

Better Hospital Food

Catering Services for Children and Young Adults

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Better Hospital Food

Catering Services for Children and Young Adults

With the biggest building programme in the NHS underway, designing healthcare facilities that positively enhance the patients' experience and treatment is central to our policy. This means addressing such issues as privacy and dignity, communication, entertainment, nutrition, cleanliness, comfort, control and the supply of information. To meet the standards expected by today's – and tomorrow's – patients, we need to ensure that the design of hospitals and healthcare facilities embodies sound principles from the outset.

This title forms part of a new series of publications by NHS Estates. Intended to stimulate and inspire all those involved in designing, procuring, developing and maintaining healthcare buildings, we hope they will encourage new and inventive ways to improve environments for patients and staff alike. They contain best practice case studies, advice and guidance on how best to implement and manage programmes for change in both new buildings and areas for refurbishment.



Foreword

The NHS Plan identifies that 'health at the very beginning of life is the foundation for health throughout life'.

The food that children and young adults eat while in hospital plays a key part in their treatment and recovery; it forms an important part of the child's relationship with its hospital carers and can also provide social opportunities that are important for a child's development.

It follows that good food and good food services for children and young adults are vital. The Children's National Service Framework puts children and their families at the centre of their care, and calls for Trusts to design services to meet children's needs: for food, this means making available the right food, at the right time, in an environment which will encourage the patient to eat.

I know that this book will be a valuable resource and will assist Trusts in providing children with first-class nutritional care by focusing on the special needs of children and young adults in food and food service.



Al Aynsley-Green
National Clinical Director
Childrens Services





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NOTE: All references to children in this book should be taken to include young adults unless otherwise stated.

Introduction



Kate Harrod-Wild

Chair, Paediatric Group of the British Dietetic Association

The role of nutrition in health and disease has never been so well recognised. Children are particularly vulnerable to poor nutrition, because of their extra requirements for growth. Additionally, children's appetites can be much more adversely affected by changes in food and environment than is the case for adults. It is extremely encouraging to see caterers and dietitians working together to improve food provision for children and young people. It is to be hoped that chief executives will put food and nutrition high on their agendas and provide the funding to ensure that these recommendations can be put into practice. This report gives a framework for best practice, which – if implemented – will hopefully do much to improve food provision to meet children's nutritional – and emotional – needs in the years to come.



Neil Watson-Jones

Chairman, Hospital Caterers Association

NHS catering provides approximately 300 million meals a year and Children and Young Adults form a significant proportion of this requirement.

Whereas those hospitals predominately specialising in the care of this group of patients will understand the specific needs and requirements of Children, Young Adults and their parents and family, that maybe not be the case when this group of patients are a small part of a much larger acute hospital setting.

The provision of an excellent catering service is dependent on a multi – disciplinary approach and requires an understanding of the patient's requirements. This guide provides the key points to look for, makes recommendations on best practice and contains a comprehensive audit tool to assist hospitals in the development of a service that is second to none.

The Hospital Caterers Association is fully supportive of this guide, its aims and objectives and see it as an invaluable document in aiding the development of a meal service designed specifically around needs of Children & Young Adults. It has been produced by a group of individuals with experience and specific working knowledge of hospitalised children and I commend it to all those involved in the care of Children & Young Adults.



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Scope of this book

The aim of this report is to assist hospitals in designing appropriate catering services for children and young adults, so that the best possible nutritional outcomes can be achieved including an awareness of healthy eating.

This book is intended for the benefit of those children and young adults in the age range 12 months to 16 years. It has been compiled by an ad-hoc working group drawing on the expertise and experience of catering managers, paediatric dietitians, nursing staff and activity organisers. It recognises the diverse needs of children in hospital ranging from undernourishment to children for whom a normal diet based on principles of healthy eating is appropriate.

It reflects the requirements of the National Service Framework – Child Health. It also embodies the recommendations of the Council of Europe report from the Committee of Experts on Nutrition, Food Safety and Consumer Health Ad-Hoc Group – Nutrition Programmes in Hospitals, titled Food and Nutritional Care in Hospitals: How to Prevent Undernutrition.

