



Department
of Health



Compliance with hospital food standards in the NHS

Two years on: a review of progress since the
Hospital Food Standards Panel report in 2014

January 2017

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Two years on: a review of progress since the
Hospital Food Standards Panel report in 2014

Prepared by: Dr Liz Jones

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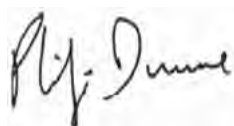
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Foreword

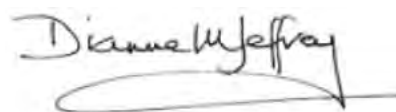
In 2014, for the first time ever, hospital food standards became mandatory in the NHS in England. Two years on, we revisited the work of the Hospital Food Standards Panel – that drove this change – to see what progress had been made.

We are pleased to see that good headway has been made on adopting the standards, but more importantly, that they have been associated with a measurable improvement in food quality and patient experience. More hospitals than ever have a food and drink strategy and this bodes well for the future.

From February 2017, responsibility for hospital food policy transfers to NHS Improvement. We look forward to seeing further progress, in particular in encouraging adoption of healthier food and drink across hospital settings and wider use of the Department for Environment, Food and Rural Affairs' balanced scorecard for procurement.



Philip Dunne
Minister of State for Health



Dianne Jeffrey
Chairman, Age UK

Executive summary

This report provides an update on the progress made by NHS hospitals in adopting the hospital food standards recommended by the independent Hospital Food Standards Panel (HFSP) in its 2014 report.

As the report shows, there has been substantial progress across NHS hospitals. A large majority now have a food and drink strategy and compliance with recommended standards has increased: over half of NHS hospitals are now fully compliant with the standards and well over 90% of hospitals have confirmed they are working towards them. Patient surveys, including the annual Patient-Led Assessments of the Care Environment (PLACE), have recorded improvements in the quality of food and – importantly – in the overall quality of care around nutrition. Though these improvements were small, they are clearly welcome.

Alongside the work in individual hospitals, there is continued central action on hospital food and drink. This includes work led by NHS England on staff health and wellbeing, and on commissioning for better nutrition and hydration for patients. Work is also underway within professional bodies, voluntary organisations and industry, as well as across the NHS. This report includes some examples of these initiatives.

There is still variation in service quality across the country, and there is more to do to make sure that all patients, staff and visitors get the best possible food, but overall performance has improved since the panel reported. This is an encouraging start; the challenge now is to maintain the quality, particularly in an environment of efficiency saving.

During 2017, responsibility for national leadership on hospital food is expected to transfer from the Department of Health (DH) to NHS Improvement.

About hospital food standards

The food served in hospitals is a vital part of patient care. It is essential that patients receive the right nutrition and hydration; it can help them recover faster and is an important aspect of the overall care experience.

While many NHS hospitals provide high-quality food, it was recognised that more could be done to raise the overall quality of the food available. This led to the appointment, in 2014, of the Hospital Food Standards Panel. This independent panel was tasked not with developing new standards, but rather examining the large volume of food standards that already exist to identify the most relevant and effective way to deliver the consistency and quality in hospital food that all want to see.

In August 2014, the HFSP published a report¹ which made four recommendations and identified five food standards that all hospitals should follow. These related not only to the nutrition and hydration needs of patients but also issues such as healthier food for staff and visitors and sustainability of food and catering services.

The standards are:

- [The 10 key characteristics of good nutrition and hydration care](#)
- [Nutrition and Hydration Digest](#)
- [Malnutrition Universal Screening Tool](#) or equivalent validated nutrition screening tool
- [Healthier and More Sustainable Catering – Nutrition Principles](#) (This relates specifically to staff and visitor catering.)
- [Government Buying Standards for Food and Catering Services](#)

From April 2015, these standards have been included in the NHS Standard Contract and thus are legally binding.²

Hospitals' performance against these standards is predominantly monitored via the annual Patient-Led Assessments of the Care Environment (PLACE). These are snapshot views of the quality of non-clinical services such as hospital food, hospital cleanliness, privacy and dignity, car parking and general maintenance and décor. They are carried out by mixed teams of patients and staff, and include specific questions relating to the work of the HFSP as well as inspections of catering methods, choice and mealtimes and taste testing.

Data in this report is drawn from PLACE assessments unless specifically stated otherwise.

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/Hospital_Food_Panel_May_2016.pdf

² See www.england.nhs.uk/nhs-standard-contract/

Progress against recommendations

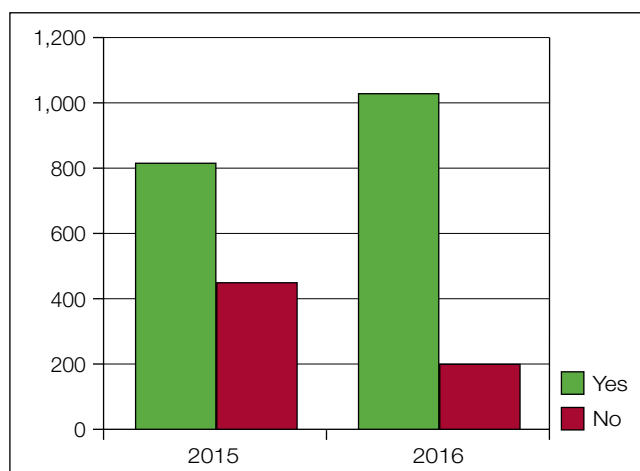
Recommendation 1:

