Food Services Specialist Group/HCA Webinar –

The Hospital Food Review: Bringing it to life

Question Asked	Answer Given
Will a recording of this webinar be available?	Yes it will, it can be found here: https://www.youtube.com/watch?v=quXco-GARm4&feature=youtu.be
I'd like to liaise with the BDA. We're hoping to drive industry MSc placements for Student Dietitians including the opportunity to carry out their research with us (Elior)	We are very happy that our members liaise with the BDA direct on student placements and if possible, it would be useful to keep the committee informed if there is anything that other group members could learn from this liaison.
In terms of the dietetic catering roles, would a network role be considered? I'm just thinking of the network roles seen in neonatal - it promotes collaborative working, economies of scale and sharing of best practice	I agree that this is something that could be used positively - if funding or staff is a challenge then a network role would suffice with particular attention on supporting menu planning. The important point is to create a role that works. The position should be ring-fenced, so the time is spent on food services and the person has adequate quality time to focus on this.
Philip what's your email?	philip.shelley@somersetft.nhs.uk
How will PLACE be affected by this, will the questionnaires be more specific?	There is work going on to adjust both PLACE and ERIC. Most people feel that the current PLACE descriptions are not appropriate so need to reflect the current challenges. The best way of raising awareness is by a risk assessment - allergies, swallowing difficulties and looking at the staff capabilities within the catering team.
Also, how do we encourage our trusts to engage a catering dietitian (how will this be provided by those trusts outsourced/ in house?)	We are hoping this was covered in the webinar and Q&A over the day. It is essential that we do not stand still, and we keep talking to all those we can engage with about the Hospital Food Review and the importance of a specific dietetic role dedicated to food services. You can read more about this role in The Digest (chapter 4) which gives a good description of the day-to-day tasks that a foodservice dietitian can undertake i.e. menu planning, staff training, audit, management of therapeutic diets and projects to improve patients staff and visitor food services. Having a person dedicated to focusing on these area for any trust should be a priority and you can encourage them by selling the benefits i.e. improved patient experience/satisfaction, improved PLACE scores, improvements in patients safety, happier staff with focus on wellbeing etc Where the services have been outsourced, it is fairly common for the contractor to employ their own catering dietitians directly, but others are also employed by individual trusts. The best way to encourage a trust to engage their own catering dietitian is to see the benefit that they bring to other hospitals. We could provide case studies if required.

What dietary analysis software is Lauren using?	Saffron Catering Management (CIVICA). There are other supplier systems available (see Chapter 7 of The Digest).
I understand that the document is mainly for England. What (if any) plans are there to encourage all 4 countries to implement the standards?	I would hope that there is an amount of sharing between the 4 nations - this is something that the HCA could help in supporting collaboration.
What's the possibility of making it a legal requirement to provide a full nutritional breakdown from suppliers for bought in items as opposed to just the top 5? I find few suppliers are prepared to cover the costs of testing for micronutrients and fibre etc.	As dietitians, we can make estimations and quantitative assessments of menus and food. This is the reality of what happens when, for example, renal patients following restricted diets at home are told to avoid certain foods that are high in potassium. They do not know all the other nutrients, but they manage their condition safely in this way by simply avoiding specific high potassium foods. The cost of chemical testing is very expensive and if this was to be done for all nutrients it would push food costs up even higher. Where would we draw the line? Which nutrients would be required? We have found some companies willing to occasionally test for specific nutrients such as potassium or phosphate and these can be requested successfully. We recently did this with our sandwich supplier. It is all too easy to get caught up in the reassurance exact figures can give but the reality is that chemical testing gives a snapshot at that time and our understanding of food and what it contains is just as useful. The other thing is to tag foods in McCance & Widdowson when doing a nutritional analysis and this can at least provide a guide. At a wider level, there is a great deal to do to enhance the information that helps us understand what nutritional information is in our food. We are working with the Department of Health on the NHS Bill and hope that we can include something to strengthen our food services.
Please no National Menu, we have been there we have to realise we live both in diverse country and regional dishes act as a way of encouraging patient to eat. Also, the use of local suppliers is key to the economy more now than ever before	Good points. Thank you.
Can we use the photos that Phil presented in his slides?	Happy for the presentation and the photos to be used but just need to be credited to Phil Shelley please.