

FOOD AND DRINK STRATEGY

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DOCUMENT CONTROL

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CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
All Group Members	Nutrition Best Practice Group
All Group Members	Facilities Management Governance Group
All Group Members	Estates and Facilities Governance Group
All Group Members	Hotel Services Implementation Group
All Group members	Community Hospital and Older Persons Mental Health wards Best Practice Group
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1. INTRODUCTION

- 1.1 The Trust Board acknowledges how essential it is that individual patient's nutritional needs are met and the important role the provision of high quality meals has in supporting patients' health and recovery.
- 1.2 This Strategy is designed to give clear direction and guidance to all Somerset Partnership NHS Foundation Trust staff associated with all aspects of patients' nutrition, to ensure patients have access to food and beverages which meets the individual patient's nutritional needs.
- 1.3 The content of this Strategy applies to all patients, staff and visitors who use catering services provided by the Trust. It aims to help staff and visitors to make healthy eating choices.
- 1.4 The provision of Hospitality and Catering for functions will also be addressed within this strategy.
- 1.5 The Trust has a wider social responsibility to promote sustainable procurement of food and catering services. The Food and Drink Strategy sets out the Trust's plan to ensure this is achieved in section 5 of this Strategy.

2. PURPOSE AND SCOPE

- 2.1 The strategy aims to ensure that the provision of food and drink complements the patient's care with mealtimes being pleasurable and enjoyable thereby enhancing the hospital experience.
- 2.2 This strategy sets out how the provision of catering to staff, patients and visitors will be achieved within the Trust.
- 2.3 The aim of the Trust is for patients to see mealtimes as an enjoyable experience whilst in our care.
- 2.4 It is recognised that in providing these services it is essential that all current Food Hygiene Regulations / Legislations are met.
- 2.5 A patient centred approach will be used with a focus on individual patient's catering needs. This will ensure an appropriate balanced diet which meets the individual patient's nutritional needs.
- 2.6 Food and beverages are consistently delivered in a conducive and appropriate environment.
- 2.7 In addition to providing food to patients, staff and visitors are also catered for. This Strategy sets out broad outlines of what criteria will be used where these facilities are provided.
- 2.8 The Trust recognises the challenges catering for a wide range of patients from children to the elderly poses, some of which also have special dietary/cultural needs that have to be catered for. Other situations to overcome are from those patients who present themselves either malnourished or obese on admission. The Nutrition Policy explains the

Trust's responsibilities for nutritional screening of patients and gives detailed management guidance on the management of malnutrition and obesity.

3. DUTIES AND RESPONSIBILITIES

3.1 The Chief Executive has overall responsibility and accountability for ensuring the Trust has adequate Policies and Strategies in place.

3.2 The Chief Operating Officer supported by Divisional Managers will ensure clinical staff are appropriately trained and competent in nutrition associated with the care of their patients.

3.3 The Head of Estates and Facilities supported by the Facilities Manager, Facilities Leads, Matrons and Ward Managers will have responsibility to ensure operationally the agreed standards will be met.

3.4 The Facilities Manager and Facilities Leads in collaboration with Clinical Nurse Managers, Ward staff, Allied Health Professional Leads and Dietitians, will ensure the following is achieved and maintained:

- plan menus and food service delivery to ensure high quality food is served / provided to meet individual patients' nutritional and cultural needs and significantly contributes to the patient's wellbeing
- make available pictorial menus for those patients who require assistance in making their food choices, including menus in large print and other languages if required
- check and take all appropriate remedial action to ensure that all staff associated with the preparation and service of food and beverages are in accordance with the Trust's Food Hygiene Policy.
- Plan patient menu cycles that offer choices to avoid menu fatigue and offer appetising dishes to include :-
 - Small, medium and large portions sizes
 - Nutrient dense options for those patients who are malnourished or at risk of malnutrition such as frail elderly patients
 - Dishes that assist in reducing calorie intake to cater for overweight patients who are seeking to follow healthy eating guidelines or to reduce their calorie intake to manage weight