That all NHS hospitals develop and maintain a food and drink strategy. This should include:

- the nutrition and hydration needs of patients
- healthier eating for the whole hospital community, especially staff
- sustainable procurement of food and catering services

The fundamental recommendation of the HFSP was that all NHS hospitals should develop a coherent and comprehensive food and drink strategy. This was recognised as the action that could underpin all other recommendations. This year's PLACE figures show that some 1028 hospitals out of a total of 1227 have a food and drink strategy in place – equivalent to 84% of all NHS hospitals. That is heartening in and of itself, but also shows a significant increase from 2015, when 65% of hospitals had a strategy. That means 213 hospitals have put in place a food and drink strategy this year; if the same rate of progress continued in 2017, all hospitals would have a strategy.

Figure 1: Answers to PLACE question “Has the organisation developed and maintained a Food and Drink Strategy in accordance with the Hospital Food Standards Panel’s report on standards for food and drink in NHS hospitals?”



Recommendation 2:

That five ‘required’ standards become routine practice across NHS hospitals

As stated earlier, the HFSP identified five food-related standards that all NHS hospitals should be required to follow. These covered not only the nutrition and hydration needs of patients but also issues such as healthier food for staff and visitors and sustainability of food and catering services. Because the standards are included in the NHS Standard Contract, hospitals are legally bound to meet them.

This section examines each of these standards and the progress made towards implementing them across all NHS hospitals.

10 Key Characteristics of Good Nutritional Care (NHS England)

www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/

The ‘10 key characteristics’ are a set of fundamental principles for good nutritional care. They were originally produced by the Nutrition Alliance in 2003 based on a Council for Europe report, and were adopted by NHS England. They cover issues such as planning and service of food and drink and the importance of giving patients some choice and control over their food and drink.

The 10 Key Characteristics were reviewed by NHS England in 2015. The HFSP has reviewed the updated Characteristics and confirmed that they should remain a ‘required’ standard.

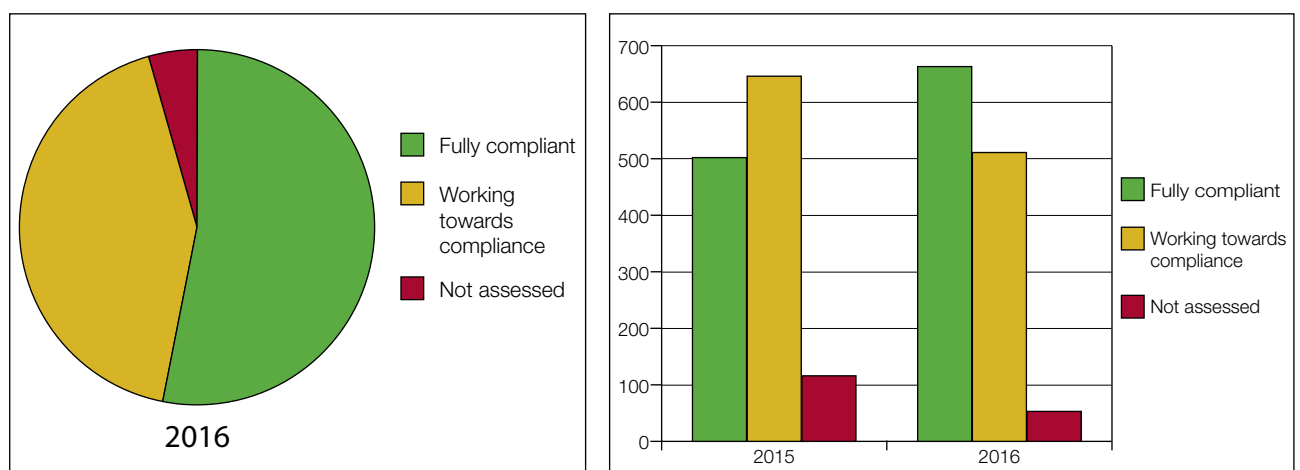
Compliance with the 10 Key Characteristics

1,174 NHS hospitals are fully or partly compliant with the 10 Key Characteristics – well over 90% of the total.

54% are now fully compliant: this is a substantial increase on 2015, when only 40% were fully compliant.

An equally important change year-on-year is the number of hospitals that have not yet assessed their compliance. In 2015, 116 hospitals had not done so; this year, the figure has dropped to just 53.

Figure 2: Answers to PLACE question “Has the organisation assessed its compliance with the 10 Key Characteristics of Good Nutritional Care?”



Nutrition and Hydration Digest (British Dietetic Association)

www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf

Produced in 2012, the British Dietetic Association's (BDA's) Digest is a dedicated toolkit to help hospitals deliver nutritious meals that meet patient requirements. Developed by the BDA's Food Service Specialist Group (FSSG), it includes 27 Key Performance Indicators for hospital food, that cover service, choice, nutritional content and menu planning as well as special diets and frequency of drinks and snacks. These KPIs were summarised in '[The Digest Checklist](#)' produced in response to the HFSP recommendations. This checklist provides an easy way to view all the action points that a catering organisation should have in place to be able to meet the requirements for the relevant section of their food and drink strategy.

