



ACTION FOR SICK CHILDREN SCOTLAND

FOOD IN HOSPITAL SURVEYS 2015

ANALYSIS

Executive Summary

During 2014/15, Action for Sick Children Scotland surveyed parent /carer experiences of mealtimes and children's food in hospital, and Health Board catering and dietetic procedures and policies governing the provision of food for children in hospital. The Health Board surveys revealed that, while there were many areas of reported good practice, there were several areas of concern – notably a failure to:

- Use a validated tool to assess nutritional risk (50% of boards failing) or nutritional status (29% of Boards failing)
- Adhere to recommended nutritional intake (57-72% of Boards failing, depending on age of the child) and salt standards (57% of Boards failing)
- Record likes and dislikes (36% of Boards failing) and cultural, religious and religious dietary needs of children (36% of Boards failing) on admission
- Provide information about arrangements for the provision of food and drink before admission (50% of Boards failing) or on admission (36% of Boards failing)

The parent/carers survey revealed that a large majority of respondents felt that the food provided did not appear nutritious or healthy (69% of respondents) nor was it attractively presented (80% of respondents). There was dissatisfaction with the lack of:

- Specific menus for children and young people (57% of respondents)
- Age appropriate cutlery and tableware (46% of respondents)
- Protected mealtimes (61% of respondents)
- Food choice (38% of respondents)
- Access to milk and water throughout the day (33% of respondents)
- Support for special diets (77% of respondents)

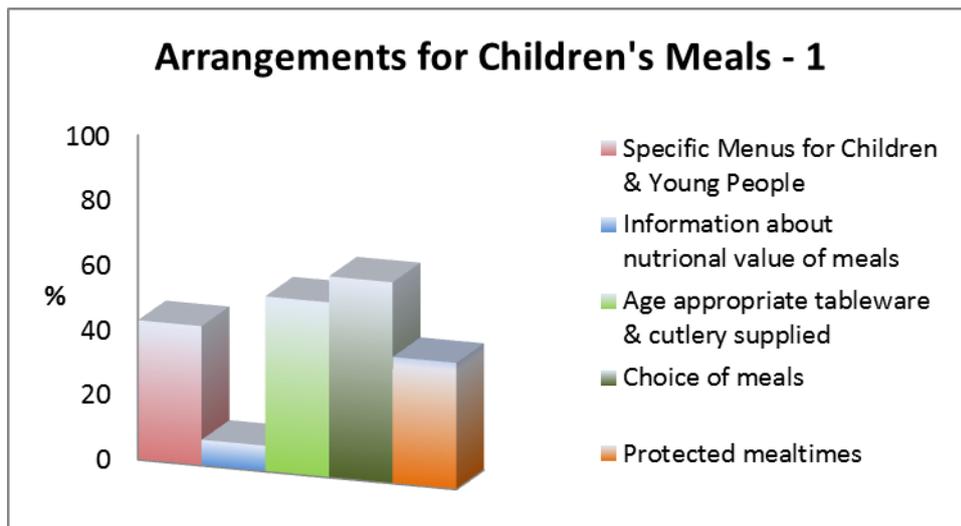
These findings make a compelling case for specific guidance governing the provision of food for children in hospital to be included in a revised Food in Hospitals (Scotland).

Background

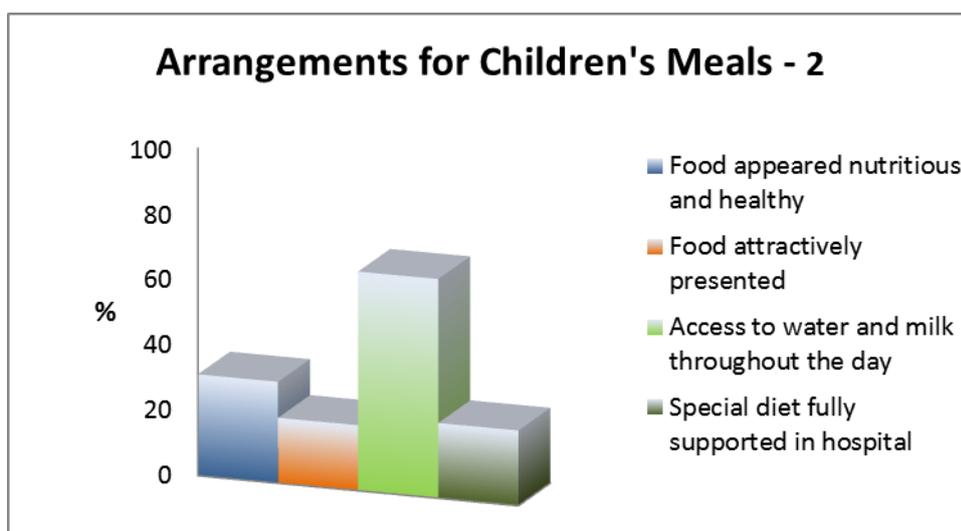
The Parental Access and Family Facilities Survey carried out by ASCS (2012-2013), which collated responses at ward level from all hospitals in Scotland admitting children and young people (<http://www.ascscotland.org.uk/asp/getfile.asp?id=103>), revealed that less than two thirds of wards (62%) had specific menus for children/young people and even fewer (55%) supplied age appropriate cutlery and tableware. Less than half (42%) supplied information about the nutritional value of their meals. One in five wards did none of this. These wards tended to be adult wards in general hospitals but one was a children's ward.

