



Food in Hospitals National Report 2022



**Health Facilities
Scotland**

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1. Executive Summary

1.1 Aim of this report

The following report outlines the findings of an assessment programme undertaken across 2020-21 to review how boards are meeting the requirements of the NHS Scotland Food in Hospitals Specification (the 'Specification'). The assessment enabled boards to describe their services and provide evidence for their self-assessment. Their submissions were reviewed by their peers and the outcome of the reviews was an identification of areas for improvement and the development of actions to address them.

The report outlines the background and context, the approach to assessments, and then follows the format of the Specification to describe a summary of the national picture of catering service delivery against quality measures for each specific area. The key findings are described in section 10, followed by the findings of a review into the assessment programme and the planned next steps.

1.2 Key Findings and Recommendations

In summary the review highlighted that boards are broadly providing their services in line with the requirements outlined in the Specification. The following areas for improvement were identified as themes in many boards across the country and form the basis of most board's action plans:

- **Nutritional Analysis** – this is the main area for improvement for most boards across Scotland. It has been recommended that boards assign a resource to complete up-to-date nutritional analysis of all their current menus and recipes to ensure that the Specification is met for all patient groups and services. A new Nutritional Analysis Tool is now available to support this activity replacing a previous national system. Most boards cited a shortage of specialist dietetic resource as the key barrier in meeting this requirement.
- **Availability of evidence** – many boards were unable to provide tangible evidence to support their submission for all services across all sites in their board area. Boards are recommended to ensure that their services and processes are clearly recorded and outlined in standard operating procedures, guidance, or policy, to ensure consistent and robust processes are in place.
- **Variation in practice across the NHS board** – boards that had several different service providers or variations in service delivery models had a more complex task in gathering their submission and associated evidence for all services and sites across their area. This led to a higher chance of omitting key evidence during the submission process. Those boards with complex or variable service delivery should also seek to systematically provide evidence from all sites in their next full review.

- **Patient information** – in several requirements there was a lack of evidence of patient choice being clearly communicated to patients. Boards should ensure their patient information, patient menus etc all clearly outline the range of choices available to ensure that patients are supported to make choices that support their requirements and preferences.

1.3 Next Steps

The findings of this first detailed Specification assessment have provided boards with identified actions to focus on their own areas for improvement. Feedback on the review process was that it was beneficial to systematically review the boards catering service against the requirements of the specification, and get support and advice from peer reviewers, but the process was time-consuming and complex. Overall, it was a helpful and supportive process for all those involved, providing detailed feedback, and identifying areas for improvement, alongside other quality measures of their services. During the time of self-assessment from 2020-21, Health Facilities Scotland also collected data from all boards on the levels of patient satisfaction in the catering services they received while in hospital. Quality of hospital food is measured against factors including choice, taste, and how closely the food they received met their needs and preferences. At the time of publication (with a few boards still to submit their reports) the data is showing that patients are satisfied with the quality of the catering they are receiving with satisfaction being recorded as 89%.

In light of the feedback received from those involved in the self-assessment programme we have agreed the next steps for 22-23:

- The next phase of assessment will focus on the progress boards have made against their outstanding actions.
- Review is due to take place from September to December 2022, with national reporting on the findings by April 2023.
- The Specification itself is also due to be revised and updated, to refresh the guidance, take account of the findings of this national assessment, and to take account of recent changes to legislation and other guidelines.

2. Introduction

2.1 Background

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. It provides guidance on how the standards/guidance can be met, through assessment of the hospital population’s dietary needs, menu planning, and practical suggestions on food choices suitable for different dietary needs, including special and therapeutic diets.

The purpose of the Specification is to:

- Set out nutrition and catering criteria to ensure that NHS Boards support sections 3, 4 and 5 of **HIS Food, Fluid and Nutritional Care Standards (2014)**.
- Provide guidance for the planning group responsible for the implementation of local protocols for the provision of food and fluid to patients.
- Act as a practical resource for catering and dietetic staff to ensure that the provision of patient catering across NHSScotland is operating in line with Scottish Government and NHS policies.
- Define the nutritional and dietary requirements of hospital patients.

The following sections of the Specification are covered during the assessment process:

- Nutrient needs of the population (Section 2)
- Menu planning and food-based criteria (Section 3)
- Menu planning guidance (Section 4)
- Therapeutic diet provision (Section 5)
- Special and personal diets (Section 6), and
- Catering and nutritional guidance for children and young people (Section 7).

The Specification has been in place since 2008 (and revised in 2016) and NHS boards have since been required to report compliance with the criteria within the Specification. 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 supporting web-based system to support the measurement and assessment of the quality of provision and compliance against the criteria.

In 2018-19 a Short Life Working Group was established to develop this new monitoring framework planning to commence the programme in 2020. An outline description of the new assessment process is described in the following section.

The self-assessment process focuses on the catering provision within the board; however, the provision of food, fluid and nutrition is delivered by both catering and clinical staff at ward level. Findings from self-assessment and review should be used for local improvement discussions across all staff groups involved in service provision.