The Digest is due to be reviewed in 2017 and will include, or refer to, new BDA guidelines on labelling and allergens. As well as the dietitians who form the FSSG, other stakeholders will be invited to contribute to the review process including caterers and nutrition nurses, dietitians in other specialist groups, and DH representatives.

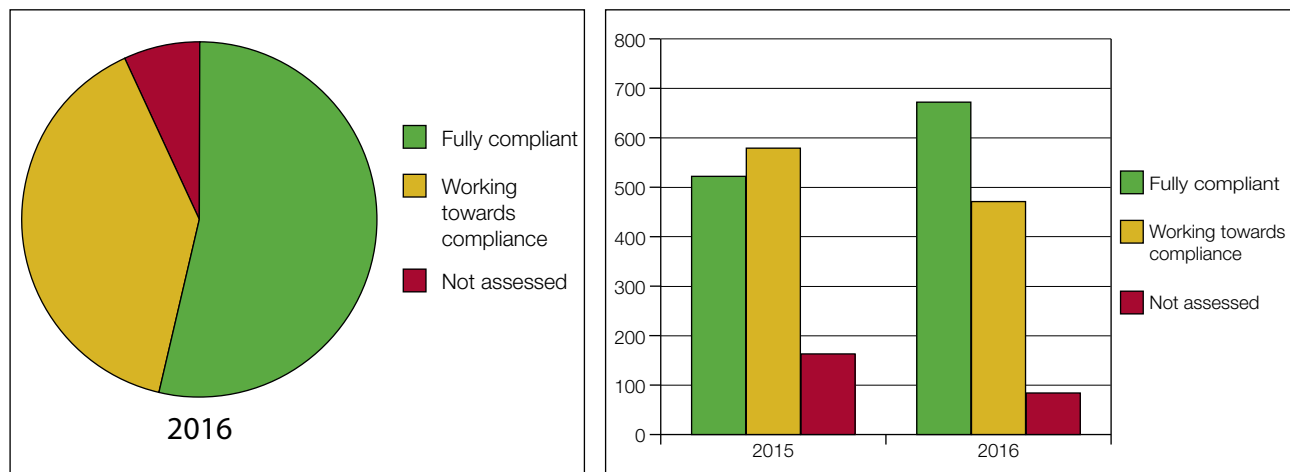
The Digest will remain an evidence-based, practical resource for all those involved in the provision and delivery of food and drink to adults in the care setting.

Compliance with the BDA Digest

55% of all hospitals are fully compliant with the BDA Digest, compared to around 41% last year. Most of the rest are working towards compliance.

Fewer than 7% of sites have not yet assessed compliance – a number that has almost halved this year.

Figure 3: Answers to PLACE question "Has the organisation assessed its compliance with the British Dietetic Association's Nutrition and Hydration Digest?"



Use of Malnutrition Universal Screening Tool (British Association for Parenteral and Enteral Nutrition – BAPEN) or Equivalent

www.bapen.org.uk/screening-and-must/must-calculator

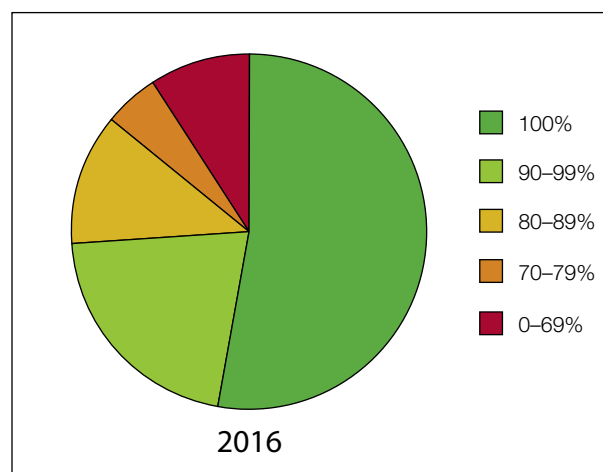
The Malnutrition Universal Screening Tool (MUST) is a validated 5-step nutrition screening tool for identifying adults at risk of malnutrition. It can be used by all health and care workers in all care settings. There are other tools for screening adults that fulfil this requirement; while MUST is the most widely adopted option, the standard should be seen as incorporating the use of these tools too.

Compliance with MUST screening

The data for 2016 shows that over half of all hospitals have assessed the nutritional needs of every patient.

However, of perhaps greater significance is the fact that 93% of hospitals assessed the nutritional needs of at least 70% of patients. This not only means that most patients are receiving some kind of assessment of their nutritional needs but also that the process of assessment, via MUST or other tools, is now well-established in the overwhelming majority of hospitals.