In order to obtain a more complete picture of the provision of food for children in hospital, from both providers and consumers, ASCS undertook a survey between May and August 2014 of parent/carer experience of mealtimes and the food provided for their children in hospital, and between September 2014 and January 2015 undertook surveys of the Health Board catering and dietetic leads, and Board CEOs. Questionnaires were devised by a focus group comprising representatives from senior soft facilities management and dietetics and members of ASCS. Surveys were posted on Survey Monkey and completed by 80 parents/ carers, each of the 14 Health Board Catering Leads and Dietetic Leads and 9 of the 14 Health Board CEOs.

Parent/ Carer Survey 2014



Only half (54%) of children were provided with age-appropriate tableware and cutlery and in even fewer cases (43%) were menus provided specifically designed for children and young people.



Two thirds of respondents said that the food provided for their child did not appear nutritious or healthy (67%) nor attractively presented (70%). Of the 39 children with special dietary needs, in only 9 (23%) was the child's special diet fully supported. Lack of appropriate diets for children with food allergies were the most commonly reported problem.

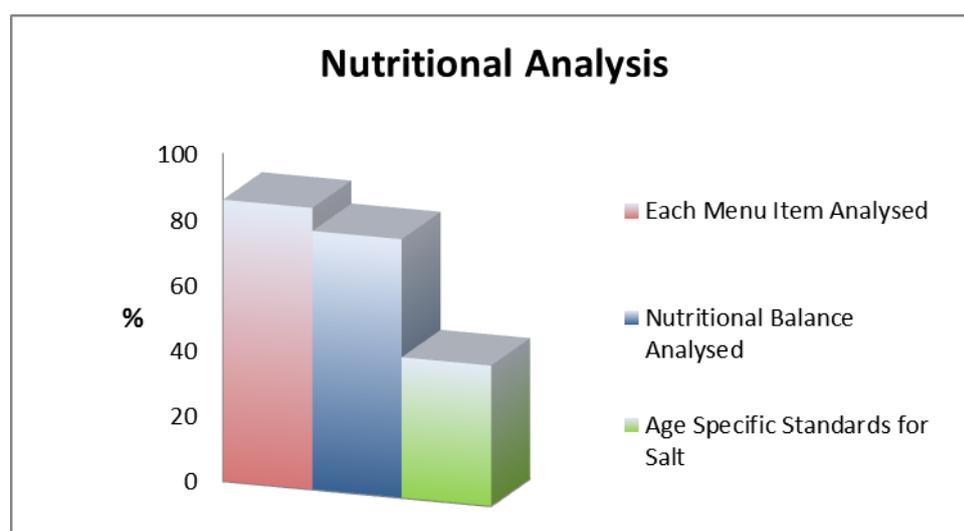
Health Board Surveys 09/14 to 01/15

Board Catering Lead Responses

Areas of food provision for children in which the great majority (90% or above) of Board Catering Leads report good practice include:

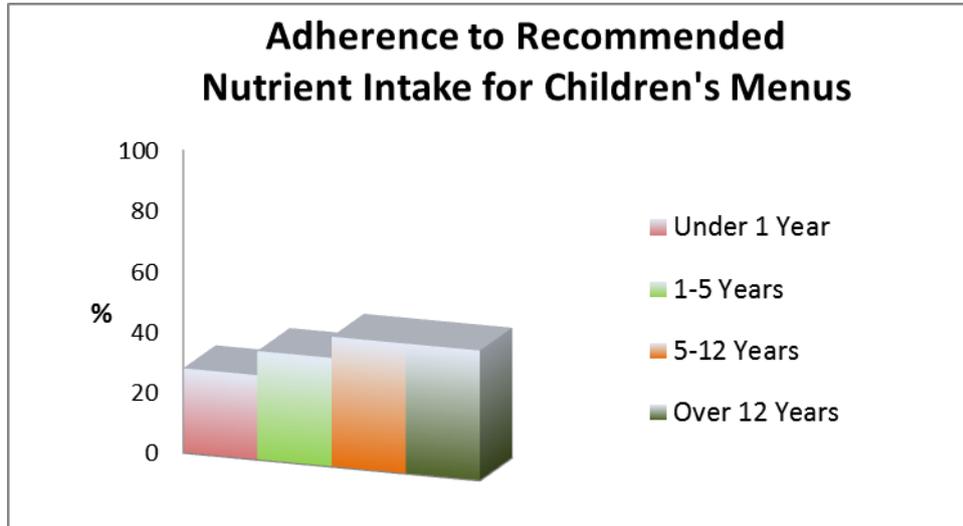
- Local forum (site specific) to discuss catering and nutrition issues for children and young people
- Involvement of both catering managers and dieticians in planning menus
- Use of Food in Hospitals (2008) when planning menus
- Provision of a choice of breakfast cereals
- Availability at each main meal of:
 - at least 2 carbohydrate choices
 - a variety of meat or meat alternatives
 - a range of vegetables
- Bread and cereals offered as snacks
- Opportunity to choose at least 5 servings per day of fruit and vegetables
- Fruit and vegetables offered in appropriate portion sizes
- Fruit and vegetables offered in appropriate textures
- Availability of pure unsweetened fruit juice
- Provision of 350-500ml milk daily for each child
- Availability of semi-skimmed milk for children over 2 years
- Choice available for children on therapeutic diets or ethnic minority/religious diets
- Facility to consult with children and their families with alternatives to specified menu choices.
- Alternative 'ad-hoc' dishes available when main meal can't meet the individual requirements of the child due to food intolerances or allergies.

