

Dianne Jeffery CBE DL  
Chair  
Department of Health's Hospital Food Standards Panel



1 April 2014

Dear Dianne,

*Cc: Hospital Food Standards Panel members and expert reference group members*

Having given this a great deal of thought, I am writing to you now to let you know that I am resigning from my role on the Hospital Food Standards Panel. I thought it would be helpful for me to outline my reasons in this letter.

### **Failure to consider legally-binding standards for hospital food served to patients**

I was dismayed from the outset that Health Minister Dr Dan Poulter – and hence the Department of Health – prohibited the Panel from recommending the introduction of legally-binding standards for patient meals in England.

I have become increasingly worried about being associated with a process that might give government, the media and the public the impression that Panel members do not consider legally-binding standards to be an important consideration. As you know, the Campaign for Better Hospital Food and our expert members believe that legally-binding health and sustainability standards for patient meals are the only effective way to improve the quality, healthiness and ethical and environmental standards of patient meals.

Allowing the Panel the freedom to come to this conclusion – if it saw fit – would have represented a real breakthrough after more than 20 failed voluntary initiatives to improve hospital food over the past two decades, which have cost taxpayers more than £50m, and all of which have failed. I cannot now, in all good conscience, continue to support a process that has – in effect – been restricted to recommending yet another voluntary initiative, which I have every reason to believe will also fail.

### **Likelihood of recommending standards weaker than those which are currently being promoted to hospitals by the Department of Health**

For over a year, the Department of Health has been encouraging hospital trusts to apply Government Buying Standards (GBS) or the Food for Life Catering Mark to their food, and are now incentivising this process using CQUIN payments and by using PLACE assessments. I am concerned that the Panel may now recommend standards for patient meals that will be even weaker than GBS, and that it will not take the opportunity to recommend the Food for Life Catering Mark scheme as a way to verify what standards are being met and as a route for continuous improvement. If the Panel does end up recommending standards weaker than GBS, or fails to recommend the Food for Life Catering Mark, it would be proposing changes that actually constitute a backward step from

the Department of Health's current position, and from government and industry good practice in the catering sector.

I have also been dismayed that even the most basic of considerations for healthy and sustainable food – such as freshness, seasonality, British standards of production as minimum, robust requirements for sustainable fish based on sound ecosystem management, and meaningful nutrition standards – have met with only half-hearted support, and sometimes even opposition by some members of the Panel and expert reference groups.

Such basic considerations are now accepted by industry, government and third-sector organisations as baseline requirements for any catering that aspires to 'healthy and sustainable' credentials, and to contributing to national priorities for environmental, ethical and healthy food production.

### **Disparity with Defra's approach to improving food served in prisons and to our armed forces and Ministers in government departments**

The Department of Environment, Food and Rural Affairs (Defra) is currently reviewing GBS and is proposing to strengthen them in some respects, for example by requiring food to meet Farm Assured Standards or equivalent (and thus increasing public investment in food produced in Britain) and refining its definition of 'seasonal' to mean food grown in season in the UK, rather than (as previously) anywhere in the world. Worryingly, and from the perspective of the public, this means that while Defra – under the good auspices of Peter Bonfield - is actively looking to improve existing mandatory standards for food served in central government - including government departments, prisons and the armed forces - the Department of Health may fail to consider the same or similar standards to hospitals on even a voluntary basis, let alone making these compulsory. You would forgive anyone from the outside, especially patients and farmers, thinking that these disparities are chaotic and unfair.

### **Lack of involvement of progressive caterers**

Lastly, I remain concerned about the failure of the Panel to include representatives from contract caterers who are achieving high standards, have a positive story to tell, and understand the practicalities of serving food that also helps to meet public objectives for health and sustainability. This includes the companies that will have to meet Food for Life Catering Mark gold and silver standard in order to win the contract to serve patient meals at Barts NHS Trust and Imperial College Healthcare NHS Trust respectively. As part of this agreement with Barts, the company will commit to building a new kitchen for the Trust in order to prepare and cook fresh, healthy and sustainable meals from scratch.

I hope that you will consider acting on the points I raise in this letter. I will of course continue to monitor the work of the Panel and look forward to coordinating a Campaign for Better Hospital Food response if and when the Panel issues its recommendations for public consultation later this year, working with our 100-or-so campaign members, who represent health professionals, hospital caterers and their workers, patient bodies, nutrition and health expert group, conservation groups and food sustainability specialists.

I wish you well with your future work.

Yours sincerely,

A handwritten signature in black ink that reads "Alex Jackson". The signature is written in a cursive, slightly slanted style.

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