



Hospital Food and Drink Strategy



Foreword

Welcome to our first Food and Drink Strategy which outlines our ambitions to provide high quality and nutritious food to our patients, staff and visitors. This is a very important step in our journey to continuously strive for excellence and high quality care in terms of the nutrition and hydration of patients in our care. The strategy is not just about our patients – providing nutritious and balanced choices to our visitors, carers and staff is important too.

Sir Robert Francis QC in his final report of the Mid Staffordshire Foundation Trust Public Inquiry detailed some startling examples of poor nutritional care and recommended that the “arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation”.

As part of the response to the Francis report and other key documents, the Department of Health published “The Hospital Food Standards Panel’s report on standards for food and drink in NHS hospitals” (Department of Health August 2014). This report aims to improve food and drink across the NHS so that everyone who eats there has a healthier food experience and that everyone involved in its production is properly valued.

We recognise that delivering high quality nutritional care and food services involves a wide range of staff and services across our trust working well together including nursing, dietetics and catering - together with volunteers and carers and input from service users.

The report identified five food standards required of hospitals which are captured within our strategy with a focus on three key areas:

- *Patient nutrition and hydration*
- *Healthier eating across hospitals for visitors and our staff*
- *Sustainable procurement of food and catering services*

For our patients, malnutrition and dehydration are a significant risk and both may contribute to significant harm. Supporting patients to achieve a nutritional intake appropriate for their individual needs speeds recovery, optimises clinical outcomes and is vital for good patient experience.

We must also care for our staff -national rates of obesity and other nutrition related conditions continue to rise and we want to support healthier food and drink choices for our staff and visitors.

As a major purchaser and provider of food and catering services, we do also have a responsibility and an opportunity to make sustainability a high priority.

Our Strategy will be led and monitored by our multidisciplinary Nutrition Steering Group who have a major focus on patient nutrition –linking closely with other key work including our Commitment to Patients: Clinical Service Strategy 2017-2022, the ‘Happy, Healthy and Here’ strand of our new People (workforce) strategy and our work on sustainability .

Our aim is to engage staff across the whole Trust with the importance of the nutrition and hydration agenda

**Karen Dawber,
Chief Nurse**



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Authors:

Jackie Loach – Head of Nutrition and Dietetics
Andrea Dalton – General Manager, Facilities
Nutrition Steering group Task and Finish group*

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*see page 22



“About 30% of adults admitted to hospital are at risk of malnutrition.”

Introduction

What we eat and drink has a significant impact on our health. This is true for both under-nutrition and other types of poor nutrition (which can lead to obesity, diabetes, heart disease and related conditions).

For patients, malnutrition is a largely hidden but major problem that is estimated to cost the health and social care economy £19.6 bn per annum in England – 50% of this expenditure is on older adults (65+) and approximately 75% of these costs fall in secondary care. (Elia 2015)

Malnourished patients in hospital stay longer and are more likely to develop complications or infections or need readmission. About 30% of adults admitted to hospital are at risk of malnutrition; others become so during their stay, due to the impact of their condition.

Most malnutrition arises in the community, but once a patient is admitted, there is a

great deal that we can do to hasten recovery by paying close attention to nutrition and hydration needs. For these patients it is vital that additional calories, protein and other nutrients are provided to meet their individual needs and reduce nutrition related complications such as pressure ulcers, falls, infection, and loss of muscle strength. Adequate hydration is equally essential to help prevent urinary tract infections, delirium and acute kidney injury.

BTHFT is committed to preventing, identifying and treating malnutrition in hospital wherever possible. We will work to minimise the impact of illness and injury on nutrition and hydration.

“Hospital food should meet all these challenges - it should also be a source of pleasure and enjoyment. It should complement the patient’s care and enhance the patient experience.”



Our patients have very varied food and nutritional needs from new born babies through to elderly care and a range of clinical conditions which have specific dietary requirements. At the same time, some patients will be dealing with conditions related to obesity. It is important for these individuals that their dietary needs are met to support making changes to their diet in the longer term.