Areas of food provision in where the 90% threshold is not met are included in the charts shown below

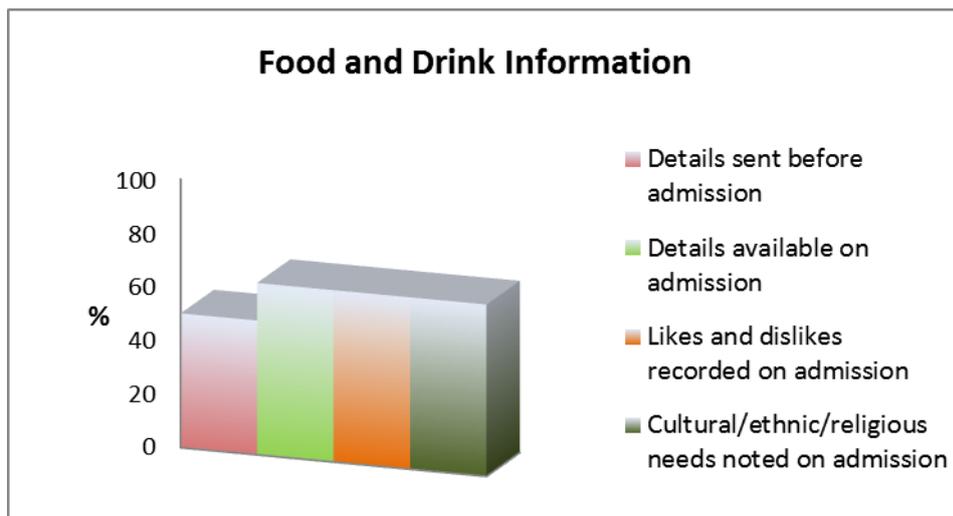


Although 86% of catering leads state that each menu item is nutritionally analysed, the figure falls to 79% for achieving nutritional balance in a menu. While the great majority

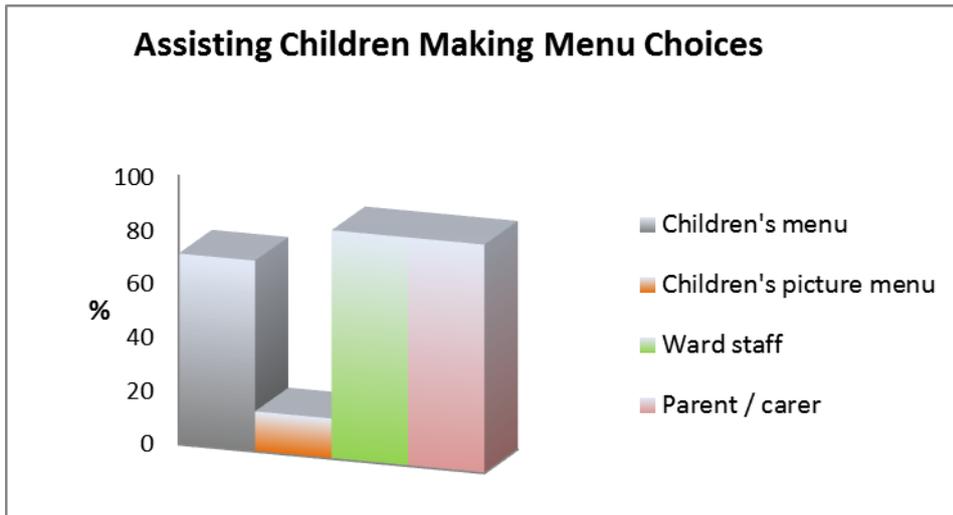
(93%) of Boards keep high sugar foods to a minimum, only 43% use age specific standards for salt. 12 of the 14 Boards reported using NUTMEG software for nutritional analysis.



Although all 14 Boards state they use Food in Hospitals (2008), less than a third (28%) aim for the Recommended Nutrient Intake for nutrients for children when planning menus for children under 1 year and although the picture improves somewhat for older children, the figure never reaches 50%. (In more than a quarter (29%) of Boards, menus are not nutritionally analysed at any age).



Just over one third (36%) of Boards neither made information about arrangements for food and drink available on admission, nor recorded likes and dislikes or cultural, ethnic or religious dietary needs on admission. Half of the Boards reported sending information about food and drink before admission.



Few Boards (15%) reported using picture menus to assist children in making menu choices, the great majority (85%) relying on parents/ carers and ward staff. More than a quarter of boards (29%) did not provide children's menus at all.

