Catering with care

With hospital food having recently been derided as worse than that in prisons, FSM investigates the current state of the sector

In the minds of the vast majority of the British public, hospital food has long enjoyed a reputation on a level similar to that of school dinners. Indeed, this negative perception is so ingrained that it has continued to prevail even since the mid-1990s when US researchers claimed that hospital food has become the victim of 'institutional stereotyping'. Their research showed that if a person tries a meal and is then asked if they enjoyed it, their response will become more negative if they are subsequently told that it came from a hospital. People will also automatically offer the opinion that hospital food is bad when asked, even if they've never tried it.

"I think that's very true, people are very negative," Kevan Wallace, Chairman of the Hospital Caterers Association and hotel services manager – catering at Frimley Park Hospital, tells us. "When the government's Best Hospital Food initiative came out, it brought the profile up and people started to talk about good food in hospitals, but it's always been there."

This tarnished reputation was further damaged last August when Professor John Edwards, director of the Foodservice and Applied Nutrition Research Group at Bournemouth University, hit the headlines after a report his team published was jumped on as proof that hospital patients are now receiving worse meals than prisoners.

The report studied the catering provision in both hospitals and prisons separately, though

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the likes of the Daily Mail were quick to make uninformed comparisons between the two sets of results under headlines such as 'Prisoners have a better diet than Health Service hospital patients'. →

The Department of Health (DH) responded by saying: "Good quality food for patients improves their health and overall experience of services. The majority of patients are satisfied with the food they receive and we are working to improve services further."

Despite these protestations, such was the furore that even the normally mild-mannered Liberal Democrats were happy to lazily perpetuate the stereotype, with shadow health spokesman Norman Lamb commenting: "It's incredible that so many hospitals are failing to serve healthy meals. If prisons can serve good food then so can hospitals."

With this tabloid hysteria in mind, I was expecting Edwards to be fiercely critical of the sector. The truth, however, is that his opinions are much more considered than the reports implied, to the extent that in the very first sentence of our interview he is already attempting to distance himself from the storm his findings created.

"You've got to be careful to look beyond the tabloid headlines because you're not always necessarily comparing like with like," he explains. "In hospitals people are sick so their appetites are jaded and they may not have ordered the food that they receive.

"Prisoners, however, are reasonably healthy, their appetites are not jaded, they're invariably younger and more active. You need to be careful when you compare the two."

Food funding

The truth, though, is that despite this extremely level-headed approach, Edwards still finds plenty to criticise in hospital catering and, somewhat unsurprisingly, funding is at the top of the list. "In hospitals, food service is a way of saving money," he says. "If you tell a surgeon he can't have a million pound piece of kit, he will say, 'You realise you're risking lives'. If you say, 'You need to cut your food budget', there's no argument, it's done. It must have a much higher priority."

"That is a fair assessment," Wallace says. "Food is seen as a first option when trying to cut costs." This problem is compounded, he says, by the fact that, even in these increasingly calorie conscious times, there remains an under appreciation of just how beneficial a healthy diet is for patients.

"Food isn't looked upon as something that will make patients better," continues Wallace. "It should really be looked upon as a medicine to help get people out of hospital, which is what hospital targets are all about. If you provide decent food at a reasonable cost there's no reason why people shouldn't get in and out of hospital quickly."

When asked a DH spokesman denies that they fail to appreciate the part that healthy meals play in patient recovery: "The importance of good quality food is recognised, both in terms of its potential to contribute to improving their health and in relation to their overall experience of services. Clinicians have a duty to ensure patients get the appropriate treatment for any condition, including malnutrition."

Edwards, however, echoes Wallace's sentiments: "The problem is a doctor can say, 'If I give you these anti-biotics, in five days you'll be cured'. However, you can't definitively say, 'If I spend x amount per day on patients' food they will stay a day less in hospital'. If you could make this link, more would be spent on food."

The irony is that Edwards firmly believes that spending a little extra on meals will actually save money in the long run. "It's far cheaper to give people food than treat them through a drip," he explains. "If I drip-feed you it will cost over £150 a day. If I give you proper meals it's about £2.40 a day. It's much cheaper, but it's just not always appreciated that food is part of the treatment."

