



Manchester University NHS Foundation Trust



Food and Drink Strategic Delivery Plan 2026-2031

Contents

4	Foreword	38	Governance
8	Introduction	39	Performance Metrics and Reporting Process
11	Achievements	40	Glossary
12	Nutrition	41	References
17	Hydration	43	List of Contributors
18	Access to Food for Patients	44	Food and Drink Strategic Delivery Plan Progress
23	Access to Food for Colleagues and Visitors		
26	Sustainability		
33	Technology		
34	Governance Oversight		

Foreword

Good nutrition and hydration are fundamental to the wellbeing of patients and colleagues. Our Food and Drink Strategic Delivery Plan for Manchester University NHS Foundation Trust (MFT) outlines how we will ensure that we provide high quality nutritious food and drink to our patients, colleagues and visitors.

At MFT, we are committed to delivering outstanding care and improving the health and wellbeing of our community, patients and colleagues.

Central to this is the recognition that food and drink play a vital role in physical health and mental and emotional wellbeing. From nourishing patients during their recovery to supporting colleagues' wellbeing, the importance of nutrition cannot be overstated. For our patients, the right food and drink choices can aid recovery, support rehabilitation, reduce hospital stays and improve patient outcomes. For our colleagues, access to healthy, nutritious meals ensures they can perform at their best, delivering world-class care with focus and vitality.

Our Food and Drink Strategic Delivery Plan is designed to address the unique challenges and opportunities within our Trust. This Delivery Plan outlines a comprehensive approach to ensuring that the food and drink we provide are sustainable, nutritious, accessible, and aligned with our broader goals of environmental stewardship and social responsibility. We aim to set the standard in creating an environment that prioritises the health of every individual who walks through our doors.

The Delivery Plan reflects our dedication to innovation and collaboration, drawing on the insights of patients, colleagues, and experts to create practical solutions that make a real difference. It includes initiatives to enhance the quality of meals offered across the Trust, promote healthier eating habits, and support local food initiatives, all while reducing waste and our environmental impact.

We understand that change begins with leadership and accountability. As our nominated Board Director responsible for food and drink, I am proud to champion the transformation within this plan. We invite all

stakeholders to join us in embracing this Delivery Plan and working together to create a healthier future for our community. This is more than a document—it is a call to action, a pledge to our shared values, and a cornerstone of the exceptional care we strive to provide.

Let us move forward together, with purpose and commitment, as we put nutrition at the heart of our care.

“Good food and drink is essential to recovery, resilience, and wellbeing. This Delivery Plan reaffirms our commitment to ensuring that every patient and colleague in our Trust has access to the highest standard of food and drink, supporting their journey to better health.”

Kimberley Salmon-Jamieson
Deputy Chief Executive and
Chief Nursing Officer





Foreword

At MFT we truly believe that when our colleagues feel supported and cared for, they're best placed to care for others. One of the simplest yet most meaningful ways we can offer that support is through access to good food and drink. It gives people a chance to pause, recharge, and feel appreciated in their workplace.

This Food and Drink Strategic Delivery Plan is built on the idea that everyone—no matter where or when they work—deserves access to healthy, affordable, and nourishing food. It also celebrates the diversity of our workforce, recognising that culture, shift patterns, and personal circumstances all shape how and when we eat.

We're making steady progress across our hospitals and community sites: expanding 24-hour options, improving facilities for storing and preparing meals, and teaming up with partners to make healthier choices more accessible and enjoyable. Just as important, we're working to make our dining spaces warm and inclusive – places where colleagues can take a real break and connect with one another.

Investing in food and drink is one of the many ways we show our commitment to wellbeing, fairness, and respect. It's a reflection of the care that defines our Trust.

"When we make it easier for colleagues to eat well and take time to rest, we create the conditions for compassionate, high-quality care to flourish."

Meera Nair

Chief People Officer

Introduction

Patients’ nutrition and hydration requirements whilst in hospital are mostly met through regular food and drink services.

We aim to provide a personalised experience for every patient by ensuring that the food and drink is of a high quality, and that the dining experience is of a consistently high standard.

We recognise that not all patients are able to eat and drink and that some patients require complex therapeutic treatments and plans of care, developed by specialist medical, nursing, and allied health professionals such as dietitians and speech and language therapists. Complex treatments, such as enteral tube feeding, oral supplementation and parenteral nutrition are not within the scope of this Delivery Plan and are managed through relevant Trust Policy.

In order to provide the highest quality and nutritional value of food for NHS patients, colleagues and visitors, The National Standards for Healthcare Food and Drink (2022), require Trusts to meet eight standards. The standards are:

1. Trusts must have a designated Board Director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.
2. Trusts must have a food and drink strategy.
3. Trusts must consider the level of input from a named food service dietitian to ensure choices are appropriate.
4. Trusts must nominate a food safety specialist.
5. Trusts must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.

6. Trusts must be able to demonstrate that they have an established training matrix and a learning and development programme for all colleagues involved in healthcare food and drink services.
7. Trusts must monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.
8. NHS Trusts must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic.





Achievements

Since the development and launch of the MFT Nutrition and Hydration Strategy (2019-2024), achievements include several successes:

- Roll out of Electronic Patient Record (EPR), HIVE, which enhances the recording and availability of patient records when accessing the clinical, nutrition and hydration aspects of patients care.
- Roll out of the Electronic Meal Ordering system, SAFFRON, across the Trust to allow food ordering at the bedside for patients.
- Successful role development and recruitment of a Food Safety & Quality Assurance Manager for MFT.
- Successful role development and recruitment of a Senior Specialist Food Service Dietitian for Patient Dining at MFT.
- Implemented the International Dysphagia Diet Standardisation Initiative (IDDSI) across our Adult Services, which ensures global use of terminology and standards in the categorisation and development of texture modified foods for people with swallowing difficulties. This work is ongoing to support implementation across Children's services.

Nutrition

Preventable malnutrition, specifically under-nutrition, contributes to exacerbated comorbidities, complications and poorer clinical outcomes. Malnutrition-related presentations take up valuable healthcare professional time and prolong stays in hospital beds, reducing productivity and contributing to an estimated £22.6 billion NHS costs per year. Indeed, it costs more not to treat malnutrition than to do so – by up to 2-5 times (www.bapen.org.uk/wp-content/uploads/2024/09/malnutrition-submission-to-darzi-review.pdf)

One-third (32%) of people in the UK aged 65 years or over are at risk of malnutrition on admission to hospital and 50% of people admitted to hospital from care homes were at risk of malnutrition. 20-30% of children were found to be undernourished on admission to hospital and this increased on discharge.

In the UK, 70% of patients weigh less on hospital discharge¹.