This document does not set mandatory targets. Rather it sets out what could be considered a 'Gold Standard' in the provision of catering services to children and adolescents. Hospitals are encouraged to consider the recommendations contained in the report and respond appropriately.

This report is intended for catering managers and their staff, and additionally all those who are involved in the provision of care to children and adolescents. This includes the following, although the list is not exhaustive:

- Trust Chief Executives, Directors of Finance, Directors of Nursing and Boards;
- Medical staff, particularly paediatricians;
- Nursing staff;
- Dietitians;
- Ward housekeepers;
- Hospital education service providers;
- Play/activity specialists;
- Children, their families and friends.

At Appendix 1 is an assessment tool which enables hospitals to undertake an initial assessment of the catering services they provide to children and young adults. This will provide a benchmark against which improvements can be measured. The aim of all hospitals should be to make year on year improvements in line with the requirements of the NHS Plan.



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Background

The Better Hospital Food programme was announced in the NHS Plan, published in July 2000. The NHS Plan recognised that the quality of hospital food varied greatly across the NHS, and that food was not always served at times or in a manner that encouraged patients to eat and enjoy their meals. The Plan recognised that this resulted in too much food being wasted and the failure of patients to benefit from the nutrition available.

The NHS increasingly recognises that the practice of promoting good nutrition amongst hospital patients leads to other benefits, particularly providing an opportunity to develop healthy eating habits. Food is an important part of our lives: not only does it sustain life, but it provides an opportunity for social interaction and can be a 'high point' in the day. In hospital, however, food plays an additional role: nutrition is a crucial element in the patient's treatment, and has an impact on recovery.



Cultural needs

The report has been written in generic terms since the key issues are relevant to all children regardless of their ethnic origin or religious background.

However, hospitals should be aware that children may have specific dietary needs arising from cultural or religious observances and catering services must be sensitive to and take account of these.

To assist hospitals in this, it is recommended that hospitals obtain a copy of the SHAP Calendar of Religious Festivals from:
The SHAP Working Party,
PO Box 38580,
London SW1P 3XF
(price at date of publication of this report £4.90).



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Nutrition in children

In children, undernutrition and overnutrition can have early and serious consequences. Excess energy intake coupled with reduced physical activity can increase the risk of developing obesity, while undernutrition can lead to slowing of growth, increased susceptibility to infections, impaired neurodevelopment and increased length of hospital stay. Additionally, children cannot survive starvation as long as adults because they have lesser energy stores relative to their higher rate of energy expenditure.

The objective must therefore be to ensure that children are able to eat sufficient food to meet their nutritional requirements as soon as possible after admission, and particularly following surgical procedures or during treatment, since it is at these times they are most vulnerable.

In the popular axiom of dietitians, the nutritional value of food not eaten is nil. The importance of this cannot be underestimated. Patients need to be tempted to eat, and this is just as true of children as of any other patient group. The attempt to impose a 'healthy' diet upon a sick child can be futile and even counter-productive, for if such an imposition leads to insufficient food being eaten, prolonged ill-health can result. Rather the report seeks to set out a strategy to ensure that hospitalised children take in sufficient

and appropriate food to meet their nutritional needs. However, it must be recognised that there may be some children for whom a diet based on the principles of healthy eating may be appropriate, particularly if they are overweight and at risk of developing obesity. For such children their hospital stay can be an opportunity to develop an awareness of and experience healthy eating.

In very simple terms, this means:

Focus on energy

- the child should preferably decide what they want to eat;
- meet the Estimated Average Requirement (EAR) for energy by increasing energy density and frequency of meals;
- round-the-clock availability of favourite foods;
- avoidance of unfamiliar or 'strange' foods.

Diminished focus on protein

- the recommended protein requirement (Reference Nutrient Intake or RNI) is nearly always met when the energy requirement is achieved;
- avoid high (>20% energy from protein) intake as this might reduce appetite.



