



Food Strategy at the Women's MSU, St Andrews Healthcare

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Smyth House is a purpose built medium secure unit which opened in June 2007 housing three units:-

➤ Stowe

➤ Seacole

➤ Sitwell



Peer Review

Smyth House was part of C4 review

Feedback - keys strengths and achievements:

- ❖ It was noted that service users throughout the review day were most complimentary of the food provided at the service.
- ❖ It was reported that individualised menus are developed and service users regularly have the opportunity to meet with the chef, which is praiseworthy.



Where We Were

- Centralised meal production
- Fixed and inflexible menu cycles
- Insufficient emphasis on quality of raw ingredients
- No communication between Service Users and Food Producers
- Meal presentation poor
- Many Service User complaints
- Low staff morale



Road Way to Change

- Structured programme of listening to Service Users
- All staff encouraged to participate
- Problems analysed
- Potential solutions discussed with all parties
- Way forward agreed:
 - Local food production
 - Day to day communication between service producers and users at all levels
 - Major enhancements to local kitchens
 - Staff training and recruitment of chefs
 - Centralised quality food procurement
 - On-going monitoring process



Current Situation

- Food locally produced
- Quality ingredients
- Short menu cycles with Service Users input
- Close day to day links between Producers –
servicers and Service Users
- Customer complaints, comments and praise
timely and directly received
- Improve staff morale
- Improved experience for Service Users



Key Points

- Meal times important to Service Users
- Service Users want to be heard and influence change
- Staff interaction with Service Users improves food quality and consistency
- Meal times a more enjoyable experience
- Less food waste
- Need for continuous revision and change



