NHS England

National standards for healthcare food and drink

The maturity matrix

Version 1, November 2022

Contents

A framework for healthcare food and drink: the maturity matrix

The maturity matrix provides a framework for NHS organisations to meet the required standards and build improvement in their food and drink services. The goal is for NHS organisations to develop a target-led approach as part of a comprehensive food and drink strategy.

NHS organisations will be at different points in their journey and this matrix allows the established stakeholder team(s) to first assess their current level and then reflect on their approach to transformation, have focused discussions, and identify which areas need more attention.

Level 1 outlines the required standards that were defined in the Department of Health and Social Care's 2014 report Establishing food standards for NHS hospitals. This should provide a good baseline for NHS organisations to work towards the ambitions of the new Healthcare Food and Drink Standards.

The matrix also includes links to the relevant supporting tools and standards in this document for reference. These provide additional guidance and practical steps to developing all healthcare food and drink services.

1. The maturity matrix: all healthcare food and drink

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/ taking action	Level 3 Established	Level 4 Above and beyond
Policy and management development planning	Establish board director responsible for food (nutrition and safety). Establish/employ dedicated food service dietitian. Establish/employ nominated food safety specialist. Review external policy, guidance and legislative requirements, which should include reference to: • NHS Standard Contract • NHS Long-term Plan • NHS Independent Review of Hospital Food Review relevant internal policies and existing structures, eg food and drink strategy, nutrition steering committee, nutrition collaborative, power of 3.	Leadership team fully engaged and new positions in place. Reporting at board level begins. Food and drink strategy agreed and in place. Partial compliance with all healthcare food and drink standards. Write and disseminate new policies where required. Development of mechanisms to assess patient, staff and visitor satisfaction.	Food and drink strategy is regularly reviewed. Food and drink strategy activities are reported to Board. Full compliance with all Healthcare food and drink standards. Food and drink strategy aligned with other policies to ensure mutual reinforcement. Data capture on patient, staff and visitor satisfaction.	Fully evidenced compliance with all Healthcare food and drink standards (and beyond). food and drink strategy updated annually with new aspirations set. Food and drink strategy activities are reported to board and in annual report. Evidence of increased patient, staff and visitor satisfaction.
Procurement and commercial	Review contracts and specifications. Review food service organisational structure, qualifications, standards, staffing levels, training and pay bands. Review and support recruitment where necessary. Other good practice standards identified, should be reviewed, considered and adopted, where practicable.	Supplier or contractor (or external) engagement for support. Mandatory key performance indicators (KPIs) created to monitor improvements and any other reporting standards.	Food service contracts considered part of a wider healthcare food and drink strategy.	Evidence of external contractor compliance.

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/ taking action	Level 3 Established	Level 4 Above and beyond
Measurement and results	Perform GAP analysis against all healthcare food and drink standards and establish current compliance, eg food service training, the Nutrition and Hydration Digest, etc. Establish tools and reporting expectations. Develop current arrangements for feedback on all catering service requirements for patients, staff and visitors. Strengthen surveys with a digital and/or paper solution to ensure that all feedback is received and acted upon, linking with appropriate teams to drive improvement	Develop an action plan with SMART objectives to address the compliance gaps. Develop separate action plans for patient and staff/visitors to understand the target areas.	New reporting systems in place. Reporting on outputs including measures. Regular benchmarking to drive improvement. Regular benchmarking to drive improvement	Develop cost benefit/analysis reporting on outcomes. Share best practice examples. Reporting on co-benefits. Focus groups to understand conflicting demands
People and communications	Establish relevant committee to oversee each section of the standards (some people may be in more than one). Identify and segment relevant stakeholder groups: Executive level, food services, procurement, clinical, facilities, IT. Develop training and awareness plan and communications plan to support above.	Implement first training wave. Incorporate objectives into job roles.	Create ongoing communications plan. Ongoing training of relevant staff. Recruitment – role specifications to incorporate objectives where appropriate.	Strategic communications that create a culture of change. Share achievements internally and externally/awards.

2. The maturity matrix: patient food and drink

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/taking action	Level 3 Established	Level 4 Above and beyond
Policy and management development planning	Establish a committee responsible for Patient Food and Drink. Review external policies/guidance, eg: • The Nutrition and Hydration Digest • 10 key characteristics of good nutrition and hydration care • NHS independent review of hospital food Review relevant internal policies and programmes eg, dietetic policies, MUST, food service policies, ward assurance or QI programmes around nutrition and hydration.	Develop an action plan with SMART targets to address compliance gaps. Partial compliance with 10 key characteristics. Partial compliance with the Nutrition and Hydration Digest. Ward assurance programme instigated. QI programmes instigated.	Full compliance with 10 key characteristics and the Nutrition and Hydration Digest. Ward assurance programme established reviewed annually. QI programmes established and aligned with other policies to ensure mutual reinforcement. Compliance activities are reported to board.	Fully evidenced compliance with patient food and drink standards and beyond (give examples). Quality improvement programmes reviewed annually and revised by the committee responsible seeking new improvements and challenged. Information available on the NHS organisation website. Compliance activities are reported to board and in annual report.

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/taking action	Level 3 Established	Level 4 Above and beyond
Procurement and commercial	Review digital meal ordering suppliers. Relevant suppliers identified and prioritised. Other good practice standards identified, should be reviewed, considered and adopted, where practicable.	Supplier engagement. Digital meal ordering implemented, within the NHS organisations financial envelope.	Digital meal ordering improvements linking to wider care plan, use as safety tool. Mandatory KPIs created against digital meal ordering any other reporting standards.	Digital ordering linked to named patient personalised care plans and reporting methods in place. Patients' ability to order where possible. Move and discharge patients cancelling or moving meals and further innovation evidenced.
Measurement and results	Perform GAP analysis against patient food and drink standards and establish current compliance. Establish tools and reporting expectations.	Use established KPIs for patient food and drink as per compliance assessments or establish own.	New reporting systems in place. Reporting on outputs includes measures. Regular benchmarking to drive improvement.	Develop cost benefit/analysis reporting on outcomes. Share best practice examples. Reporting on co-benefits.