Figure 4: Answers to PLACE question “Based on an audit conducted within the preceding 6 months (from the date of the PLACE assessment) the percentage of patients screened using the MUST or an equivalent tool is:”



Clearly, the use of MUST is just the start: the insights gained from it need to be used to help tackle malnutrition. To that end, a Nutritional Care Tool (NCT) has been developed in support of MUST. Now used in over 70 different organisations, the NCT is a quality improvement tool which measures whether the MUST tool has been used properly, alongside patient feedback and weight tracking. It is also supported by e-learning modules for hospital, primary care and care home staff.

Future work in this area includes the development of child-specific screening in association with the British Society for Paediatric Gastroenterology, Hepatology and Nutrition and a potential adaptation of MUST to include obesity.

BAPEN has also developed a MUST Self Screening Tool to help patients in the community to assess whether they are at risk of being malnourished, with further information on a healthy diet.

Government Buying Standards for Food and Catering Services (GBSF)

www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services

GBSF are a set of standards for the procurement of a range of goods and services. They are mandatory for central government departments and agencies, and for the NHS, and are highly recommended for other public sector bodies. They aim to ensure that government procurement supports a wide range of social and environmental aims as well as delivering value for money.

GBSF have a broader remit than the other ‘required’ standards, as they cover not only patient food but also food served in hospitals to staff or visitors. They include nutritional criteria that support eating for health and promote public health, as well as sustainability criteria aimed at reducing waste and enhancing animal welfare.

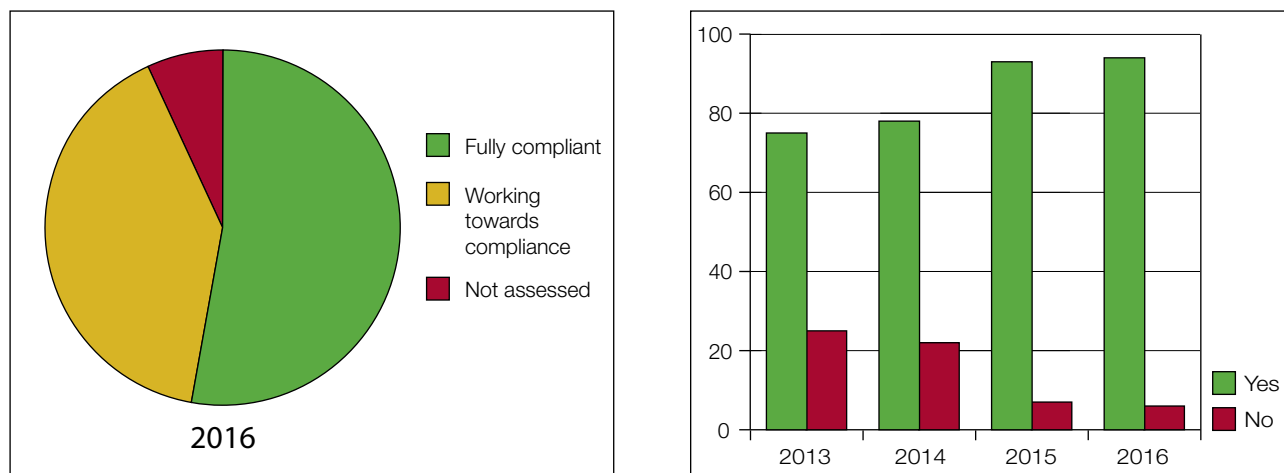
Work is currently underway to make the Government Food Procurement Portal easier to use and more transparent for food producers, suppliers and caterers as well as the buyers themselves. There will be fewer questions to answer – so registration will be faster – and producers and suppliers will receive more useful feedback post-registration to help them make the most of the portal. For buyers, the new system will provide procurers with a clearer overview of a supplier’s performance against the ‘mandatory’ and ‘award’ criteria of the balanced scorecard, and the option to share more detailed information by mutual agreement.

Compliance with GBSF

Well over 90% of hospitals are fully or partly compliant with GBSF; fewer than 6% of sites have not yet completed an assessment.

Data are available to show compliance with GBSF since 2013. Compliance surged in 2015 – the first year after the HFSP report was published. The upward trend has continued in 2016, with the question now allowing hospitals to answer whether they are fully compliant or working towards compliance. 52% are fully compliant.

Figure 5: Answers to PLACE question: “Has the organisation assessed its food procurement and catering services against the Government Buying Standards for Food and Catering Services?”



Healthier and More Sustainable Catering – Nutrition Principles (Public Health England)

www.gov.uk/government/uploads/system/uploads/attachment_data/file/347883/Nutrition_principles.pdf

Public Health England (PHE)'s Nutrition Principles were published in 2014, setting out the scientific principles for planning nutritionally balanced menus. The aim of the Principles is to help provide healthier and more sustainable choices within staff and visitor catering in all settings – not only hospitals.

Since the Nutrition Principles were published, PHE has updated its public-facing national food model – the [Eatwell Guide](#) – that shows the different types of foods and drinks we should consume (and in what proportions) to have a healthy, balanced diet.

The Nutrition Principles are being updated to reflect recent changes to government dietary advice and associated dietary messaging tools, together with recently published data from the National Diet and Nutrition Survey on population food consumption and nutrient intakes.