The DH, however, contends that patients are happy with the service provided. A spokesperson pointed us in the direction of the National Patient Safety Agency (NPSA), which measures the quality of hospital food annually via the Patient

Environment Action Team (PEAT) results.

According to the 2009 statistics 95% of NHS hospitals achieved an 'excellent' or 'good' ratings for quality, choice and availability of food for patients. They also contend that 99.5% of hospital sites inspected came into the 'acceptable' or above category.

This would appear to be a pretty irrefutable evidence that the DH is getting a lot right, though Edwards believes that the stats aren't quite as impressive as they initially appear to be. "The hospitals completed the surveys themselves," he reveals. "Are turkeys going to vote for Christmas? I know they claim that there were administrators, doctors, all sorts of characters on the panel, but it was an internally completed document."

In this light, the statistics would appear to lose all credibility and when I put this to a NPSA spokesman he replies: "This method of self-assessment is in line with methods used for regulation by the Care Quality Commission and Monitor. The NPSA aims to provide an independent validation for a number of trusts each year to ensure that the assessment is conducted fairly."

Wallace backs this up, saying: "Over the last couple of years they've become more in-house and you have an action team within the trust that goes and does a PEAT audit. But you have to let the Department of Health know that you're conducting them and they can send someone along to monitor you. We take our PEAT scores very seriously and the scores are accurate. It is like anything – if you do things over a long time, if there's any irregularity it will come out anyway."

The DH is also quick to mention the The National Inpatient Survey (NPSA), which they say shows that there has been "a consistent annual increase in the NHS sites rated as 'excellent' for their food (up from 33% in 2006 to 58% in 2009)." It also trumpets the fact that the report says that "over three quarters of respondents (78%) were 'always' offered a choice of hospital food, an improvement from 77% in 2007."

While these figures many not be quite as impressive as the PEAT results, they are at least less open to criticism, coming as a result of an annual survey of more than 70,000 acute inpatients to gather their views on a range of issues, including quality and choice of food, and help with eating.

The answers

Despite his criticisms of the system, Edwards is quick to praise areas that he feels are doing well. "The raw ingredients of the meals are usually pretty good," he says, though like with any area of catering, it's important to remember that the food itself is only part of the story. In most forms of food provision getting hot meals to your customers as quickly as possible is difficult and of paramount importance, but the logistics of hospitals often make this even harder.

"Though the staff that work in hospitals are usually very good," says Edwards, "in the kitchens and in the wards, often the kitchen staff, when the food leaves them, that's the end

> Sometimes patients are physically incapable of eating their meals. That's disgraceful, absolutely disgraceful

and it's handed over to a porter, who then hands it to the ward, who then hand it to the housekeeper. So it's often difficult to identify who is actually responsible for the food."

"I think that's a bit unfair," replies Wallace. "As a caterer we ensure that it's still hot on arrival. Although we have no jurisdiction over the porter or the housekeeper, I've got responsibility."

Another contention is that hospitals often fail to recognise that they are serving food to patients who, by their very definition, are →

simply incapable of eating unassisted. "There are lots of other problems that are not associated with the actual food itself," continues Edwards. "For instance, actually helping patients to eat. There are a lot of examples where the meal has been provided but the patient is not physically able to eat it. That's disgraceful, absolutely disgraceful."

The DH has responded to this problem by introducing the concept of 'protected meal times'. This initiative has created time slots when all non-urgent activity on the ward stops, leaving patients free to eat their meals without interruption.

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"Where they have been implemented they are a great success," opines Andy Jones, Service Development Director for ISS Facility Services, Healthcare. "It allows patients time to enjoy their meals as they would at home. One key benefit is that the time is more focused and some trusts have embraced the initiative as it was intended and gotten relatives involved."

Indeed, Jones is such a fan of the scheme that he is adamant that it should be taken up nationwide. "The government needs to make this compulsory," he says. "I believe the NPSA should be congratulated for being the key driver and passion behind this, though we must not forget that Florence Nightingale demanded the same thing over 100 years ago. Some things take time to be accepted!"

