ASSOCIATE PARLIAMENTARY FOOD AND HEALTH FORUM

Chairman: Lord Rea
Joint Vice-Chairmen: Tony Baldry MP, Dr Ian Gibson MP
Secretary: The Earl Baldwin of Bewdley Treasurer: Baroness Gibson of Market Rasen

Hospital Food

Tuesday, 12 February 2004

Committee Room 17, House of Commons

CHAIRMAN: **Lord Rea**

SPEAKERS: **Paul Cryer, Head of Hospitality Services at NHS Estates**

Melvin Robson, General Manager/National Lead, BUPA Hospitals

Introduction

1. **Lord Rea** welcomed everyone to the meeting and introduced the first speaker, Paul Cryer.

Paul Cryer

The NHS Plan

2. The NHS Plan was launched in 2000. There was no question that services had deteriorated; the NHS Plan was designed to get the basics right and to consider services from patients' perspectives. It was backed up by sustained investment.

Better Hospital Food

3. The mission of the Better Hospital Food Programme was that 'patients want the basics to be right.' This includes the provision of meals at convenient times; the use of fresh and safe ingredients; menus and ordering systems that are clear and informative; meals served by well-trained staff; and the provision of help for those patients who need it.

Audit Commission

4. In 2001, the Audit Commission published an extensive review of catering services in England and Wales. It rightly recognised that cost is not the most important issue, but that the most frequent complaints about food and food services were that hot food is served cold; patients do not always receive the meal they ordered and cannot reach/eat

their meals because of their clinical condition; some patients often go without food for long periods; and mealtimes are often interrupted by other ward activities.

5. The patient-focused observations revealed that there is no correlation between costs and quality and there is wastage from unserved meals. Three quarters of trusts have identified the need to improve the service of meals and the assessment and review of nutritional content. The importance of this is borne out by the fact that 40% of patients are admitted to hospital under-nourished, and that when discharged, 70% of those patients are in a less well-nourished state.

Europe

6. There is a similar picture in Europe regarding hospital food. In November 2003, the Council of Ministers published a partial resolution highlighting a:

- lack of involvement from the hospital administration
- lack of input from patients
- lack of sufficient educational understanding of nutritional issues among all staff groups
- lack of clearly defined responsibilities in planning and managing nutritional care
- lack of co-operation between different staff groups

NHS Food and Food Services

7. The sheer scale of NHS catering means that it would take around 3-5 years to make a fundamental change. At present:

- 300m meals are produced each year
- £500m is spent on food
- the average cost per patient per day for food is £2.20-£2.70 depending on the food system used
- total net expenditure (all catering costs) per patient day is £5.46-£7.70 depending on location, type and size of hospital
- 12,000+ staff employed in catering departments
- around 37% of food service provision to hospitals is contracted out to the commercial sector
- around 1/3 of meals are purchased ready prepared

Better Hospital Food: Initial Aims 2001

8. In May 2001, the Better Hospital Food Programme was launched. The initial aims of the Programme were to:

- provide access to meals and drinks around the clock
- provide two new snacks each day – afternoon and evening
- give more choice
- have menus that are easier to understand
- allow patients to choose their main meal of the day in the evening
- put the flavour back

9. The NHS responded substantially to these aims. The statistics show that from June 2002 to 2003, out of around 360 hospitals, the number of hospitals with ward kitchen services rose from 256 to 320 (an increase from 72% to 90%); there was an increase in snack box services from 210 to 254 (59% to 71%); an increase in additional snacks from 183 to 233 (51% to 65%); an increase in main evening meals from 280 to 327 (78 to 92%); and an increase in leading chef dishes from 142 to 214 (40 to 60%).

10. In 2003, NHS hospitals were provided with a minimum framework of what a menu should look like with the emphasis being on choice. (A copy can be found in the Appendix at the end of these minutes).

Housekeepers

11. Housekeepers have been introduced into hospitals and their responsibility is for non-nursing issues. The target was for 50% of hospitals to have housekeepers by 2004. The role of the housekeeper is to support the delivery of clinical care at board level by coordinating the provision of all 'basic care services'. Housekeepers have been shown to save up to 20% of nursing time previously spent on non-clinical duties. Their core responsibilities are centred around cleaning, catering and the environment.