As a large employer, we have a responsibility to support and enable our staff to make healthier food choices and to ensure that they can access appropriate food and fluids whilst at work. Those working shifts or long and intense hours may easily develop poor eating habits if choice is restricted. Poor food and

fluid intake at work can affect health and job performance and so will impact on patient care.

As major purchasers and providers of food and catering services, we have a responsibility to ensure full compliance with food hygiene legislation. We also recognise that we have an opportunity to make sustainability a high priority in service delivery and decision-making to support waste reduction, high standards of food production and reduction of our carbon footprint.

Hospital food should meet all these challenges - it should also be a source of pleasure and enjoyment. It should complement the patient’s care and enhance the patient experience.



“We know that there are strong links between staff who are fit and well and patient experience and clinical outcomes so investing in having a healthy workforce will ultimately benefit patients.”

Context

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is committed to providing the highest level of care possible for our patients and this without question includes the quality and nutritional value of the food that is served and eaten and of the nutrition and hydration care given to patients. We also have a responsibility to our staff and visitors to provide wholesome, healthy and nutritious food.

We know that there are strong links between staff who are fit and well and patient experience and clinical outcomes so investing in having a healthy workforce will ultimately benefit patients.

We also have a wider social responsibility. As a major purchaser and provider of food and catering services, we have the opportunity to put sustainability at the heart of our work. This includes reducing waste, embedding high standards of food production and reducing our carbon footprint.

To achieve this we have developed our Food and Drink Strategy which aims to:

- Meet the nutrition and hydration needs of all patients and support a good experience of care
- Ensure that the foods and drinks offered meet the cultural and religious needs of our local population who come to our hospital
- Encourage healthier eating for the whole hospital community including visitors and staff
- Support the health and wellbeing of staff by improving access to healthy food and drink and encouraging healthier lifestyle initiatives.
- Procure sustainable food and catering services

and meets key requirements of the Hospital Food Standards Panel Report published by the Department of Health in August 2014. The report recommended the implementation of five key standards and our strategy aims to embed these recommendations in our hospital.

They are:

- The 10 Key Characteristics of Good Nutritional Care (Nutrition Alliance/NHSE 2015)
- Nutrition and Hydration Digest (British Dietetic Association 2012) Malnutrition Universal Screening Tool (MUST-BAPEN 2003) or equivalent validated tool (e.g. STAMP in children's services)

- Healthier and More Sustainable Catering – Nutrition Principles (Public Health England 2014) for staff and Visitor catering
- Government Buying Standards for Food and Catering Services (Department of Environment, Food and Rural Affairs 2015)

The Trust must comply with the mandatory food standards guidance as part of the legally binding NHS Standard Provider Contract (SC19). This means that our commissioners are clear about what they should expect of the food, nutrition and hydration service we provide within the trust. There are several ways in which the trust will be monitored on delivering these standards, one of which is the annual Patient-Led Assessments of the Care Environment (PLACE) organised by the Health and Social Care Information Centre.



Our strategy also supports the Trust in meeting the requirements of the Health and Social care Act (Regulation 14 Nutrition and Health) which came into force in April 2015 and the National Institute of Clinical Excellence (NICE) guidelines and quality standards on nutrition support.