A balanced diet is essential for health and wellbeing². Most patients, colleagues and visitors should aim, where medically appropriate, for a healthy balanced diet. There are a wide range of damaging effects caused by poor nutrition³. Malnutrition is a serious condition that can occur when a person’s diet does not contain the correct amount of nutrients or too much⁴.

The Eatwell Guide⁵ is the Government’s official guidance setting out the types of foods and the proportion of those foods people should eat to have a healthy, nutritious diet.

We will ensure that all patients who are nutritionally well are offered food to meet their dietary requirements, in line with the British Dietetic Association (BDA), Nutrition and Hydration Digest. For patients who are nutritionally vulnerable, increased nutritional support will be adapted to meet their needs, taking into account differing patient groups, and therapeutic requirements.



Nutrition

We will:

1. Ensure all colleagues involved in the food service are trained in food safety, meal ordering and patient centred care to support patients with their food and drink requirements.
2. Ensure all patients admitted to hospital undergo an evidence-based nutritional risk assessment within 24 hours, such as the Malnutrition Universal Screening Tool (MUST) for adults and the Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) for paediatric patients. These assessments must be repeated weekly whilst the patient is admitted.
3. Following the nutritional risk assessment stated above, where appropriate, patients must be referred to a dietitian. An individualised nutritional care plan must be provided for all patients identified as being at risk of malnutrition. This plan should reflect their religious, cultural, and lifestyle requirements. Ensure that any factors that may affect a patient's ability to eat and drink are assisted to encourage consumption of food and drink, for example the use of adapted cutlery, supporting oral care, or placing food within easy reach when served.
4. Create an environment in which people can enjoy their meals and consume food and drink safely by taking the following actions:
 - a. Mealtimes will be protected in line with the Protected, supported Mealtime Initiative (PMI)⁶, supported by John's Campaign⁷ to allow ward staff to be involved in the delivery of every meal service.
 - b. Each area will have an identified Mealtime Co-ordinator / Food and Drink Champion, who is responsible for promoting and monitoring the environment to ensure it is adequately prepared for mealtimes. This includes ensuring patients are ready to eat, and any required assistance is provided.
 - c. The meal delivery service should be led by clinical colleagues at ward level, ensuring full engagement by the multidisciplinary teams, in line with the MFT Mealtime Matters Standard.
 - d. A Red Food Tray⁸ is used for patients who require extra support when eating and for patients who require their food intake to be monitored.
 - e. Volunteer Dining Companions will be available to support patients at mealtimes.
 - f. Food delivery processes and menu choices will be reviewed regularly to ensure they deliver high quality and nutritionally balanced options, in line with The Government Buying Standards for Food and Catering Services (GBSF)⁹ and the BDA Nutrition and Hydration Digest¹⁰.
 - g. Actively engage with patients, relatives and carers to seek their feedback on patient experience related to the available food and drink options.
 - h. Ensure that all patients have access to menus and information necessary to support their meal choices such as allergens, nutritional information and ingredients.
5. Focus on patient and colleague education, nutritional improvement programmes and celebrating achievements.
6. Ensure our meal services are reflective of the patients they are serving by capturing patient feedback through audits, patient experience surveys and patient involvement.



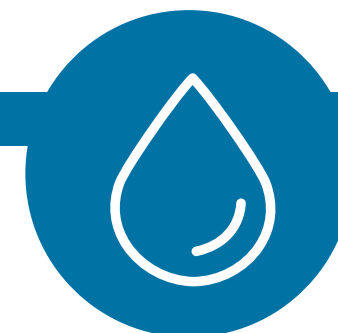


Hydration

Water is a basic nutrient of the human body and is critical to human life; and good hydration is the process of maintaining a healthy water balance in the body¹¹. It can also reduce the need for medication and prevent illness. Timely and appropriate use of fluid balance observation and recording is an essential tool in determining adequate hydration. We will ensure that all patients are supported to remain hydrated.

We will:

1. Ensure that at the time of admission to an inpatient area, and as indicated thereafter, all adult patients undergo a hydration assessment and children undergo individual assessment of their fluid requirements, to identify factors influencing hydration.
2. Ensure that patients at risk of dehydration are appropriately monitored and appropriately documented in line with Trust policy.
3. Provide patient information leaflets and urine colour charts in all areas, which will be used to educate patients and relatives about the importance of maintaining hydration and how they can monitor for signs of dehydration.
4. Offer patients who can consume drinks orally hot drinks or alternatives at least seven times a day where clinically appropriate, in addition to providing an accessible supply of chilled drinking water 24 hours a day.
5. Ensure hydration and fluid modifications are appropriately met, with speech and language therapist advice, as required.
6. Ensure that patients who need support with drinking or need drinks that have a modified consistency (for example thickened drinks), are provided with appropriate drinking aids and a red jug lid / red beaker / red mug (in line with local policy and practice) to support colleagues to identify patients who require assistance.
7. Focus on patient and colleague education, hydration improvement programmes and celebrating achievements.



Access to Food for Patients

The Report of the Independent Review of NHS Hospital Food¹² highlights “appropriate nutrition and hydration are key elements in the care of our patients, and it’s just as important for our staff and visitors’ welfare”. All too often in hospitals nutritious food remains uneaten, resulting in patients being unable to meet their nutritional needs. The quality and choice of food provided in hospitals is important to patients¹³.

We will:

- 1. Plan all menus in line with the NHS Eatwell Guide¹⁴, BDA Nutrition and Hydration Digest and Government Buying Standards for Food and Catering Services (GBSF) for nutritional content in collaboration with patients, clinical colleagues and the Dietetic Department.
- 2. Ensure patient needs will be the first consideration in our menu design. We will provide varied menu options that meet patient’s religious, cultural, and dietary needs and enable personal choice, which reflect the diversity of the local population.
- 3. Ensure that menus are designed with the involvement of patients and carers and gather regular feedback from patients on menu content.
- 4. Provide a full range of modified texture diets in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) specifications as required for Adult and Paediatric patients who have particular medical needs, including swallowing difficulties.



Access to Food for Patients

We will:

5. Provide therapeutic dietary requirements including:
 - > IDDSI Modified texture diets including blended diets for tube feeding.
 - > Renal suitable diets.
 - > Inherited disorders of metabolism and Ketogenic diets.
 - > Modified micronutrients (e.g. sodium, potassium, phosphate)
 - > Altered nutrient density diets e.g. eating disorders / undernutrition
 - > Food intolerance and Allergen Free dishes
 - > Gluten Free Dishes
 - > Catering for Immune-Suppressed Patients
 - > Liver Disease
 - > Diagnostic Test or Investigation
 - > Cutlery Free foods / Finger Foods

6. Develop seasonal menus and special event menus catering for special events throughout the calendar year such as Diwali celebrations, Christmas celebrations, Valentines Day, as well as nationally led events such as British Food Fortnight.
7. Provide a choice of large, standard and small portions. Ensuring that portion sizes are flexible and able to meet the nutritional requirements of different patient ages and groups’.