12. The impact of housekeepers has been extremely positive. Complaints concerning food, cleaning and the general environment are down, as is food wastage and clinical waste disposal costs due to better waste segregation. There has been a rise in general cleaning standards as well as the awareness of non-clinical support services and the co-ordination of non-clinical activity at board level. Levels of staff recruitment and retention are better along with the morale of staff and patient satisfaction. The underlying theme is to get the basics right. (For example, nurses should not be spending their time changing light bulbs.)

Patient Environment Action Teams (PEATs)

13. In 2000, independent PEATs (Patient Environment Action Teams) were established to review standards. PEATs are made up of volunteers from the NHS, patients, representatives of patient organisations and the Patients' Association. They undertake reviews each year with the annual 'round' running from November to May. They inspect the patient environment, food and food services (since 2002) and also privacy and dignity. The results are provided to the Commission for Health Improvement in the form of red, amber and green traffic-light grading:

   - **Green** Hospitals provide high standards which always (or almost always) meet patient needs and generally exceed expectations
   - **Amber** Hospitals provide standards that generally meet patient needs, but where there is room for improvement in some areas
   - **Red** Hospitals provide poor standards which do not meet patient needs and where urgent improvement is required

14. The PEAT Food results are as follows:

	Red	**Amber**	**Green**
Summer 2002	14%	81%	17%
Summer 2003	0%	56%	44%

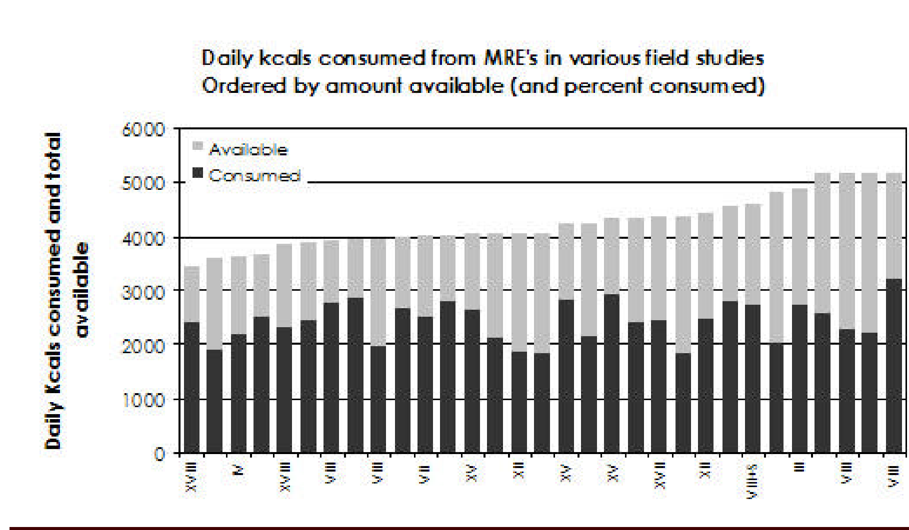
The Next Steps

15. In determining the next priorities, four points have to be recognised: (i) the initial aims have been broadly met; (ii) a new relationship exists between the DoH and the NHS; (iii) there is greater local accountability and responsibility; and (iv) the NHS needs advice and support not lists of targets.

16. Given the above, it has been decided to focus on the contribution of nutrition and food to treatment; clinical governance; protected mealtimes; sustainable development and system redesign. For example, it is more effective to have a set mealtime (ie lunchtime) where everyone can eat without the disruption of clinical needs.

Food as Treatment

17. There is growing evidence that a deficiency of 10,000 Kcals is associated with a significant increase in morbidity and an increased need for antibiotics. The patient's length of stay in hospital is likely to increase, as is the need for a longer period of recuperation. Better food can also help deal with conditions including sepsis, wound and urinary infections, pneumonia and pulmonary failure. (See table below).



18. Research carried out in 2003 by Stratton, Green and Elie found that the proportion of patients who had taken supplements and had experienced complications stood at around 20%; of those patients who had not taken supplements, the figure was closer to 45%.