2.2 Assessment and Reporting Process

The following table shows the steps for each assessment for each board, with a description of the activity undertaken during each step:

Assessment Stage	Description of Activity for each board review
Board submission (self-assessment)	NHS Board representative met with local Food Fluid and Nutrition Group to gather information on service provision, to enable the board to answer all questions along with electronic documentation as supporting evidence of their responses. Each answer must include evidence, otherwise it was classed as a not completed.
Peer Review	Peer reviewers (minimum 2 peer reviewers, covering expertise across catering and nutrition) were assigned to review the board submission, and were given around 6 weeks to complete their remote assessment.
Panel Assessment	Panel assessments took place with peer reviewers and catering and dietetic representatives from the boards along with Health Facilities Scotland (HFS) representatives. The panel looked at the findings of each board submission alongside the reviewer assessments. The panel discussed the submission and findings from the peer reviews and identified best practice and areas for improvement for each board.
Local reporting	Draft reports were returned to the submitting boards following the panel review, providing areas for improvement, and commending best practice in the board. The local report was only shared with the submitting board and will not include a score for compliance since the purpose of the assessment programme is to encourage improvement rather than enable comparisons across service providers.

Assessment Stage	Description of Activity for each board review
Action Planning	The draft report also included a draft action plan populated with areas for improvement for the board. The receiving board then completed the action plan identifying actions and the parties responsible for completing actions and returned this to HFS. Once the action plan was agreed and completed the report was finalised and returned to the board.

The full submission and review process for every board took place during 2020 and 2021 – due to the restrictions and emergency standing caused by the pandemic during this time the programme experienced extensive delays. However remote communication was utilised to enable the programme to proceed, albeit at a slower pace. Panel reviews took place over MS Teams from July 2020 to March 2021.

In addition to the board process outlined in the table above, timescales were extended by the addition of a follow-up process, which allowed submitting boards to provide additional evidence following the panel review. This gave boards the opportunity to share documented evidence that they may not have considered putting forward during their initial submission, thereby ensuring this review was a true reflection of the service they were delivering. This additional step in the reviewing and reporting process added to the timescales for delivering the final reports to the boards.

Each board was provided with a board level report providing a summary of the findings of the review, pulling together the initial board self-assessment, the findings from the peer reviews, the discussions that took place at the panel review, and any additional feedback received following the review where follow-up material was provided. The report formed a basis for action planning for each board so that where areas for improvement were identified the board could establish plans to work on those areas. The final board report included this agreed action plan in its contents. Boards received their individual reports and created their agreed action plans in 2021.

2.3 National Report

The aim of the national report is to provide a national overview of how closely boards are meeting the requirements of the Specification, to highlight the challenges boards are experiencing in meeting the requirements, and to share good practice.

Section 3 provides a summary of the national approach to delivering and measuring the quality of catering services in boards, along with some notable innovative

practices that were commended during the assessment process. Each of the following 'demonstrating compliance' sections of the report (Sections 4 to 9) give an overview of how many boards were able to demonstrate how they were meeting the requirements through answering questions and providing evidence. It highlights some areas of good practice where boards are doing well, and describes areas where boards were not able to demonstrate meeting the requirements, either because insufficient evidence was provided or because they do not currently provide a service that meets that requirement. Finally, Sections 10 and 11 reflect on the self-assessment process and outlines the next steps for the programme.

3. National Overview of Patient Catering Services

3.1 Service Provision

As a precursor to the detailed assessment process, boards were asked to provide an overview of their catering services for patients, including information about the method of production and distribution of hospital food, who is involved in service delivery, and how the service is planned and managed, and an overview of the patient population they serve. Boards were also asked to describe how they assured themselves of the quality of their service provision and how they incorporated innovative ways of working.

This summary of service provision aided the reviewers to understand the context of the board's self-assessment responses and illustrated the broad range of service methods in use across the country.

3.2 Board Assurance of Catering Services

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.

Patient Experience Surveys are used in all boards, through a variety of methods. All surveys include questions on several national measures of quality (which are reported annually to HFS), alongside additional questions included by the board.

Mealtime observations, where the ward service is observed and measured against several topic areas, also provide crucial feedback to the service, and help to identify areas for improvement. The structure of mealtime observations varies slightly from board to board, and some boards do not currently carry out these types of audits.

All feedback should be reviewed by the service and used to measure the quality of the service from the patient's perspective, helping to identify areas for improvement. Patient Feedback should be considered at several forums, including at the board's Strategic Hydration and Nutritional Care Group or Food, Fluid and Nutrition Group meetings.

3.3 Innovative Practice

As part of each board's submission, boards were asked to describe any innovative ways of working being tested or rolled out within their services. A few examples of innovative practice have been outlined here – these are projects or service

improvements that have been particularly commended by reviewers during the review process.

3.3.1 Patient-centred catering services

Several boards described their development of catering services to meet the broader wellbeing needs of patients throughout their healthcare journey. Some examples have been provided below:

- The 'Discharge Food Packs Initiative' in NHS Greater Glasgow and Clyde recognises the need to provide vulnerable patients in differing circumstances with a food parcel when being discharged which they can take home with them. This support and information service also carries out a holistic assessment and can help with other issues such as applying for benefits and managing fuel poverty.
- Communal Dining – in NHS Forth Valley, a proposal was put forward in 2019 by a Senior Charge Nurse in the Ageing and Health Ward to seek funding for a large communal area that would support patients undertaking rehabilitation and receiving care, that would enhance the opportunities of communal dining and social interaction. The work is complete on the new communal area, and it is felt it is already having a benefit on patient care and wellbeing.
- Pictorial menus – several boards have developed menus with pictures of menu items to help patients with cognitive impairments or language barriers to access the menus and help them to make menu choices that are right for them. NHS Lothian, NHS Dumfries and Galloway, and NHS Grampian have all developed this type of visual menu for patients.
- Patient information – several boards have been working on the quality of patient information, such as leaflets, to improve the level of information available to patients on the catering services they will be able to access. NHS Lothian and NHS Borders were both commended during review on the quality of their patient information materials.