As with adult patients, 'ordinary' food should always be the first choice of nutritional support. If this proves insufficient, then the energy density of ordinary food should be optimised. Alternative forms of feeding should only be considered where required energy intake cannot be achieved through these routes.

For a child, a hospital stay represents a significant break with routine. While this is generally acknowledged to be disruptive for the child, such a break may also provide good opportunities to introduce new ideas and habits. A hospital may be a good environment in which to introduce a child to health promotion messages, backed up by good eating habits encouraged by the hospital menu, and to begin to dispel any inappropriate food myths.

The media, and TV in particular, play a significant role in shaping the kinds of foods that children wish to eat. When designing catering services for children, it is important to be aware of not only current themes, campaigns and promotions, but also overarching strategies in the advertising of children's food, and to reflect these as far as possible and practical in the menus and types of food offered to children.

Nutritional screening

Hospitalised children are at nutritional risk, but the screening of paediatric patients at risk is relatively easy to perform.

There are no validated nutritional screening tools for children in the UK. However, accurate measurement of height and weight on admission and subsequent plotting onto growth charts will identify children who are nutritionally at risk. Weekly measurement of weight and three-monthly height measurement would be a minimum aim in order to monitor adequate nutrition and hence growth. Keeping a record of a child's intake of food and drink will easily identify a poor eater, and indicate the desirability of closer monitoring of the adequacy of the diet.

Recommendation:

All hospitals should have in place nutritional screening tools which at least ensure:

- measurement of weight and height on admission;
- weekly measurement of weight and three-monthly height measurement;
- accurate records of children's intake of food and drink;
- identification of children whose intake is a cause for concern.
- identification of children at risk of developing obesity



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The Better Hospital Food programme



Catering services for children

The following sections set out a range of recommendations regarding the provision of catering services to children. The overall aim should be to provide a service that is flexible, responsive and caters for all the child's nutritional needs.

The view of the Working Group, and its subsequent advice, is that for younger children there is little to be gained from the availability of specially designed dishes. The emphasis for younger children should be for the provision of popular, familiar foods. Older children, however, may find these designed dishes of greater attraction. The recommendation is that hospitals do not need to include Leading Chef dishes in children's menus, but older children should be given the opportunity to choose meals from the hospital's main menu (where available) which will include Leading Chef dishes. Where this is the case, it is important to make children's choices appropriate in both content and preparation.

Many parents are concerned that the nutritional needs of children may not be adequately met by the catering services on offer. This can lead not only to increased anxiety on the parents' part, but also to increased provision to children of food from outside the hospital. This in turn can result in children eating too many inappropriate

snacks at inappropriate times, leading to reduced appetite at meal times and the consumption of foods high in sugar, fat and salt. Whilst the involvement of parents and other family members in the provision of food services to children is to be encouraged, it is important that where this takes place it does so in a way which complements the services provided by the hospital in a partnership which will support and enhance the nutritional status and recovery of the child.

It is acknowledged that the best form of food service for children is one that allows the child to choose food at the point of delivery. The child's ability to 'see before choosing' and to monitor their own portion size plays a significant role in encouraging eating.

It is equally important that catering services in hospital should follow as closely as possible an acceptable domestic pattern, so that poor eating habits such as grazing (the constant snacking of inappropriate foods regardless of mealtimes) are not encouraged, that can interrupt a child's speedy return to a 'normal' life after discharge. The acceptable domestic routine involves a pattern of three meals a day with additional snacks provided at set times.

Allied to this are the benefits to be obtained from providing the opportunity for children to eat with their parents and/or siblings. In some cases the provision of food to these, or indeed to members of staff where this will encourage the child to eat, is to be recommended. Many hospitals already have an active policy of providing food to non-patients where this has a positive effect on the child's consumption, and such food provision can be looked upon as 'therapeutic meals'.