8. Provide food and drink for breastfeeding mums resident with their babies.

9. Ensure colleagues are trained and able to offer advice on menu choices, suitability of products for all special diets and ethical / cultural requirements.

10. Ensure an appropriate number of colleagues are available to prepare patients for the meal service and serve meals promptly and efficiently.

11. Ensure appropriate help is available for patients who require assistance.

12. Procure easy opening packaging, in accordance with International Standard ISO17480¹⁵.
13. Ensure assistance is given with opening packets or removing lids.

14. Have condiments available to offer when serving meals to patients.

15. Ensure colleagues are aware of local escalation processes for patients whose needs cannot be met by the available menus.

16. Provide an alternative hot meal or snack if a patient misses a meal.

17. Ensure snacks are offered at least twice a day to patients between meals. With an emphasis on higher energy snacks offered to the nutritionally vulnerable as and when required.
18. Ensure menus are coded to support patients to choose their meals according to their needs, in accordance with the BDA Nutrition and Hydration Digest Coding e.g. higher energy, easy to chew, vegetarian, healthier choice; ensuring patients have access to a menu, which highlights these codes and their significance.

19. Provide written and pictorial information regarding the menus available and information related to service provision.

20. When available encourage the use of dining / day rooms at mealtimes, and/or ensuring the environment is conducive to eating and drinking (i.e. minimising unnecessary disruption).





Access to Food for Colleagues and Visitors

Access to healthy and nutritious food can support colleagues to deliver high quality care by supporting their health and wellbeing.

Colleagues and visitors are both likely to benefit from food services that encourage them to make healthier choices.

We have not only considered the food served to patients in wards, but also the whole food environment of the hospital, including shops, restaurants, cafés, canteens and vending machines, and spaces where colleagues can prepare their own meals. It is essential that these environments reinforce public health messages about healthy eating and make it possible, and easy, for colleagues and visitors to choose healthy options.

It is important to recognise that retail outlets are also another important option for patients. Where some patients may have menu fatigue, or where clinically safe to do so, patients may be able to go to a hospital retail outlet with family / friends / carers to eat together. This can be extremely important not only for the patient's

food and drink requirements and recovery, but also the mental health and wellbeing of this social dining experience.

Retail food outlets are ever developing with new and different food solutions available, including hot automated vending options and the use of technology such as 'Apps' to view and order meals. They are also a helpful function in being able to support patients where a hot meal may have been missed due to a procedure, or "out of hours" for example when a hot meal would support the patient's recovery; these hot automated vending machines should be a consideration to supplement the patient catering service.

In circumstances where a patient's loved ones may be with them for the duration of their hospital stay e.g.: children's wards or end of life care, this often can add a financial burden and access to hot meals can be difficult. Meal vouchers, hot automated vending solutions, 24/7 access, technology are helpful tools to offer to support access to hot meals and beverages.



Access to Food for Colleagues and Visitors

We will:

1. Ensure that colleagues, visitors, and patients have access to a range of Food Outlets and access to vending purchases 24/7.
2. Continue to work with our food outlet teams / partners to improve and expand the range of healthy eating options available.
3. Continue to monitor the provision of low-sugar drinks to ensure the Food Outlets are working towards / achieving 100% provision of low sugar drinks¹⁶.
4. Ensure the opening times of Food Outlets are clearly displayed at each outlet and on our website.
5. Ensure we use technology to provide access to information, including nutritional information and allergens whilst supporting ease of access to food and beverages via methods of ordering, delivery and collection.
6. Ensure we assess the food and drink service against the principles of the BDA's 'One Blue Dot's environmentally sustainable diets nine-point plan¹⁷.
7. Ensure the implementation of the GBSF Nutrition Standards to ensure healthier options are available to help colleagues and visitors meet dietary recommendations.
8. Ensure that colleagues have access to facilities local to their place of work to enable the storage and heating of food.
9. Provide access to find food and drink on a case-by-case basis for relatives and carers who are supporting our patients.



Sustainability – NHS Net Zero

As a major purchaser of food, MFT has a wider social responsibility¹⁸ to ensure that sustainability and support for the environment are considered as part of our Delivery Plan.

In October 2020, the NHS became the world’s first national health system to commit to becoming net zero carbon, in response to the health threat posed by climate change¹⁹. Manchester University NHS Foundation Trust responded to this by producing our first Green Plan²⁰. The Green Plan combines local priorities, laid out by Greater Manchester Combined Authority and national priorities from NHS England.

The Trust Green Plan has two overarching targets:

- For the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2038, and;
- For the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045.

The Trust’s Green Plan includes a specific objective to “minimise food waste by placing the patient voice at the centre of food and nutrition”, demonstrating our commitment to reduce the carbon intensity of food used as part of the MFT food service. Up to 30% of Greenhouse Gas (GG) emissions globally are

linked to agriculture and food production, and the environmental impact of the food we eat is one of the key changes we can make to tackle the issue of climate change. Our food system is also responsible for habitat loss, soil degradation, water usage, and waste, all of which damage our environment.

A key aspect of delivering a ‘Net Zero’ National Health Service is switching to low-carbon alternatives where possible and reducing waste of consumable products and single use plastics.

Great progress has been made in the UK, but food waste from households and businesses is still around 9.5 million tonnes (Mt), 70% of which was intended to be consumed by people (30% being the ‘inedible’ parts). This had a value of over £19 billion per year²⁰.

Sustainable Ingredients

Healthier, locally sourced food can improve wellbeing while cutting emissions related to agriculture, transport, storage and waste across the supply chain and on NHS estate²¹. A key part of a more sustainable diet is to consume more plant sources of protein in place of animal proteins, where clinically appropriate.



Sustainability – NHS Net Zero

We will:

1. Work collaboratively across nursing, catering, dietetics and procurement, with the Trust's Sustainability Team to deliver objectives in the Trust's Green Plan.
2. Use more sustainable products, and offer environmentally sustainable diets, in line with the new government's Buying Standards for Food Catering Services and the BDA Nutrition and Hydration Digest.
3. Provide menus that encourage patients to choose lower carbon dishes, where clinically appropriate, while meeting patients' nutritional requirements²².
4. Introduce and expand our plant-based menu options and increase our low carbon dishes across all menus.
5. Monitor food waste Trust-wide and set local and Trust-wide targets for reduction of total food waste e.g. unserved meals and plate waste.
6. Monitor menu choices, food waste and meal uptake Trust-wide to better inform menu development in line with Net Zero goals e.g. dishes with highest contribution to plate waste are removed from menus.
7. Work to ensure that our suppliers offer clear data regarding carbon emissions of products, that is in line with national legislation / best practices e.g. ingredient carbon emissions, water usage, transport carbon emissions etc.
8. Identify waste prevention strategies by creating sustainable behaviour change amongst colleagues, such as reviewing meal and ward stock ordering processes, ensuring patients are getting the right meals and encouraging high mealtime standards at ward level.
9. Educate colleagues on sustainability within food services and how to meet patient's nutritional requirements.

