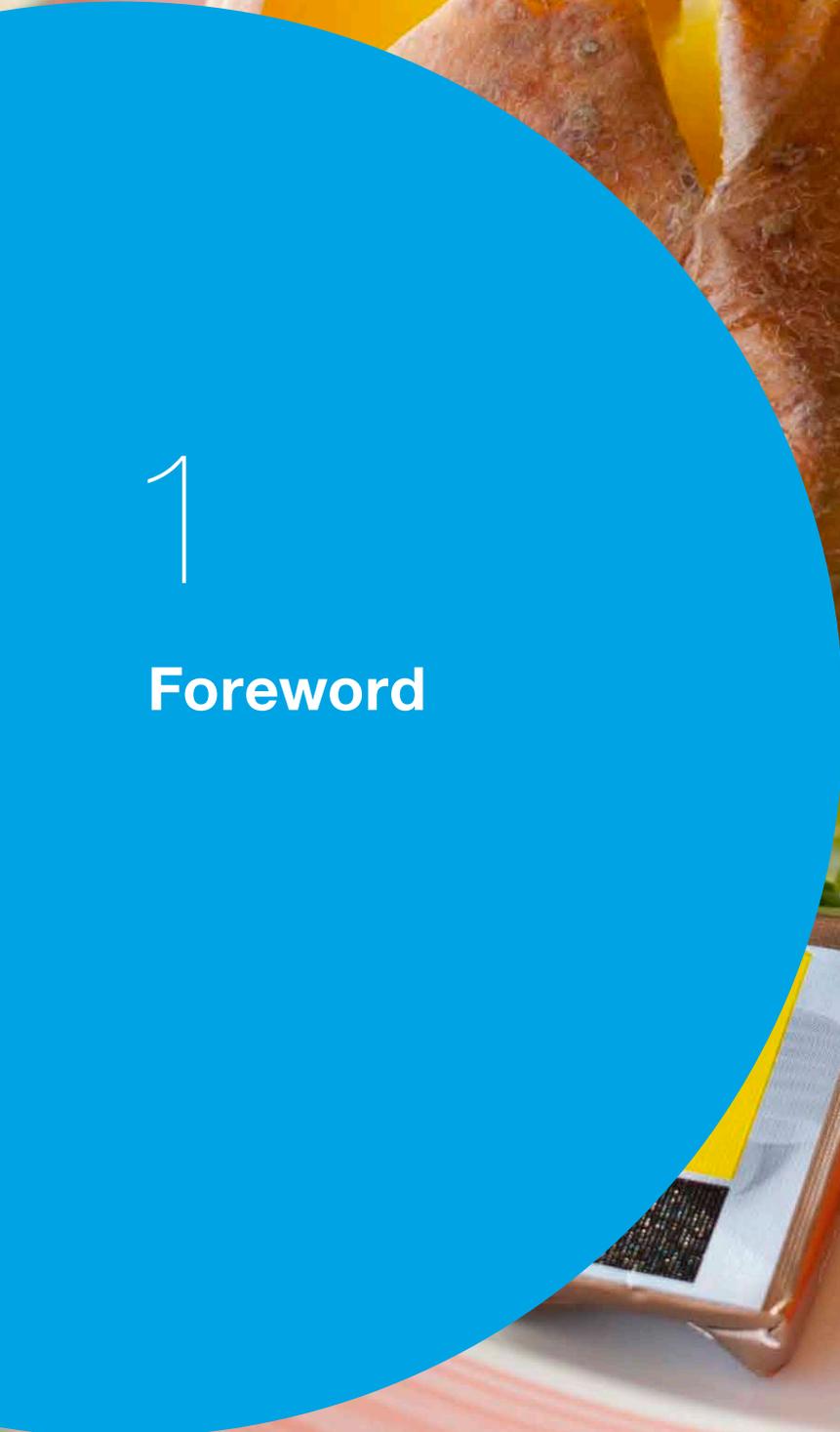




**Food and  
Drink strategy**  
2015 – 2018



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**Foreword**



## Statement from our Executive Director of Nursing and Midwifery and Director of Safety

Welcome to our first Food and Drink Strategy which outlines our ambitions over the next three years to provide high quality and nutritious food to our patients, staff and visitors.