Recommendation:

All hospitals should prepare a pre-admission leaflet that:

- sets out clearly the hospital's policy on provision of catering services to children and details the catering services available to them;
- sets out clearly the extent to which, and the manner in which, parents and others are encouraged to contribute to ensuring children receive adequate and appropriate nutrition. This should include the circumstances in which food will be provided by the hospital to parents and/or siblings where advice is that this is appropriate and will be of benefit to the child's nutritional status.

All hospitals should also prepare a post-discharge leaflet that:

- provides appropriate advice about eating to ensure that nutritional status is not unnecessarily compromised by the effects of treatment or surgery.
- Provides advice on healthy eating. The opportunity should be taken to ensure that parents/family/friends are aware of the potential to compromise the child's nutritional intake through the provision of inappropriate snacks outside normal mealtimes.

Long-stay patients and those with special dietary needs

Whilst many of the recommendations contained in this report apply equally to long-stay patients and those with specific dietary needs, it is not within the scope of this document to provide further specific advice on these patients. However, the following points should be noted:

- there should be close involvement of specialist paediatric or other appropriate dietitians in the provision of catering services for these patients;
- there is a need for close monitoring of nutritional intake;
- particular attention should be paid to Vitamin D intake for long-stay patients;
- ward staff should be aware of e.g. birthdays and make suitable arrangements with the catering department for these to be recognised;
- where practical and possible, provision should be made for long-stay patients to receive different meals to prevent menu fatigue. The opportunity to eat in the hospital restaurant, if this has the agreement of clinical and dietetic staff, could be of particular benefit in this instance.

The mealtime framework

(i) Introduction

With regard to children, the aim of a hospital catering service should be to ensure that the food on offer meets the nutritional needs of the patient. The service should also be delivered in a manner, and in an environment, that encourages children to eat.

A range of factors can have an adverse impact on children's eating habits when in hospital. In addition to the anxiety which can be caused by hospitalisation and the effects of treatment, these can also include the environment, which may be very different from that which they are used to, and the foods on offer which may also be different from those the child is used to.

In designing catering services for children, it is therefore important to do all that is

possible to create an atmosphere which will make children feel comfortable about eating. For children, especially younger children, this policy includes making mealtimes fun.

Recommendation:

When designing catering services for children, hospitals should:

- ensure that all non-essential activity on the ward is kept to a minimum at mealtimes. In particular, this should include ensuring, for instance, that consultant ward rounds or other medical activity that could increase anxiety at mealtimes, does not occur except where unavoidable;
- set aside time in the period leading up to the meal service to concentrate on food-based activities, for instance, by encouraging children to be involved in the meal service e.g. laying the table;
- provide entertainments such as activity/play sheets with menus*;
- consider introducing incentives or rewards to recognise good eating habits. For example, in exchange for meals eaten, children may win stickers or stars that can be traded in for gifts or rewards. (It should be noted that dietetic advice states that any rewards issued under such a scheme should not be food-based – it is inappropriate to give food as a reward for eating);
- ensure that all patients have access to a meals service which is in accordance with their religious, ethnic or cultural background.

See also 'Choice of Eating Environment' (page 15)

* To assist hospitals, a range of suitable activity sheets will be produced through the Better Hospital Food programme and will be made available through the Better Hospital Food website at www.betterhospitalfood.com.



(ii) General principles

The following should be available to all children every day:-

- 200 ml of 100% fruit juice rich in Vitamin C;
- 350–500 ml of full fat milk (semi-skimmed should be available on request for children over 2 years of age only);
- fresh fruit – smaller fruits such as kiwi fruit and satsumas should be offered in addition to pears, apples and bananas. Fruit canned in juice can also be given.

Recommendation:

It is recommended that five helpings of fruits and vegetables (in the appropriate portion size for the child's age) are given daily. This can be given as part of the main meal or at a set snack time. Fruit juice can be counted as one of these helpings.

* NOTE: The Department of Health recommends that children with a parent or sibling with atopic disease should not have peanuts or food containing peanuts until at least three years of age.

**(iii) Breakfast**

Research shows that breakfast is the most popular meal of the day. Its importance in nutritional terms remains paramount.