3.3.2 Patient-centred menu planning

- Children's Deli Cart – NHS Grampian have introduced a new award-winning meal service at Royal Aberdeen Children's Hospital in 2016, with a further review of the menu in 2019. Food is served on the ward from a food cart, and children are encouraged, if they can, to go to the cart to choose their meal, or alternatively choose from a meal card. NHS Greater Glasgow and Clyde have also introduced a similar Children's Deli Cart after working with and learning from NHS Grampian's experience.

- Pick and Mix Menu – NHS Forth Valley have worked with their service provider Serco to develop a ‘pick and mix’ menu that allows patients with specific dietary needs to be provided with a range of menu options, supported by dietetic input, to meet their needs during their stay in hospital.
- Planning sessions – NHS Borders have introduced ‘Food, Fluid and Nutritional Focus of the Month sessions’ to raise awareness and attention on menu planning activity
- Special Day menus – NHS Ayrshire and Arran were commended on their special day menus providing variety and choice to patients, such as their ‘Burns Night’ menu
- Public Food Tasting Events – NHS Lanarkshire have held events engaging with potential and previous patients around the quality and range of catering offered in the board. The feedback from these events has helped to influence future changes to the catering provision.
- Gluten Free Accreditation – NHS Grampian Catering Service have achieved Gluten Free Accreditation from Coeliac UK, allowing the board to offer a range of gluten free options which are cooked from scratch and prepared on site. This is being rolled out across other production sites in the board.

3.3.3 Modernising Services

Most boards across Scotland are in the process of implementing a digital National Catering Information System which will support the management of the catering service from production through to patient ordering. The new system also includes an integrated nutritional analysis component which has been developed to support the analysis of menus and recipes, helping boards to ensure they meet the needs of the Specification. The tool was being implemented at the time of assessment and many boards had yet to fully utilise the system.

In addition to this system implementation, several boards are working on projects to modernise their service provision:

- Menu standardisation – NHS Borders are currently working on the standardisation of menus across all locations to reduce variation in consistency and practice and are also delivering standard operating procedures to support this.
- Waste reduction – all boards are working towards targets to reduce waste from food production. The utilisation of the electronic bedside ordering system is supporting boards to meet this requirement. NHS Highland have received positive feedback from both staff and patients on the use of the new tool,

while NHS Greater Glasgow and Clyde and NHS Golden Jubilee are both reporting that the use of the ordering system is supporting food waste reduction in their boards.

3.3.4 Collaboration and multi-disciplinary service provision

Several innovative practices were identified that encouraged collaboration and communication for the multi-disciplinary provision of services:

- Information sharing – several boards were commended on the quality of the information and materials provided to staff to support quality patient catering. NHS Dumfries and Galloway, for instance, provide a wealth of information on menus, training materials, patient leaflets and policies on their Food, Fluid and Nutritional Care team page on the staff intranet. NHS Greater Glasgow and Clyde have developed a ‘Food First’ campaign. This is a food campaign that aims to improve nutritional care through informing ward staff of the various nutrition interventions and information, available from catering services.
- Collaborative service improvement – The State Hospital shared information on their Quality Improvement Annual Initiative ‘TSH3030’, which was launched in 2019, and encourages staff and patients to form teams to work together, over a period of 30 minutes for 30 days, on a project to make improvement in their area of work. This has been recognised as encouraging working across departments and the inclusion of patients through the projects.
- Collaborative service delivery – NHS Lothian has been working with NHS Greater Glasgow and Clyde to utilise the cook-freeze production service based in Glasgow (Inverclyde) to provide catering for the Royal Hospital Sick Children site in NHS Lothian. This is currently being piloted with the hope that this could be further implemented, supporting the rationalisation of NHS Lothian’s production kitchens.

4. Findings – Nutrient Needs of the Population

4.1 Introduction

Section 2 of the Specification requires that patient menus are informed by a local population needs assessment. Boards were asked to describe how this was carried out in their area and provide evidence of the assessment and how it was used in shaping the patient menus in their board.

4.2 Summary of Findings

The following table provides an overview of the questions and findings for this area of compliance.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
1. Are your patient menus informed by a local population needs assessment?	8 out of 16 boards demonstrated they met this requirement. 50%	Examples of source population data - for instance, census, hospital population information. Evidence that this data considered at key meetings where menus are developed and agreed e.g., at FFN Groups (on agenda, in meeting notes etc.).	Boards to undertake menu review. Boards to provide evidence of population needs assessment or menu review activity.

4.3 Areas of Good Practice

Half of the boards were able to evidence that patient menus were informed by a local population needs assessment. Boards used population information from a variety of external and internal sources such as census data, and hospital population data provided by their board's own information services. A strong submission would include evidence that this data was reviewed at menu planning sessions, for instance, notes from Food Fluid and Nutritional Groups.

The State Hospital was identified as a very good submission on this question as providing a 'very clear and comprehensive review of nutritional care' as outlined in their FFN Nutritional Care Policy with additional evidence of discussions at the

Patient Partnership Group (PPG), giving information about how patients have direct input to the menus via feedback from the Board's PPG. The State Hospital has a very stable long-term patient population, which lends itself to this approach, while also meaning that patients who will be accessing patient menus in an ongoing way over a long period of time have the opportunity to input into changes and updates.

4.4 Areas for Improvement

Where boards were unable to provide documented evidence, it was largely because menu reviews had not been undertaken by the boards for a significant time. In some cases, the board were uncertain of the suitable evidence to provide for this requirement, and many provided additional evidence to support this at follow up.