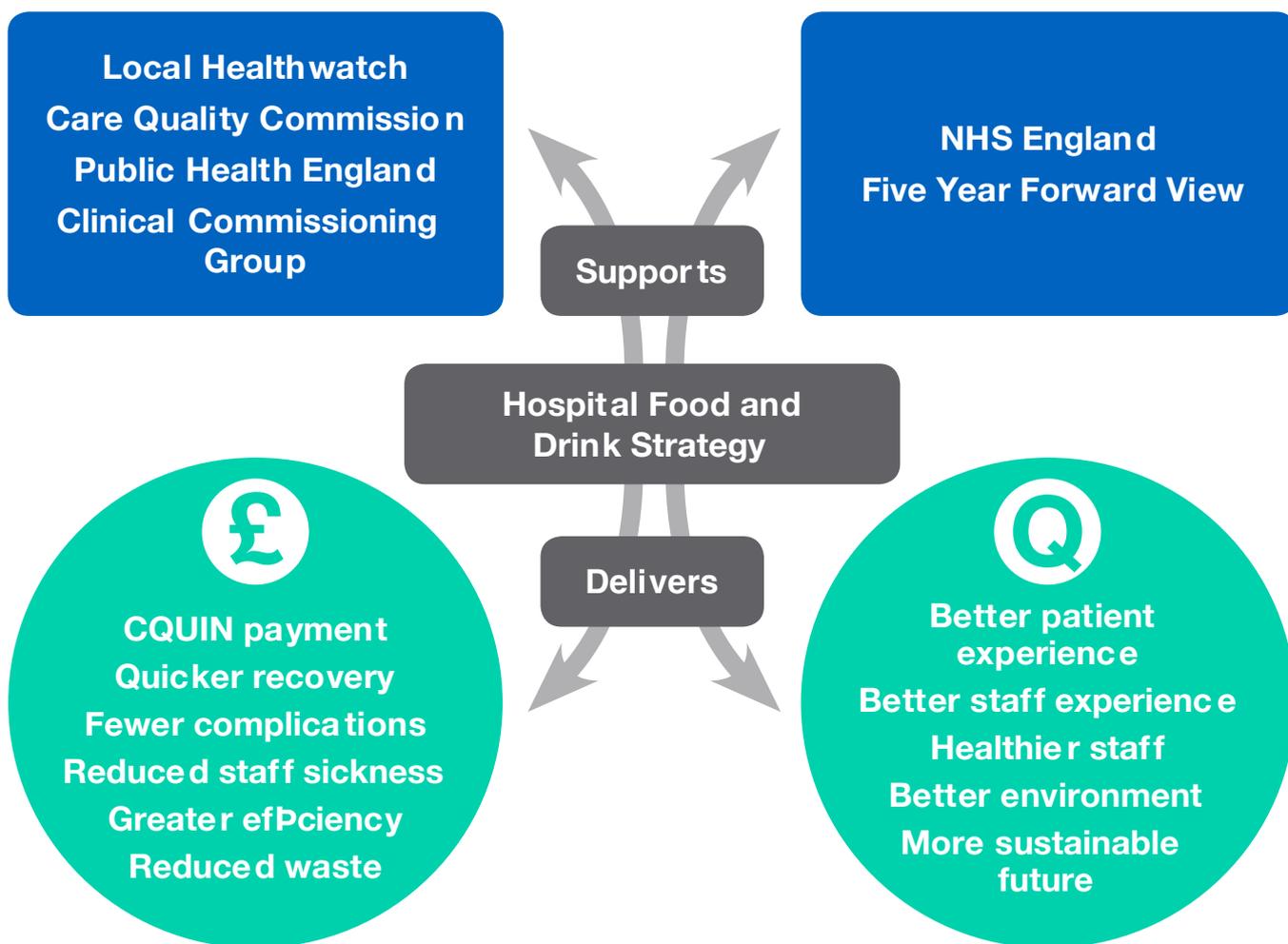
As well as supporting our Trusts strategic objectives and core values (Together-Putting Patients First) our Hospital Food and Drink strategy also supports key local health priorities held by Bradford District and City CCGs including Self-care and Prevention and Living longer-Better including supporting the prevention and management of major

local health problems including Obesity, Heart disease, Diabetes and Malnutrition

It will also support the West Yorkshire and Harrogate Sustainability and Transformation Plan ambitions for

- Healthy places
- High quality and efficient services
- A health and care service that works for everyone, including our staff

The Department of Health diagram below indicates how Hospital Food and Drink Strategies will also help deliver increased value for money and high quality, clinically effective services.