Recommendation:

Breakfast should be available over an extended period from 6am to 9am and should be served buffet-style.

Hospitals should make available as a minimum:

- a choice of four cold cereals popular with children;
- one hot cereal;
- white and wholemeal bread or toast with butter or a vegetable oil spread rich in polyunsaturated or monounsaturated fats and a range of spreads such as jam, Marmite, nut-free chocolate spread* (SEE NOTE) and honey;
- fresh fruit or fruit canned in juice;
- yoghurt;
- a range of hot and cold drinks including tea, coffee, water, milk, milk-shakes, 100% fruit juice and reduced-sugar fruit squash.

**(iv) Mid-morning**

Provision of a mid-morning snack is an important opportunity to provide children with a high-calorie snack and drink.

Recommendation:

Hospitals should provide during the mid-morning (but not within one hour of the main mid-day meal), a range of high-calorie snacks and drinks, such as:

- milk/mousse-type desserts;
- biscuits;
- cakes/scones;
- tea cakes;
- cereals;
- cheese dippers;
- fresh fruit or fruit canned in juice;
- cheese/biscuits;
- crisps;
- fun-size chocolate bars;
- a range of hot and cold drinks including tea, coffee, water, milk, milk-shakes, 100% fruit juice and reduced-sugar fruit squash.

v) Mid-day meal

The mid-day meal should provide children with the opportunity to choose from as wide a range of popular foods as possible. This choice should preferably be made at the point of service. Hospitals should undertake regular local surveys to ensure that the choices offered accurately reflect local preferences.

Recommendation:

Hospitals should provide:

- a minimum of six main courses with two choices of potatoes/rice and a choice of four popular vegetables such as sweetcorn, carrots, broccoli, peas, baked beans, tomato, cucumber;
- a range of condiments/sauces, including ketchup, salad cream/mayonnaise, brown sauce, pepper and vinegar. Salt should not routinely be offered;
- a minimum of three desserts which can include fruit canned in juice.
- older children (13 upwards) should be given the opportunity to choose from the hospital's main menu where available. When offering dishes from the main menu, care should be taken to ensure that these are appropriate in both content and preparation;
- a range of hot and cold drinks, including tea, coffee, water, milk, milk-shakes, 100% fruit juice and fruit squash.





(vi) Mid-afternoon

A similar range of snacks and drinks should be made available as set out in 'Mid-morning' above. This should not be offered within one hour of the evening meal.

Recommendation:

Hospitals should provide during the mid-afternoon (but not within one hour of the main evening meal), a range of high-calorie snacks and drinks, such as:

- milk/mousse-type desserts;
- biscuits;
- cakes/scones;
- tea cakes;
- cereals;
- cheese dippers;
- fruit or fruit canned in juice;
- cheese/biscuits;
- crisps;
- fun-size chocolate bars;
- a range of hot and cold drinks including tea, coffee, water, milk, milk-shakes, 100% fruit juice and reduced-sugar fruit squash.

(vii) Evening meal

A similar range of meals should be offered at the evening meal to that offered at mid-day.

Recommendation:

Hospitals should provide:

- a minimum of six main courses with two choices of potatoes/rice and a choice of four popular vegetables such as sweetcorn, carrots, broccoli, peas, baked beans, tomato, cucumber;
- a range of condiments/sauces, including ketchup, salad cream/mayonnaise, brown sauce, pepper and vinegar. Salt should not routinely be offered;
- a minimum of three desserts which can include fruit canned in juice;
- older children (13 upwards) should be given the opportunity to choose from the hospital's main menu where available. When offering dishes from the main menu, care should be taken to ensure that these are appropriate in both content and preparation;
- a range of hot and cold drinks, including tea, coffee, water, milk, milk-shakes, 100% fruit juice and fruit squash.



(viii) Mid-evening

Hospitals should offer a similar range of snacks and drinks to those offered at mid-morning and mid-afternoon, with the addition of warm milk-based drinks.