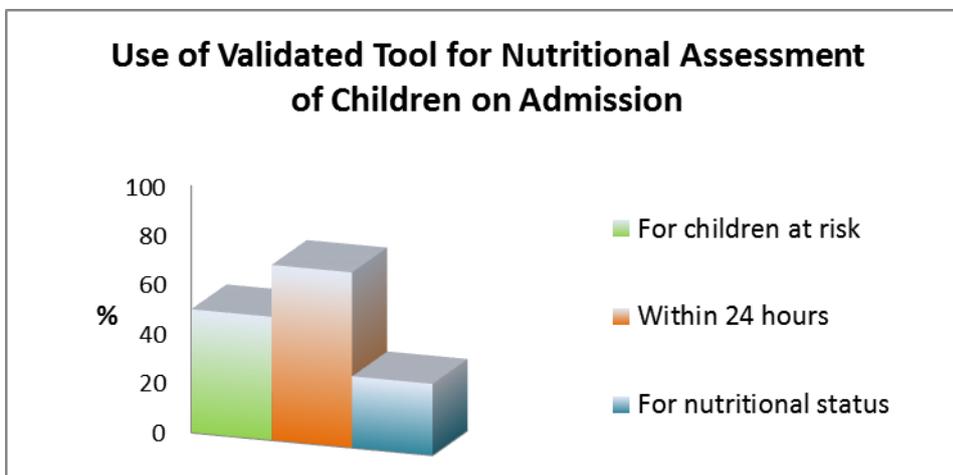
Eight Boards have provided information on food costs. The average Board spend per child / young person per day (excluding labour) is £3.63. Including labour, the figure is £11.78

Board Paediatric Dietetic Lead Responses

Areas of food provision for children in which the great majority (90% or above) of Board Dietetic Leads report good practice include:

- Appropriate actions where a child is identified to be at nutritional risk
- Having systems in place to monitor children's:
 - Food intake
 - Fluid intake
 - Need for assistance to eat

Areas of food provision for children where the 90% threshold is not met include feeding back the results of nutritional assessments to catering staff (79%) and the use of a validated tool for assessing nutritional risk and for nutritional assessment (see chart below).



Only 50% of Board Dietetic Leads report that a validated tool is used in their health board area to assess children at nutritional risk and even fewer, 29%, report the use of a validated tool to assess nutritional status. Of those boards that use a validated tool, all staff were trained in the use of the tool and the assessment was carried out within 24 hours in over two thirds (71%).

BOARD CEO RESPONSES

Board CEOs were asked three questions: 1. 'What strategies are in place to ensure appropriate recognition is given within your Board area to nutritional catering for children and young people?' 2. 'Is there paediatric representation on the Board-wide Nutrition Group(s)?' 3. 'If you wish, please add other comments or observations'. Nine CEOs responded to questions 1 and 2, and two offered additional comments. Questions 1 and 3 required free text responses which are shown in Annex 1.

In response to question 2, which required a numeric response, two thirds of Board CEOs reported that there was paediatric representation on Board-wide Nutrition Group(s).

CONCLUSIONS

Eighty completed responses to the parent / carer survey were obtained, approximately half from the large children's hospitals in Glasgow and Edinburgh and half from hospitals admitting children elsewhere in Scotland. High levels of dissatisfaction were expressed in regard to the presentation of food and its seemingly low nutritional value, lack of age appropriate tableware and provision of children's menus. Of particular concern is the fact that only 23% reported that their child's special diet was fully supported. In answer to the question "*Was there anything your child would have liked relating to food or mealtimes that was not available?*", the most common response was '*more choice*'.

The catering and dietetic leads report many areas of good practice across the great majority of Health Board areas. Nevertheless, there are clearly areas of food provision which fall below what might be regarded as best practice, particularly in respect of adherence to recommended age-specific nutrition and salt intake (not reaching 50% of Boards in any age group), recording children's likes and dislikes and dietary needs on admission, and use of a validated tool for assessment of nutritional risk and status. Furthermore, reported good practice is not always reflected in the parent/ carer experience (e.g. supporting special diets and food choice).

The data from the surveys demonstrate that there is room for improvement in the quality, range and presentation of food provided for children in hospital. While it is true that nutritional standards may on occasion have to be sacrificed in favour of maintaining calorie intake, the argument that, since the majority of children are in hospital for a short period and therefore nutritional standards do not matter, does a disservice to all children in hospital – but particularly long term admissions and children who are subject to repeat admissions. As one Board CEO puts it: 'FFNC [*Food Fluid and Nutritional Care*] for children and young people whilst they are in hospital is an important element of their clinical care and deserves the attention and level of scrutiny which is applied nationally to older people in acute hospitals'.