Food Nutrition Research

19. Over the next two years, the Institute of Human Nutrition at Southampton University is to undertake research to provide the NHS with a better understanding of how food can be used as treatment. The research is designed to establish the impact on satisfaction, nutritional intake and clinical outcomes by improved food programmes.

20. A working party of the Royal College of Physicians published a report in 2002 looking at doctors' responsibilities with regard to the role of nutrition when treating patients.

Doctors are part of a wider team providing nutritional care; the challenge is to bring doctors, nurses and dieticians closer together.

Protected Mealtimes

21. A CD-Rom was launched in January on protected mealtimes. *(FHF Members wishing to receive a copy of the CD-Rom should contact James Evelyn at the FHF Secretariat).* There are a number of recommendations designed to improve patient intake, reduce waste and increase satisfaction. These include:

- the need to pay more attention to the environment
- minimising eating alone but paying as much attention to eating duration
- eating in a comfortable position with minimal effort
- providing appropriate meals in terms of food combinations and preferences
- providing choices but only when they are deliverable
- accepting that the perceived quality of 'institutional' food cannot be improved until expectations are addressed

22. Doctors have been asked to re-schedule their work times so that, except in emergencies, they do not work at lunchtime. The results show a very significant impact at no cost.

Summary

23. To summarise:

- modern Matrons and nurse managers are to take more "ownership" for food and nutrition
- embed food and food service issues into nutrition programmes and the Clinical Governance agenda
- improve the environment in which food is served
- check regularly that patients' expectations are being met and they understand and appreciate the improvements
- enhance patient/public involvement
- continue to work more closely with the commercial sector to encourage system reform and remove any blockages to innovation and best practice
- ensure that R&D programmes provide the NHS with the best international thinking and world class efficiency benchmarks
- provide ongoing technical support for hospitals not making as much progress as others
- ensure that service providers are properly accredited and that robust inspection systems take account of public accountability, stewardship and a duty of care

Melvin Robson

24. **Lord Rea** thanked Paul Cryer for his presentation and invited Melvin Robson to give his talk.

25. Melvin Robson clarified that his responsibility at BUPA was for hospital delivery; BUPA is currently involved in the provision of private medical insurance, private hospitals, care

homes, nurseries and ISTCs. The organisation employs around 40,000 people worldwide.

BUPA

26. BUPA had an annual turnover of around £2.8bn and had a retained surplus of £90m for the last year; this money was ploughed straight back into the business. The organisation is the UK's largest medical insurer and also the largest provider of nursing and residential beds. They have 35 hospitals in the UK. BUPA has more beds in the UK than some of the largest hotel chains including Travel Inn, Holiday Inn and Premier Lodge.

Food

27. 22 million meals are provided per year from 281 production kitchens. 80% of patients in BUPA hospitals are admitted for less than one day. Over 100 tonnes of fish, 6 million pints of milk and 24 million tea bags are consumed every year. Over £2 million is spent on both frozen food and fruit and vegetables every year. Details of spend by category can be seen in the table below:

Spend by Category by Division 2002 (£)

Ambient	7,027,756
Frozen	2,103,148
Fruit & Veg	2,072,000
Butchery	2,414,000
Milk	1,720,000
Bread	525,000
Disposables/Chemicals	2,730,000
Outsourced Laundry	1,200,000
General Waste Collection	560,000

Management of Services

28. The emphasis within BUPA is on shared best practice. Services are managed by:

- key performance indicators
- best practice
- benchmarking
- purchasing Forum
- chefs Forum
- quality Monitoring Group
- Hospitals Hotel Services Working Party
- communications
- e-auctions

29. Good management is the key to ensuring quality. Whereas in the NHS, there are PEATs (Patient Environment Action Teams), BUPA has HEATs (Hospital Environment Action Teams) which have a similar function. HOTSAP (Hotel Services Assessment Programme) is a programme that operates across the service ensuring that standards are correct. BUPA is rigorously regulated by the National Care Standards Commission –

which is responsible for the registration and inspection of social care and independent health services in England.

30. Few patients can talk technically about the care they receive but the day-to-day conditions that they experience are of great importance. Patients rate the quality of the room and the cleanliness almost as more important than the care they receive. For private healthcare, the key is choice, much like hotel catering. But patients remain very conservative with tea, egg and cress sandwiches and fish the most popular choices. A problem that BUPA has in terms of catering is complaints that portion sizes are too large.

