NHS National Services Scotland

National Food in Hospitals Report 2024

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NHSScotland Assure
Quality in the healthcare environment

Contents

1. Aim of report

1.1. The following report outlines the findings of the Phase 2 self-assessment NHSScotland boards have undertaken against the NHSScotland Food in Hospitals Specification (the 'Specification'). Phase 1 of this exercise allowed boards to describe their service and provide evidence to support their self-assessment of their compliance against the Food in Hospitals Specification. Following panel review in Phase 1 action points for boards were generated. This Phase 2 exercise is an update on the extent to which these actions have or have not been completed, the common challenges that the boards face in this area and an opportunity to note areas of best practice. The content of this report should be considered a 'supplement' to the detailed report provided for Phase 1.

1.2. The Food in Hospitals Specification (the Specification) is underpinned by the NHSScotland Food, Fluid and Nutrition Standards (Healthcare Improvement Scotland 2014). The Specification requires a review firstly in light of learning collected during the first Phase of assessment, and secondly because of the 2023 release of the new British Dietetic Association (BDA) (2023) The Nutrition and Hydration Digest which gave an opportunity to review the specification in line with the new recommendations. We plan to provide an updated publication later in 2025. Once the Specification publication is finalised NHSScotland Assure and boards will work together to plan the approach for Phase 3, to assess their services against the updated Specification.

1.3. The purpose of these assessments is to help boards to understand their service provision against the specification, identify potential challenges or areas for improvement, and share best practice with each other. The number of actions outstanding with a board may reflect myriad factors including resources available to the board, the type of meal production and delivery in operation at the board or in parts of the board and the practicality of delivering on that particular issue. Boards assessment results cannot be compared to each other. This is not an exercise in measuring compliance but one of indicating progress from one phase to another. Some boards may have had in phase 1 a large number of fairly straightforward actions to complete whereas another board may have had a small number of quite challenging actions to complete. This does not allow for comparison from board to board. In any instance all boards have demonstrated that they worked hard to meet the challenges that they could and the associated actions with the resources at their disposal. And this exercise highlights common challenges that face all boards and resources that may be required.

2. Introduction

Background

2.1. The Food in Hospitals Catering and Nutrition Specification (the 'Specification') provides information for NHSScotland boards on standards for nutritional care, nutrient, and food provision for patients within hospitals.

2.2. The Specification has been in place since 2008 with a revision in 2016 and a third revision due to be finalised in 2025. NHS boards have been required to report compliance with the criteria within the Specification since its initial publication. In 2017 it was identified that the methods used to measure and report compliance were variable and inconsistent from board to board. As a result, the Scottish Government requested the development of a more robust framework, and a supporting web-based system was developed to support the measurement and assessment of the quality of provision and compliance against the criteria. The Phase 1 assessment generated (in most cases) a series of actions to improve each board's compliance with the specification. This Phase 2 exercise was intended to assess progress towards the completion of those actions. The Specification will be reviewed in 2024 and assessment against any revised criteria is unlikely to commence prior to 2025.

Assessment

2.3. The assessment process for Phase 2 remains largely the same as that of Phase 1. In order to reduce the overall timescale of the process and minimise the burden of assessment on peer reviewers (caterers/ dietitians), the independent peer review and evaluation of board responses was removed in Phase 2, with peer reviewers meeting briefly before the panel session started in order to discuss their initial findings.

2.4. Boards invited between 2 and 6 representatives during this panel. Once the full panel was convened, they discussed the self-assessed position of the board and how this compared with the peer reviewers' views on actions that were outstanding from Phase 1. Often the panel agreed with the board's perspective but in some instances, there was variation of opinion, and this shaped the main discussion of the panel. Once an agreed position was found this was recorded and then collated for representation in the local report. The local report was then issued to the board for agreement and any further amendments noted before formal issue to the board.

3. Key findings and recommendations

3.1. In broad terms the boards continue to provide services in line with what would be expected from the current specification. Boards have a variety of service methods for delivering nutrition to the patient and the panels were impressed with the high standard to which boards are aspiring and delivering this nutrition. Each of these delivery methods has its own challenges but boards are able to tailor their service to the facilities that they have at their disposal and the demographic that they serve.