The update is expected to be published in early 2017 and will include:

- updates from the Eatwell Guide
- new, lower recommendations for sugar consumption, and higher recommendations for fibre intake in response to the Scientific Advisory Committee's (SACN's) Carbohydrates and Health report published in July 2015
- new revised advice for intakes of vitamin D in response to SACN's Vitamin D and Health report published in July 2016
- revisions necessary following publication of new National Diet and Nutrition Survey (NDNS) data in September 2016.

PHE is also considering how to consolidate and simplify the full suite of catering guidance and supporting tools it provides. It will be seeking feedback and comments from a wide range of organisations, including local authorities and healthier catering networks, to inform this work.

Compliance with the PHE Nutrition Principles

Because the Nutrition Principles focus on food offered to staff and visitors, they are not monitored as part of the PLACE assessments (which concentrate on services to patients). This is the only standard that is not monitored nationally, though it is reviewed locally as part of discussions between commissioners and hospitals around the NHS Standard Contract.

The HFSP recognises that there are other tools and assurance schemes that can be of use in promoting excellence. It is for hospitals to decide for themselves where these tools or approaches work for them.

There are many tools and schemes that could apply to hospital food. Many are designed to have a wider application, such as Defra's Balanced Scorecard and the Soil Associations' Food for Life Scheme, which provide different means to demonstrate how their procurement has helped support or meet specific goals.

These schemes and the Public Health Responsibility Deal (RD) were mentioned in the HFSP report and progress against them is tracked here. However, it is crucial to underline that these are optional and there are many more schemes available. The NHS has a full array of catering services from on-site cooking to bought-in/delivered meals and from NHS-employed staff to contract caterers. All are capable of delivering excellent food – and all can fail if not implemented properly.

The most recent PLACE assessment shows that just over half (51%) of sites use delivered meals, 33% have 'cook-serve' catering (where the meal is cooked from scratch on the premises) and around 10% have an on-site central production unit (where meals are prepared and then chilled or frozen for use on site or for delivery elsewhere). The remainder are a mix of services, including units where patients do all or some of the cooking.

Some of the tools and assurance schemes are only relevant to some types of catering system, but all catering systems can deliver high quality, nutritious and sustainable food. Whether the service is fresh, cook-chill, cook-freeze or plated meals, the quality of product, service and communication must be of the highest level possible.

Progress to date

Responsibility Deal

Some parts of industry have already taken a range of actions under the RD to help people eat a healthier diet, but the challenge to make further substantial progress remains.

The [childhood obesity plan](#) sets out a range of ambitious actions for industry and others, including challenging action on reformulation for sugar reduction.

We are considering how we continue to work with a wide range of stakeholders to deliver on all of the policy areas covered in the RD.

Defra's Balanced Scorecard

www.gov.uk/government/publications/a-plan-for-public-procurement-food-and-catering-the-balanced-scorecard

The Balanced Scorecard (BSC) was created as a tool to support good procurement which rewards suppliers who exceed the minimum requirements of the GBS Food across a range of categories including animal welfare, environmental management and engagement with end users.

The BSC can be applied to all NHS catering systems and aims to improve public sector procurement and enable UK producers to obtain more of the benefit of the £400m currently

spent by the public sector on produce from other countries. Since the HFSP report, Cabinet Office has confirmed that government departments, their agencies and Non-Departmental Public Bodies are expected to use the BSC toolkit when making procurement decisions. Defra is developing a reporting template to monitor progress.

The BSC has been used in other areas of public sector procurement.

- It has enabled suppliers, including those of prepared meals, to assess and improve their performance against the criteria to achieve an 'excellent' rating. The new portal, along with the range of available independent food assurance schemes, will further increase the opportunity for a wide range of suppliers to excel.
- It has led to changes in prison procurement, that now mean all individual portions of UHT milk served in UK prisons are from British producers – a total of 30 million portions a year.
- Crown Commercial Services has included the BSC in its framework contract for Facilities Management.
- The BSC has been promoted by the School Food Plan Trust, with two flagship boroughs becoming frontrunners in using the toolkit.
- In the NHS, the Royal Liverpool and Broadgreen University Hospital NHS Trust completed a tender exercise for trust-wide hotel services using the BSC to assess the food elements. The Trust has since been nominated for a Procura+ award for the bidding process.

Food for Life (FFL) Catering Mark

www.foodforlife.org.uk/hospitals

The Soil Association's Food for Life Scheme, which can be applied to some NHS catering systems, aims to promote not only eating for health but also sustainable food production. Caterers can apply for the Food for Life Catering Mark which demonstrates that a significant proportion of the food they serve is freshly prepared from unprocessed ingredients, and that they are promoting sustainability and animal welfare. It involves a detailed audit and compliance with certain national standards.

There are now 43 hospital catering providers with a Food for Life Catering Mark in England, either for patient catering, staff catering or both. The awards cover 37 hospitals and approximately 14.6 million meals per year. Seven awards are at gold level, five at silver and 31 at bronze.

A partnership has been developed between the Hospital Caterer's Association (HCA) and the Soil Association to highlight the benefits to hospitals of achieving excellent catering standards via the Food for Life Catering Mark. The HCA note that this has been a very supportive step in raising standards in a number of healthcare settings, although they recognise that there are many other methods of demonstrating excellence. Defra have worked with the most widely used independent food assurance schemes to produce guidance on how these schemes can help to satisfy some requirements of the balanced scorecard.