(Department of Health Feb 2016)

Scope

This strategy covers all BTHFT premises including Bradford Royal Infirmary, St Luke’s Hospital, and our Community Hospitals.

Development of our strategy

The strategy has been developed by BTHFTs multi-disciplinary Nutrition Steering Group in consultation with members of its 3 subgroups particularly the Improving Nutrition Group.

Divisions and departments have been consulted as have other key stakeholders. Patient and service user feedback is regularly used in the work of these groups.

It builds on work already undertaken by BTHFT and should be implemented in conjunction with other initiatives and polices including:





In developing this strategy we have

- Updated Trust Nutrition Policies in the light of the new legal and contractual requirements of the Hospital Food Standards and Health and Social Care Act 2014
- Maintained our Environmental Health Office 5 star standard for Food Hygiene across all catering outlets, including main and ward kitchens
- Actively promoted awareness of the importance of nutrition and hydration including participation in Nutrition and Hydration Week
- Undertaken a gap analysis of the Trusts position against both these requirements and NICE quality standard 24.
- Developed Nutrition and hydration risk incident reporting categories that have enabled greater visibility of issues across the organisation, identify causal factors and use for wider learning and improvements in quality and safety
- Developed a Nursing Nutrition and Hydration standard as part of the ward accreditation process, Bradford Accreditation Scheme (BAS)
- Updated the Trust High Priority Nutrition Audit tool in light of the Hospital Food Standards, PLACE requirements and NICE Quality standards.

These steps have and continue to aid self-assessment and the development of targeted improvement action plans where we need them. For each of the 3 key areas covered by the strategy we have outlined our ambitions, identified where we meet these or have plans in place and identified work to progress during the strategy period

Key Elements of our Food and Drink Strategy – Overview



For each of the three key elements covered by the strategy we have described in the sections that follow:

- a) What BTHFT will aim to do
- b) What is already in place or improvements underway
- c) What will need to be progressed during the strategy period



1. Meeting the Nutrition and Hydration Needs of Patients Staying in our Hospitals

Food is vitally important to people, it embraces their health and enjoyment. Mealtimes can provide both an enjoyable experience and the nutrients to support recovery and promote health including psychological well-being. We will offer food and drink services that are high quality, safe, nutritious, cost effective, wholesome and appealing to meet patients' needs.

10 Key Characteristics of Good Nutritional Care

We will work to implement all areas of this overarching set of principles to guide our strategy, nutrition policies & operational guidance.

This includes

- Nutritional assessment, screening, monitoring and care planning
- Protected mealtimes and support with eating and drinking
- Food, drinks and nutritional care delivered safely
- Staff skills and competencies, training and education
- Patient and user involvement
- Governance frameworks

a) BTHFT will:

- Publish information for patients about our food and drink services and the standards they can expect
- Ensure appropriate monitoring is in place to assure our patients, partners and external organisations that nutritional care is seen as a high priority
- Ensure that staff and volunteers have the nutritional assessment and care /food and drink service skills and competencies that are appropriate to their role and access to appropriate education, information and updates to enable them to fulfil their role.
- Ensure that where individual nutritional requirements cannot be met by a Food First approach, appropriate nutrition support is provided to patients in a safe, effective and timely way. This includes oral nutritional supplements, enteral and parenteral feeding.
- Provide a range of menus to meet all dietary, religious and cultural needs, and ensure that the menu format together with support from staff on the wards allows all patients to understand the choices available to them
- Ensure that staff are aware of how to provide information about food and fluid choices, menus and individual nutrition care plans in a way that is accessible to each patient.
- Ensure that our menus have the capacity to meet nutritional targets for both the nutritionally well and nutritionally vulnerable

patients in a way that is appropriate for their age and physiological needs.

