

Food tasting at the Great Western Hospital

Introduction

On Tuesday 7th December a food tasting session was held for representatives of Swindon Local Involvement Network and Wiltshire Involvement Network. The aim of the meeting was to provide members with an overview of the changes and improvements that have been made to hospital food and for members to share with the Trust their views and experiences of food during a stay in hospital. The feedback received at the session will be used to inform future changes to hospital catering.

WIN members sought the views of the wider membership prior to the meeting and those comments have been picked up in this summary.

Representatives from the Great Western Hospital including the Director of Estates and Facilities with overall responsibility for hospital food, the Chief Dietitian with responsibility for ensuring the nutritional standard of food provided to patients, the Head of Patient Experience along with a Matron and Ward Manager. Also in attendance were representatives from Carillion, the company contracted to provide all aspects of our estates and facilities which include the catering.

The Director of Estates and Facilities highlighted a number of improvements that have been made to hospital food over recent years to raise the standard. In the past food was often the topic of complaints and it was reported that more recently, since these improvements the Director of Estates and Facilities has not received complaints on this issue.

It was recognised that catering for approximately 550 people all with varying nutritional requirements three times a day is a significant logistical challenge. With food being a matter of taste it is difficult to provide something that will suit everybody but the ethos which guides the catering team is to provide choice with alternatives available should a patient request them.

Recent improvements and planned changes

Menuless meals

The lunchtime and evening food provided at the hospital is prepared on a 'cook/chill' basis. This means it is cooked off site by another provider, frozen and transported to the hospital where it can be prepared for patients staying on the wards.

The Trust is currently rolling out a 'menuless meals' initiative. This new initiative, which is due to be in place in all wards by the end of March, means patients no longer have to choose the day before what food they would like. This overcomes the challenge of waste, as under the previous system if a patient gets discharged the meal was still prepared and what often happens is by mealtime the patient may no longer want the choice from the day before. This is also helping ensure that patients receive meals quickly and at a higher temperature.

Feedback from patients and staff working on the wards has been positive and this is part of a wider programme of work called the 'Productive Ward Initiative' which aims to improve the efficiency of wards and release more time for Nurses to spend on direct patient care.

More information on the menuless meals initiative is on page nine on the following link: http://www.gwh.nhs.uk/media/6065/Horizon_summer_2011.pdf

Changing the lunchtime menu

The Trust is currently exploring the potential for changing the lunchtime menu. Under the current arrangements patients on wards are provided with breakfast and two three course meals a day – one at lunchtime and one in the evening. Feedback from patients, and the level of food waste, indicates that this is too much and out of kilter with what people normally eat when they are at home.

The Trust is looking at introducing a 'soup and sandwich' lunch providing patients with a choice of soups and sandwiches in place of the three course meal. As part of the food tasting session, the selection of soups and sandwiches on offer were provided to the LINK members present.

The change will help reduce the levels of food waste which currently cost the Trust approximately £1,000 a week to dispose of. Working with the Dieticians the food is being assessed to ensure it meets the right nutritional guidelines and, for patients who may require additional fortification, appropriate additional food is provided.

Members gave valuable feedback about the types and choice of soups that will be provided and we are working on a roll out programme over the next six months.

Points discussed about proposed changes to the lunchtime menu

- As all food is a matter of taste, members of the group tasted approximately ten different soups from the range that will be offered to patients. Members of the group sought assurance that there would be a number of these soups on offer to provide patients with greater choice at lunchtime. As a result the proposal is to offer three soup options per lunch service.
- Members requested that the soup and sandwiches on offer at lunchtime should be identified and labelled clearly so people know what to expect and also that the soups are not powdered but the type of branded tinned 'chunky' soup available at the supermarket. Whilst some soups were not to everyone's liking across the range there appeared to be a choice suitable for most palettes.
- Dieticians are working with the Catering Team to ensure the nutritional value of soup (in particular the protein content) meets the needs of patients.
- It may also be more effective from a nutritional intake point of view to offer the soup and sandwich option at the evening meal time rather than at lunchtime. Studies and experience indicate that acutely ill people tend to eat more earlier in the day with appetite tailing off during the evening as they become more fatigued. This will be looked at as part of the introduction.
- One member sought assurance that the soups are Gluten free. Not all the soups presented were gluten free, however we will ensure that there is a gluten free option for every lunch service.