It is recommended that boards carry out a thorough review of their menus on a regular basis, using data around their patient population, alongside data on demand and uptake of dishes, and patient feedback, to ensure the menus continue to meet the patient needs and preferences. A good record of these discussions should be kept when they are undertaken at the appropriate forums (for instance, at the board's Strategic Hydration and Nutritional Care Group); minutes or action notes should highlight where the population needs assessment was considered and acted upon.

5. Findings – Menu Planning and Food-based Criteria

5.1 Introduction

Section 3 of the Specification sets out criteria for the planning and nutritional content of menus, which aims to ensure that differing dietary needs are catered for and which maximises opportunities to ensure nutritional needs can be achieved.

The self-assessment required boards to demonstrate compliance with these criteria.

5.2 Summary of Findings

The following table provides an overview of the questions and findings for this area of compliance.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
1. Do all hospital menus provide breakfast, lunch, dinner, and a minimum of two substantial snacks?	13 out of 16 boards met requirement. 81%	Menus, snack ordering process/form, patient information leaflet.	Boards to provide sufficient funding to enable the catering department to meet the minimum standard in terms of snack availability and choice. Boards to provide evidence of this provision across all sites.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
<p>2. Do on ward provisions provide the minimum food and beverage items as listed in FiH table 13 (page 53) also FiH section 4.4.5 (page 52)</p>	<p>14 out of 16 boards met requirement.</p> <p>87%</p>	<p>Ward provisions list, details of ward ordering process, patient information.</p>	<p>Boards to provide this evidence for all sites.</p> <p>All items in the Specification to be included in ward provisions.</p>
<p>3. Is food available for all patients who do not have the opportunity to have a meal at the normal mealtime (missed meals and out of hours)</p>	<p>15 out of 16 boards met requirement.</p> <p>94%</p>	<p>Detailed explanation of how missed meals are provided outside of mealtimes - this may be included in a boards FFN policy or described as a separate SOP.</p>	<p>Boards to provide evidence of this provision for all sites across the board.</p>
<p>4. Does the food offered for missed meals and out of hours' meals meet the minimum 300kcal and 18g protein?</p>	<p>11 out of 16 boards met requirement.</p> <p>69%</p>	<p>Description of missed meals provision including calorie and protein analysis.</p>	<p>Boards to provide details of their missed meal options with the calorie and protein information.</p>

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
<p>5. Is there a system in place to record and manage consecutive missed patient meals, for all wards?</p>	<p>N/A.</p>	<p>This question has been removed from the self-assessment due to this being outwith the control of the catering service – this is data that should be managed by the ward-based clinical team.</p>	<p>None.</p>
<p>6. Do all patient menus comply with the food-based criteria as set out in FiH table 4 (page 24):</p> <p>Bread, cereals, and potatoes: Is a selection of wholegrain breakfast cereals available at breakfast time?</p>	<p>15 out of 16 boards met requirement.</p> <p>94%</p>	<p>Patient menus or patient information detailing wholegrain cereal options.</p>	<p>Boards to provide details of breakfast menu.</p>
<p>7. Is a selection of extra breads including wholemeal and brown, available to accompany all meals?</p>	<p>15 out of 16 boards met requirement.</p> <p>94%</p>	<p>Patient menus or supplementary information detailing the availability of all required bread options.</p>	<p>Boards to provide details of breakfast menu.</p>

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
8. Fruit and vegetables: Does every patient menu provide at least 5 servings of fruit and vegetables?	16 out of 16 boards met requirement. 100%	Patient menus, snack provisions lists.	None.
9. Meat, fish, and alternatives: Do all patient menus provide a choice of meat or meat alternatives at both midday and evening meals?	14 out of 16 boards met requirement. 87%	Patient menus.	Boards to ensure all menus meet the sufficient choice of meat, fish, and alternatives.
10. Do all patient menus provide a choice of fish a minimum of twice a week, one choice being an oily fish?	14 out of 16 boards met requirement. 87%	Patient menus.	Boards to ensure all menus meet the sufficient choice of fish in this requirement.
11. Milk and dairy: Is there a provision of 600mls of milk daily for each patient, with a choice of whole and semi-skimmed available? NB - This provision is out-with any milk used in cooking.	16 out of 16 boards met requirement. 100%	Evidence of the milk supply process, milk delivery notes/schedules, top up process.	None.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
<p>12. Foods containing fats, food and drinks containing sugar: Is a choice of butter and spreads (including low fat) offered to patients as appropriate?</p>	<p>15 out of 16 boards met requirement.</p> <p>94%</p>	<p>Ward provisions list.</p>	<p>Boards to provide this evidence for all sites.</p>
<p>13. Are spreads rich in PUFA or MUFA?</p>	<p>16 out of 16 boards met requirement.</p> <p>100%</p>	<p>Product information.</p>	<p>None.</p>
<p>14. Are only oils/spreads rich in polyunsaturated and monounsaturated fats used in cooking?</p>	<p>15 out of 16 boards met requirement.</p> <p>94%</p>	<p>Product information, examples (5 minimum) of recipes used in production including the named products.</p>	<p>Boards to provide evidence such as recipes or ingredients lists to demonstrate this requirement.</p>
<p>15. Is there water and beverage provision to ensure patients can access a minimum of 1.6L of fluid per day for women and 2L of fluid per day for men?</p>	<p>13 out of 16 boards met requirement</p> <p>81%</p>	<p>Beverage rounds and ward task lists, water jugs filling schedules, SOPs for domestic and housekeeping staff, hydration policies.</p>	<p>Boards to provide documented evidence of this activity.</p>

5.3 Areas of Good Practice

Most boards demonstrated a good level of compliance with this area of the Specification.