Recycling:

Recycling is a fundamental aspect of the Waste Management Hierarchy²³. The lack of education around recycling and how to recycle properly results in the misuse of recycling facilities.

We will:

1. Educate colleagues about recycling and the benefits of recycling for the environment and for the Trust.
2. Providing suitable and well-labelled waste bins that are colour coded.

Waste:

The food and catering sector generate 11 billion pieces of waste annually and it is estimated that packaging accounts for one-fifth of all waste in the UK²⁴. Specifically, the Healthcare Sector Produces 121,000 tonnes of food waste and 49,300 tonnes of associated packaging waste and sends 93% of this to landfill or disposed of down the drain using macerators, at a cost of £230 million.

“Food waste is defined as food purchased, prepared, delivered and intended to be eaten by patients but that remains un-served or uneaten”.

Food not eaten by patients in hospital not only represents an unnecessary cost but may also imply that patients are not receiving sufficient nutritional support²⁵.



Sustainability – NHS Net Zero

Waste:

We will:

- 1. Develop and regularly review our Food Waste Prevention Strategy.
- 2. Use good stock control and forecasting.
- 3. Regularly review food ordering, based on historical data.
- 4. Review our Waste Management processes regularly, to ensure waste is managed in accordance with the Waste Management Hierarchy and The Hospitality and Food Service Agreement (HaFSA)²⁶.
- 5. Pledge to be a 'Guardian of Grub' and follow the Campaign's principles of Target Measure Act; by setting a food waste reduction Target, Measure and take Action to reduce food waste²⁷.
- 6. Commit to NHS Plastics Reduction Pledge²⁸.
- 7. Remove single use crockery and cutlery and adopt 'reusables' as standard practice will vastly decrease disposable waste.
- 8. Work towards the BDA Environmentally Sustainable Diet recommendations for the UK for all menus.
- 9. Optimise portion sizes to minimise plate waste²⁹, in liaison with Dietitians to ensure nutritional intake is optimised.
- 10. Audit all food waste, at all stages of the food chain, with the aim of reducing food waste.
- 11. Introduce plate waste audits with the results being analysed by the multi-disciplinary team.
- 12. Ensure a consistent approach to food waste segregation and ensure we treat food waste in the most sustainable manner available, by using on-site / off site aerobic digestion or composting facilities.





Technology

Technology can help catering and clinical teams to collate food choices, manage allergies and diets, and minimise waste.

Electronic food ordering systems can be linked to electronic patient records, so patients' nutrition becomes an integral part of their overall care. Menus can be tailored to individual needs and conditions. Smart ordering, supported by technology, minimises the risk that patients with food allergies will be offered food that is unsafe for them. It can also be used to store ingredient lists, nutritional information and real photos of the meals, to help patients make their choice.

Systems must also be flexible. Allowing minimum times between ordering and food service, ensuring there is a clear opening and closure time for ordering, affording the ability to move and deliver meals based on a named person as necessary will reduce food waste.

Digital solutions do not replace the need for assisted mealtimes, and some patients will need help to use the technology.

We will:

1. Continue to develop and enhance the digital meal ordering system.
2. Introduce technology to actively monitor and improve stock levels and production schedules.
3. Ensure safe ordering that is mapped to patients' care plans.
4. Develop menu offers tailored to patients' dietary needs and personal preferences.
5. Ensure our electronic patient ordering system is used in a way that ensures minimum amount of time between ordering and the meal service.
6. Utilise technology to support the reduction in food waste.
7. Develop our Electronic Meal Ordering system to support patient safety by linking to live supplier food data for mapping of allergens and ingredients.

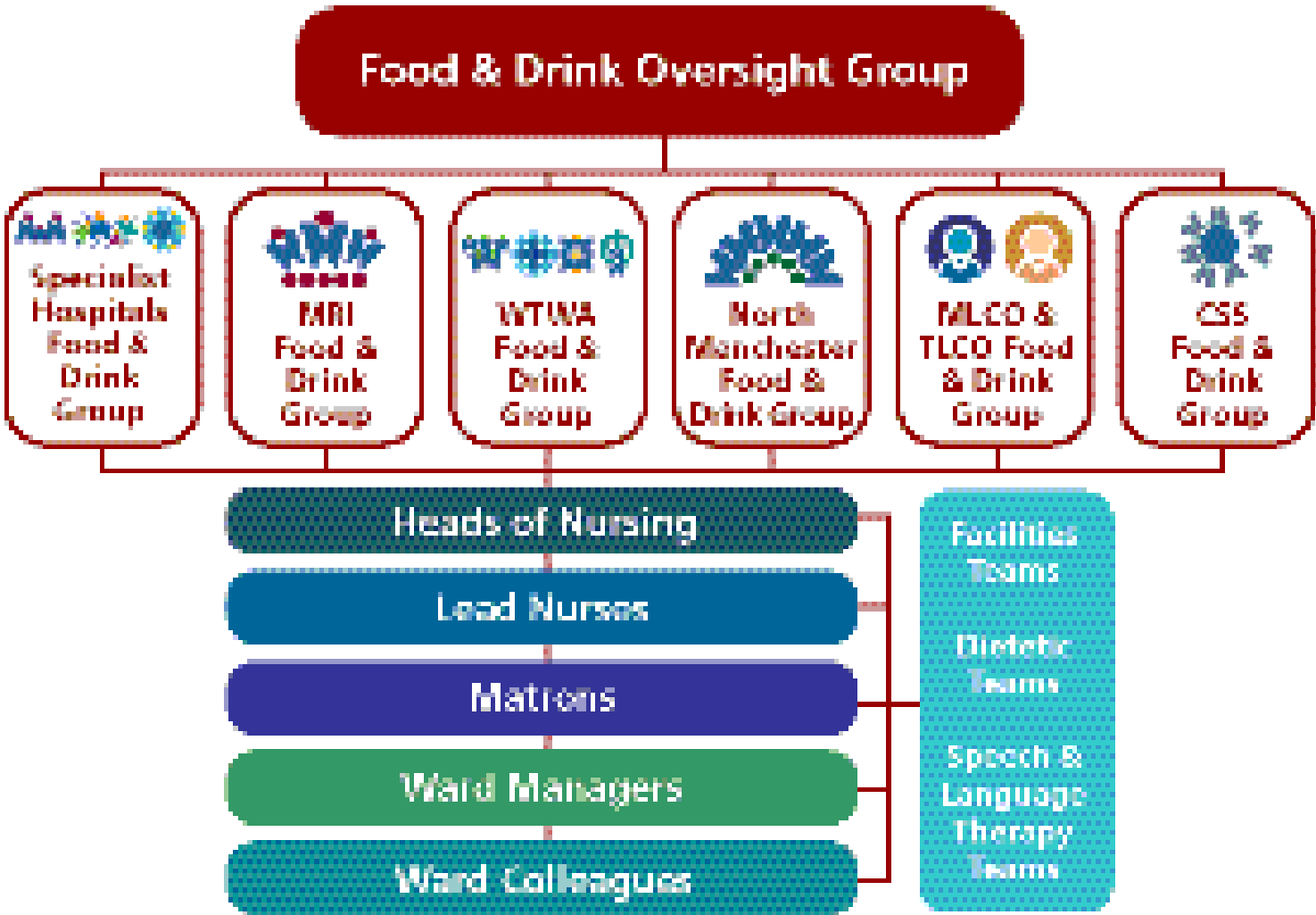
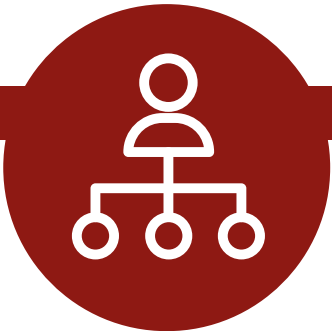