Future

31. The future is always challenging. The private healthcare industry is under huge commercial pressure at the moment. There is constant pressure to reduce staff numbers - the organisation needs to have fewer people doing more work. BUPA now uses e-auctions - a tendering process on the internet. As a result, less money is being spent on some products than three or four years ago. At the last time of tendering, the costs of most contracts were 20% more than what could be provided internally.

Question and Answer Session

32. Lord Rea thanked both speakers for their talks and invited questions from the audience.

33. **Sarah Freeman, Food Policy Committee of the Guild of Food Writers,** wanted to know to what extent NHS contracts out its catering. **Paul Cryer** said that the NHS reflects the UK's eating habits. The use of convenience food is not new – frozen peas were being consumed back in the 1950s. Around 30% of food is bought in a ready-prepared format but the NHS has been working with around 5 manufacturers to develop meals and there are around 400 recipes being used. Top chefs have been recruited and have looked at the basic recipes. Mario Wyn-Jones, former Chief Inspector, Egon Ronay, is the Chief Taste Bud for the NHS. A major programme on sustainable development has been launched and the King's Fund has been asked to come up with some ideas; and to work with some of the manufacturers who supply food for the NHS. The distance from where food is made to where it is sold or eaten does not matter. It is about how it is cooked and the way it is sent.

34. The next questioner was concerned about the poor standard of food and was worried that junk food was often available in hospital retail outlets. **Paul Cryer** said are some wonderful retail outlets. **Melvin Robson** said that BUPA tries to make sure that everything is fresh. However, there are commercial pressures. BUPA spends as much on frozen food as it does on fruit and vegetables.

35. **Sandra Gidley MP** asked what thought had been given to the elderly in terms of hospital food. She commented that at her local hospital in Southampton, you were considered to stand a better chance of recovery if you could make the walk to Burger King around the corner. She also wondered about the educational role that hospital food could play. **Paul Cryer** said that in 2001, the NHS was asked to adopt a new menu format which had tabs for different age groups as well as people in different states of health. Many hospitals were now using this new system. However, there has to be a trade off with children as it is difficult enough encouraging children to eat well in the home, let alone in hospital.

36. Responding to **Lord Rea's** comment that improvements needed to be visible and across the board, **Paul Cryer** said that this is a 3/5-year programme although some hospitals had already improved; he would be surprised if there were hospitals where patients could not get five portions of fruit and vegetables per day,

37. **Jenny Lisle, Food Industry Medical Association** said patients ate poorly in hospital and became clinically malnourished. **Paul Cryer** said that 40% of patients come to the NHS undernourished and of those, 70% leave less well-nourished. This is why the Better Hospital Food Programme has been introduced, to make more time on the ward for meals and to ensure that matrons rather than nurses have responsibility for meal supervision. There are up to 50 different nutritional assessment tools available.

38. **Lord Rea** asked if there was a way round the dilemma that some people stayed in hospital for such a short time that they did not have time to improve their diet. **Paul Cryer** acknowledged that since the average length of stay in hospital is falling, people have to be educated to understand the impact of proper nutrition. Research has recently been carried out on salt intake levels. The Department of Health is pushing hard on this.

39. **Margaret Borrill, Womens Food & Farming Union**, said that diet education is extremely important, but there is a lack of expertise and the disparity between hospitals is sometimes very large. Money needs to be targeted at the poor performing hospitals. She asked if hospitals always sought the cheapest option. **Melvin Robson** said that BUPA serves the communities in which it exists. For example, the hospital in Portsmouth buys fresh fish locally – avoiding transport costs and ensuring maximum freshness. However, the overall priority has to be to get the best value. One example of this is e-auctioning for milk.

40. **Judy More, Paediatric Group of the BDA,** was concerned about the quality of food available to children and wondered what amount of money was spent on each patient. **Paul Cryer** said that the NHS has an extremely rigorous tendering process ensuring high quality. He added that a figure in the region of £2.50 was spent on each meal. **Melvin Robson** said that BUPA spends around £10 per patient per day.