FOOD AND HEALTH

.....it's everyone's business





NUTRITIONAL SCREENING

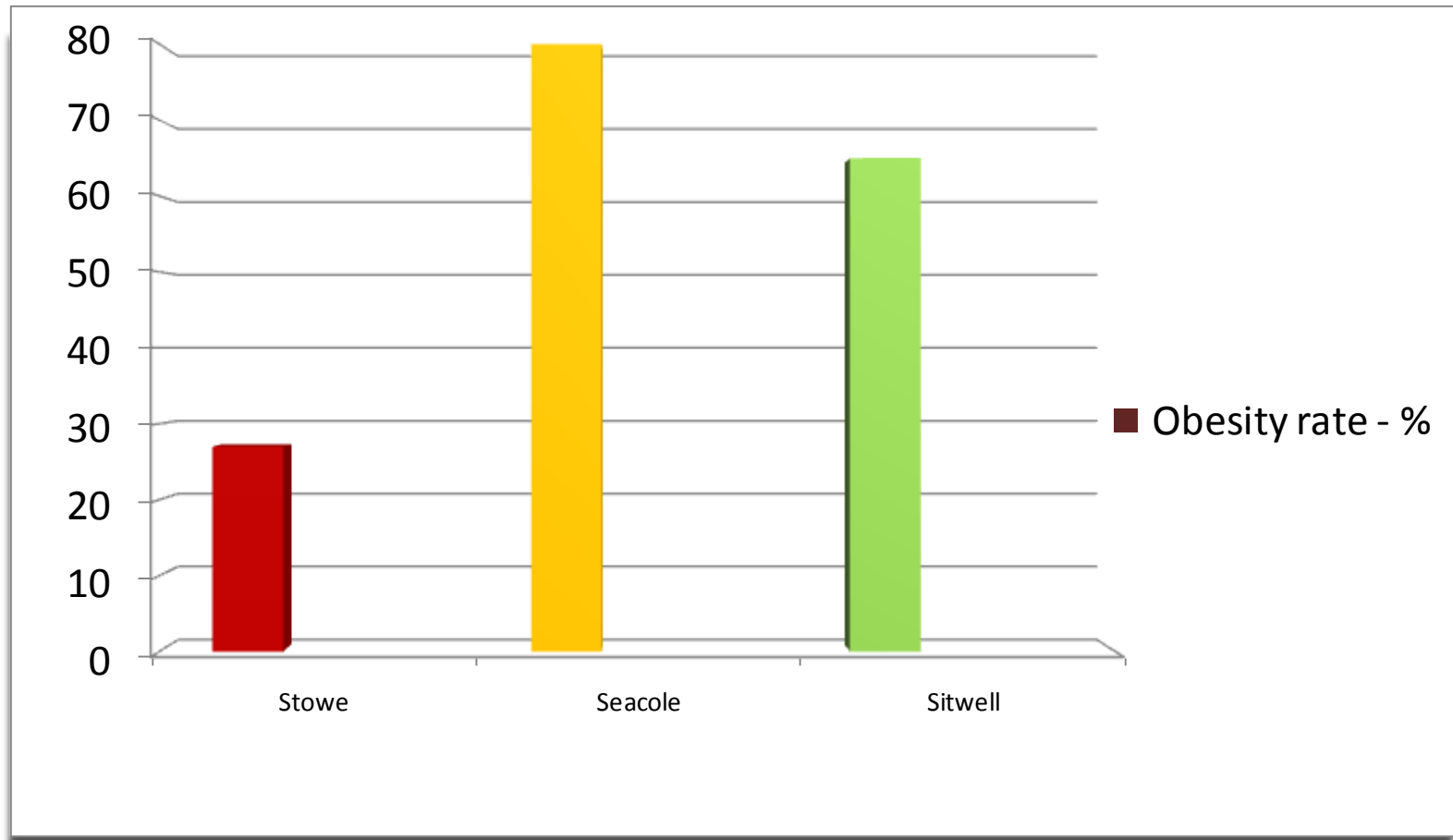


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St Andrew's
HEALTHCARE

2010 BMI Audit – Smyth House



Adult Weight Management Care Pathway

For adolescents obesity is identified by age related BMI charts

BMI greater than 30 on admission or during treatment

BMI >28 with Comorbidities

Unplanned weight gain of 10% in 3 months

Patient referred for assessment and **Care Plan established** (Care Coordinator)
Entered on GP Service Obesity register