Governance Oversight

MFT fully recognises our role and legal obligations as a food business operator and the importance of having robust food safety procedures.

The NHS Food Review advises ‘there are four things that all successful hospitals have in common:

- 1. They adopt a ‘whole-hospital approach’. This means integrating food into the life of the hospital – treating the restaurant as the hub of the hospital, where colleagues and visitors eat together, the chef and catering team are as important as other colleagues; and food is considered as part of a patient’s care and treatment.
- 2. Organisations must have a designated Board Director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.
- 3. They concentrate on the things patients and colleagues care about; good food, attractive environment, and a belief that the hospital they are in serves nutritious food of the best available quality.
- 4. They have integrated multi-disciplinary working; bringing together catering, dietetics and nursing to help improve nutritional outcomes for patients, and to ensure that our colleagues well-being is prioritised with nutritious food and drink available on-site at all times.





Governance Oversight

We will:

1. Continue to report to our named Board Member who is responsible for Food and Drink.
2. Ensure Food and Drink Standards is a standing agenda item on the Board of Directors.
3. Create a governance structure to support the 'Power of Three' approach, which empowers dietitians, caterers and nurses to join up their decision-making for patient care.
4. Ensure the Food and Drink Oversight Group reports into the Quality & Safety Management Committee via the Patient Experience Oversight Group, which ultimately reports to the Board of Directors.
5. Establish and maintain a local Food and Drink Oversight Group within each Clinical Group to progress action plans and ensure the Food and Drink Strategic Delivery Plan is implemented.
6. Continue to hold a Trust Nutrition & Hydration Oversight Group as an additional Trust wide group who champion clinical nutrition & hydration issues whilst also supporting the importance of food and drink in patient care.
7. Ensure there is a programme for mealtimes to be observed and audited by an identified member of the Multi-Disciplinary Team, with reporting systems in place to address improvements, compliments, concerns.
8. Ensure patient, visitor and colleague involvement and feedback is regularly sought through PLACE, What Matters to Me audits, Observational Mealtime Audits.
9. Ensure all colleagues involved in the food service process attend appropriate Mandatory Food Safety and Food Allergy training.
10. Develop a designated learning and development programme for all colleagues involved in food and drink services.
11. Dedicate an area on the MFT Intra / Internet as a resource for patients, visitors and colleagues.
12. Ensure our chefs are supported to enter the annual NHS Chef competition.
13. Ensure our restaurant/s welcome colleagues, visitors and if clinically appropriate our patients and serve food based on the needs and preferences of our customers.

Governance

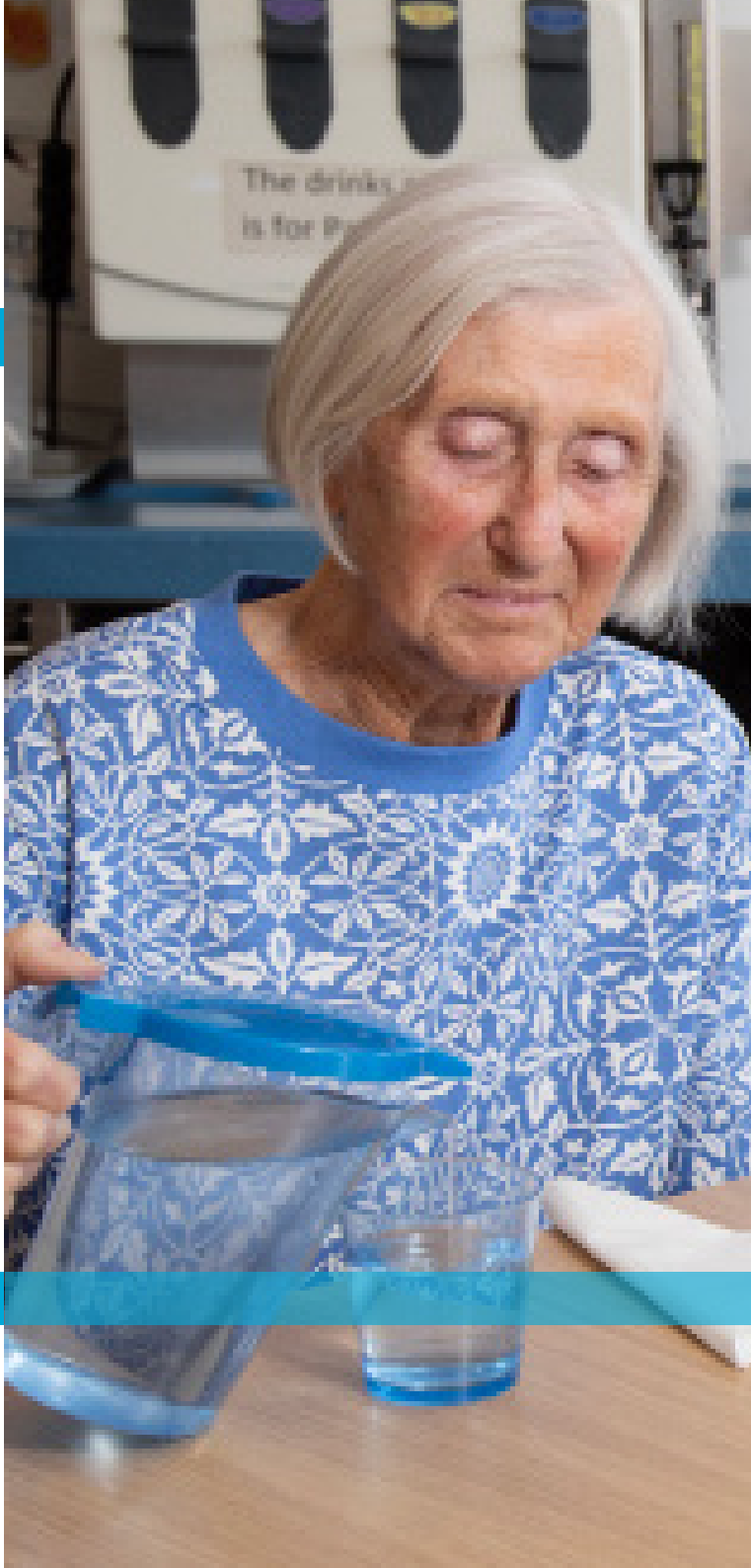
Our Delivery Plan will be launched in March 2026.