Malnutrition and dehydration are a significant risk to older people and both contribute to significant harm. They are associated with increased mortality rates and hospital admissions and the development of various comorbidities such as impaired cognitive function, falls, poor control of diabetes and hyperthermia. Malnourished patients in hospitals stay longer and are more likely to develop complications or infections.

Sir Robert Francis QC in his final report of the Mid Staffordshire Foundation Trust Public Inquiry detailed some shocking 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 recently 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. The report identified five food standards required of hospitals which are captured within our strategy.

Our strategy focuses on three key areas:

1. Patient nutrition and hydration
2. Healthier eating across hospitals, for patients and our staff
3. Sustainable procurement of food and catering services

Delivery of our strategic aims will be measured in part by the annual Patient-led Assessments of the Care Environment (PLACE). It is anticipated that the current format of PLACE will be amended to include a more detailed evaluation of how well hospitals are working to meet their objectives and towards required hospital food standards.



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Executive Director of  
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June 2015



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**Introduction**

## Introduction

**It is well known that our diet significantly affects our health. This is true for both undernutrition and overnutrition (which can lead to obesity).**

Malnutrition and dehydration are a significant risk to older people and both contribute to significant harm. They are associated with increased mortality rates and hospital admissions and the development of various comorbidities such as impaired cognitive function, falls, poor control of diabetes and hypothermia.

Malnourished patients in hospitals stay longer and are more likely to develop complications or infections. This can have significant cost implications as well as impacting adversely upon patient experience. Although most malnourishment arises in the community, once a patient is admitted there is a great deal that the hospital can do to hasten recovery with close attention to nutrition and hydration needs.

For most patients, nutritional care is based on the food provided by the hospital. Some patients with severe malnourishment will require nutritional supplements which we know can reduce complications and speed recovery. In addition to nutrition, adequate hydration is essential to help prevent and treat pressure ulcers, urinary tract infections and acute kidney injury.

At the same time, some patients will be dealing with illness brought on by overconsumption. Obesity can also affect NHS staff and hospitals have a responsibility to support staff (and visitors) to make healthy food and drink choices. Hospitals also have a wider social responsibility and as a major purchaser of food and catering services, we have the opportunity to put sustainability at the core of our service provision, including via procurement processes.

The importance of food and drink within hospitals has been recognised in a number of national reports including the influential **Hungry to be Heard** (published by Age Concern UK 2010) which challenged hospitals to implement seven steps to end malnutrition in hospitals for elderly patients; this report has provided the basis of work done within the Trust to date.

Sir Robert Francis QC in his final report of the **Mid Staffordshire Foundation Trust Public Inquiry** detailed some shocking 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”. The Francis report was helpful in putting forward some basic principles that should be considered to facilitate improvements in nutrition and hydration.

As part of the response to the Francis report and other key documents, the Department of Health recently 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. The report identified five food standards required of hospitals which are captured within our strategy.

Our “Food and Drink Strategy” has been developed by the Nutrition and Hydration Steering Group who provide a focus for this work within the Trust. The group reports to the Quality Committee and is chaired by the Executive Director for Nursing and Midwifery and the Director of Safety. Membership includes representation from nursing, dietetics, speech and language therapy, catering

services and pharmacy. The strategy builds on existing work and reflects national and local guidance and priorities including the **Five Year Forward View** (NHSE 2014).

This strategy focuses on three key areas:

1. Patient nutrition and hydration
2. Healthier eating across hospitals, for patients and our staff.
3. Sustainable procurement of food and catering services

Implementation on some aspects of this strategy has already begun during the second half of 2014. This document captures those things as well as setting out our future priorities. Delivery of these priorities also requires a broad cross-cutting approach and this strategy should be read in conjunction with the following strategies:

- Health and Wellbeing Strategy 2015
- Staff Health and Wellbeing Strategy 2015
- Sustainability Strategy 2011
- Improving Patient and Carer Experience Strategy 2015–17
- 'Sign up to safety' pledge.