General points raised about hospital food

- Perception of a lack of vegetables
Members expressed the view that there was a lack of vegetables on the menu. For every hot meal service there are two seasonal vegetables plus potatoes on offer, patients are able to choose from these or can have both vegetables and potatoes.
- Dry sandwiches
In some instances LINK members felt the sandwiches that the Trust plans to provide to patients as part of the 'soup and sandwich' offering at lunch time are dry. Members suggested offering a portion of butter on the side which was agreed would be done by the catering staff.
- Perception of too much added salt in meals
One member raised the issue of too much salt in the food on offer. All food is assessed for the nutritional content to ensure the levels of salt, fat, sugars etc do not exceed the recommended guidelines. The Catering Team do not add any additional salt to meals but condiments are provided to patients if they wish to use them.
- Assistance during mealtime
A member raised the issue of what assistance is available to patients at mealtimes not only to feed but also to drink and to understand menu choices. The Trust operates protected mealtimes across most wards which means that visitors and cleaning is not carried out during these periods to provide set time for patients to eat.

In the recent past the Trust has introduced a range of measures to reduce the risk of malnutrition and dehydration in hospital. For example our red jug initiative is visual reminder for staff that a patient has been screened as being at risk of dehydration and requires extra support with drinking and maintaining the right fluid levels. Similarly our red tray initiative provides a visual indicator to staff that extra support with feeding is needed.

Recently we have been trialling a new device called a Hydrant which makes it easier for patients to keep fluids close to hand and allows us to more accurately monitor a patient's water intake.

Staff on the wards assist patients with their menu choices and by ensuring they have their food and drinks placed within easy reach or that assistance is give if necessary. Most wards now have regular volunteers who have received special training to assist patients who have difficulty with their meals and drinks. We also encourage friends and family to visit at mealtimes if they would like to assist with feeding.

We undertake regular Matrons' 'walk rounds' where they check many aspects of the ward environment and nursing care. This includes checking on the completion of documentation such as nutritional assessments, fluid balance and the use of the red tray and jug system.

Some wards also have a ward hostess role whose main purpose is to focus on nutrition and hydration. This role is being reviewed and may be rolled out

across the hospital. Nutrition and hydration is an issue we will continue to focus significant energy on moving forward.

Issues raised separately by WIN members:

- One member raise a concern about the 'cook/chill' process experienced in other hospitals and how this usually means only one hot meal a day and how soups are usually from the powered variety. At the GWH we provide a choice of hot meals (usually three) and the soups used are the tinned 'chunky' Heinz or Knorr soup varieties.
- One member asked about the 'bland' taste of food a relative experienced at another local hospital by a relative. As the Trust does not add additional salt etc to meals, condiments including sauces are made available and gravy is available at each meal service.
- One member highlighted the experience of an elderly neighbour who spent two weeks in hospital and sampled a range of different foods – some of which the patient felt was good and other elements needed to be improved. The Catering Team will cater for any and all dietary needs and if they are informed that a patient wants smaller quantities of food more frequently snack boxes can be provided easily.

For information: There has been recent coverage of the amount of money spent by hospitals on patient food. We produce approximately 580,000 patient meals each year at the Great Western Hospital. With such a large number of meals being produced we can achieve large economies of scale which means we can produce good food at a lower cost than some smaller organisations and our current average spend per patient per day is around £6.00 - which is broadly in line with many other Trusts of this size. Finally, in the latest assessment of hospital food (PEAT assessments July 2011) we were given an excellent rating.

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