The bottom line

Despite their differing opinions on some subjects, Wallace and Edwards both agree on the issues that are blighting the sector and what steps need to be taken to improve it along with the health of the patients. "I don't think people realise that good food is important," says Wallace, "and this problem goes up to civil servants. Nobody will ever say to you, 'We don't believe in good food' but they don't put their money where their mouths are.

"The government has changed the way hospitals get paid for the work they do, the whole level they pay for someone coming into a hospital has been reduced and it puts more pressure on the hospitals to work a lot smarter."

For someone who has been painted as a harsh critic of the work of the likes of Wallace, Edwards' sentiments are uncannily similar: "There needs to be more funding, more interest from politicians. It needs to be raised up the priority list and have a much higher focus. The only person that matters is the patient. They need to consider what the patient actually wants, when they want it and how they want it."

Again Wallace agrees, saying: "We all have to take notice of what the customer wants and we have to stand up for ourselves. We're all guilty of not shouting loudly enough about what we do well, myself included. We are providing good food and we need to ensure that the budgets are looked after."

Jones is also adamant that hospital caterers need to adopt a more proactive attitude in order to ensure that the sector receives the required support. "The issue is fundamental," he says. "It is important as caterers that we keep this issue at the top of the agenda. The nutritional action plan has just been released and it's critical that the DH ensures that caterers are given the tools and money to deliver it across the country.

"It needs to have a political commitment with central government driving it, ensuring targets are not just set but reviewed and reported upon each year. Each trust should have a 'Food Tsar', a board member who has food and catering as part of their portfolio, reporting at each board meeting."

When asked if he has one key message to offer to those working in the sector, Jones is unequivocal: "Remember, nothing is impossible and it could be you or your mother eating the next meal that your team serves."

Best of British

Ian Cannon (left) and Richard Kirton with their winning dishes

FSM speaks to Richard Kirton and Ian Cannon, from the University Hospital of North Tees, who struck gold with their homegrown creations at the recent Le Salon Culinaire International de Londres

Of all the many competitions that took place at the recent London-held Hotelympia event, surely the Hospital Chefs Team Class of the 2010 Le Salon Culinaire International de Londres set one of the hardest challenges. With a budget of just £1.90 per head, the finalists had to prepare a two-course meal for four covers, with appropriate accompaniments, suitable for NHS patients. And if that wasn't hard enough, they were only allowed an hour to prepare the meal and had to provide a breakdown of their costings in addition to the recipes, ingredients and method.

The factor that really stumped the eventual winners, though, was the stipulation that all the ingredients had to have been farmed or produced within the UK. "It was really hard because we couldn't use things like rice, couscous and spices," explains Richard Kirton. "When we sat down and thought about what's actually produced in the UK, it was really difficult. We couldn't do lasagne, curries, Moroccan spiced dishes – which are very popular at the moment."

The answer, they found, was to keep things as simple as possible. "We had to really go back to basics," says Kirton, "and so we thought of chicken and vegetables. It had all the elements of a chicken dinner with breadcrumbs and herbs on top of the chicken, potatoes, veg and homemade gravy. It tasted like a Sunday dinner when we'd actually finished it."

The results, combined with a dessert of rhubarb and ginger cheesecake certainly impressed the judges and were enough to beat off stiff competition from Michael Bowman and Mark Seales, from Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, and Sharon Slaughter and Susan Mayhew, from Aldeburgh and District Community Hospital, Suffolk Mental Health Partnership NHS Trust, who claimed silver and bronze respectively.

Despite their clear joy at their deserved victory, though, the win left Kirton and Ian Cannon determined to improve further. When asked what tip he would give to aspiring chefs, Cannon replies: "It's essential to develop your craft skills." His partner is quick to agree: "You've got to keep improve your skills because a lot of the hospitals around the country are trying to do away with the craft side and a lot of our food is brought in now," says Kirton. "You need craft skills in your department."

> Chefs within hospital catering are as good as those in top restaurants

A delighted chairman of the Hospital Caterers Association, Kevan Wallace, was in bullish mood after the competition, telling us: "I think the high standard of the competition proves the point that chefs within hospital catering are as good as those in top restaurants. I get letters from patients day in, day out saying that we're just as good, if not better, than some restaurants they've been to, and that's good for us. Richard and Ian's achievement shows just what we can do."