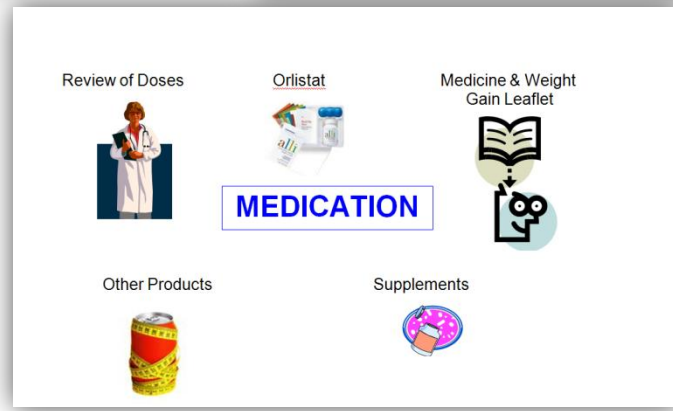
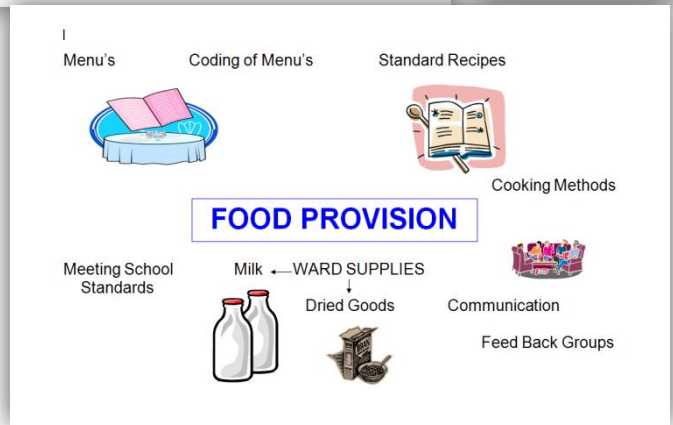
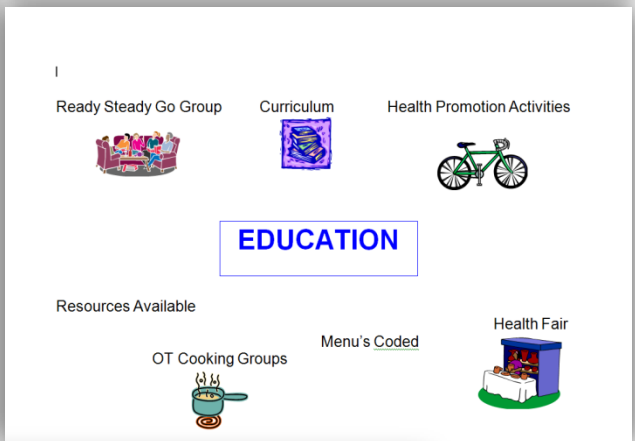
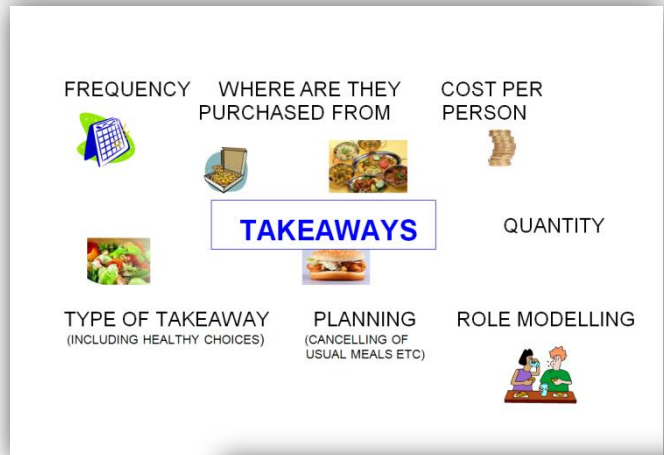
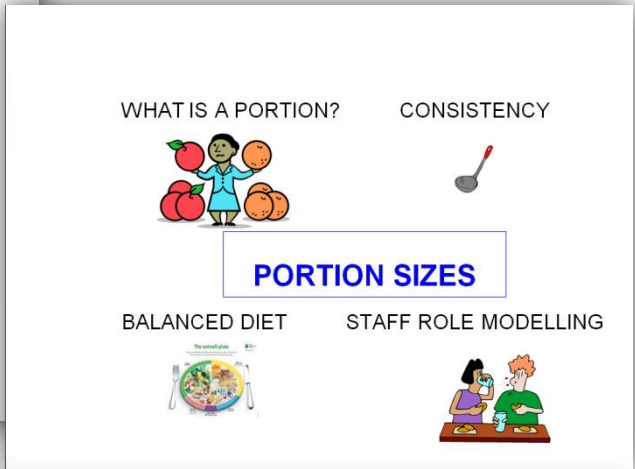
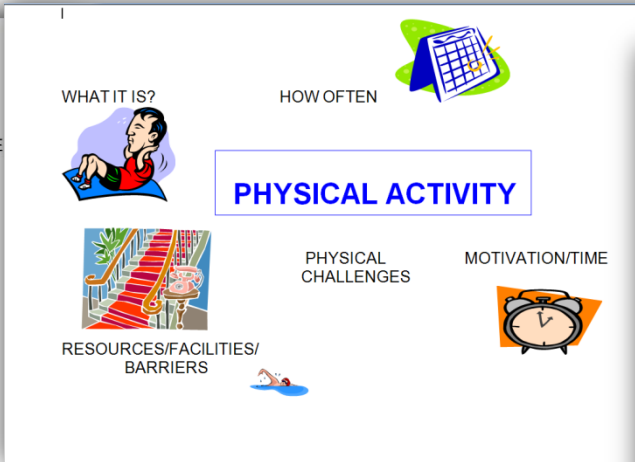
(Dietetics) Dietary history and current dietary intake
Waist circumference
(Physiotherapy) Activity Level/Exercise and Musculo-skeletal Assessment
(Psychology) Assess Readiness to Change and Barriers to Change

(MDT) Review Medication

Dietetics set Dietary Goals
Physiotherapy set Activity Goals

Monthly follow up

Offered healthy lifestyle group (Multidisciplinary)
Ward/Divisional based depending on numbers





