Scottish Government Consultation on Proposed Options to Improve and Assure the Nutritional Standard of Food in NHSScotland Hospitals:

Healthcare Improvement Scotland response, June 2016

Healthcare Improvement Scotland drives improvement in the quality of health and social care for all people in Scotland. Our work supports the 2020 vision for Scotland where people are able to live longer healthier lives at home, or in a homely setting.

We work with health and social care providers to drive improvement in the care people receive by:

- empowering people to have an informed voice in managing their own care and shaping how services are designed and delivered
- using the best available evidence to provide national clinical standards, guidance and advice for health and social care providers to use.
- providing programmes of world-class improvement support to help services improve, and
- delivering scrutiny activity which is fair but challenging and leads to improvements in the care that people receive.

We work in partnership with those delivering care including integration authorities, third sector organisations, the independent care sector, housing organisations and NHS boards to make improvements in health and care services which are cost effective and sustainable.

Aspects of patients’ nutritional care are currently captured within our Older People in Acute Hospital (OPAH) inspections. These include reviewing patients’ nutritional screenings and assessments, which identify individual risks and requirements. We find the accuracy of these assessments can be inconsistent which may mean that referrals to a dietician are not made and the patient does not receive a specialist assessment and individual treatment plan.

We also observe patient mealtimes and establish what snacks and drinks are available to patients during their admission. In general, we find that mealtime processes for patients are well established with good co-ordination, however we note that there could sometimes be additional support provided to patients to encourage their intake.

Patient feedback relating to food, fluid and nutritional care is always captured during our inspections and features within our reports. We find that we receive the greatest positive patient feedback about hospital food where traditional cooking methods are employed on site and there is more flexibility between the ward staff and kitchen to offer alternative meals/snacks to meet the needs of patients.

Reports from our OPAH inspections are published and are available on our website www.healthcareimprovementscotland.org
**Question 1:** Which option or options would you support from the ‘Options and proposal for consultation’ section of the consultation document? Please select the box opposite your preferred option. If you support more than one option, please indicate with a number in the box opposite with 1 for your most preferred option and 4 for your least preferred option.

<table>
<thead>
<tr>
<th>Option 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 2</td>
<td>X</td>
</tr>
<tr>
<td>Option 3</td>
<td></td>
</tr>
<tr>
<td>Option 4</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**Question 2:** Please provide any reasons for your answer to Question 1 in the box below.

Overall we feel that this option would provide a more robust approach than that currently in place. It should support greater equity for patients across services.

Whilst we recognise that statutory footing may be a useful lever, option 2 would seem proportionate and align well with current approaches to scrutiny of NHS services, combining standards, self-assessment and independent quality assurance with a view to overall service improvement.

We would also comment that the suggestion of an independent ‘inspection regime’ needs to be considered carefully as it may be more appropriate for greater scrutiny to be incorporated into existing inspection / review approaches in a proportionate and risk-based way. In Healthcare Improvement Scotland we are seeking to create a greater focus on local self-assessment and building capacity for improvement, supported by external quality assurance and improvement expertise – rather than a narrower focus on scrutiny to drive up standards. It would be important to support this with mechanisms for sharing of best practice and learning, as well as appropriate patient / public involvement. Other approaches to improving outcomes could also be considered, for example an improvement collaborative.

**Question 3:** Do you think that the policies and programmes currently in place will continue to drive up the nutritional standards of hospital food? Yes and No

**Please provide reasons**

We believe that the current policies, in principle, have the potential to make a positive impact on driving standards; however the effectiveness of these in practice depends on their implementation. Current variability in implementation results in inequity for patients. It is also difficult at present to measure the impact of national food and drink policy on NHS patients.

In addition, policies which are more patient / staff friendly could be developed to increase knowledge and understanding of nutrition and food safety.
Question 4: Since 2009, HFS have published reports every six months based on NHS Boards’ self-assessed compliance with ‘Food in Hospitals’. Do you think that independent inspection is required to monitor NHS Boards’ compliance with the ‘Food in Hospitals’ standards?

Yes

We agree that external independent scrutiny is a key element to drive improvement in compliance with the standards, ensuring a robust, consistent transparent approach providing equity for all service users. To date, no review of NHS board evidence, to verify stated compliance, has been undertaken.

However, as noted under question 2, it is important to clarity what this scrutiny will look like in practice and whether this in fact is most appropriately a programme of inspections or a more ‘blended’ approach also involving self-assessment and quality assurance of particular aspects. It is essential that consideration is given to the best approach to improving outcomes in a sustainable way and that scrutiny is undertaken with a view to improvement and sharing of best practice.

Question 5: Should the monitoring of the ‘Food in Hospital’ guidance be broadened to include Private Hospitals providing NHS treatments?

Yes

Yes, as the majority of independent healthcare services are also providing services commissioned or funded by the NHS or local authorities, and this therefore ensures equitable nutritional care for all NHS patients regardless of the setting.

In the context of health and social care integration we suggest that it is worth considering the alignment of this guidance with the National Care Standards. The standards will be used by all services regulated by the Care Inspectorate and Healthcare Improvement Scotland and further discussions will continue to take place on the applicability of the standards with regard to other services.