Boards that were able to demonstrate good compliance provided a full breakdown of all their menus and additional snack and missed meals provision across all sites, and clear processes and procedures for managing and accessing ward provisions that should be available on the ward to support patient nutrition. Single, unified approaches that have been adopted board-wide, across all locations (for instance, a single board-wide menu, or a single process for the ordering of ward provisions), provided the greatest assurance of the consistency of the general approach. Many boards, however, do have considerable variation in practice across different sites for various reasons (historical variations, different service delivery methods, different providers etc.), which increased the complexity of assessing those aspects of service provision, for instance, if there were different menus for different sites.

Golden Jubilee Hospital was particularly commended for the clear and visually appealing layout of their menus which covered all useful information for patients, about the menus, their available choices, and the availability of other items.

Boards demonstrated compliance with the sufficient provision of water and beverages through a variety of methods. NHS Forth Valley were also commended for a recent piece of collaborative work between Senior Charge Nurses in the Ageing and Health wards and the Nurse Specialist in Hydration and IV Fluids to improve hydration amongst their patient groups. They developed a pilot traffic light system of coloured lids for water jugs which provides a visual cue that a patient's fluid intake may be inadequate and may require additional support. The system has been successfully piloted and the board are planning wider rollout.

NHS Tayside were also commended for their programme 'Milk Story'. This is a process that has been put in place to ensure that patients have access to the required amount of milk per day, while also minimising milk wastage from the wards.

5.4 Areas for Improvement

A total of 11 requirements were identified in this section of the Specification as areas for improvement for some boards. These could be summarised as insufficient evidence – the full availability of choice was not fully detailed on menus for instance, or the provision of additional off-menu items such as breakfast items, extra breads, or milk were not fully articulated in written processes for staff or patients.

Boards are encouraged to ensure that evidence for all sites is provided for all sections of the submission. Where there is variation in practice from site to site in

terms of snack provision, accessing ward-based items, but evidence for one only site (e.g., the main acute site) in the board was provided, this was considered insufficient to demonstrate the processes in place across the whole board.

6. Findings – Menu Planning Guidance

6.1 Introduction

Section 4 of the Specification requires that menus must consider the varied dietary and nutritional needs of the nutritionally well and nutritionally vulnerable patient population, while providing sufficient choice for patients' preferences. 'Healthier eating', 'higher energy and nutrient dense' and vegetarian options should be available at every mealtime and clearly marked as such on patient menus.

The Specification requires a multidisciplinary approach to developing menus.

Menus, recipes, and snacks must be standardised and nutritionally analysed based on the smallest size available. There should be a choice of portion size for all main courses for patients.

6.2 Summary of Findings

The following table provides an overview of the questions and findings for this area of compliance.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
1. Is there evidence of multidisciplinary input into the menu planning process?	12 out of 16 boards met requirement. 75%	Evidence of discussions around menu planning involving key staff groups including clinical/nursing input (agenda, meeting notes etc.).	Boards to provide evidence of recent menu review activity and identifying multidisciplinary involvement.
2. Does the menu provide as a minimum a choice of two courses at each mealtime, one of which should be a main course?	16 out of 16 boards met requirement. 100%	Provision of all menus across the board.	None.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
3. Is there a 'healthier eating' choice at each mealtime? FiH table 18 (page 70)	8 out of 16 boards met requirement. 50%	Provision of all menus across the board showing the choices clearly labelled.	Boards to provide nutritional analysis - Boards to provide evidence of choices visible to patients on menus.
4. Is there a 'higher energy and nutrient dense' choice at each mealtime? FiH table 16 (page 65)	5 out of 16 boards met requirement. 31%	Provision of all menus across the board showing the choices clearly labelled.	Boards to provide nutritional analysis Boards to provide evidence of choices visible to patients on menus.
5. Is there a vegetarian meal choice at each mealtime?	14 out of 16 boards met requirement. 87%	Provision of all menus across the board showing the choices clearly labelled.	Boards to provide evidence of all menus providing this choice visible on patient menus.
6. Is there a choice of a hot meal at both midday and evening meal?	15 out of 16 boards met requirement. 94%	Provision of all menus across the board.	Boards to provide evidence of this choice visible on patient menus.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
<p>7. Are there a variety of substantial snacks provided at least twice per day?</p>	<p>13 out of 16 boards met requirement.</p> <p>81%</p>	<p>Snack lists for all sites across the board, patient information showing how snacks are made available to patients.</p>	<p>Boards to provide evidence of this availability visible in the patient information made available to patients.</p> <p>Boards to provide sufficient funding to patient catering department to enable this snacks provision in all wards.</p>
<p>8. Do the between-meals snacks meet the nutritional criteria?</p>	<p>12 out of 16 boards met requirement.</p> <p>75%</p>	<p>Nutritional data on the in-between meals provision across the board.</p>	<p>Boards to provide nutritional details of the between-meals provision.</p> <p>Boards to ensure sufficient funding is available to catering department to enable this provision.</p>
<p>9. Is fruit included as a snack option?</p>	<p>14 out of 16 boards met requirement.</p> <p>87%</p>	<p>Details on the provision of fruit, snack menus, ward provisions, menus.</p>	<p>Boards to provide details of a clear process for making snacks available to patients.</p> <p>Boards to provide sufficient funding to catering department to enable this provision.</p>