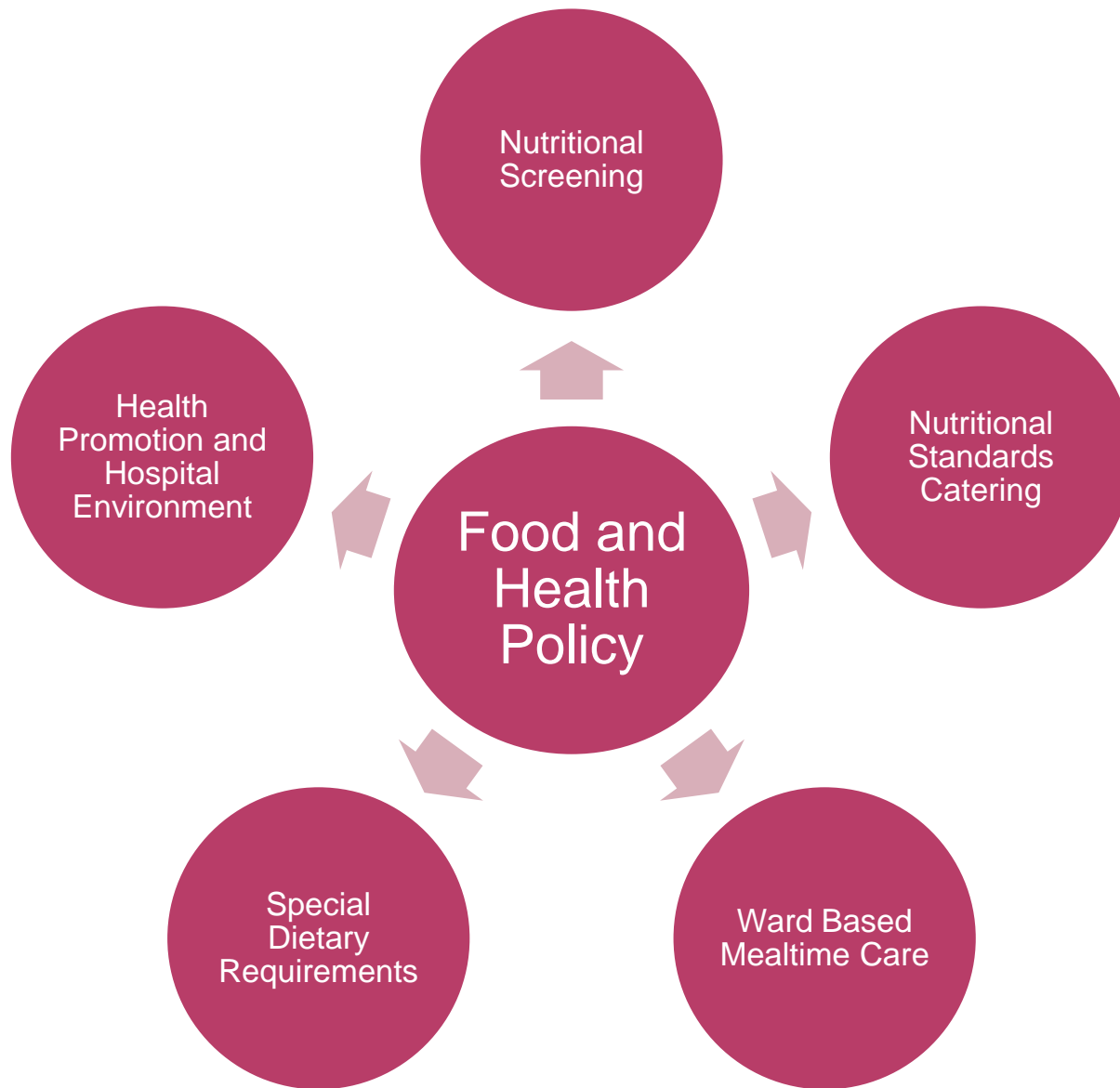
WARD BASED MEALTIME CARE



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HEALTHCARE



NUTRITIONAL STANDARDS FOR CATERING





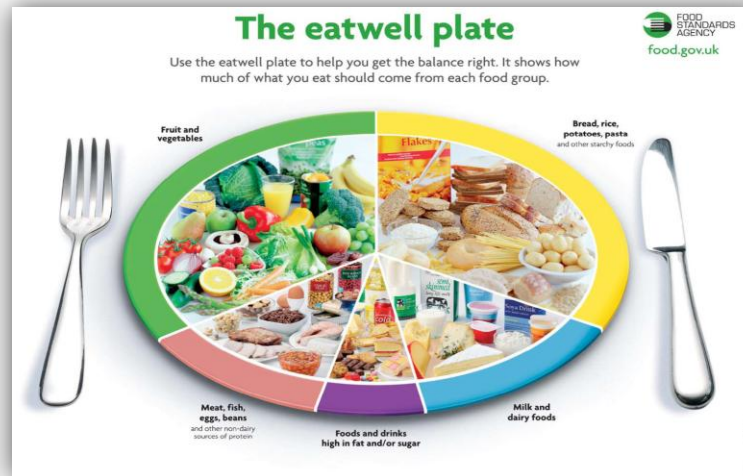
SPECIAL DIETARY REQUIREMENTS

- Communication
- Procurement
- Ethnic and cultural needs
- Vegetarian
- Healthy eating (diabetes, weight management)
- Training relevant staff





HEALTH PROMOTION AND THE HOSPITAL ENVIRONMENT



And Finally...

*'One cannot think well, love well, sleep well,
if one has not dined well.'*

Virginia Woolf