PARENT/CARER SURVEY RESPONSES – Free Text**Q2 Do you feel the food provided to your child was nutritious and healthy?**

- 1 No food suitable. I had to purchase and bring in.
- 2 well balanced
- 3 We has to supply our own food as he was on a restricted diet
- 4 We provided our own food
- 5 The hospital were good but struggled to respond quickly to provide food for his allergies.
- 6 Appalling. Not very good at catering for allergies. Smell was unappetising. Taste did not reflect ingredients.
- 7 My child was given chips and beans. She was in hospital for one night therefore it was not a significant issue. I do wonder if the hospital would have been able to cater for her had she had a longer stay. She enjoyed the food but in terms of nutritional value it was not great.
- 8 Think by the time vegetable reach the ward they are so cooked and heated that they have lost most of their nutritional value.
- 9 Wasn't cooked proper, was tiny, was disgusting.
- 10 Some but no all
- 11 no paediatric menu. Portions all the same for adults and children. Far too salty.
- 12 Limited fruit/veg options
- 13 due to my sons allergies and it being an emergency admission I had to seek alternatives he could eat in the shops , as he cannot eat hot dogs , chicken teddies and general junk food
- 14 Multi allergies. No food suitable
- 15 It was always sausages!!
- 16 Macaroni white bread sandwiches with cheese or ham cereal
- 17 Doesn't really eat it, prefers me to go out and get him something else
- 18 Some of the food choices were still based on high saturates/ high sugar
- 19 Little in the way of child friendly meals especially child friendly veg eg peas sweet corn carrots cucumber
- 20 Even the nurses think the food is terrible. Chicken doesn't even look like chicken. Chips cold and hard
- 21 Always find it difficult to choose a main meal for my daughter when she's in hospital that is healthy. Limited choice of healthy foods that would appeal to children on the menu
- 22 Very little fresh fruit or veg - what there was was overcooked. Everything fried, in batter on in pastry.
- 23 Chips mostly, and nothing seemed fresh
- 24 It was disgusting
- 25 No fresh vegetables, food very bland (mac n' cheese, chips, etc)
- 26 dried up food aint healthy
- 27 No the food was ridiculous! The choices were limited and my child has a certain diet and they kept forgetting to order it and the kitchen would forget to send it. If my child had been away for a scan/treatment and missed dinner time then that was it. She could have a yogurt or a sandwich if they had any left in the ward fridge.
- 28 Most meals were enjoyed. There was always a choice. Occasionally there was nothing to please but a snack from the ward kitchen was sufficient.

- 29 Didn't have it.
- 30 V limited choice for special diet
- 31 Never saw any fruit offered during our stay
- 32 Not as healthy as i would expect in a hospital but could be worse
- 33 Convenience foods, mostly chips on offer, very little veg and very poor fruit selection!
- 34 In a general adult hospital, we were doing baby led weaning. Difficult to find food for dinner that was easy for baby with no teeth to eat e.g. Beef in sauce, cabbage etc. had macaroni & cheese one meal & I think fish cakes another. All tasted very salty which was surprising.
- 35 My son has multiple allergies and carries an EpiPen. We brought food in from home to supplement is diet.
- 36 during our last admission to hospital there was a huge improvement noted in the choice of foods available to children. Much more child friendly and much more likely to be eaten!!!
- 37 occasionally it was
- 38 Not enough healthy choices for child's age
- 39 Despite saying about her diet there was a lot of stodgy food offered. Little support from staff to choose healthy.
- 40 frequently inedible
- 41 My daughter is tube fed and they only allow special milk in hospitals for tube fed children
- 42 My child has a blended real food diet via his gastrostomy. The hospital refused to provide food for him.
- 43 Only provided 25% of calory requirement. Also not provided by hospital we were ask to purchase it for hospital

Q3 Do you feel that the food provided was attractively presented?

- 1 Could not have the food
- 2 never saw them
- 3 Child would not accept any foods offered
- 4 Not very exciting for four year old.
- 5 Some but not all
- 6 pale and un appetising looking
- 7 Nice kid friendly plates
- 8 Meals always looked as bad as they tasted.
- 9 often the food that did arrive looked like it had been cooked for too long
- 10 No food suitable
- 11 It looked like it had been sitting for a while
- 12 Plastic plates are not ideal for teenagers
- 13 Very basic & sometimes unappetising looking on the
- 14 Plopped on a plate best describes presentation.
- 15 he ordered a snack box which came in a clear plastic bag. was acceptable to him and I but would not say it was attractively presented.
- 16 No, often looks overheated.
- 17 dried up food aint attractive
- 18 It was slopped on the plate and left in the corridor for self service. I have been on wards with a person from the kitchen serving but they did not have this on last ward

- 19 It was like a pick and mix. Children choose strange foods when given a choice. It was played with as much care as was possible.
- 20 The nurse shouted what was on offer.
- 21 Sloppy and grey looking.
- 22 Looked like was flung on plate
- 23 Everything was grey on the plate!
- 24 But not an issue as I just needed wee portions in a bowl
- 25 staff presented it as cam up in tubs
- 26 Vegetables were not cooked properly
- 27 Just piled on plate.
- 28 generally looked like a plate of sick (sorry for being so graphic, but it's the truth - I have the pictures to prove it!)
- 29 We brought our own special milk
- 30 No food was provided. I had to provide my own for him.

Q6 If your child has a special diet at home was this supported fully in hospital?