3.5 Matrons and Ward Managers will ensure that meal times are protected and all non-emergency / urgent practices are carried out at other times (refer to the Trust's Nutrition and Hydration Policy and Protected Meal Times Policy. These duties include:-

- ensure patients are engaged in making their menu choices and adopting working methods that reduce levels of food waste at ward level

- Where individual patient menu sheets are used ensure that they are distributed the afternoon of the day before

3.6 Dietitians will ensure the following is achieved and maintained:

- provide all ward and catering staff with information on healthy eating, appropriate to the patient group, in order to help them in encouraging / supporting patients in their menu selections. Guidance is also available via the Trust Nutrition and Hydration Policy.
- assist with the design and review of menus. Menus will be planned to meet recommended amounts of the macronutrients protein and energy using the 'days parts approach' and 'menu capacity analysis' as detailed in the BDA 2012 guidance 'The Nutrition and Hydration Digest: Improving Outcomes through Food Beverage services
- provide advice and guidance surrounding any allergies / special dietary needs and communicated this information to all appropriate staff
- provide dietary advice to patients and carers in accordance with the MUST Patient Pathways or where patients have other medical conditions requiring dietetic intervention
- make available information to help encourage people to select a nutritionally balanced meal

3.7 The Nutrition Best Practice Group reports to the Clinical Effectiveness Governance Group which is a multi-disciplinary group of clinicians, health professionals and facility staff. It is chaired by the Dietetics Service Manager and professional leads and focuses on standards of nutritional care provided to patients. The group operates to provide a forum to discuss and report issues relating to patients nutritional needs, identifying risks or gaps in service provision.

- this multi-disciplinary group is responsible for ensuring that National Institute for Health and Care Excellence (NICE) guidance and quality standards applicable to nutrition is implemented across the Trust and that agreed Nutrition Patient Pathways such as Malnutrition Universal Screening Tool (MUST) are implemented
- the group will work collaboratively with the Facilities/Hotel Services Team to ensure patients' nutritional needs are assessed and taken into account with menu planning and service development
- the group will also co-ordinates and reports on nutritional audits and develop, monitor and progress any actions against agreed standards through an action planning process

- 3.8 Speech and Language Therapy will ensure the following is achieved and maintained:
- provide advice and guidance surrounding any textured foods and communicate this information to all appropriate staff

4. EXPLANATION OF TERMS USED

- 4.1 Hazard Analysis and Critical Control Points, (HACCP) A documented System used that follows the food from purchase to consumption.

5. APPLICATIONS OF GENERAL PRINCIPLES

5.1 Patient Meals Service

- 5.2 All main meals for patients will use a delivered meal service which forms part of the Trust's Catering System. This cook freeze system comprises of a range of frozen and chilled products purchased or produced in house. Trained competent staff will regenerate (re-heat) the food in purpose designed ovens / trolleys and prepare hot / cold items as required.

- 5.3 This system offers the following benefits:

- safe tried and tested catering system that is a NHS nationally recognised system of food delivery
- meets required catering legislation
- traceability and auditable systems to ensure due diligence
- quality products being served consistently across the Trust to ensure portion control and nutritional value
- capital investment kept to a minimum in the future

- 5.4 In Hospitals and Wards within the Trust the model used for the patients' menu which is consistent with current National Guidance will be as follows:

- continental style breakfast
- main lunch & evening meal must consist of a (minimum of three courses) dependent on the patient group, with a minimum choice of at least two appetisers and two desserts, one of which must be hot and one cold
- a light evening meal (minimum of three courses). This may be offered in the evening dependent on the patient group and based on Clinical decision
- snacks to be offered morning afternoon and evening or when appropriate