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
<p>10. Are standard recipes developed which include the essential information included in FiH table 14 (page 54), in use?</p>	<p>12 out of 16 boards met requirement.</p> <p>75%</p>	<p>Examples of standardised recipes in use across the board.</p>	<p>Boards to provide recipes that are complete with all essential information such as methodology, utensils, yield etc.</p>
<p>11. Is there a choice of portion size for all main courses which meet the essential criteria?</p>	<p>14 out of 16 boards met requirement.</p> <p>87%</p>	<p>Patient menus clearly showing the portion size options for all main courses, or patient information clearly explaining that portion size choices are available. SOP for the provision of portion sizes.</p>	<p>Boards to provide evidence of choice of portion size visible on all patient menus.</p>
<p>12. Is the smallest portion served the portion size used for nutritional analysis in all menus?</p>	<p>4 out of 16 boards met requirement.</p> <p>25%</p>	<p>Evidence of nutritional analysis of dishes.</p>	<p>Boards to provide nutritional analysis clearly showing the smallest portion served is used for analysis.</p>

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
<p>13. Are larger portion sizes available for patients who choose it?</p>	<p>14 out of 16 boards met requirement.</p> <p>87%</p>	<p>Patient menus clearly showing the portion size options for all main courses, or patient information clearly explaining that larger portions are available. Documented process for making these choices available (whether provision is in-house or bought in meals where additional portions can be provided to form larger size portions for individuals).</p>	<p>Boards to provide evidence of all patient menus showing that larger portions are available.</p>
<p>14. Do hospital menus meet the criteria as set out within FiH Table 2 (page 18), both for nutritionally well and nutritionally vulnerable patients?</p>	<p>3 out of 16 boards met requirement.</p> <p>19%</p>	<p>Provision of nutritional analysis on the current menu provision in the board for both nutritionally well and nutritionally vulnerable patients.</p>	<p>Boards to provide nutritional analysis against the criteria for these groups of patients.</p>

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
15. Do the menus meet the essential criteria for the provision of nutrients for hospitalised adults FiH 2.3.2 (page 17) and hospitalised children 7.5 (page 132)	3 out of 16 boards met requirement. 19%	Provision of nutritional analysis on the current menu provision in the board for hospitalised adults and children.	Boards to provide nutritional analysis against the criteria for these groups of patients.

6.3 Areas of Good Practice

Most boards demonstrated a good level of compliance with this area of the Specification.

Boards that were able to demonstrate good compliance provided their menus for all settings, signposting to the key components that met the requirements. Boards that had a single, unified approach to menu provision were more easily able to provide evidence of meeting this part of the Specification.

NHS Borders were particularly commended for the clear patient information they provide, describing the availability of patient choice and explaining how to access snacks.

6.4 Areas for Improvement

Menu planning with multidisciplinary input was highlighted as an area for improvement; with the appropriate involvement of nursing representatives cited as a particular challenge. Boards should seek to ensure meetings or planning forums take place at an appropriate frequency, with discussions around menu planning recorded, noting the range of staff involved in those discussions.

A key aspect of Menu Planning is nutritional analysis; because the newly developed national Nutritional Analysis Tool was being implemented at the same time as assessment was taking place, this meant that many boards were unable to provide up-to-date evidence of analysis of their current menus to show how they are meeting the requirements of the Specification. Use of the new system to carry out analysis

therefore has formed a key action for boards to undertake before the next review. In addition, many boards cited the availability of a dietetic resource within the board as a key challenge to meeting these requirements. These challenges were named as the key reason for the lower reported compliance levels for requirements 3, 4, 12, 14 and 15.

Boards should also ensure that information about patient choices are clearly labelled on their patient menus, so that patients can easily find 'healthier eating' and 'higher energy and nutrient dense' items, vegetarian options, and access different portion sizes for main meals.

7. Findings – Therapeutic Diet Provision

7.1 Introduction

Section 5 of the Specification requires boards to provide therapeutic diets, including texture modified diets, to meet their patients' individual dietary requirements. Boards are asked to demonstrate that patients have a choice of options on their menus, and a choice of portion sizes is available including larger portions. Allergen information must be available for all food and fluid options, and they must meet the nutrient requirements described in the Specification.

7.2 Summary of Findings

The following table provides an overview of the questions and findings for this area of compliance. Only 5 boards out of the 16 boards with patient catering in Scotland have a renal menu (where they have a designated specialist renal service); questions 8 and 9 in this section applies only to those boards.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
1. Is there a protocol for the provision of all therapeutic diets?	12 out of 16 boards met requirement. 75%	Provision of current protocol.	Boards to provide a protocol for this provision.
2. For therapeutic diets are patients given a choice for all food and fluid options?	11 out of 16 boards met requirement. 69%	Description, menus or patient information (or SOP) of how this choice is offered to patients.	Boards to provide patient information outlining this choice for all settings.
3. For texture modified diets are patients given a choice for all food and fluid options?	10 out of 16 boards met requirement. 62%	Description, menus, or patient information (or SOP) of how this choice is offered to patients.	Boards to provide – patient information outlining this choice for all settings.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
4. For therapeutic diets are patients given a choice of portion size for all main courses?	11 out of 16 boards met requirement. 69%	Description, menus, or patient information (or SOP) of how this choice is offered to patients.	Boards to provide patient information outlining this choice for all settings.
5. For texture modified diets are patients given a choice of portion size for all main courses?	12 out of 16 boards met requirement. 75%	Description, menus, or patient information (or SOP) of how this choice is offered to patients.	Boards to provide patient information outlining this choice for all settings.
6. Are allergen listings available for all food and fluid options available?	13 out of 16 boards met requirement. 81%	Allergen listings, SOP for the management of allergen listing for patients, process for maintaining currency of information.	Boards to provide documented evidence of the process for providing allergen listings in all settings.
7. Are texture modified menus capable of meeting the nutrient specification in FiH table 2 (page 18) (except for texture B)?	5 out of 16 boards met requirement. 31%	Nutritional Analysis of products.	Boards to provide analysis of texture modified menus.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
8. Where there is a renal menu does it meet the specifications set out in FiH table 25 (page 97)?	2 out of 5 boards met requirement. 40%	Renal Menus. Please note – only 5 boards in Scotland have a Renal Menu.	Boards to provide Nutritional Analysis. of renal menus are used.
9. Where there is a renal menu is there at least a two-week cycle?	4 out of 5 boards met requirement 80%	Renal Menus. Please note – only 5 boards in Scotland have a Renal Menu. Please note boards providing an appropriate a la carte menu were considered to meet the main aim of the requirement.	Please note – only 5 boards in Scotland have a Renal Menu. Boards to provide two-week menu cycle for renal menus where applicable.