- 1 My son cannot have dairy, egg, peanut, nut or traces of any of these. They could not provide him with anything
- 2 They didn't ask, and when we mentioned it shrugged it off so we brought out own food on daily
- 3 Food allergies and combination of him being very unwell and fussy with food made it very difficult. Unexpected longer length of stay would have been ok if a day or 2 but we were in for 5 days
- 4 The hospital were lovely and tried to accommodate our child but did struggle with what they had available.
- 5 My child has allergies and all she could be given at dinner time was chips and beans. For breakfast there was no dairy free spread. My child had to eat jam sandwiches. No soya milk was available therefore I had to leave the hospital to purchase my own. My child enjoyed the good but it was not great in terms of variety or nutritional value. Water was always available and thankfully I was still breastfeeding at the time.
- 6 we found out just after she was coeliac so i hope if she's admitted again they can provide gluten free food
- 7 Not vegetarian, nothing without milk/dairy
- 8 no - asked for puree pudding and sent a completely different food selection on more than one occasion. Asked for full fat yoghurt not available - sent 'Actimel' not suitable for babies!
- 9 my son has had many hospital admissions pre planned admissions i have been requested to bring my own foods for him as added to the severe multiple allergies he also has sensory processing disorder on emergency admissions I've had to leave my sons side to seek food from alternative places or relied on a visitor to bring in food with them
- 10 They gave my child milk pasta and potato resulting in bad gut reactions
- 11 My disabled son must have baby consistency smooth puréed food. This has to be ordered in as staff aren't allowed to have blenders in kitchen. This means 'travelled' food becomes solidified or porridge and lumpy in consistency. This is unsafe for my son so I usually have to go out and buy something appropriate. Food suitable for disabled children falls way short of being satisfactory.
- 12 No dairy free spreads on ward and only unsweetened soya milk available.
- 13 Child has multiple allergies, they were not well catered for.

Annex 1 (contd.)

- 14 Child's food should be fortified with milk/unsalted butter/cream as child is on high calorie diet and is a poor eater due to medical condition.
- 15 Puree
- 16 No option for pureed or mashed solid foods for children who are still transitioning from weaning.
- 17 I had to constantly remind the staff about her diet and swilling difficulties. I hate to think what would have happened if I hadn't been staying in hospital with her
- 18 But only by me bringing in what was required etc
- 19 Reasonably well
- 20 Meals ordered were not sent, hard to get skimmed milk, staff gave food not allowed if parents not there same meals sent constantly no choice
- 21 I was looked at like I was an alien when I told the nurses my children did not eat processed foods (as in we just eat home cooked food!) And it was assumed that their favourite food was chicken nuggets!!!!!! It was also assumed my 11month old would be spoon fed jars of baby food and be having formula.
- 22 Admission was at weekend and because my son's diet is complex. I felt it safer to provide food rather than chance anaphylaxis when taking from the food trolley as the servers were unaware of ingredients in food.
- 23 She is diabetic and so we have to ensure a good balance of food that will be eaten
- 24 my daughter has pmlid and needs mashed diet with gravy and has specific restrictions. At times there was nothing suitable so they got more soup!!!!!! I was never asked what I wanted the staff seemed to just order a mixture of both choices so tough if you wanted something and there was none left
- 25 my daughter is on a soft diet due to swallow problems and it was difficult to get food suitable for her. Yoghurts on offer were no children's most like (eg. rhubarb)
- 26 Ellen has low fat low carbohydrate diet at home, not in hospital!
- 27 for years on a gluten and dairy free diet - couldn't be provided for in hospital, repetitive, boring and unsuitable. Later on ketogenic diet - hopeless in hospital
- 28 We do a blended diet with Sara at home that helps her reflux. We were not allowed to do this in hospital.
- 29 I had to provide and administer all of his food.

Q8 Was there anything your child would have liked relating to food or mealtimes that was not available?

- 1 toast to be un burnt, more choice of topping for foods,
- 2 For allergies disposable dishes would have been helpful, as would milk alternatives.
- 3 Due to his food allergies there were limited options which he would have tried and being in a short stay ward there was no support from dietetics until day 3 of stay
- 4 Normal food he recognised and comforted him - free from chicken nuggets, fish fingers or sausages.
- 5 Taste
- 6 Soya milk and more foods available that were suitable for her dietary requirements.
- 7 not at that time 7/29/2014
- 8 Perhaps more age appropriate food items?
- 9 More choice. Healthy snacks.
- 10 Something edible

11 healthy options more choice

Annex 1 (contd.)

12 no

13 full fat yoghurts tomato sauce sachets sent when tomato soup asked for by nursing staff

14 Information/choice in advance. Same choice given to all patients. We were furthest from the kitchen so had last choice eat meal this limited our options

15 Only thing my daughter liked was cereal for breakfast.

16 More variety of food

17 alternative milks freely available so at least he could eat cereal (rice crispies) when food isn't suitable

18 milk and jelly

19 He would have liked a dairy free cake

20 Less kiddie food, more alternatives to sandwiches like paninis, omlettes, salad, less chips and chicken nugget type foods, pasta with pesto and chicken, meatballs etc

21 Soft baby spoon to eat from not hard plastic or metallic cutlery.

22 Tiny portions, finger foods

23 Smaller plates and child size cutlery

24 No dairy free milk was available. No puddings were available. No dairy free butter for toast. Meal choices were very limited, mostly with chips.