- Ensure that we meet the needs of patients who require a therapeutic or modified diet e.g. for food allergy, dysphagia, low protein or for those with Inherited Metabolic Disorders and that all menus contain appropriate allergen advice.
- Ensure that our patient meal service is flexible to cater for small and frequent meal patterns including access to food and drinks 24 hours a day.
- Identify patients who require assistance with eating and drinking and put support in place to enable them to eat and drink with dignity including relatives helping with mealtimes
- Protect mealtimes to allow patients to enjoy their meal and gain maximum

benefit from the experience. This will include helping patients prepare to eat and supporting families /carers to help at mealtimes when this is appropriate.

- Improve hydration to bring well-being, better quality of life and improved health outcomes to patients
- Reduce waste as the nutritional value of food not eaten is nil
- Seek the views of patients about the service and act on the feedback received
- Provide information to patients in all settings about good nutrition and promote eating for health,
- Ensure that dietary and nutritional information given to patients or staff is based on current best evidence.





b) Work Complete / Improvements in progress

- Patients are screened for malnutrition risk within 24 hours of admission and a minimum weekly thereafter using the MUST screening tools (or alternative method if necessary).—implementation is monitored via regular MUST audits to identify any issues and improvements needed. The STAMP tool is available for children.
- Provide a coded menu incorporating choices for a range of specialised diets. These include
 - Adult and children's menus incorporating a range of vegetarian and halal choices)
 - Gluten free/non-gluten containing ingredients
 - Modified texture menus C and E
- A range of Kosher and Afro-Caribbean choices is available on request.
- Full allergen information is available at ward level for all our menus.
- Patients whose needs cannot be met by the standard or supplementary menus are catered for by our qualified diet chefs.
- Provision of a range of supplementary snacks and drinks at ward level
- Provision of a range of extra snacks on a named patient basis for patients needing additional protein and calories to meet their assessed needs.
- Patients who need specialised advice or who are at risk of not meeting their nutritional requirements are referred to our dietitians for professional assessment, therapeutic diets and nutritional support.
- A standardised improved Modified Texture menu has been implemented across the trust and work undertaken to improve the awareness of clinical staff of the different staged diets for dysphagia and the menu choices available.



- Trial and evaluation of a finger food menu for patients with dementia who find cutlery difficult.
- Provision of Ward Diet and Catering folders to improve staff access to information about all patient catering services including special diets, all menus and out-of-hours nutrition care information.
- Actions to ensure that nutritional risk screening, eating and drinking assessment questions and nutrition action plans are included in the Electronic Patient Record that is under development.
- Structured audit process for monitoring patient satisfaction with catering which aims to capture 10% patients each month
- Mini/pilot audit of ward staff training needs undertaken.
- Development of a Children’s Nutrition and Hydration sub-group of the Nutrition Steering Group to improve governance/ assurance (including artificial nutrition issues) and provide support for child/ neonate focused nutrition improvements .
- Participation in the West Yorkshire Acute Trusts (WYAT) catering tender and menu initiatives to ensure that BTHFT population groups needs are met and we can benefits from potential improvements via this route.
- Identified via gap analysis areas where BTHFT does not meet the Hospital Food Standards. This is primarily
 - Nutrition training for staff and volunteers
 - No dedicated dietetic capacity to support catering service including menu design and nutritional/capacity analysis

c) Work to progress during the strategy period

- Further develop schedule (timings and frequency) for audit and self-assessment.
- Use the information from regular nutrition audits, ward self-assessments (using BAS) and catering audits to identify issues and develop targeted improvement plans where needed across the trust as well as at individual ward level.
- Undertake review of Nutrition care planning once Electronic Patient Record implemented.
- Further multidisciplinary development of tailored food provision to meet the needs of older people following finger food pilot.
- Improve consistency of access to snacks provided at ward level and to out of hours food provision at St Luke's /community hospitals
- Develop a training matrix for food and nutrition care to cover all staff groups
- Undertake full staff training needs assessment
- Increase access to education and training for staff and volunteers
- Development of a children's high priority nutrition audit and appropriate ward accreditation tool for nutritional care.
- Improvement of menu offer to ensure that it consistently meets capacity requirements for the nutritionally vulnerable.
- Re-establish a formal catering MDT work group with action plan for catering areas of the gap analysis.
- Service user involvement in menu developments.
- Ensure nutritional analysis of menu items is fully available and nutritional standards/ requirements for allergen information are met in retendering and menu redevelopment work
- Ensure dedicated dietetic capacity is available to provide specialist support to catering and to ensure that menus meet the nutritional standards in line with Hospital Food Standards.