The Food for Life Catering Mark Standards Committee will be considering the results of a consultation on strengthening the 'Making Healthy Eating Easier' standards at Silver and Gold, bringing them in line with emerging best practice across the NHS in England, Scotland and Wales.

Recommendation 3:

That work should continue with the likes of NHS England and Defra, to make sure that the importance of hospital food is recognised for its contribution to the well-being of individuals and communities and for the benefits this will bring to society, through increased productivity and decreased healthcare costs.

Since the HFSP report was published, there has been extensive work related to this recommendation across a number of organisations. Some of the most significant developments are outlined below.

Work led by DH

Using CQUIN to improve food and drink available on hospital sites

CQUIN (Commissioning for Quality and Innovation) is a payment framework that enables commissioners to use financial incentives to providers to help achieve local quality improvement goals.

The HFSP report proposed a local CQUIN scheme to incentivise providers to review food and drink sold on hospital premises and to restrict less healthy food and drink and promote healthier choices.

DH developed a local CQUIN 'To improve the provision for healthier food and beverage options for staff and visitors at all times of the day and night'. This was included in the NHS Standard Contract CQUIN list for 2015/16, allowing commissioners to use it. Since then, NHS England has taken this further by developing a new national CQUIN (more detail below, in NHS England section).

Trial of options for healthier vending in the NHS

In 2014/15, DH oversaw a controlled trial on vending machines on an NHS site.

Food GBS requires that 80% of beverages available should be non sugar-sweetened. In the trial, vending machines on the site were stocked in line with the Food GBS requirement – which in effect meant the proportion of sugar-sweetened beverages available in the machines was reduced. This encouraged people to change what they bought: the sales of non-sugar sweetened beverages increased and the sale of sugar-sweetened beverages decreased.

The impact was even greater when non-sugar sweetened drinks were placed in the most prominent position (eye level). These positive results have led to the private sector provider making the same changes to all the machines they manage on NHS sites.

Food and drink sold on NHS sites

DH has set up and now chairs a monthly working group on food and drink sold on NHS sites. The working group includes representation from across DH, NHS England and Public Health England and has helped share feedback from the various initiatives and provide strategic direction to support change.

Work led by NHS England

NHS Staff Health and Well-being

In 2014, NHS England's [Five Year Forward View](#) made a commitment to:

- cut access to unhealthy food and drink on NHS premises
- implement food standards
- provide healthy options for night staff

This led to the announcement in 2015 of national action to address NHS staff health and well-being, which included challenging and supporting catering contractors and PFI providers to raise the standards of staff food and nutrition. This was followed by the development of a national CQUIN – 'NHS Staff Health and Well-being' – including a category focused on healthy food for NHS staff, visitors and patients. The national CQUIN was published in the NHS Standard Contract CQUIN list for 2016/17.

NHS England has published a CQUIN for 2017/18 and 2018/19 which builds on the existing CQUIN relating to NHS Staff Health and Well-being (See <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>)

NHS England has consulted on 'action to reduce sales of sugar sweetened drinks on NHS premises.'

Commissioning good nutrition and hydration care

NHS England's work on commissioning for better nutritional care was driven by its 'Hard Truths' publication in response to the Francis enquiry into care at Mid Staffordshire Hospital.

This resulted in [guidance for commissioners to address the deficit in nutrition and hydration care](#) identified at Mid Staffordshire, but regarded as endemic within NHS care. Action is underway to promote its use; regional leads have been identified and regular communication is helping to support the implementation of the commissioning guidance.

Improving food packaging

It is estimated that the NHS purchases over 73 million packaged food items every year (not including packaged water or nutritional supplements). Yet there is currently no requirement for food and beverage packaging supplied to the NHS to comply with the international standards (ISO17480) for ease of opening. Poorly designed food and beverage packaging can contribute to malnutrition in hospitals amongst older patients, with numerous studies highlighting the difficulty experienced by some patients in opening packs.

To address this, the following activities have been undertaken:

- survey of suppliers of packaged food products to the NHS to understand current levels of testing of 'openability' and awareness of ISO17480
- testing of current food packaging used within NHS at three acute hospitals
- formal testing of current food packaging used within the NHS at Sheffield Hallam University Design Future department
- presentation of findings at the Hospital Caterers Association Leadership Forum (April 2016), as well as via articles in Hospital Caterer and Food Packaging Association journals
- development of an information handbook regarding food packaging.

It is envisaged that information on packaging will be hosted on the Hospital Caterers' Association website from December 2016 (test link below). NHS Supply Chain will inform suppliers of the process of testing products against ISO17480 once the website is live.

<https://hca.digitalsm.co.uk/packaging/>

Research and evidence for change

NHS England has worked with the Centre for Analysis of Social Exclusion to carry out secondary analysis of the data from adult inpatient surveys. One theme that has emerged from this analysis is that a lack of support for eating – which could range from opening packaging for patients to spoon-feeding them, in line with the patient's needs – can compound poor nutrition and hydration. The analysis has also indicated that there are missed opportunities to help malnourished people who are admitted to hospitals and that certain groups of patients (notably older female patients) are more likely to experience a lack of support than others.