7.3 Areas of Good Practice

Boards provided texture modified and therapeutic diets through a mixture of in-house and bought-in meal provision. It was noted that where bought-in products are used, there was less flexibility in terms of portion-size, and therefore boards should demonstrate their process for providing choice of portion size (for instance, by providing additional meals where required) within their local written processes.

NHS Highland were particularly highlighted as having a very clear and comprehensive example of a Therapeutic Diet Provision Protocol, which detailed all elements of Nutritional Care, Food Provision, Hydration and Therapeutic Diets.

7.4 Areas for Improvement

Question 7 – ‘texture modified menus are capable of meeting the nutrient requirements in FiH Table 2’ – was highlighted as a particularly challenging requirement to meet for different reasons:

- in some cases, this was because the boards had been unable to carry out the nutritional analysis on these menus at the time of assessment,
- bought-in texture modified meals often do not meet the nutrient requirements outlined in the Specification
- access to information on the full range of micronutrient data as outlined in the Specification for bought-in products can be difficult to obtain from suppliers.

8. Findings – Special and Personal Diets

8.1 Introduction

Section 6 of the Food in Hospitals Specification requires boards to have a protocol for the provision of any requirements outside of the planned menu, for instance, to meet cultural, religious or vegans need or personal preferences.

8.2 Summary of Findings

The following table provides an overview of the questions and findings for this area of compliance.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
1. Is there a protocol for the provision of any requirements outside the planned menu? E.g., cultural, religious, or vegan needs FiH 5.1 (page 63 and 112)	13 out of 16 boards met requirement 81%	Provision of protocol, patient information	Boards to provide protocol outlining this provision

8.3 Areas of Good Practice

Most boards were able to provide information on how provision for requirements outside of the planned menu are met in that board.

NHS Dumfries and Galloway were particularly commended during their review for the provision of a wide variety of menu types to meet a range of needs, provided as a picture menu or available online if required. The picture menus have particularly aided in communication and supporting patient choice.

8.4 Areas for Improvement

While all boards were able to describe how specific needs are met for cultural, religious, or vegan needs, a small number of boards had no written protocol that

articulated this process. Where this was not available within the board the protocol should be developed and implemented.

9. Findings – Catering and Nutritional Guidance for Children and Young People

9.1 Introduction

Section 7 of the Food in Hospitals Specification requires that menu planning groups and hospitals must provide a specifically designed menu for children, which must meet the nutrient criteria set out in the Specification.

9.2 Summary of Findings

The following table provides an overview of the questions and findings for this area of compliance. 13 boards out of 16 in Scotland cater for children's services.

Question	Compliance Rate	Evidence Provided	Outstanding Requirements
1. Where there are children's services, is there a separate children's menu?	13 out of 13 boards met requirement 100%	Children's menus	None
2. Is the menu capable of meeting the nutrient criteria in FiH table 41 (page 146)	2 out of 13 boards met requirement 15%	Nutritional analysis of children's menus	Boards to provide nutritional analysis of children's menus

9.3 Areas of Good Practice

All boards that include services for children provided a separate children's menu.

NHS Grampian was particularly commended for their approach to catering for children. The panel felt the menu was very children-friendly and offered a lot of choice. NHS Grampian have a dedicated cook for the Royal Aberdeen Children's Hospital, where food is served on the ward from a food cart; children are

encouraged, if they can, to go to the cart to select what they want, or alternatively choose from a menu card.

9.4 Areas for Improvement

Most children's menus still require to be nutritionally analysed to ensure they can meet the Food in Hospitals criteria which has resulted in a low reported compliance level for question 2; analyses undertaken in the previous system are now out of date and have not taken account of more recent changes to the menus. The Specification outlines the requirements of children's menus by age group, and this adds to the complexity of the analysis of children's menus. Currently the national Nutritional Analysis Tool is unable to support this age-group analysis; work is underway to add this functionality to the system in a more efficient way. Analysis will be undertaken as the new Nutritional Analysis Tool is implemented across the country.

10. Summary of Review Findings

In summary the review highlighted that boards are broadly providing their services in line with the requirements outline in the Specification.

Sections 4 to 9 of this report have given a detailed picture of the findings from the national review. Themes of the areas identified for improvement can be summarised as follows.