The MFT Food and Drink Oversight Group will oversee implementation of the Delivery Plan enabling services across the Trust to update on their progress and share best practice.

The MFT Food and Drink Oversight Group will look for emerging themes where work programmes can be developed to drive continuous improvement.

The Trust’s Annual Business Plan will reflect the actions required to deliver the Delivery Plan.

The objectives and commitments set out in the Delivery Plan will be reviewed annually by the MFT Food and Drink Oversight Group, to ensure that they remain responsive to issues that matter to patients.



Performance Metrics and Reporting Process

Locally, impact will be measured by the Trust through analysis of quality, patient experience and staff survey data and the findings of annual Patient-led Assessments of the Care Environment (PLACE)³⁰.

Improvement will be measured against the National Healthcare Food Standards, through the Maturity Matrix.

National patient and staff survey results will also be used to monitor the impact of the Delivery Plan on patient and staff experience.

Mealtime observational audits will be carried out by a designated member of the multi-disciplinary team on an agreed frequency with clear lines of feedback, both compliments and concerns and recommendations and lines of accountability.

The Delivery Plan will form part of the annual returns required by our Trust to evidence compliance with each section of the National Standards for Healthcare Food and Drink and provide evidence and form Part of the Premises Assurance Model (PAM) and Estates Returns Information Collection (ERIC).

Progress will be monitored at the Food and Drink Oversight Group which in turn reports to the Patient Experience Oversight Group, this group reports to Quality Safety and Management Committee which is the route to Trust Board at the Trust Leadership Team Committee.

Glossary

BAPEN	British Association for Parenteral and Enteral Nutrition	HCA	Hospital Caterers Association
BDA	British Dietetic Association	IDDSI	International Dysphagia Diet Standardisation Initiative
DOH	Department of Health	NHS	National Health Service
DEFRA	Department for Environment, Food and Rural Affairs	PAM	Part of the Premises Assurance Model
ERIC	Estates Returns Information Collection	PLACE	Patient Led Assessments of the Care Environment
GBSF	Government Buying Standards for Food	PMI	Protected Mealtime Initiative
HACCP	Hazard Analysis Critical Control Points	UK	United Kingdom
HaFSA	Hospitality and Food Service Agreement		

References

1. Bapen, (2023)“Malnutrition and Nutritional Care Survey in Adults Report” . Available from: <http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf>
2. NHS England (2015). Ten key characteristics of good nutrition and hydration care. Available from: <https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/>
3. Foad, D. (2022). Food Foundation report calls for ‘major overhaul’ of food system. Public Sector Catering. Available from: https://www.publicsectorcatering.co.uk/news/food-foundation-report-calls-major-overhaul-food-system?utm_source=emailmarketing&utm_medium=email&utm_campaign=psc_daily_update_190722&utm_content=2022-07-29
4. BDA (2019) Food Fact Sheet: Malnutrition. Available from: <https://www.bda.uk.com/uploads/assets/a3b7670b-7f77-4a9f-b5bf14179882b6d1/Malnutrition-food-fact-sheet.pdf>
5. NHS. The Eatwell Guide. Available from: <https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/>
6. The Protected Mealtimes Initiative (PMI) is a national initiative that formed part of the Better Hospital Food Programme. The purpose of the PMI is to by ensuring that patients receive the right meal at the right time with the right amount of help and allow patients time to eat their meals without unnecessary interruption. HCA/ RCN (2004). Hospital Caterers Association Protected Mealtimes Policy. Available from: <http://www.hospitalcaterers.org/media/1817/pmd.pdf>
7. John’s Campaign. Available at: <https://johnscampaign.org.uk/>
8. Age UK (2006). Hungry to be heard. Available from: https://www.dignityincare.org.uk/_assets/Resources/Dignity/CSIPComment/Hungry_to_be_Heard.pdf
9. Department of Health and Social Care. (2021).The Government Buying Standards for Food and Catering Services. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011764/gbsf-nutritional-standards-technical-guidance.pdf
10. BDA (2023). Nutrition and Hydration Digest 3rd Edition. Available from: <https://www.bda.uk.com/the-nutrition-and-hydration-digest.html>
11. WHO (2017) Guidelines for drinking-water quality. Available from: http://www.who.int/water_sanitation_health/publications/drinking-water-quality-guidelines-4-including-1st-addendum/en/
12. 2020 Report of the Independent Review of NHS Hospital Food Report of the Independent Review of NHS Hospital Food. Available from: <https://assets.publishing.service.gov.uk/media/5f930458d3bf7f35e85fe7ff/independent-review-of-nhs-hospital-food-report.pdf>
13. NHS Choices. Hospital Food Standard. Available from: <http://www.nhs.uk/NHSEngland/AboutNHSservices/NHShospitals/Pages/hospital-food-standards.aspx>
14. NHS. The Eatwell Guide. Available from: <https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/>
15. ISO (2015) ISO 17480:2015 Packaging – Accessible design – Ease of opening. Available from: <https://www.iso.org/standard/59881.html>
16. NHS England. (2018). Sugar-sweetened beverage sales reduction commitment. Available from: <https://www.england.nhs.uk/publication/sugar-sweetened-beverage-sales-reduction-commitment/>

References

17. BDA (2020). One Blue Dot – The BDA’s Environmentally Sustainable Diet Project. Available at: <https://www.bda.uk.com/resource/one-blue-dot.html>

18. Public Services (Social Value) Act (2012). Available from: <https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>

19. NHS England (2020) NHS becomes the world’s first national health system to commit to become ‘carbon net zero’, backed by clear deliverables and milestones. Available from: <https://www.england.nhs.uk/2020/10/nhs-becomes-the-worlds-national-health-system-to-commit-to-become-carbon-net-zero-backed-by-clear-deliverables-and-milestones/>