Research undertaken by the Centre for Analysis of Social Exclusion, utilising the data from past inpatient surveys, is currently informing further work which will include the publication of two professional practice papers.

Education and training mapping

NHS England commissioned desk-based research to ascertain the extent to which good nutrition and hydration is included as part of education and training for healthcare professionals. All professional organisations responsible for strategic level curriculum development were contacted. A final report was written and shared with DH. The findings identified that there are currently gaps in standard curricula around nutrition and hydration.

Moving forward at NHS England

NHS England is keen to create a cohesive approach to addressing poor nutrition and dehydration. With this in mind, a recent roundtable think tank identified key areas that would benefit from urgent attention, and it is envisaged that a virtual expert advisory group will be formed, linked to the Malnutrition Taskforce. Future joint working is also planned with the Care Quality Commission (CQC) to support the inspectorate process.

Work is also in progress to develop a commissioning guide for care homes that is being constructed around the 'New Care Models: Enhanced Care for Care Homes' framework. This offers a significant opportunity to translate the hospital focused work on standards, catering and packaging across into the care home sector.

Work led by professional and voluntary organisations

The Malnutrition Task Force (MTF)

The MTF was established in 2012. It is co-sponsored by Age UK, Royal Voluntary Service, BAPEN, apetito and Nutricia and is managed by Age UK. Its aims are to tackle preventable malnutrition in later life across all sectors and settings.

The MTF has been working with NHS England to implement NHS England's Commissioning Guidance. With a small grant from the strategic partners and a programme of webinars, meetings and newsletters the MTF and NHS England have been promoting the guidance, sharing good practice from local CCGs, vanguards and NHS regional leads. MTF and NHS England also jointly hosted a roundtable think-tank event that brought together experts

to agree to a consensus of ideas of how to move forward. Together with the Board's new strategy, the MTF is now firming up plans for their work next year.

One of its ongoing pieces of work, funded by strategic partners, focuses on supporting people to understand the physiological changes that occur at end of life. It will create practical resources to address a lack of information and understanding which can cause significant distress to carers who are unprepared practically and emotionally to manage the hydration and nutritional needs of loved ones.

MTF is also working with CQC to explore ways to support inspections to move beyond current inspection processes to better assess the overall quality of nutritional care and support provided.

Last Nine Yards – Improving hospital catering at ward level

The 'Last Nine Yards' initiative aims to deliver an excellent mealtime experience for every patient, every time. It is spearheaded by the Hospital Caterers' Association (HCA) with representatives from the Royal College of Nursing, British Dietetic Association (BDA), NHS England, caterers, and speech and language therapists and the wider facilities teams.

The Last Nine Yards forum has considered a wide range of issues from patient crockery, water jugs and glasses to packaging. It has led to a wide range of improvements to patient choice being trialled in different locations, including the following initiatives:

- Fresh soup
- "Little & Often"
- Snack choices
- 24/7 availability
- Extended choice for long-stay patients
- Finger/Easy to pick up food
- Paediatric menus

Power of 3 – Working together to aid patient care

The Power of Three campaign brings together catering (the HCA), dietetics (the BDA) and nursing (the National Nurses Nutrition Group) to help improve nutritional outcomes for patients. The team are campaigning to ensure that nutrition and hydration is recognised as a crucial part of patient's care plan, and that nutritious food continues to be available.

The annual "Power of Three" event is an opportunity to share positive experiences, be inspired by patient stories, and debate national directives. The event is supported by all three groups of staff.

Recommendation 4:

That required standards should be monitored via annual Patient-led Assessments of the Care Environment (PLACE) and that PLACE should be amended to include a more detailed evaluation of the taste and flavour of hospital food.

As the results included above show, four of the required standards are now monitored via PLACE. The fifth (PHE's Nutrition Principles) is monitored locally.

We now have two years' PLACE data on compliance for three of the standards, with four years' data for the Food GBS. All standards have shown a welcome increase in compliance. Continued monitoring via PLACE is confirmed for 2017.

As recommended, PLACE has also been amended to incorporate a more detailed evaluation of food quality. Assessors now taste every food item on offer for the meal under review, and together agree a score for taste, texture and temperature.

This means that hospitals receive clear feedback not just about the overall meal provision, but about individual dishes and food items, so that they can plan for improvement where needed. The assessment also contains a more detailed evaluation of provision for patients with specific needs, eg those with swallowing problems who may need foods with a modified texture, or those who cannot use cutlery, who benefit from a wider range of finger foods.

Since the HFSP report was published, both PLACE data and the CQC inpatient survey have recorded improvements in food quality. These improvements have been small, but are nonetheless welcome.

PLACE results

Overall, the results from PLACE around food have largely remained unchanged in the last four years, possibly because so many food-related questions are conflated in the same measure. However, closer inspection of the figures show a clear improvement over time in a key area; in 2016, food taste in 89.2% of hospitals was rated "good" or "very good", up from 83.9% in 2013. Similar progress can be seen in food texture: in 2013, 83.9% of hospitals were rated good, which had risen to 88.3% by 2016.