Catering Standards

Question 6: ‘Food in Hospitals’ establishes menu planning and food based guidance, which are included in Annex B and C of this document. Do you think that a more robust enhanced scrutiny regime should be put in place to monitor characteristics of the food served to hospital patients?

Yes

As detailed above, we are supportive of more robust assurance in relation to food served to hospital patients, however as noted, the exact nature of the approach requires further consideration.
It is also important that more robust scrutiny and assurance mechanisms are put in place for this purpose, within the Boards themselves, for example, observing mealtimes, as well as patient and carer feedback. Consideration should also be given by Boards to the potential roles of volunteers alongside staff. Healthcare Improvement Scotland has previously published an evaluation report on Mealtime Volunteers.

While Food in Hospitals provides a detailed guide, it may also be helpful if some case studies were added to the document, covering for example conditions which require the individuals needs to be evaluated in more detail. The algorithm on page 104, appendix 7 could also be more explicit.

**Question 7: Should standards for catering in hospitals be developed based on menu planning and food based guidance within ‘Food in Hospitals’?**

Yes

No

This may be of benefit however it is unclear from the consultation what these additional standards might look like and what would be different from the current Food in Hospitals specification. If there are currently gaps, catering standards would again provide some equity and consistency for NHS patients, however they should complement existing standards and be very clear about the fit with these.

**Business Impact**

**Question 8: Do you have a commercial interest in the production, procurement, preparation or planning of food in hospitals?**

No

**Question 9: Do you anticipate any of the proposed options to assure and improve the nutritional standards of food in hospitals will have a significant positive or negative effect on your business or organisation?**

Please provide details and indicate which proposed options you are referring to in the box below.

It is difficult to anticipate the likely impact however Healthcare Improvement Scotland would hope to see a positive secondary effect of improvements in relation to our reviews of Food, Fluid and Nutritional Care as part of inspections of services for Older People in Acute Hospitals. This of course will depend on the effectiveness of implementation of the standards.

**Question 10: What do you foresee the overall financial impact of your preferred option to be?**

As noted above, it is difficult to anticipate this as it will depend on the relative stage of Board progress with implementation.

**Equality Impact**

**Question 11: Do you anticipate any of the proposed options to assure and**
improve the nutritional standards of food in hospitals will have a significant positive or negative effect on any protected equality characteristics?
The nine protected equality characteristics are age, sex, gender reassignment, sexual orientation, race, religion or belief, pregnancy and maternity, disability, and marriage and civil partnership.

Please provide details and indicate which proposed options you are referring to and which equality characteristics you think would be impacted in the box below.
Yes ☐
No ☐

Please provide details

It is difficult to comment without knowing whether there are characteristics currently requiring improvement in this area. Greater assurance should lead to consistent implementation of a person-centred approach across all characteristics.

General comments

**Question 12:** Do you consider the food currently served to patients in NHS Scotland meets the nutritional requirements established in ‘Food in Hospitals’?

Please provide your answer and reasons for your answer in the box below.

It is difficult to answer this question as there is not published evidence to support whether current requirements are being met or not. Patient and carer feedback should have a key role in informing such a view.

It is also important to take into account the role of families and visitors in supporting healthcare providers and patients in meeting nutritional needs.

**Question 13:** If you consider the food served in NHS Scotland hospitals to be of low nutritional quality, what are some of the barriers to the provision of high quality meals to patients?

**Response**

Variable nutritional quality may be a good description. For example, this would depend on whether each Board had undertaken comprehensive nutritional analysis and how food is cooked, reheated and stored before actually being served to patients. Patient feedback from traditionally cooked meals is always more positive than patients served from CPUs.

The nutrient quality of meals is one aspect, others are the appearance of food, the actual quantity of food eaten and the assistance / encouragement provided.

**Question 14:** Do you have any other suggestions for how NHS Scotland can improve the nutritional quality of hospital food for patients?

Generally approaches to improving nutritional quality should be person-centred e.g.
reflecting the needs of the hospital population, a flexible approach to choices and times for eating and drinking and support and encouragement where required. Overall this should be focused around the implementation of national standards supported by a robust independent programme of quality assurance, which also ensures that patient feedback and experience is being captured and acted on.

Question 15: Are you aware of any further evidence that should be considered?

More comprehensive patient feedback – including all comments, concerns and complaints - should be captured and utilised. Increased sharing of this patient feedback to inform improvements would be helpful.

As noted above in relation to learning from scrutiny, findings from future quality assurance of food in hospitals should be widely shared to promote areas of good practice and share learning.

In early years, ‘Setting the table’ (2015) and the associated recipes appear to have been a great resource for nursery staff, there is also some evidence to show children are having a greater role to play in the preparation and enjoyment of food.

Question 16: Do you have any other comments you would wish to make? 
Response details:

Transparency is needed across the entire nutritional care journey to share good practice and quality assurance findings. The public require assurance that hospital food is all nutritionally analysed, consideration is given to appearance and choice, snacks and drinks are always provided to all patients with assistance and encouragement as required. Nutritional care must be capable of meeting individual patient needs whilst in hospital and regular monitoring and review of practice is required to provide this assurance to the public.