3.2. Most boards have been able to progress well in respect of the actions that were identified in Phase 1. Some boards have developed a good process for providing evidence for this type of self-assessment exercise. There were however a number of common themes that form the basis for challenges that are being faced by the boards:

- nutritional analysis - this continues to be a challenge for many boards across Scotland. The National Catering Information System (NCIS) provides access to a nutritional analysis tool, but resource is needed by boards to input data and interpret data from this tool accurately. A number of boards are making the case to senior management for this resource. It is recommended that boards utilise this tool and where they do not yet have the resource to use the nutritional tool effectively, they should make access to this resource a priority
- evidence and data gathering - there has been considerable improvement in the way boards are now gathering and presenting evidence to support the level of service that they provide. This has helped both NHSScotland Assure and the boards themselves understand where there are areas of good practice but also areas where challenges remain. It allows the boards to reflect on the catering provision across their board area as a whole. In the small number of cases where the supply of evidence has been below what would be expected this has been outlined in the board's individual report. It is recommended that these boards consider revising what evidence is supplied and how it is submitted in the future
- patient Information - the provision of menu information has improved since the Phase 1 review. In most cases the degree of choice is good and is clearly indicated to the patient. Boards should continue to provide clearly outlined choices to patients under their care
- waste and food price increases - both of these remain key issues for caterers in NHSScotland. In the short-term making more use of the NCIS could result in more targeted purchasing (reducing costs) and reduced waste. This does require boards prioritising using this system to its fullest extent and making more decisions based on the data provided by it. This said many boards are continuing to innovate with regards to their menus to manage costs
- different board structures - some boards and the way they are established present their own challenges in terms of reviewing their compliance with the specification. Some larger boards are divided into a number of different divisions supported by their own catering services. While this may have historical reasons and some practical advantages, for catering it mitigates against the board presenting a uniform or standardised offering to patients and so a standardised response to this review exercise

It has been recommended to the board that it should consider what aspects of its service provision can be made more standardised to assist provision of information for this type of review and where required for internal management information

Board Assurance - Patient Satisfaction

3.3. The Food in Hospitals assessment considers board processes in ensuring they meet the specification, but it is useful to consider the outcomes of this assessment alongside what patients are saying about their experience of patient catering in hospitals. Boards carry out quality assurance activity across their services through several mechanisms; the key activities are gathering patient feedback, and through observing and recording the quality of mealtime operations.

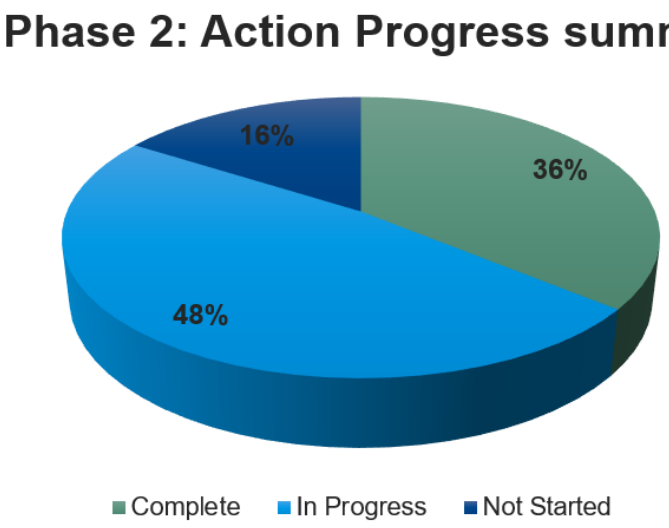
3.4. NHSScotland Assure collects data from boards on the outcomes of their patient experience surveys against eight national quality measures. The most recent 2023/ 2024 board annual returns showed an average patient satisfaction rate of 90%.

4. Board Progress

Boards Progress; Phase 1 (2021) - Phase 2 (2024)

4.1. Overall, the findings in Phase 2 against the initial outcome of Phase 1 showed a significant improvement across all the measures as outlined in the self-assessment illustrated below. Across the 16 boards assessed across NHSScotland, 165 key actions were identified as a result of the first phase of assessment. In Phase 2, progress against these actions were assessed as either 'Complete', 'In Progress' and 'Not Started'. The chart below shows the results of that assessment.

Figure 4.1 - Phase 2 Action Progress Summary



4.2. Of the 165 actions raised in Phase 1, 84% were assessed as either in progress or complete with only 16% of actions still to be addressed, showing significant progress on improvement activity across the boards.

4.3. Where actions are deemed as 'Complete', the panel were satisfied that the board were successfully achieving the related requirements as set out in the Food in Hospitals (2016) Specification.