10.1 Nutritional Analysis

For several boards the main area for improvement would be the completion of nutritional analysis for all recipes and menus. There are two key reasons why this activity is outstanding. Firstly, the previous Nutritional Analysis Tool had been considered no longer fit for purpose and the contract was up for renewal. A replacement system, embedded in the structure of the National Catering Information System, was in development and being launched as available for use in early 2021, meaning that most boards had not had the opportunity to carry out a refreshed nutritional analysis of their menus in time for this first phase of assessment. A small number of boards were able to supply their analysis from the previous system but that could only be done where it had been fully complete in that system and where there had been no recent changes to recipes or menu structures. Secondly, many boards cited a shortage of available dietetic resource as the fundamental reason why nutritional analysis had not yet taken place. Unlike the availability of the tool, this issue is unlikely to be resolved in the immediate future so may well continue to be a barrier for some boards to complete and maintain this activity.

10.2 Availability of Evidence

Many boards found that they were unable to find any written evidence to demonstrate compliance with various requirements. For instance, they were able to articulate that a specific method or process was in place and that it was well established, however there was no documented evidence that this was the case – for instance, a standard operating procedure, guidance, or policy that staff could access to ensure they were using the correct approach. Boards who were unable to provide such evidence should ensure that processes are written down in standard operating procedures, guidance, or policy.

10.3 Variation in practice across the NHS board

Boards that had many different service providers or variations in service delivery methods had to collate information about each variation and submit this as evidence. This meant potentially submitting a large volume of different menus for each site, different processes for ordering ward provisions, different policies about who was

responsible for what activity in each area etc. In cases such as this there was likely to be omissions (in which case the requirement would be considered an area of improvement), and in some cases it was not clear to the reviewer if they were looking at site-specific or board-wide processes or templates during the review. HFS will look at the submission system to improve the signposting process for boards in this position. Those boards with complex or variable service delivery should also seek to systematically provide evidence from all sites in their next full review.

10.4 Patient Information

For several requirements, the lack of evidence that all the elements of the catering service were routinely communicated to patients was the reason why they were highlighted as an area for improvement. For instance, it is a requirement that patients are provided with a 'healthier eating' choice at each mealtime (see page 18 of this report). Most boards were able to point to the options on the menus provided that would meet the definition of 'healthier eating', however the patient menus did not clearly identify those dishes as 'healthier eating' choices. As the new Nutritional Analysis Tool is utilised, boards will be able to provide information to patients about the nutritional content of each dish and whether it meets the specification for healthier eating or higher energy categorisation.

11. Review of Assessment Process

As part of the project review, user feedback was collected from all stakeholders involved in the submission and review process. A summary of the findings has been provided below:

Feedback from board submitters:

- It took a significant time commitment to complete submissions due to the complexity of the information being gathered.
- Access to multidisciplinary support in collating responses was limited.
- It would have been helpful to have had an agreed list of the acceptable evidence for each requirement.
- The digital system to support submission was largely helpful, although there were occasional issues with saving of evidence and in some places the text boxes were too small to easily read the text. Some respondents noted that better linking within the system between evidence and responses might improve the process.
- Submitters felt they often considered their board to be compliant but were unable to source the evidence to demonstrate it.
- The questions were clear, but some found the responses and evidence provided to be repetitive.
- Boards with complicated or variable service provision reported the most problems in accessing and collating larger collections of evidence.
- New Nutritional Analysis tool was not up and running for boards to demonstrate compliance of their current menus with some aspects of the Specification.
- Reports were not always considered detailed enough in reporting the contents of the discussion at the panel review, although others felt the reports were 'comprehensive' and 'useful in clearly outlining the actions required'.

Feedback from reviewers and panel members:

- The peer review was a useful part of the process and was invaluable in terms of sharing experiences and expertise during the reviews.

- Some reviewers reported some difficulties in accessing the correct evidence to consider alongside board responses.
- The addition of the follow up process was beneficial to allow additional evidence to be provided and gave an opportunity to conduct a full review, but it did create a lot more work for reviewers and HFS to handle and review the additional evidence and update the results and reports after the panel review.
- There was too much time passing between the panel, the provision of follow up information, the development of the action plan and report finalisation. There was however recognition that this was unavoidable in this assessment programme being conducted during the Covid pandemic response.
- All respondents found the panel review process beneficial, saying it was a 'supporting and thought-provoking' discussion.

Feedback around the general support provided nationally was positive, with all respondents reporting that the support, training, and guidance available was sufficient and help was readily available.

It is important to note in planning for the next phase that while the boards may no longer be on an emergency footing for phase 2, there may still be restricted availability of resources to commit to the review process.

12. Next Steps

Considering the stakeholder feedback, the decision has been taken to focus the next phase of assessment on the findings from phase one, targeting attention on the board progress against the actions identified through the first phase of assessment.

The Specification itself is also due to be revised and updated, to refresh the guidance, take account of the findings of this national assessment, and to take account of recent changes to legislation and other guidelines. A targeted interim assessment of areas of improvement that were identified for each Board will also allow for this revision to take place before the next phase of full assessment.

To prepare for this next phase HFS are working with board representatives and national catering and nutrition groups to redevelop the assessment process to therefore focus on enabling boards to provide updates against their agreed actions. The next phase will be a leaner approach that will focus on improvement activity. This will minimise the time needed for both submitting boards and peer reviewers, while maintaining the benefits of peer-to-peer review and feedback.

The online assessment system will be updated to support this new approach, along with considering the feedback from end users on the use of the system itself.

We plan to commence with the second phase of assessments in Autumn 2022-23.