- fresh fruit available on request
 - 24 hour ward pantry service available
 - Snack boxes available on request in Community hospitals for outpatients appointments or missed meals
 - out of hours meals available on request and based on Clinical decision
- 5.5 The Trust will provide allergen information to patients, visitors and staff eating food provided by the Trust, upon request.
- 5.6 A range of hot and cold drinks are available 24 hours per day, stocks of these items will be held in each ward pantry or in designated patient beverage bays.
- minimum of seven drinks will be served throughout the day, additional drinks available on request
 - decaffeinated drinks available
 - chilled drinks including water are available to all patients either from bottles or from plumbed in systems
 - fresh water jug replenished for all inpatients minimum three times daily for Community Hospital Sites – morning, afternoon and evening
 - Mental Health Wards have chilled and un-chilled drinking water available for patient to service themselves. Older persons Mental Health wards are offered a range of beverages including fresh water morning, afternoon and evening
- 5.7 Main meals are served within the following time frames:
- Breakfast 7.30am - 8.30am
 - Lunch 12.30pm - 1.30pm
 - Evening Meal 5.30pm - 7.00pm
- 5.8 The kitchens / wards will only be allowed to deviate from this model if there is a clinical or important social need identified. Requests for changes must be approved by the Nutrition Best Practice Group.
- 5.9 Patient menus offer a choice of dishes. Menus will be suitably analysed and coded by a registered Dietitian to enable patients to make an informed choice. This will assist ward staff who advise patients or who are making a best interest decision for patients who lack the capacity to make their own decision.

- 5.10 Mealtimes should be supervised by the Sister or Shift Leader/Nurse in Charge to promote a positive patient experience and to ensure all patients' needs are met.
- 5.11 Patients, where appropriate, are encouraged to eat in ward dining areas in an environment that is conducive to the patient meal experience.
- 5.12 There may be a requirement to adopt alternative methods to cater for patients within the Mental Health settings to meet individual and group patient needs. This may include Occupational Therapy led cooking sessions. If appropriate, the patient will be referred to the Dietetics Service to ensure adequate nutrition is advised. The Clinical Nurse Manager and Facilities Team will jointly agree protocols to be adhered to.
- 5.13 Where there is an identifiable need by Clinical Staff and Occupational Therapists that patients would benefit from some self-catering activities
- the Assisted Daily Living kitchen will support these initiatives whenever possible.
 - assistance will consist of advice on menu planning, equipment, and food safety
 - assistance will be provided to purchase food products on behalf of the wards where practical, to assist the process
 - wards embarking on this practice must ensure the purchase, storage, preparation, cooking and service is supervised by a competent person who has a current food hygiene certificate
 - information on all aspects of catering can be obtained from local Facilities Managers/Facilities Leads
 - ward staff must ensure a record is made and retained when self-catering practices take place, recording what food has been produced and eaten for traceability purposes
 - wards sending out for takeaway meals must record food purchased for traceability
 - takeaway meals should only be purchased from five star rating premises (local authority inspections)
 - further guidance is available in the Food Hygiene Policy via the Trust's Intranet site under Health and Safety.
- 5.14 Patients' relatives and friends should be discouraged from bringing high risk foods (including items made at home) into the care setting. Where this cannot be actioned the food should be consumed as soon as possible.
- all items must be consumed within 24 hours from the day they were received into the unit

- cold items, e.g. sandwiches, should be held in the ward refrigerator and clearly labelled until consumption
 - food item brought in must be recorded, detailing what has been eaten from an external source for traceability purposes.
 - the nurse in charge has the responsibility for this log to be completed
- 5.15 Staff and visitor catering services are available via vending machines (larger sites) or direct from the main kitchen where a local procedure for ordering food items is in place.
- 5.16 The Facilities Manager / Facilities Leads will work with the Dietitians to ensure appropriate vending options for the patient areas if applicable.
- 5.17 Selling prices of meals and snacks available to pre-order from kitchens are regularly reviewed to take account of any variation in the purchase price of the raw materials etc. Standardised selling prices for staff and visitors will apply to all sites across the Trust.
- 5.18 The Trust Nutrition and Hydration Policy provides information and guidance for staff promoting a healthy lifestyle and encouraging healthier eating.
- 5.19 The Trust acknowledges the need to ensure that any form of hospitality can be justified and kept to a minimum for events and meetings.
- catering requisition must be completed in full (Appendix A)
 - minimum of 48 hours' notice required by the catering department
 - refreshments will be charged to departmental budgets