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/taking action	Level 3 Established	Level 4 Above and beyond
People and communications	Identify and segment relevant stakeholder groups: • Executive level • Food services • Procurement • Clinical • Facilities • IT Develop training and awareness plan and communications plan to support above.	Implement first training wave, eg nutrition and hydration training	Create ongoing communications plan. Ongoing training of relevant staff and recruitment – role specifications to incorporate objectives where appropriate.	Strategic communications that create a culture of change. Share achievements internally and externally including the wider community.

3. The maturity matrix: retail, staff and visitor food and drink

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/taking action	Level 3 Established	Level 4 Above and beyond
Policy and management development planning	Establish a committee responsible for retail, staff and visitor food and drink. Review external policy, guidance and legislative requirements, which should include reference to: • One Blue Dot / EatWell Guide • GBS Nutrition Standards • CQUIN Standards • NHS independent review of hospital food Review relevant internal policies eg, CQUIN compliance policies, out of hours policy, vending contracts, menus, nutrition information/calorie labelling, food and drink strategy. Review accessibility of nutritious hot food and drink out of hours.	Develop an action plan with SMART targets to address compliance gaps eg, ensure compliance with CQUIN, implement any changes to menus and retail offers in relation to environmentally sustainable diets nine-point plan and to meet GBS nutrition standards. Partial compliance with the healthcare retail, staff and visitor standards.	Full compliance with all healthcare retail, staff and visitor standards. Nutrition standards regularly reviewed by responsible committee.	Fully evidenced compliance with retail, staff and visitor food and drink standards and beyond (give examples). Activities reported to board and in annual report.
Procurement and commercial	Review contracts with relevant food and vending suppliers. Other good practice standards identified, should be reviewed, considered and adopted, where practicable.	Revenue from retailers is identified. Investment decisions aligned with their objectives. Mandatory reporting for retail understood and complied with (ie CQUIN). Supplier engagement.	Food and drink service and supplier product linked with staff and visitor wellbeing.	Evidence of external food and drink supplier's compliance.

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on/taking action	Level 3 Established	Level 4 Above and beyond
Measurement and results	Perform GAP analysis against retail, staff and visitor standards and establish current compliance.	Use established KPIs for standards.	New reporting systems in place. Reporting on outputs includes measures. Regular benchmarking to drive improvement.	Develop cost benefit/ analysis reporting on outcomes. Share best practice examples. Reporting on co-benefits.
People and communications	Identify and segment relevant stakeholder groups: • Executive level • Food services • Procurement • Clinical • Facilities • IT. Develop training and awareness plan and communications plan to support above.	Implement first training wave, eg importance of environmentally sustainable food and drink.	Create ongoing communications plan. Ongoing training of relevant staff and recruitment – role specifications to incorporate objectives where appropriate.	Strategic communications that create a culture of change. Share achievements internally and externally.

4. The maturity matrix: sustainability, procurement and food waste

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on / taking action	Level 3 Established	Level 4 Above and beyond
Policy and management development planning	Establish a committee responsible for retail, staff and visitor food and drink. Review external policy, guidance and legislative requirements, which should include reference to: • One Blue Dot / EatWell Guide • GBS nutrition standards • CQUIN standards • NHS independent review of hospital food Review relevant internal policies, eg CQUIN compliance policies, out of hours policy, vending contracts, menus, nutrition information/calorie labelling, food and drink strategy. Review accessibility of nutritious hot food and drink out of hours.	Develop an action plan with SMART targets to address compliance gaps, eg ensure compliance with CQUIN, implement any changes to menus and retail offers in relation to environmentally sustainable diets nine-point plan and to meet GBS nutrition standards. Partial compliance with the healthcare retail, staff and visitor standards.	Full compliance with all healthcare retail, staff and visitor standards. Nutrition standards regularly reviewed by responsible committee.	Fully evidenced compliance with retail, staff and visitor food and drink standards and beyond (give examples). Activities reported to board and in annual report.

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on / taking action	Level 3 Established	Level 4 Above and beyond
Procurement and commercial	Review contracts with relevant food and vending suppliers. Other good practice standards identified, should be reviewed, considered and adopted, where practicable.	Revenue from retailers is identified. Investment decisions aligned with their objectives. Mandatory reporting for retail understood and complied with (ie CQUIN). Supplier engagement.	Food and drink service and supplier product linked with staff and visitor wellbeing.	Evidence of external food and drink supplier's compliance.
Measurement and results	Perform GAP analysis against retail, staff and visitor standards and establish current compliance.	Use established KPIs for standards.	New reporting systems in place. Reporting on outputs includes measures. Regular benchmarking to drive improvement.	Develop cost benefit/analysis reporting on outcomes. Share best practice examples. Reporting on co-benefits.

Theme level	Level 1 Self-assessment and setting aspiration	Level 2 Getting on / taking action	Level 3 Established	Level 4 Above and beyond
People and communications	Identify and segment relevant stakeholder groups: • Executive level • Food services • Procurement • Clinical • Facilities • IT Develop training and awareness plan and communications plan to support above.	Implement first training wave eg, importance of environmentally sustainable food and drink.	Create ongoing communications plan. Ongoing training of relevant staff and recruitment – role specifications to incorporate objectives where appropriate.	Strategic communications that create a culture of change. Share achievements internally and externally.