25 Sandwiches without butter or spread not available

26 Fresh quality cooked fruit and veg not gruel which is the only thing that can be used to describe the food very bland my little boy would not even eat it

27 Snacks not available and child often missed mealtimes due to being asleep

28 Salad!

29 Scrambled eggs on toast/ child friendly soup/ hidden veg pasta/ spaghetti bolognese

30 Salad, fresh vegetables Age appropriate food ie for teenagers not toddlers.

31 Limited choice, not enough child friendly meals. Ends up eating chicken nuggets/fish fingers/sausage rolls every day.

32 Fresh vegetables

33 bit of bread with the soup

34 More time to eat. Trays were collected very quickly and didn't provide much time for a younger child's food to cool down a lot and then still have adequate time to eat without feeling rushed

35 more choice, healthier food and don't forgot children on specific diets/textured diets

36 N/A

37 No

38 Something child friendly, that could have been offered post op out with meal times, ie cheese and crackers/ ham or cheese sandwich.

39 A choice or variation

40 Fruit! And more veg, all he had was boiled carrots which looked like they were cooked to within an inch of their lives.

41 Mince, pizza,

42 Yes we saw the dietician as she wouldn't eat the meals provided as they were nothing like meals at home and she encouraged us to give us sweets etc just so she ate something. And meals we asked for we're not available.

Annex 1 (contd.)

43 It was an emergency admission, but would have helped if sippy cup, plastic bowl & spoon were available in the hospital as children are admitted & for day surgery. Staff did find a doidy cup for baby to sip water & allowed access for family members to drop off things we needed e.g. Clean bottles as formula feeding.

44 2 days of toast really isn't acceptable. More choice of food would have been a start.

45 Child sized cutlery. Food that looked or tasted nice.

46 Bigger variety of soft diet foods

47 chocolate puddings, more gravy and mashed potato and veg

48 More salad options eg portion of sliced cucumber or pack of grapes

49 Smooth yoghurt with no bits. Being diabetic it was essential he ate all of the food provided to match his insulin but at times he ended up having to have some things the nurses had kindly brought in for their own lunch as he didn't like everything on the menu

50 There was nothing on menu my child really liked!! and she likes a varied diet.

51 no

52 food she was actually allowed to eat!

53 Her usual blended diet that alleviates reflux and constipation

54 To have been provided with food by the hospital

55 For appropriate food to be provided and given in appropriate manner to child

Q9 If there was anything that you would have liked to be done differently in relation to your child's food/nutrition or mealtime experience?

1 more choices if you've had an ear nose or throat operation.

2 Provide a specialist meal he could eat.

3 They aren't set up to cater for restricted diets - was all jar food with multiple ingredients including dairy & gluten

4 Dietetic involvement from day 1 to support additional diet/ allergy needs. We brought in foods which we knew he would eat...it was great that the staff allowed this but caused additional stress to provide food which would be eaten.

5 To have been able to speak to the specialist paediatric dietician.

6 I realise not all allergies could be catered for. But catered food on hospital grounds should be nut free, both nhs and private catering companies

7 See above.

8 with having to carb count as a parent it would be helpful to have carb amounts on the foods/menu

9 We were not asked about what my child wanted but we were admitted very suddenly so perhaps there wasn't time

10 Food freshly cooked on site. Son being offered chance to see choice of food available.

11 More carbs

12 sit at a table

13 no

14 As there is no patient fridge available on the ward and parents are encouraged to stay with their child there needs to be appropriate food provided or facilities to store food that carers may bring in. This should be able to be dated and named with labels so infection control and food hygiene/safety policies etc can be adhered to with parents signing a disclaimer if necessary to reflect they are responsible for this as obviously how the food is stored before it comes into the hospital cannot be accounted for.

- 15 More fruit/veg Water more easily available
- 16 Better quality meals cooked onsite and not pre-cooked meals made elsewhere and transported to hospital. Better quality products/brands used in meals.
- 17 a wider understanding of allergies and intolerances and specialist dietary requirements in times of emergency admissions
- 18 For hospitals it's ridiculous that they can't cater for multiple allergies.
- 19 My child has several serious food allergies and i felt the nursing staff were getting uptight about me asking what the ingredients were in each food in order to determine if there was anything my child could safely eat.
- 20 Paying attention to the foods that cause him issues and not giving them to him
- 21 No plastic plates, he hasn't eaten on them since he was two.
- 22 More fruit available throughout day in ward.
- 23 Stop use of 'thick and easy' for purée food as this causes more difficulties. Avoid trying to purée macaroni cheese, sausage and mince as they don't work. Unfortunately these are all on menu most weeks
- 24 The main problem was a lack of child size cutlery in particular spoons, very difficult for a child to eat with a large dessert spoon etc
- 25 Be good to have child friendly plates/cutlery. Smaller portions for toddlers and small appetites. More 'traditionally child friendly' meals but healthy (a children's menu would be great) whole milk yoghurts and smooth soya yoghurts clearer labelling on food (ie is there milk/butter in mashed potato etc) I'd also like to see snacks offered to children between meals as a matter of course (fruit/yoghurts/toast/raisins etc)
- 26 If you order something specifically the that should come countless times Kai ended up with mince and potatoes for days. I am thoroughly disappointed and feel it has hindered his eating habits which will effect his development and range of foods x
- 27 Highchair provided. Plastic bowls and cutlery
- 28 More fresh vegetables and appealing salads/fruit
- 29 Portion sizes appropriate to age
- 30 Like adult wards & kids ward in Crosshouse, Kilmarnock are given a menu of several options at breakfast to choose for lunch & another with lunch to choose dinner. This would ensure that they will get what they want as when queuing at meal trolley quite often they ran out preferred option.
- 31 More choice and healthy food not dry chips with everything and stoggy food
- 32 If away for scans/tests at mealtimes, nothing is left for kids. Meal times are an inconvenience to hospital staff
- 33 she's a toddler and often meal was far too hot and had to wait till it cooled down and no toddler cutlery was available and portion too big for a wee one
- 34 Just for staff to remember my children diet
- 35 Flexibility and available options around a more specialised diet or food made available that was appropriate to my child's particular needs, without me having to provide it myself.
- 36 Everything! My child had fasted from the night before for surgery. On return to ward and after recovery the nurse shouted to us that there was soup. Soup is not something he would choose to eat at home and when I told her this we were told that or nothing. My son was crying and she put the lights out and said he should sleep. He was so hungry. Awful experience.
- 37 A choice or variation not repetitively the same meals
- 38 Baby beaker provided for 11 month old. Plastic baby fork and knife?