Further Reading

[Nutrition and Hydration Digest BDA 2017 MUST Screening \(adults\)](#)
[STAMP screening \(children\)](#)
[10 Key Characteristics of Good Nutritional Care NHSE 2015](#)





2. Supporting Healthier Eating for Our Staff and Visitors

Our staff need healthier and nutritious food to support them in delivering the best clinical care. Both staff and visitors need food services that encourage them to make healthier choices. For many staff, the food they eat at or bring to work makes up a substantial part of their daily diet and a healthier intake here can make a real difference.

a) BTHFT will:

- Ensure that every employee will be supported to maintain and improve their health and wellbeing and will support employees to take personal responsibility to improve their health, including access to healthy eating initiatives.
- Ensure that staff have access to facilities to eat food brought from home or from retail outlets.
- Ensure that staff have access to healthy food and fluids during the working shift including staff restaurants, vending machines and retail outlets.
- Work in partnership with voluntary services and contractors, to make the healthier choice the easier choice
- Ensure compliance with Healthier and Sustainable Catering standards.
- Use evidence- based healthy eating principles to guide the choice of foods, drinks and snacks available for staff and visitors
- Ensure choices are available to staff who work out of hours to prevent poor eating habits.
- Consider the dietary, cultural and religious needs of our staff and ensure there are suitable choices for everyone
- Ensure compliance with relevant Commissioning for Quality and Innovation (CQUIN) and other requirements regarding NHS staff health and wellbeing.





b) Work Complete/ Improvements in progress

- Outsourced retail catering. Tender including compliance with Hospital Food Standards and meeting needs of the health and wellbeing CQUIN
- Made Healthier food and drink more widely available
- Healthy choice of the day available
- Introduced price promotions on healthy items and advertised healthy food options
- Undertaken baseline assessment against the CQUIN of all retail units
- Developed specification for healthier vending
- Ensured healthy options available for night workers through vending
- Removed all unhealthy meal deals and advertising
- Opening of remaining retail units within the new hospital wing

c) Work to progress during the strategy period

- Implementation of health and wellbeing action plans (linked to People strategy)
- Tender for a healthier vending provision
- Monitor availability and variety of healthy choices and uptake
- Wider promotion of healthy options available to all staff
- Ensure robust monitoring of retail and vending contracts

Further Reading

[Healthier and More Sustainable Catering](#)
[Ch 3 Nutrition and Hydration Digest BDA2017](#)



