#### **NHS Scotland Assure**

Quality in the healthcare environment



# Food in Hospitals

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Programme Update 2022



## Aims of the Session

- 1. Give an overview of the Food in Hospitals Specification and the assurance programme
- 2. Share the findings from the first phase of assessments
- 3. Outline national and local improvement activity
- 4. Share the work of national projects and governance groups
- 5. Outline future plans



# **Food in Hospitals Specification**

First published in 2008

Compliance measured by selfassessment by NHS boards, every 6 months

Results reported to HFS

Specification revised in 2016



# National Services Scotland

# **Food in Hospitals Specification**

- Catering provision in hospitals should always be exemplar and requires multidisciplinary team input
- The Specification provides information in standards for nutritional care, guidance for planning groups, be a practical resource and define nutritional and dietary requirements





# Food in Hospitals Specification (2016)

1. Nutritional Needs of the population

2. Menu planning and food-based criteria

3. Menu planning guidance

4. Therapeutic diet provision

5. Special and personal diets

6. Nutritional guidance for children and Young People

7. Audit and monitoring



# **Food in Hospitals Assessment Programme**

- Assessment programme based on a format of questions and associated evidence – developed nationally
- Online submission process carried out by a multidisciplinary team, supported and facilitated centrally with training and guidance
- Online submissions reviewed by catering and dietetic peers from across the country
- Final review of all findings at a panel session facilitated by HFS



Local report provided to outline findings and support action planning





# The board experience – submitting the self-assessment

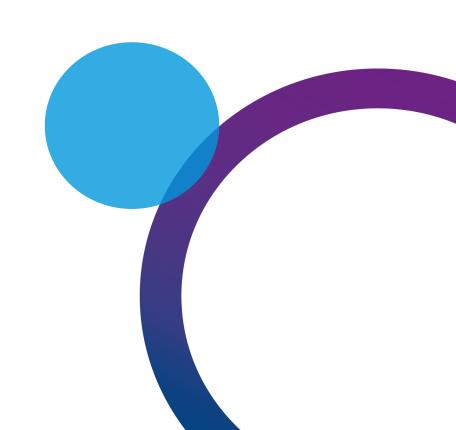
- Previous experience of leading the submission
- 3 people responsible for submitting
- Access to the online Food in Hospitals portal
- Gathered and refreshed previous data
- Significant amount of data challenges of logging data that crossed multiple criteria
- Self assessed each requirement as met or not met
- Met the panel in July 2020
- Report completed October 2021





## The peer reviewer experience

- My personal reasons for being a reviewer
- Reviewed 4 boards
- Accessed and downloaded data via the Food in Hospitals online portal
- Sifted through data and scored
- Met the board representatives and discussed findings,
   requesting further evidence and changing status
- What were the challenges?





# **National Report**

- Provided themes and recommendations from the assessment from a national perspective
- Set the baseline measurement of board levels of Food in Hospitals compliance for future measures
- Identified and celebrated innovative service delivery and best practice
- Reviewed the Food in Hospitals assessment programme for future planning

f compliance.	Compliance Rate	ew of the questions and f	Outstanding Requirements
Question			Boards to provide
1. Is there evidence of multidisciplinary input into the menu planning process?	1	Evidence of discussions around menu planning involving key staff groups including clinical/nursing input (agenda, meeting notes etc.).	evidence of recent menu review activity and identifying multidisciplinary involvement.
2. Does the menu provide as a minimum	16 out of 16 boards met requirement.	Provision of all mentacross the board.	None.



## Phase 1 – Themes and Recommendations

- Nutritional Analysis
- Availability of evidence
- Variation in practice across the board area
- Patient Information





# Feedback from assessment programme

## Board submission process

- Time consuming and sometimes difficult to find suitable evidence to show compliance
- Access to multidisciplinary support in the board was limited
- Questions were clear but sometimes repetitive

## Peer review and panel

- Peer review process was valuable for sharing experiences and expertise
- Panel review was beneficial, providing 'supportive and thought-provoking' discussion





# **National Catering Strategy – Key elements**



# **National Hospital Food Provisions Group**

- Co-chaired by a dietitian/Head of Catering with support from HFS
- Catering and dietetic representation from each board
- Remit is to:
  - Provide expert advice on the Food in Hospitals Specification
  - 2. Support Boards to implement nutritional analysis
  - Provide advice and expertise to the National Catering Strategy









# **Next Steps for Food in Hospitals**

- Commence with Phase 2 of Food in Hospitals
   Assessment action plan updates
- Action plan reporting and identification of barriers for completion
- Outcomes to shape future improvement programme
- Review of the Food in Hospitals Specification



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