While the improvement can mostly be attributed to a move up from "acceptable" to "good", the proportion of hospitals rated poor in both categories has also declined by at least 1% (equivalent to 12 hospitals). Clearly, no hospital should be serving food rated as poor or very poor; this is something to address moving forward.

Figure 6: Answers to PLACE questions "did the food taste good?" and "was the texture of the food good?"



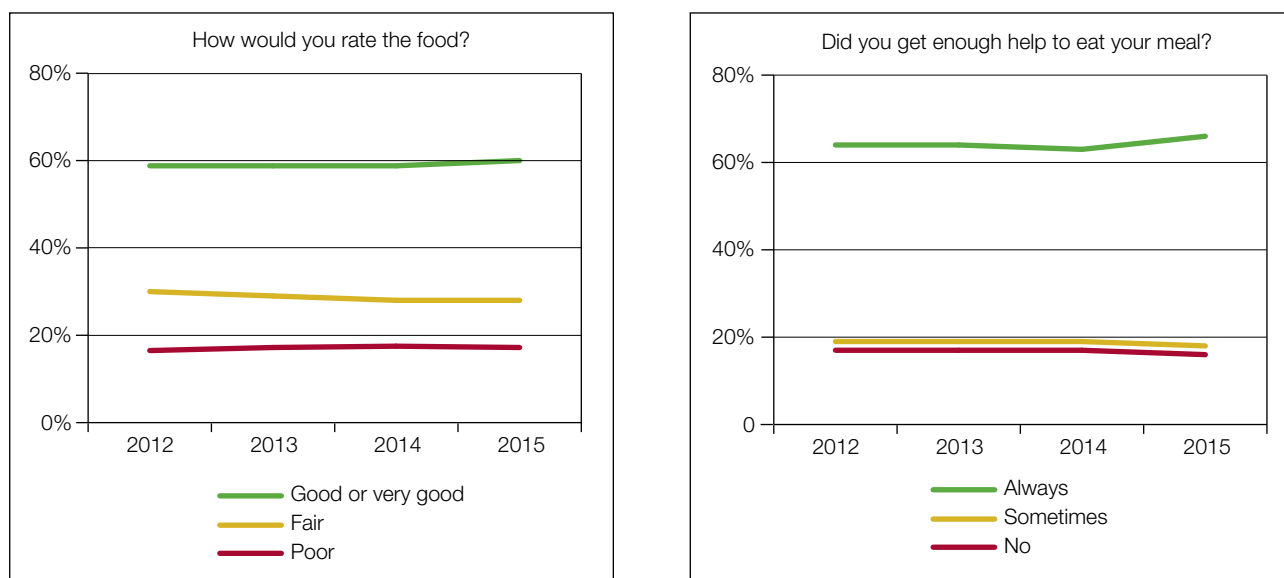
CQC inpatient survey results

The CQC inpatient survey, which only applies to acute hospitals, asks three questions about food quality. Against each, there has been a clear – albeit small – improvement since 2014, when the HFSP report was published, with more hospitals moving into the good or very good categories, shown green below. This gains significance because for a long time before 2014, the ratings were effectively static.

The CQC has previously identified that over the last decade “most areas we ask patients about have seen little meaningful change or improvement.” However, it has seen a clear correlation between substantial improvements and the introduction of national policies and initiatives; for example, two areas of major improvement have been in cleanliness and mixed sex accommodation.

Given this backdrop, any improvement in the CQC data is notable.

Figure 7: Answers to CQC survey questions “How would you rate the food?” and “Did you get enough help to eat your meal?”



Moving forward

During 2016, DH has been carrying out an extensive restructuring exercise to enable it to lead the health and care system effectively by working differently and more efficiently. The number of staff has been reduced and changes have been made to how the work is organised.

As part of this change, functions relating to policies and operational performance of NHS Estates and Facilities Management will transfer to NHS Improvement (NHSI) during 2017. This includes responsibility for hospital food.

The primary reason for this is that these functions will be better managed and delivered in an organisation that is responsible for improving performance in the NHS. NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers and offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHSI help the NHS to meet its short-term challenges and secure its future.

Final thoughts

A large majority of hospitals now have a food and drink strategy. The HFSP is hopeful that the minority that have not yet taken this step will do so soon, as part of concerted action to improve their food offering.

Compliance with recommended standards has increased, with the overwhelming majority of sites now actively engaged in working towards meeting standards. For each standard, over half of all hospitals are fully compliant and many are fully compliant with all standards. The majority of the remainder are actively working towards compliance, leaving just a small minority, getting smaller each year, that have yet to address this critical aspect of patient care.

There is continued central action on hospital food and drink, including work led by NHS England on staff health and wellbeing and on commissioning for better nutrition and hydration for patients. Transferring responsibility for hospital food to NHS Improvement offers new opportunities for national action.

Work is also underway within professional bodies, voluntary organisations and industry, as well as across the NHS, on all three themes of the HFSP report.

There is still variation in service quality across the country, and there is more to do to make sure that all patients, staff and visitors get the best possible food, but overall performance has improved since the report was published. Equally importantly, there are signs of a clear commitment, from commissioners to caterers to frontline carers, to go beyond basic compliance and ensure the improvements are sustained.

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