6. GOVERNANCE AND RISK

- 6.1 This Strategy is supported by Hazard Analysis Critical Control Points (HACCP) system in kitchens throughout the Trust and will enable the Trust to achieve compliance with all relevant Legislation and Codes of Practice that fits within the Trust's Organisational Governance and Risk Management Framework.
- 6.2 The Hazard Analysis Critical Control Points (HACCP) system assists with controlling the catering processes:
- compliance with safe practice notices and any management action plans
 - the principles set out The Department of Health's Hospital Food Standards Panel's report on standards for food and beverages in NHS hospitals and current Food Hygiene Regulations and Codes of Practice

- demonstrates due diligence
 - evidence based practice
 - identifies training needs of staff to ensure competency to deliver and maintain high quality catering services that contributes to the patients' wellbeing
- 6.3 All catering units will be subject to an external inspection carried out by the Local Environmental Health Officer (EHO).
- 6.4 Six monthly Kitchen inspections, Meal time Observations and Allergen Audits will be carried out by the Facilities Manager/ Facilities Leads which will examine the quality of service, cleanliness and meal experience.
- 6.5 In addition to the internal inspections all inpatient areas will be subjected to a Patient Led Assessment of the Care Environment (PLACE) audit which includes a food section.
- 6.6 Any adverse findings from PLACE relating to food will be recorded in an action plan devised by the Facilities Manager/Facilities Leads for action. Where action cannot be taken the agreed Trust process will be followed to highlight the problems.
- 6.7 The Catering model will be reinforced and supported by:
- Trust Nutrition Best Practice Group
 - Hotel Services Implementation Group
 - Nutrition and Hydration Policy
 - Food Hygiene Policy
 - Food Allergen Policy
 - Six monthly Kitchen Inspections
 - Six monthly Meal time Observations
 - Allergen Audit
 - External Environmental Health Inspection
 - Food Hygiene Training
 - Allergen Training
 - Food Waste Percentage Report

- 6.8 Governance Assurance that the catering service consistently meets the needs of patients will be monitored by the Estates and Facilities Governance Groups.

7. FINANCE RESOURCE

- 7.1 Different patient groups and individual patients have different needs; the Trust will ensure sufficient resources are allocated for patient catering services to meet these. To assist this process whenever possible contracted products (local where possible) will be purchased and used to ensure effective use of financial resources. All income / expenditure will be controlled and managed by Budget Holders with advice provided by the Facilities Manager/Facilities Leads.

8. TRAINING REQUIREMENTS

- 8.1 The Trust will provide statutory and mandatory training as detailed in the organisation's Staff Training Matrix.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

- 10.1 This policy will be posted on the internet for staff and will be announced through the Trust "Whats on". Staff with specific duties surrounding food preparation and service will be briefed surrounding the contents of this policy at local induction.

- 10.2 Monitoring and evaluation will be in accordance with the Somerset Partnership NHS Foundation Trust Policy.

Monitoring will be conducted as stated below

- six monthly Meal Time Observations carried out by Facilities Manager/Facilities Leads
- six monthly Kitchen Inspections carried out by Facilities Manager/Facilities Leads
- six monthly Allergen Audit carried out by Facilities Manager/Facilities Leads
- annual PLACE assessments of all inpatient areas

- Nutrition Best Practice Group
- Hotel Services Implementation Group
- Facilities / Catering staff to attend ward meetings where catering services are discussed;
- Patient Advice Liaison Service (PALS) regarding patient suggestions for service developments
- Patient Meal Survey Form regarding comments / suggestions for service developments (Appendix B)

11. COUNTER FRAUD

11.1 The Trust is committed to the Counter Fraud and Security Management Service (CFSMS) Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

12.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

12.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

12.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20n%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Department of Health initiatives

NICE and other clinical guidance

13. REFERENCES, ACKNOWLEDGEMENT AND ASSOCIATED DOCUMENTS

13.1 References

Department of Health Food Standards Panels Report on standards for food and drink in an NHS Hospital August 2014