4.4. The level of progress across all action areas is a credit to all boards who have acknowledged and responded to the recommendations provided by the Panel during Phase 1.

4.5. Examples of progress include the development of standardised menus and standard operating procedures to support this implementation, menu analysis underway using the Nutritional Analysis Tool and in some areas the recruitment of additional resource to support this requirement. Improvements also included increased implementation and use of the National Catering Information System (NCIS) and Nutritional Analysis Tool. Collaborative local working with catering, dietetic, and clinical colleagues saw, in many

boards, an improvement to the overall outcome of their self-assessment results compared to Phase 1.

4.6. 26 of the actions identified (16%) have not yet been started. These were mainly due to lack of progression in nutritional analysis. In some instances of this it is due to not yet (or only recently) having the resource in place. Boards were able to describe their plans to make progress on these actions and expect to be in a better position for the next assessment phase.

Areas of good practice

4.7. The panels were impressed by the overall prioritisation of the action plans and the effort put in by individual boards to identify the gaps and the need for implementation of processes to address these areas. Innovation including the introduction of 'i-Wave' (a fully automated foodservice solution suitable for fresh, frozen and ambient foods) in out of hours departments, the development of guidance and tools to ensure provision of menu choices for those patients with specific dietary requirements, and collaborative working with clinical teams to support hydration and reduce the impact of falls in ward areas was also well received. This innovative practice helped to demonstrate the modernisation of the catering service across NHSScotland.

4.8. The boards are also commended for the collation and presentation of their evidence. This not only helped to illustrate that the boards undertook a co-ordinated approach to the submission involving all providing services, but also support the peer review process and provided an ease of reference for the reviewer to follow.

Areas of improvement

4.9. Overall, the key focus for boards moving forward is to ensure that they complete the required nutritional analysis activity for all menus while continuing to achieve overall compliance with the Food in Hospitals (2016) Specification. There is recognition that not all boards are in the position to have a dedicated dietetic resource to complete this requirement, and that resource is allocated in conjunction with clinical responsibilities. Boards need to consider creatively how they complete this requirement (such as nutritional analysis).

Lessons learned

4.10. As noted, the assessment process was fairly straightforward, however; like any project there are key lessons learned to help develop the process, project team support, and submitting board ahead of the next round of self-assessments.

4.11. The switch in use from the online assessment portal to Microsoft Teams was the most notable change from Phase1. Overall, the change in the submission process and management of data and information within MS Teams worked well, although there were

some challenges with enabling access for non-NHS participants to access information. In these cases, email communication was used as an alternative approach.

4.12. As a result of the reviewing of lessons learned from Phase 1, one of the key changes that was made to the assessment process in this phase was to focus purely on the identified actions from Phase 1 rather than conducting a full review of the assessment questions and evidence. This was due to the time involved in gathering and reviewing the large amount of information required, both by the submitting boards and those who volunteered their time to contribute to the reviews as peers on the panels. This significantly reduced the individual time commitment for stakeholders involved, and the overall time taken to conduct the review nationally. It did mean there was some variation in the volume of information being submitted and considered by the panel, so the project team took a flexible approach to the scheduling of panels to allow for sufficient time during the review. The project team will look to review and develop the methodology of this process ahead of the next assessment round.

4.13. In addition, the change in review content and method has resulted in a requirement to change the format of the local and national reports to accurately summarise the findings of the assessment. While we are not able to provide an accurate assessment of overall compliance across the country, we are able to demonstrate a good level of progress in addressing the areas for improvement highlighted during the first phase. To get an overarching picture of compliance against the specification, we recommend this report is viewed as a supplement to the detailed review carried out and reported in Phase 1.

5. Next Steps

5.1. This second phase of Food in Hospital review focused on the areas of improvement identified during Phase 1 and the extent to which progress has been made against actions since Phase 1 was undertaken. Each board has received an update report for their specific board detailing where the review panels felt the board was meeting or exceeding the specification and (where applicable) where the board had further work to complete before the specification was met.

5.2. The current Food in Hospitals specification is under review, and it is likely that a number of requirements in that document will change. Consequently, time will be needed in order to allow boards to adjust to this change and embed them within their respective processes. The review of the specification gives us an opportunity to review the information required to demonstrate compliance, in order to support boards with the next phase of assessments.

5.3. Once the Specification review is complete a Phase 3 review is planned to assess the progress made since this review and in light of the revised criteria.