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**Strategy aims:**  
Patient nutrition  
and hydration



## Patient nutrition

**During 2014 we have focused on efforts on the following key areas: assessment and care planning; accessibility; equipment; and, support.**

Training programmes for staff have been established and implemented to ensure that all staff have the appropriate skills and competencies to enable clear identification of patient's nutritional needs. Dietitian and catering meals managers provide training to health care assistants and nursing staff in best practice for nutrition assessment and management, including use of the Malnutrition Universal Screening Tool (MUST). We have also begun to establish processes to ensure that all patients are screened on admission using the MUST with patients having a care plan to identify their individual nutritional needs and how these are to be met during their stay at the Trust. Magnets displaying pictorial representation of patient's status if by mouth or needing special diets have been developed and are used throughout the Trust to help identification of patient need.

We have included a section on lifestyle factors in our in-patient records and include these in a range of patient pathways.

We have a policy for food service and nutritional care which is patient centred and performance managed and which includes specific guidance on food services and nutritional care including adherence to the food allergy labelling directives.

We actively promote staff awareness of nutrition and hydration and participate in the Nutrition Awareness Week.

Protected Mealtimes have been implemented in clinical areas and we believe that food

service and nutritional care is delivered to patients safely. We have piloted the use of specially-trained Enhanced Mealtime Support Volunteers who are able to help patients in drinking and feeding. We have reviewed our provision of support for patients requiring alternative feeding methods such as parenteral nutrition and have committed to establishment of a Nutrition Support Team.

Work has been carried out to support nutrition and hydration in patients with cognitive impairment and/or limited hand dexterity. Innovations include: development of specially adapted coloured utensils for patients with cognitive impairment (adapted crockery and coloured crockery); red jugs for further visual identification; easy-open packaging; crust-less sandwiches; and, availability of finger foods. We also offer food bags at discharge to those patients who may not have immediate food and drink availability at their homes post discharge.

Regular feedback is obtained locally from patients as to the quality and choice of food on offer and patient experience of our food choice and quality is also reviewed via other routes such as PLACE inspections, CQC national patient surveys, concerns and complaints.

Priorities for the strategy period are to:

- Continue to embed the use of the MUST for all patients and extend the monitoring process to ensure compliance at all times
- Continue to monitor effectiveness of care planning in those patients at high risk of malnutrition or with specific dietary needs
- Extend the Enhanced Mealtime Support Volunteer role to all elderly care wards
- Provide further feeding support adaptations including specialised cutlery and hi-low tables to complement hi-low beds
- Continue with the Enhanced Recovery After Surgery programme which includes pre-operative fluid optimisation
- Recruitment and establishment of a Nutrition Support Team who will develop and support the provision of parenteral nutrition support across the Trust

## Patient Hydration

**We have established a working group looking specifically at the management of hydration in patients, via oral or intravenous/parenteral routes.**

This group reports to the Nutrition and Hydration Committee and has been instrumental in our local initiative with commissioners to identify and prevent acute kidney injury (AKI) in patients.

It is estimated that one in five emergency admissions into hospital are associated with acute kidney injury, that up to 100,000 deaths in secondary care are associated with acute kidney injury and that 25-33% have the potential to be prevented (National Confidential Enquiry into Patient Outcome and Death Adding Insult to Injury 2009).

The importance of reducing the incidence and severity of AKI has been recognised by NHS England and the care of patients with acute kidney injury now features as a new objective in the 2015/16 national CQUIN scheme.

Other areas of work have been: the introduction of water-containing hydrants for easy access to fluids; development of new IV fluid charts; and, focussed work on improving monitoring of fluid balance via new fluid measurement charts.