Care Quality Commission Guidance about compliance with essential standards of quality and safety 2009

National Patients Safety Agency, Dysphagia Diet Food Texture Descriptors 2011

Patient Led Assessment of the Care Environment (PLACE) 2011

National Institute for Health and Care Excellence (NICE)

Food Safety Act 1990

Food Hygiene Regulations (England) 2006

Management of Food Hygiene and Food Services in the NHS HSG (96)

Allergen Toolkit for Healthcare Catering BDA

13.2 Cross reference to other Trust procedural documents

Food Allergen Policy

Development & Management of Procedural Documents

Food Hygiene Policy

Hazard Analysis Critical Control Points (HACCP)

Learning, Development and Mandatory Training Policy

Nutrition and Hydration Policy

Patient Protected Meal Time Policy

Risk Management Policy and Procedure

Staff Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy and Procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

14. APPENDICES

- 14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Patient Survey Form

Appendix B Catering Requisition Form

APPENDIX A

PATIENT SATISFACTION SURVEY

Your views are very important to us and will provide us with valuable information ensuring the best standard of quality and care in the future.

We welcome your comments and are continually looking for ways to improve our service and we would be grateful if you could please take the time to complete this short questionnaire.

DATE:..... LENGTH OF TIME IN HOSPITAL:.....

HOSPITAL:..... WARD:.....

Was the portion size Sufficient Too Big
 Did you receive the meals Yes No
 you ordered

PLEASE PUT A 'X' IN THE BOX THAT BEST SHOWS YOUR VIEWS

	Unacceptable	Poor	Acceptable	Good	Excellent
The temperature of your hot food					
The temperature of your beverage					
The menu choice available					
The taste of your meal					
The overall appearance of your meal					
The overall service of your meal					
The overall quality of you meal					

FURTHER COMMENTS

We aim to provide a nutritious and varied menu to satisfy the needs of all of our patients. Occasionally we do have to substitute menu choices for reasons beyond our control.

Note to ward staff please ensure this form is retained within the Hospital/Ward or Catering Department and shared with staff responsible for food preparation and service to enable reflective practice.

COMMUNITY HEALTH SERVICES

CATERING REQUISITION

This form must be completed and signed for any of the following items. A minimum 48 HOURS NOTICE is required. All sections to be completed. If a catering requirement needs to be cancelled, please inform the department at least 24 hours prior to the meeting or you may run the risk of food being charged for. One form to be completed for each individual booking. Hard copy or fax to be sent to the Catering Department where refreshments are required.

MEETING	
VENUE	Room
DATE REQUIRED	DATE OF BOOKING:
CONTACT NAME	
CONTACT TEL No/EMAIL	

TIME REQUIRED		BEVERAGES	NUMBER OF PERSONS
AM	PM	PLEASE TICK BOXES FOR ITEMS REQUIRED:	
		Coffee 80p <input type="checkbox"/> Tea 80p <input type="checkbox"/> Biscuits 40p <input type="checkbox"/> Fruit Juice 60p <input type="checkbox"/> Mineral Water Sparkling/Still 60p <input type="checkbox"/>	
		SANDWICHES - £1.70p Vegetarian <input type="checkbox"/> Meat <input type="checkbox"/> Mixed <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Mixed <input type="checkbox"/> Fresh Fruit 50p <input type="checkbox"/> Cakes 50p <input type="checkbox"/> Cheese & Biscuits 65p <input type="checkbox"/>	
FUNCTION BUFFETS			Total
If you require a buffet for a function please contact the local Catering Department concerned for available options. Please be aware a minimum of 10 days' notice will be required to allow time to place the order with the supplier and delivery of these items which are not a stocked item.			

Internal (Somerset Partnership – ONLY)

Authorised Signatory Name:..... Date:.....

Authorised Signatory:..... Cost Centre:.....

Team/Division:.....

External (any other NHS organisation or any other body)

FAO:.....

Organisation Name:.....

Invoice Address:.....