- 39 Missed meals before while child was asleep or during prolonged 'check in'
- 40 Healthy more nutritious meals on offer not just junk foods.
- 41 Possible let the child see what is on offer. Then might have more of a clue what they will actually get.
- 42 I think that special dietary needs should be met in all departments and not just in ward areas on week days.
- 43 Breakfast on the ward is quite late and most children on the ward are up at normal time (7'ish - or earlier!) and brekkie doesn't usually arrive until 8ish
- 44 Offer them real food.
- 45 staff to check before each meal to see what would be suitable and an alternative found
- 46 More choice some food was covered in sauce etc my child prefers plain food
- 47 Food could look a look nicer in presentation and it may encourage children to eat it.
- 48 Smaller portions more fresh veg and fruit.
- 49 Contact phone numbers to let staff/dieticians know *before* a scheduled admission that child is on a special diet. Involvement of parents. Listening to parents.
- 50 That they would have allowed us to feed her as we do usually.
- 51 I would like to see policy change to allow hospital staff to actively support parents and children who have a blended real food diet.
- 52 1) adequate food provided 2) given to child in appropriate way

Q1. What strategies are in place to ensure appropriate recognition is given within your Board area to nutritional catering for children and young people?

Answered: 9 Skipped: 0

1 Nutritional Care in Hospitals Policy - complies with national standards and 'Food in Hospital'. Equality Impact Assessment ensures needs of both adults and children taken into account. Monitored closely.

2 We do have a good arrangement in place for children's nutrition in ****. Our paediatric dietician works as part of the CH MDT and is always available for advice when we need it on the ward. Menus are child specific and we also have the added benefit of having an alternative menu with healthy food on it if we have children who don't want full hot meals due to feeling unwell but need something nutritious to eat. Specific eating requirements (special diets, allergies etc) are always catered for regular senior nurse conversations with parents and children advise the catering in **** is very good

3 Nutritional Care Policy + strategic plan

4 NHS ****'s catering services is a very focussed service that responds to all individual patients' needs, regardless of age. As a very small hospital we have no dedicated Paediatric beds and children are only admitted for very short periods until early discharge or transfer to **** hospital. Inpatient meals are served by catering staff on the ward so can be personalised as necessary

5 NHS **** has a FFN Steering Group with an over seeing role

6 This is part of the NHS ****'s Food Fluid and Nutritional Care [FFNC] Policy and strategic plan.

7 Regular meetings of Women and Children's Food, Fluid and Nutrition Strategy Group and Clinical Nutrition Group to discuss all issues regarding food, fluid and nutrition. Nursing audits to monitor compliance with process affecting nutritional catering. Daily audits by catering staff to gain feedback from patients and families. The ongoing development of a paediatric nutrition resource manual for staff, food and health in hospital information leaflets to enable patients to give feedback in relation to the food and drink they receive whilst in hospital.

8 Food, Fluid & Nutritional Care (FFNC) Policy (under review) NHS ****'s nutrition priorities are led by **** Nutrition Managed Clinical Network (MCN); children are addressed within several work streams. A specific Service Improvement Plan (SIP) for FFNC in hospitals addresses QIS FFNCH clinical standards and HFS Food in Hospitals (Catering & Nutrition Specification) - both relate to in-patient catering for children.

9 There is no stand alone board level strategy specifically aimed at children

Q3. If you wish, please add other comments or observations

Answered: 3 Skipped: 6

1 Detailed work ongoing within paediatric ward around nutrition through the person centred programme and 'What matter to me'. From this work an ongoing detailed food survey is underway taking into account the view of children and parents.

2 No

3 FFNC for children and young people whilst they are in hospital is an important element of their clinical care and deserves the attention and level of scrutiny which is applied nationally to older people in acute hospitals.