41. **Robert Pickard, British Nutrition Foundation** brought up the subject of 'salt to taste' in food. He also asked Paul Cryer if he was aware of the BNF document 'Catering for Health'. **Paul Cryer** said that in 2001, his organisation tried to consolidate all of the known evidence from committees such as COMA (Committee on Medical Aspects of Food and Nutrition Policy). The Better Hospital Food Programme set out quite clearly a range of nutritional requirements and recipes which can be found on the website at www.betterhospitalfood.com.

42. The final question, from **Lord Rea,** was whether recipes are monitored over a period of time. **Paul Cryer** said that research would be commissioned over the next two years concerning what patients need and what they eat.

43. **Lord Rea** thanked both speakers for their contributions.

44. The next meeting, on Food Advertising and its effects on children, will be on Wednesday, 24 March and not Wednesday 17 March, as previously indicated.

Appendix

Biographies of Speakers

Paul Cryer, Head of Hospitality Services at NHS Estates

Paul Cryer is Head of the Hospitality Section which manages a range of programmes included in the NHS Plan – specifically the Patient Environment Action Teams, Better Hospital Food and the Clean Hospitals programmes.

Paul has a history in NHS facilities management in London and Northampton following which he moved into NHS general management via capital/service planning and was previously Assistant Director of Operations at Leicestershire Health Authority. During this time he worked on secondment at Trent Regional Health Authority in relation to the launch of The Patient's Charter, had responsibility for early National Waiting List programmes and was closely associated with providing support at hospitals during processes of significant change.

Melvin Robson, General Manager/National Lead, BUPA Hospitals Ltd

Melvin Robson's responsibility for hospital food is as national lead for 35 hospitals for purchasing, production, service and the supply chain. Of particular interest is his involvement with tendering, cost control, e-auctions, quality audits, standard menus, staffing structures and contractors.

He has been at BUPA Hospitals Ltd since August 2000. Prior to his current role, Melvin held a number of management positions at a variety of leading hotels in London, Bangkok and Hong Kong.

Menu – minimum framework

Better Hospital Food 2003 Menu Format

EXAMPLE

Breakfast

Fruit Juice – Choice of two
Fruit Segments – Choice of two
Low Fibre Cereal – Choice of two
High Fibre Cereal – Choice of two
Porridge or Hot Oat Cereal
Bread Roll – White or Wholemeal
Bread – White or Wholemeal
Toast – White or Wholemeal
Butter or Low Fat Spread
Jam, Marmalade, Honey, Marmite
Fresh Fruit – Choice of three
Fruit Yoghurt – Choice of two

Lunch

Starters
Fruit Juice – Choice of two
Soup

Main Course
Light/Hot (Meat/Fish)
Light/Hot (Vegetarian)
Cold Selection - with accompaniments from the Salad Bar
Salad Bar - Mixed Green Salad plus choice of four others
Jacket Potato with Butter or Low Fat spread
Sandwich (Meat/Fish) - White or Wholemeal
Sandwich (Vegetarian) - White or Wholemeal
Bread Roll with Butter or Low Fat spread

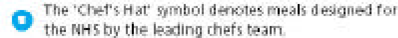
Dessert
Cold Dessert
Milk Pudding
Fruit in Natural Juice
Vanilla Ice Cream
Fresh Fruit - Choice of two
Fruit Yoghurt
Cheese & Biscuits

Dinner

Starters
Fruit Juice
Soup

Main Course
Main Course 1 Roast of the Day
Main Course 2
Main Course 3
Main Course 4 Vegetarian
Main Course 5 Salad Meal (Meat/Fish)
Main Course 5 Salad Meal (Vegetarian)
Potato 1 Jacket
Potato 2 Creamed
Potato 3 Other
Rice
Vegetables 1 Peas
Vegetables 2 Other
Side Salad
Sandwich (Meat/Fish) - White or Wholemeal
Sandwich (Vegetarian) - White or Wholemeal
Bread Roll with Butter or Low Fat Spread

Dessert
Hot Dessert
Sauce
Milk Pudding
Fruit in Natural Juice
Vanilla Ice Cream
Fresh Fruit - Choice of three
Fruit Yoghurt
Cheese & Biscuits


The 'Chef's Hat' symbol denotes meals designed for the NHS by the leading chefs team.

CLC, February 2004