3. Sustainable Procurement for Food and Catering Services

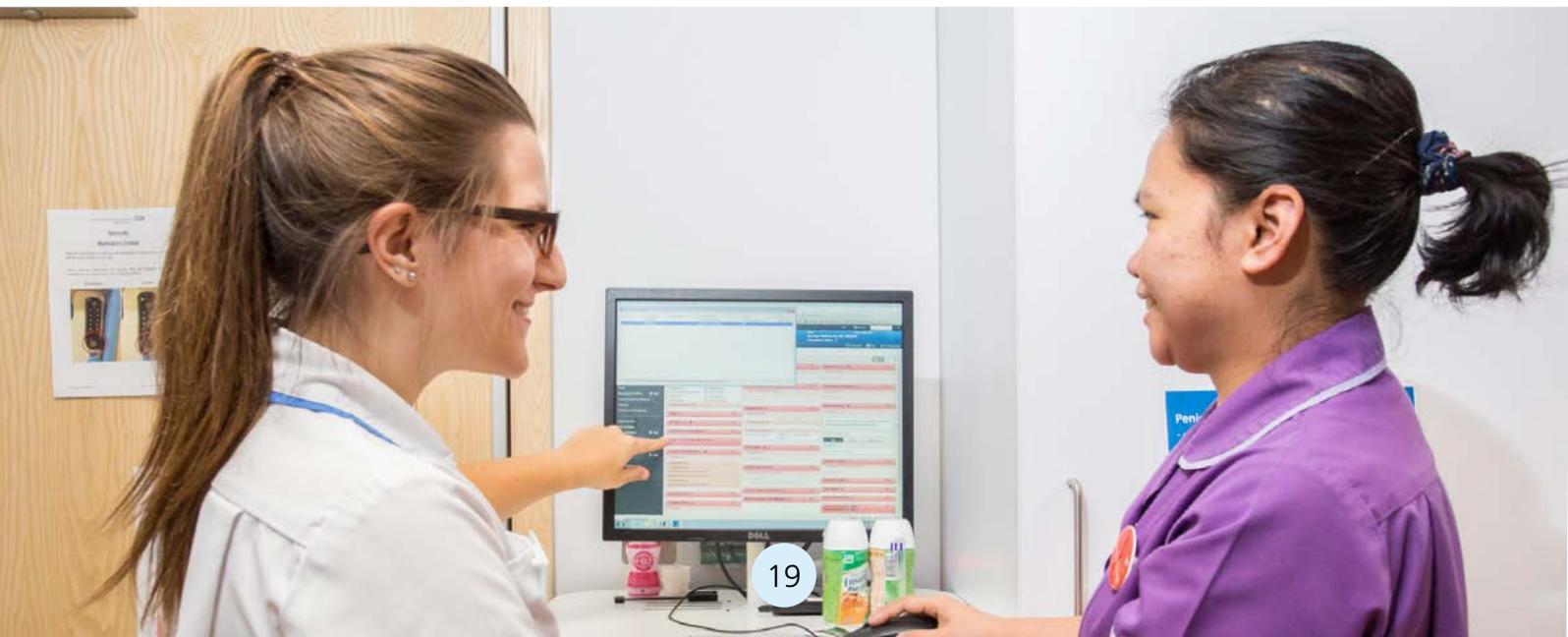
We will work with our contractors and suppliers to meet the mandatory Government Buying Standards (GBS) for food and catering services, whilst striving to also meet the best practice guidelines

a) BTHFT will

- work in partnership with our contractors and suppliers to meet the Government Buying Standards (GBS). These standards cover three areas of sustainable procurement:
 - Foods produced to higher sustainability standards – covering issues such as food produced to higher environmental standards, fish from sustainable sources, seasonal fresh food, animal welfare and ethical trading considerations
 - Foods procured and served to higher nutritional standards – to reduce salt, saturated fat and sugar and increase consumption of fibre, fish and fruit and vegetables
 - Procurement of catering operations to higher sustainability standards – including equipment, waste and energy management

Using the Government Buying Standards will help us to fulfil our obligations as a good corporate citizen, as well as supporting local food providers

- endeavour to reduce food and related waste at the point of service and look at initiatives to limit plate waste at ward level.
- ensure that the nutritional specifications are appropriate for patients and staff and where they differ from the GBS guidance, the change will be justified.





b) Work Complete/ Improvements in progress

- Full RAG rated assessment against current Government Buying standards with action plan. Government Buying Standards used to build all specifications for contracts
- Initiatives in place to reduce waste in all areas, action plan developed and monitored.
- Compliance with sustainability development plan for food

c) Work to progress during the strategy period

- Ensure that food and drink strategy is linked with Trust sustainability plans as they develop and support delivery of action plan and recommendations
- Further work on reduction of waste, at ward level with a particular focus on plate waste
- Award new delivered meals contract which should support meeting the Government Buying standards and reduction in waste food.