20. WRAP (2020). UK progress against Courtauld 2025 targets and UN Sustainable Development Goal 12.3. Available from: https://wrap.org.uk/sites/default/files/2020-11/WRAP-Progress_against_Courtauld_2025_targets_and_UN_SDG_123.pdf

21. NHSE. (2020). Delivering a ‘Net Zero’ National Health Service. Available from: <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

22. DEFRA (2014) A Plan for Public Procurement. Available from: <https://www.gov.uk/government/publications/a-plan-for-public-procurement-food-and-catering>

23. DEFRA (2011) Guidance on Applying the Waste Hierarchy. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/69403/pb13530-waste-hierarchy-guidance.pdf

24. Liang, J. (2022). The truth about your environmental impact. Public Sector Catering, Jul/Aug 22, p6-7. Available from: <http://mag.publicsectorcatering.co.uk/books/rywj/#p=8>

25. DOH (2005) Managing Food Waste in the NHS (2005). Available from: <http://docplayer.net/17819149-Managing-food-waste-in-the-nhs.html>

26. WRAP. Preventing Food Waste in the Healthcare Sector. Available from: <https://wrap.org.uk/sites/default/files/2021-03/WRAP-HCA-Preventing-waste-in-the-healthcare-sector-screencast-1.pdf>

27. Guardians of Grub (2019) Start Guide. Available from: <https://guardiansofgrub.com/resources/>

28. NHS Procurement. Prevention of Plastic Products. Available from: <https://www.supplychain.nhs.uk/sustainability/plastics/#:~:text=NHS%20Supply%20Chain%20is%20committed,50%20tonnes%20during%202021%20%2F%202022>

29. Meiko (2022). Cutting Carbon in the Commercial Kitchen. Available at: https://cdn.meiko-company.com/fileadmin/editor_upload/meiko-uk.co.uk/Landing_Page/2022/Meiko_Carbon_Report.pdf

30. Patient-Led Assessments of the Care Environment (PLACE) Available from: <https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place>

To support colleagues’ accessibility to our Food and Drink Strategic Delivery Plan, we will ensure our plan is available on the staff intranet.

List of Contributors

Clinical Group Directors of Nursing

Senior Specialist Food Service Dietitian – Patient Dining

Food Safety and Quality Assurance Manager

Director of Facilities

Chief Nursing Officer

Director of Estates and Facilities

Patient Representatives

Chief People Officer

Sustainability Manager

Head of Waste and Resources

Trust Chief Allied Health Professional

Professional Lead for Dietetics – Paediatric and Adults

Director of Patient Experience & Engagement

Assistant Chief Nurse – Corporate

42

43

Food and Drink Strategic Delivery Plan Progress

Progression colour key: Not yet started Work commenced Objective achieved Objective achieved – Evidence approved by Food and Drink Oversight Committee

 Nutrition – We Will:	2026/27 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Ensure nutritional risk assessment is completed for all patients.	☐	☐	☐	☐	☐
Protected mealtimes are adhered to.	☐	☐	☐	☐	☐
Mealtime coordinator / Food and Drink Champion are in place.	☐	☐	☐	☐	☐
Meal delivery service led by staff at ward level with full MDT engagement.	☐	☐	☐	☐	☐
Have a Red Food tray policy in place.	☐	☐	☐	☐	☐
Volunteer Dining Companions will be in place.	☐	☐	☐	☐	☐
Have Food Delivery processes and menus choices in line with GBS and BDA Nutrition and Hydration Digest standards.	☐	☐	☐	☐	☐
Focus on staff education, nutritional improvement programme and celebrating achievements	☐	☐	☐	☐	☐
Ensure all patients have access to menus – both hard copies and electronic and pictorial menus.	☐	☐	☐	☐	☐
Ensure all staff trained in food safety, meal ordering and patient centred care with food and drink requirements	☐	☐	☐	☐	☐
Individualised care plans are reflective of nutritional requirements as well as religious, cultural, and therapeutic needs.	☐	☐	☐	☐	☐

 Hydration – We Will:	2026/27 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Ensure that at the time of admission to an inpatient area, and as indicated thereafter, all adult patients undergo a hydration assessment, and children undergo individual assessment of their fluid requirements, to identify factors influencing hydration.	☐	☐	☐	☐	☐
Ensure that patients at risk of dehydration are appropriately monitored and appropriately documented in line with Trust policy.	☐	☐	☐	☐	☐
Provide patient information leaflets and urine colour charts in all areas, which will be used to educate patients and relatives about the importance of maintaining hydration and how they can monitor for signs of dehydration.	☐	☐	☐	☐	☐
Offer patients who can consume drinks orally hot drinks or alternatives at least seven times a day where clinically appropriate, in addition to providing an accessible supply of chilled drinking water 24/day.	☐	☐	☐	☐	☐
Ensure hydration and fluid modifications are appropriately met, with speech and language therapist advice, as required.	☐	☐	☐	☐	☐

Food and Drink Strategic Delivery Plan Progress

Progression colour key: ■ Not yet started ■ Work commenced ■ Objective achieved ■ Objective achieved – Evidence approved by Food and Drink Oversight Committee



Access to Food for Patients – We Will:

	2026/27 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Plan all menus in line with the NHS Eatwell Guide ¹⁴ , BDA Nutrition and Hydration Digest and Government Buying Standards for Food and Catering Services (GBSF) for nutritional content in collaboration with patients, clinical staff and the Dietetic Department.	☐	☐	☐	☐	☐
Ensure patient needs and type of menu will be the first consideration in our menu design. We will provide varied menu options that meet patients’ religious, cultural, and dietary needs and enable personal choice, which reflects the diversity of the local population.	☐	☐	☐	☐	☐
Provide a full range of modified texture diets in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) specifications as required for Adult and Paediatric patients who have particular medical needs, including swallowing difficulties.	☐	☐	☐	☐	☐
Provide therapeutic dietary requirements including: IDDSI Modified texture diets including blended diets for tube feeding • Renal suitable diets •Inherited disorders of metabolism and Ketogenic diets • Modified micronutrients (e.g. sodium, potassium, phosphate) • Altered nutrient density diets e.g. eating disorders / undernutrition • Food intolerance and Allergen Free dishes • Gluten Free Dishes • Catering for Immune-Suppressed Patients • Liver Disease • Diagnostic Test or Investigation • Cutlery Free foods / Finger Foods	☐	☐	☐	☐	☐
Ensure staff are trained and be able to offer advice on menu choices, suitability of products for all special diets and ethical / cultural requirements	☐	☐	☐	☐	☐
Ensure an appropriate number of staff are available to prepare patients for the meal service and serve meals promptly and efficiently.	☐	☐	☐	☐	☐
Ensure appropriate help is available for patients who require assistance.	☐	☐	☐	☐	☐
Procure easy opening packaging, in accordance with International Standard ISO17480 ¹⁵ .	☐	☐	☐	☐	☐
Encourage the use of dining / day rooms at mealtimes, and/or ensuring the environment is conducive to eating and drinking (i.e. minimising unnecessary disruption).	☐	☐	☐	☐	☐
Provide an alternative hot meal or snack if a patient misses a meal.	☐	☐	☐	☐	☐

