Public Health Summit 17 June 2014

Sustainable food
Next Steps

- Futures meeting frequencies
- Work Streams
- Review of documentation
- Timescales
- The future
Questions?

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