Recommendation:

Hospitals should provide during the mid-afternoon (but not within one hour of the main evening meal), a range of high-calorie snacks and drinks, such as:

- milk/mousse-type desserts;
- biscuits;
- cakes/scones;
- tea cakes;
- cereals;
- fruit or fruit canned in juice
- cheese dippers;
- fun-size chocolate bars;
- cheese/biscuits;
- crisps;
- fun-size chocolate bars;
- a range of hot and cold drinks including tea, coffee, water, milk, milk-shakes, fruit juice, fruit squash, warm milk, hot chocolate.

24-hour services

The mealtime service, as set out above, will cater for the vast majority of nutritional needs. However, there will be occasions when this service may need to be supplemented by the provision of additional food and drink at other times – particularly later in the evening and at night.

Through the Better Hospital Food programme, hospitals already have in place a Children's Snack Box. The aim of the Snack Box is to provide both a meal replacement service where patients may have missed their meal from the main service and, when approved by nursing and dietetic staff, as an alternative to the main meal(s) on offer.

Additionally, hospitals should ensure that ward kitchens have in stock a range of

popular foods so that a nourishing meal can be provided when necessary outside normal mealtime services. It may also be desirable to provide packed lunches where desired, as these may encourage a sense of normality for the child.

Recommendation:

Hospitals should ensure that ward kitchen supplies include a range of foods that can be quickly and easily prepared at ward level to meet children's needs outside the normal mealtime service. Typical foods which should be made available, in addition to the Children's Snack Box, include:

- toast;
- baked beans;
- tinned pastas, such as ravioli and spaghetti;
- soups.

Where there are no ward kitchens, this facility should be available from elsewhere in the hospital.

Choice of eating environment

Studies suggest that improving the eating environment could improve both nutritional status and general well-being. For most people, eating is a social occasion, and every effort should be made to ensure that this is provided for.

The Council of Europe report recommends that all patients should have the opportunity to choose their dining environment, and should also have the opportunity to sit at a table when eating their main meals. In addition, the Better Hospital Food programme emphasises the importance of encouraging patients to eat in a social setting wherever this is possible and patients wish it. Furthermore, when considering the needs of young children, it is also important to ensure that parents, family and/or friends have the opportunity to be involved in their children's mealtimes where they wish to and where this is practical. It is also important to recognise that even children who may not be currently

eating for medical reasons may benefit from the socialisation opportunities offered by mealtimes.

However, it may on occasion be undesirable for children to eat with others (cases in which children have certain eating disorders, for instance). Hospitals must be sensitive to the specific needs and circumstances of individual patients.

Recommendation:

Hospitals should, wherever practical and possible, ensure that:

- children eat together in a social group;
- children are provided with the opportunity to eat in a dining-room or other suitable location that resembles a home rather than a hospital;
- the involvement of parents, family and/or friends is encouraged and facilitated.

Hospitals should also consider, through the introduction of voucher or similar systems, allowing children to take their meals in hospital restaurants where this does not conflict with their medical treatment and has the approval of the dietitian and the ward manager.

Crockery, cutlery and tableware

Children respond well to attractive presentation of such items as crockery. For example, Great Ormond Street Hospital crockery features the crocodile from the Peter Pan story on plates and bowls –



children are encouraged to eat their food before the crocodile does. Additionally, provision of appropriately-sized cutlery for both young children and adolescents, together with 'child-friendly' trays, can do much to enhance the overall mealtime service.

Recommendation:

Hospitals should:

- ensure that crockery, cutlery, trays and other tableware are attractive and suitable to children and adolescents.

To assist in this, a standard range of crockery, cutlery and trays is being developed through the Better Hospital Food programme, and this will include a range for children. More details on this will be made available as soon as possible.

Menus and ordering

The Better Hospital Food programme recognises the importance of a menu which is attractive, informative and allows patients wherever possible to make informed choices about their meal selections. This applies as much to children as to adults.