Food and Drink Strategic Delivery Plan Progress

Progression colour key: Not yet started Work commenced Objective achieved Objective achieved – Evidence approved by Food and Drink Oversight Committee

 Access to Food for Colleagues and Visitors – We will:	2026/27 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Ensure that staff, visitors, and patients have access to a range of Food Outlets and access to vending purchases 24/7.	☐	☐	☐	☐	☐
Continue to work with our food outlet teams / partners to improve and expand the range of healthy eating options available.	☐	☐	☐	☐	☐
Continue to monitor the provision of low-sugar drinks to ensure the Food Outlets are working towards / achieving 100% provision of low-sugar drinks	☐	☐	☐	☐	☐
Ensure the opening times of Food Outlets are clearly displayed at each outlet and on our website	☐	☐	☐	☐	☐
Ensure we use technology to provide access to information including nutritional information and allergens. Whilst supporting ease of access to food and beverages via methods of ordering, delivery, and collection.	☐	☐	☐	☐	☐
Provide access to find food and drink on a case-by-case basis to relatives and carers who are supporting our patients.	☐	☐	☐	☐	☐

 Technology – We Will:	2026/27 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Continue to develop and enhance the digital meal ordering system.	☐	☐	☐	☐	☐
Introducing technology to actively monitor and improve stock levels and production schedules.	☐	☐	☐	☐	☐
Ensure safe ordering that is mapped to patients’ care plans.	☐	☐	☐	☐	☐
Develop menu offers tailored to patients’ dietary needs and personal preferences.	☐	☐	☐	☐	☐
Ensure that our electronic patient ordering system is used in a way that ensures a minimum amount of time between ordering and the meal service.	☐	☐	☐	☐	☐

Food and Drink Strategic Delivery Plan Progress

Progression colour key: ■ Not yet started ■ Work commenced ■ Objective achieved ■ Objective achieved – Evidence approved by Food and Drink Oversight Committee



Sustainability – We Will:

	2026/27 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Work collaboratively across nursing, catering, dietetics and procurement, with the Trust's Sustainability Team to deliver objectives in the Trust's Green Plan.	☐	☐	☐	☐	☐
Use more sustainable products, and offer environmentally sustainable diets, in line with the new Government's Buying Standards for Food Catering Services and the BDA Nutrition and Hydration Digest.	☐	☐	☐	☐	☐
Provide menus that encourage patients to choose lower carbon dishes, where clinically appropriate, while meeting patients' nutritional requirements	☐	☐	☐	☐	☐
Introduce and expand our plant-based menu options and increase our low carbon dishes across all menus.	☐	☐	☐	☐	☐
Monitor Food Waste Trust-wide and set local and Trust-wide targets for reduction of total food waste i.e.: unserved meals and plate waste.	☐	☐	☐	☐	☐
Educate colleagues on Sustainability within Food Services and meeting patient's nutritional requirements.	☐	☐	☐	☐	☐
Recycling:					
Educate colleagues about recycling and the benefits of recycling for the environment and for the Trust.	☐	☐	☐	☐	☐
Providing suitable and well-labelled waste bins that are colour coded.	☐	☐	☐	☐	☐
Waste:					
Develop and regularly review our Food Waste Prevention Strategy.	☐	☐	☐	☐	☐
Use good stock control and forecasting.	☐	☐	☐	☐	☐
Regularly review food ordering, based upon historical data.	☐	☐	☐	☐	☐
Review our Waste Management processes regularly, to ensure waste is managed in accordance with the Waste Management Hierarchy and The Hospitality and Food Service Agreement (HaFSA).	☐	☐	☐	☐	☐
Pledge to be a 'Guardian of Grub' and follow the Campaign's principles of Target Measure Act; by setting a food waste reduction Target, Measure and take Action to reduce food waste.	☐	☐	☐	☐	☐
Optimise portion sizes to minimize plate waste in liaison with dieticians to ensure nutritional intake is optimised.	☐	☐	☐	☐	☐
Audit all food waste, at all stages of the food chain, with the aim of reducing food waste.	☐	☐	☐	☐	☐
Introduce plate waste audits with the results being analysed by the multi-disciplinary team.	☐	☐	☐	☐	☐
Ensure a consistent approach to food waste segregation and ensure we treat food waste in the most sustainable manner available, by using on-site / off site aerobic digestion or composting facilities.	☐	☐	☐	☐	☐

Food and Drink Strategic Delivery Plan Progress

Progression colour key: ■ Not yet started ■ Work commenced ■ Objective achieved ■ Objective achieved – Evidence approved by Food and Drink Oversight Committee

 Governance Oversight – We will:	2026/25 Position	2027/28 Position	2028/29 Position	2029/30 Position	2030/31 Position
Continue to report to our named board member who is responsible for food and drink	☐	☐	☐	☐	☐
Ensure Food and Drink Standards is a standing agenda item on the Board of Directors.	☐	☐	☐	☐	☐
Create a governance structure to support the ‘Power of Three’ approach, which empowers dietitians, caterers, and nurses to join up their decision-making for patient care.	☐	☐	☐	☐	☐
Ensure the Food and Drink Oversight Group reports into the Quality & Safety Management Committee via the Patient Experience Oversight Group, which ultimately reports to the Board of Directors.	☐	☐	☐	☐	☐
Establish and maintain a local Food and Drink Oversight Group within each Clinical Group to progress action plans and ensure the Food and Drink Strategic Delivery Plan is implemented.	☐	☐	☐	☐	☐
Ensure patient, visitor and staff involvement and feedback is regularly sought through PLACE, What Matters to Me audits, Observational Mealtime Audits.	☐	☐	☐	☐	☐
Ensure all staff involved in the food process attend appropriate Mandatory Food Safety and Food Allergy training.	☐	☐	☐	☐	☐
Develop a designated learning and development programme for all staff involved in food and drink services.	☐	☐	☐	☐	☐
Dedicate an area on the MFT Intra / Internet as a resource for patients, visitors, and staff.	☐	☐	☐	☐	☐
Ensure our chefs are supported to enter the annual NHS Chef competition.	☐	☐	☐	☐	☐



© MFT March 2026