Priorities for this strategy period are to:

- Continue with the Acute Kidney Injury identification, prevention and management (CQUIN 2015/16)
- Development of oral hydration standards to ensure that patients receive adequate oral hydration
- Continued focus on fluid balance charts; oral input charts and standardisation for specific clinical areas

## Catering services

**We are very proud of the 5\* rating for food hygiene that Gloucestershire Royal Hospital holds and are working towards the same rating at Cheltenham General Hospital.**

Work has been done to ensure that we have awareness of national guidance and best practice which has influenced our approach to providing high quality nutritional care and that this awareness is incorporated into training to our staff. Our food composition meets required national standards and we offer food options for patients from differing cultures, religions and those with special allergy requirements.

All of our food suppliers are on the NHS national framework agreement and all new food contracts must meet the government criteria, for example, salt content. Our catering staff have introduced a series of measures to reduce the level of salt in food and to use healthier cooking processes and healthier options are available in our restaurants.

Priorities for this strategy period are to:

- Continue to improve the menu design, structure and planning with involvement of service users
- Focus on our provision of food snacks plus and special consideration for patients requiring special diets including allergy free /gluten free meals
- Use dietary coding guidance to provide information that facilitates healthy options to be chosen
- Work towards 5\* rating for food hygiene at Cheltenham General Hospital
- Consider the further provision of food service 24 hours a day every day
- Continue our commitment to fresh, healthy sustainable sourced food by working towards the Soil Association "Food for Life Catering Mark"
- Continue our partnership with compass-costa to deliver high quality food services





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**Strategy aims:**  
Healthier eating  
across the hospital

**Our overarching ambition is to be recognised as a health-promoting Trust, one that makes an active contribution to promoting and improving the wider health and wellbeing of those with whom we come into contact; this includes patients, visitors and staff.**

Our ambition for our staff is to ensure that every employee will be supported to maintain and improve their health and wellbeing and every employee will be expected to take reasonable steps to improve their health and wellbeing.

We know that improved staff health and wellbeing will lead to improved patient outcomes, reduced costs and improved service delivery for our patients. The Trust published the “Health and Wellbeing Strategy” and “Staff Health and Wellbeing Strategy” in early 2015 which include strategic objectives for healthy eating across the hospital and which capture the standards outlined in Healthier and more sustainable catering – Nutrition Principles (Public Health England, 2014).

Delivery of objectives related to this aim will be led by the Trust Health and Wellbeing Group chaired by a non-Executive Director with support from the Executive Director of Clinical Strategy and Executive Director of Human Resources. This group oversees the delivery of both patient and staff health and wellbeing strategies and reports to the Trust Board.

We have also established a Staff Health and Wellbeing Group, chaired by a Joint Staff Side Chair which is responsible for implementing those elements of the strategy and which will report to the Trust Health and Wellbeing Group.

Priorities for this strategy period are:

- Engage more closely with divisions and departments to encourage them to recognise the opportunity for raising health promoting and wellbeing activities with patients
- Use the introduction of the electronic clinical record to capture lifestyle-related data, to prompt clinicians to raise issues with their patients, enable easy referral and signposting of support and also help us to develop appropriate metrics for this area of activity
- Involve staff in the identification and design of health and wellbeing measures related to healthier eating opportunities across the hospital
- Offer increased opportunities for patients and staff to consume healthier food and drink options



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**Strategy aims:**  
Sustainable food  
and catering  
services

**The Sustainability Committee is a sub-Committee of the Trust Board and is chaired by one of our Non-Executive Directors.**

Committee membership includes the Director of Finance with representation from key departments which contribute to this area of activity including estates and facilities, procurement, education and organisational development, human resources and nursing. In addition, there is also a public governor, staff governor and staff side representative.

This Committee leads on the implementation of the Trust Sustainability Strategy and policies in the areas of sustainability, corporate social responsibility and carbon reduction and ensures that the Trust considers the wider impacts of purchasing decisions and that national guidance on reporting standards is met.

In terms of the ambitions captured within this strategy, the Sustainability Committee ensures that decisions are made in line with the Government Buying Standards for Food and Catering Services (HMG Standards developed by Department of Environment, Food and Rural Affairs, 2014).

This standard covers the following areas of sustainable procurement:

1. 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
2. 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
3. Procurement of catering operations to higher sustainability standards – including equipment, waste and energy management