However, the difference in age between adults and children mean that alternative forms of menus should be made available for children. Additionally, the age range that encompasses children and adolescents means that the presentation of menus needs to differ since adolescents may find a children's menu condescending, whilst younger children may find little appeal in a menu aimed at adolescents.

Menus for children should be therefore be exciting, reflect modern trends, be attractively presented and be easy to understand and appropriate to the age range targeted. They should describe the dishes on offer accurately and appropriately. The use of pictures is recommended. It is desirable to use imaginative, playful names for dishes, and children's menus should also try to include colourful food wherever possible and appropriate.

Professional advice is that with appropriate help even very young children can choose their own meals, provided the information available is presented in the appropriate way. The Council of Europe report recommends that all patients should be involved in and have some control over food selection, and whilst it is recognised that the ability to do so will vary according to age, the overall principle is confirmed in this report.

Even adults can find the requirement to choose meals too far ahead difficult, and this often leads to inappropriate choices being made which, in turn, increases waste and leads to patients missing their meals. This report is mindful of the fact that hospitals often have well established ordering systems, and that changes to these cannot necessarily be easily achieved. Nevertheless, in terms of setting out the most appropriate form of catering service for children, recommendations are made in this area to which hospitals are asked to respond wherever possible.

Recommendation:

Hospitals should:

- provide at least two menu designs – one for age ranges 1-11 and a second for 12 upwards. The content of these menus need not differ*;
- ensure that menus set out clearly the meals on offer, with narrative descriptions and appropriate use of photographs;
- in addition to personal menus, provide for ward display a poster sized version of the menu;
- ensure that menus set out clearly the range of food services which will be provided, and those which are available 'on request' together with clear advice on how to access these;
- ensure that all patients and/or their parents/family/friends are involved in choosing the meals they want wherever this is possible;

- ensure that meals are chosen as close to the point of service as possible, and in any event no more than two meals in advance. Ideally children should be able to choose their meals 'A La Carte' – at the time of service from a pre-advertised range;
- review menu content at least annually (see the next section on patient satisfaction surveys).

* Many hospitals already have 'themed' menus – for instance, Thomas the Tank Engine or Fireman Sam, and this is to be encouraged. However, to assist those hospitals that do not have themed menus, through the Better Hospital Food programme two menus will be designed for the age ranges mentioned above. Hospitals will be able to use and adapt these to local needs. The menus will be provided to catering managers and be available through the Better Hospital Food website at www.betterhospitalfood.com.

Patient satisfaction surveys

Continuous feedback is crucial to any catering system if it is truly to reflect the needs of those it serves. Feedback is also vital to the design of services locally within a national framework, so that specific needs can be taken into account wherever possible.

Whilst there are inherent difficulties in seeking constructive feedback from young children, parents, family and/or friends will often undertake this role. Older children/adolescents are fully capable of expressing their views if the questions are appropriately phrased.

Recommendation:

Hospitals should ensure they have in place a regular survey designed for children, offering the opportunity for them to express views on the catering service.

Hospitals may also wish to use this exercise as a means of capturing information relating to menu content in order that annual reviews may be carried out.

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Appendices

Appendix 1

Children and adolescents' catering services assessment and progress monitoring toolkit

No	Practice	Achieved	Partially Achieved	Not Achieved	Target Date to be achieved Yr1/Yr2/Yr3
Literature/Education					
1	Are pre-admission leaflets sent to parents/carers advising them of Catering services available?				
2	Is a post-discharge leaflet given to parents/carers?				
3	Is there advice available from a specialist paediatric Dietitian?				
4	Are Children encouraged to become involved in meal service?				
5	Is a reward system in place for meals eaten?				
Nutrition/Assessment					
6	Is nutrition assessment undertaken at the point of admission?				
7	Is a nutrition-screening tool in place?				
8	Are vitamin D levels monitored for long stay patients?				