Further Reading

[Government Buying Standards](#)



Implementation

Implementation of the strategy will be via an action plan that will be monitored through the multidisciplinary Nutrition Steering Group which reports via the Patients First Committee into the Quality and Safety Committee.

The gap analysis used to develop this strategy and actions identified therein will also be reviewed annually by the relevant working group or committees.

It is expected during the life of this strategy additional issues and improvements may arise and therefore that the action plan will evolve as needed.

Supporting Policies and Resources

Adult Nutrition Policy 2016 including operational guidance and information on

- Eating and Drinking Assessments,
- Nutritional Risk Screening
- Care Planning and Review
- Feeding People in Hospital: The Provision of Food, Drinks and Snacks
- Protected Mealtimes Policy
- Red Tray and Jug Lid Protocol
- Oral Nutritional Supplements
- Enteral Tube Feeding
- Total Parenteral Nutrition
- Re-feeding Syndrome
- Management of Dysphagia
- Out of Hours information – Quick Reference Guide
- Education and Training

Children's Nutrition Policy 2015 Ward Diet and Catering Folders

Ward kitchen/Regen kitchen Food Hygiene Code of Practice 2015 Food Hygiene Policy 2016

Bradford Ward Accreditation Scheme – Standard 5 Nutrition and Hydration High Priority Nutrition Audit (Adults/ Children)

Nutrition Steering Group Food and Drink Strategy Task and Finish Group Members:

Jackie Loach, Head of Nutrition and Dietetics
Andrea Dalton/Chris Davies, General Manager Facilities
Adele Hartley-Spencer, Acting Deputy Chief Nurse
Shelley Bailey, Assistant Chief Nurse
Charlotte Keasey, Assistant General Manager Facilities
Adam Cartwright /Rupert Allen, Principal Dietitian, Hospital Services

In liaison with

Lily Hurford, Assistant Director of HR
Craig Wilson, Environment and Sustainability Manager
Kirsten Foster, Principal Dietitian: Chair of Childrens Nutrition and Hydration Group

References

BAPEN (British Association of Parenteral and Enteral Nutrition 2003 –updated 2011) 'Malnutrition Universal Screening Tool' [MUST screening](#)

British Dietetic Association 'The Nutrition and Hydration Digest' 2nd Edition November 2017 [BDA Nutrition and Hydration Digest 2nd edition 2017](#)

Central Manchester and Manchester Children's Hospitals NHS Trust (2008) Screening tool for the Assessment of Malnutrition in paediatrics – STAMP www.stampscreeningtool.org/stamp.html

CQC (2015) Guidance for Providers on Meeting the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 www.cqc.org.uk/content/regulation-14-meeting-nutritional-and-hydration-needs

Department for Environment, Food and Rural Affairs 'Government Buying Standards for Food and Catering Services' March 2015 [Government Buying Standards](#)

Department of Health 'A toolkit to support the development of a hospital food and drink strategy' (February 2016) [Toolkit](#)

Department of Health 'The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals' August 2014 [Hospital Food Standards Panel's Report](#)

Department of Health 'Hospital food standards panel – summary cost benefit analysis' [Cost benefit analysis](#)

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NHSE (2015) Guidance- Commissioning Excellent Nutrition and Hydration 2015-2018 www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf

NHSE (2015) 10 Key Characteristics of Good Nutrition and Hydration Care (Updated from Council of Europe Resolution 2003) www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/

NHSE 2017 Commissioning for Quality and Innovation (CQUIN) Specification for 2017-19 (Workforce health 1B) [CQUIN indicator specification 2017-19](#)

NICE Clinical Guideline CG32 (2006) /Quality Standards QS24 (2012) Nutrition Support for Adults www.nice.org.uk/guidance/cg32
www.nice.org.uk/guidance/qs24

Public Health England 2017 'Healthier and More Sustainable Catering: Nutrition Principles' [Healthier and More Sustainable Catering](#)