No	Practice	Achieved	Partially achieved	Not achieved	Target date to be achieved Yr1/Yr2/Yr3
Menu design					
9	Is a specialist Children's menu in place?				
10	Are activity/play sheets used to encourage appropriate eating?				
11	Are surveys regularly conducted to identify local preferences?				
12	Are menus appropriate to age group available				
13	Is menu content appropriately described with pictures or photographs?				
14	Are poster – sized menus available at ward level?				
15	Are Children's menus 'A la Carte'?				
16	Are menu contents reviewed annually?				
17	Do menus include healthy options				
18	Are young people able to select from the main patients' menu?				
19	Do all children have access to a meal service appropriate to their religious, ethnic and cultural background?				
20	Do children have access to 200ml 100% fruit juice daily?				
21	Do children have access to 350–500mls of full fat milk daily?				
22	Will the menu facilitate 5 servings of fruit or vegetables?				
23	Are smaller fruits available such as Kiwi or Satsumas?				
24	Is a minimum of 4 cold and one hot cereal available at breakfast?				

No	Practice	Achieved	Partially achieved	Not achieved	Target Date to be achieved Yr1/Yr2/Yr3
Menu design (continued)					
25	Is white or wholemeal bread and toast available?				
26	Are nut based products avoided & does the menu contain a statement about nuts?				
27	At main meal times are 6 main courses on offer at each meal?				
28	Are 2 complex carbohydrates on offer at each mealtime?				
29	Is there a minimum choice of 4 popular vegetables on offer at each mealtime?				
30	Is there a choice of 3 desserts on offer at each mealtime?				
Service arrangements/dining environment					
31	Can Children choose food at the point of delivery?				
32	Is a main meal service time pre-defined?				
33	Are Birthdays and other special events recognised?				
34	Are patients permitted to use Hospital Restaurant facilities where appropriate?				
35	Are meal service times as interruption free as is practicably possible e.g. are protected meal times in place?				
36	Is breakfast service available from 6am to 9am and served buffet style?				
37	Table salt should not be routinely offered!				
38	Are packed lunches available if required?				
39	Do children eat together in a social group?				

No	Practice	Achieved	Partially achieved	Not achieved	Target Date to be achieved Yr1/Yr2/Yr3
Service arrangements/dining environment (continued)					
40	Is a specific child friendly dining environment available?				
41	Are specialised crockery, cutlery and trays available?				
42	Are children encouraged to choose their own meals?				
43	Are meals chosen as close to the point of service as is possible?				
44	Is equipment suitably themed e.g. Fireman Sam food trolley?				
Snacks/beverages/snack boxes					
45	Is fresh fruit or fruit canned in juice available on the ward at all times?				
46	Is there a wide range of hot and cold drinks available through 24hrs?				
47	Are high calorie snacks available at mid morning, mid afternoon and mid evening?				
48	Are children's snack boxes available?				
	Ward kitchen service				
49	Is a snack service available on request?				
50	Are children's ward kitchens stocked with a range of popular branded foods?				

Appendix 2

Members of the group

Graham Jacob	NHS Estates
Fiona Bartlett	Paediatric Dietitian, Variety Club Children's Hospital, King's College Hospital
Lynn Cherry	Restaurant Supervisor, Alder Hey Hospital
Philip Hassan	Hotel Services Manager, Birmingham Childrens Hospital
Paul McDonald	Catering Manager, Alder Hey Hospital
Katrina McNamara	Nursing Officer, Department of Health
Anne Owen	Catering Manager, Sheffield Childrens Hospital
Sophie Rees	Policy Officer, Child Health Services, Department of Health
Vanessa Shaw	Head of Dietetics, Great Ormond Street Hospital for Children
Faroukh Sorab	Hotel Services Manager, Great Ormond Street Hospital
Graham Walker	General Manager of Catering and Recreational Services, St Thomas' Hospital
Emma Wilson	Catering Services Manager, Royal Hallamshire Hospital
Linda Wilson	Paediatric Dietitian, United Hospitals Leicester

and with thanks to

Marcelle De Sousa	University College London Hospital
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Secretary

Ruth Benjamin	NHS Estates
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