

Hospital Food



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Like the much-maligned school dinners, hospital food has not always had the best reputation. At a time when inpatients require optimum care to aid recovery, hospital food can be found lacking by many. NHS organisations, like countless others, are subject to budget constraints and independent reviews have identified that NHS Trusts have not always seen nutrition as a priority.¹ However, offering patients good nutrition and hydration during admissions has the potential to reduce recovery times, improve patient outcomes and, in turn, help to reduce costs to the NHS.²

In light of this, NHS organisations have implemented standards and strategies to improve the food and drink they provide. However, there does remain large inconsistencies across different areas of the country with regards to hospital food provision for patients, as well as for visitors and staff.

Patient opinions & identified issues

The NHS and its organisations are one of the biggest providers of meals in the UK public sector, coming second only to schools. They serve approximately 141 million inpatient meals per year to an average of 125,000 patients per day.³ In 2018 to 2019, 0.6% of the total £114 billion NHS budget, some £634 million, was spent on hospital food.⁴

Due to the huge cost implications, it is therefore imperative that hospital food is fit for purpose and, as with many areas of patient care, the opinions of service users are of utmost importance. Patient satisfaction provides invaluable feedback in order to prompt and influence change. In 2020, The Patients Association conducted an NHS Hospital Food Survey to gauge opinions on all aspects of hospital food provision.⁵ Although a relatively small number of patients participated, unsurprisingly several themes were identified and the notion of 'food as medicine' was very relevant in the feedback from the patients. Sixty-five per cent of patients felt that the food they were able to access in hospital had a direct impact on their hospital experience. Another key point identified was that 70% of patients surveyed indicated that the amount of food eaten was highly influenced by its presentation, and participants wanted better tasting food that was fresh, nutritious, better quality and more appetising. They also wanted better access to healthy snacks between meals. **Table 1** shows the top reasons found by the survey for not completing a hospital meal.⁵

Table 1: Top reasons identified for not completing a hospital meal⁵

	% of respondents	Reason for not completing a hospital meal
1	49.2	Looked unappetising
2	39.6	Disliked taste
3	36.3	Felt unwell
4	24.6	Wrong temperature
5	21.3	Choice unavailable
6	17.5	Preferred food from visitor
7	17.1	Served too early or late
8	16.7	Didn't suit diet/cultural/religious needs
9	7.5	Smell on ward
10	6.7	Lack of assistance
11	5.8	Don't like eating in bed
12	5	Noisy environment
13	3.3	Not having enough time to finish

Source: Results sourced from the NHS Hospital Food Survey carried out by the Patients Association (2020).⁵

Accessibility to fluid and snacks was also explored.⁵

- 83.3% of respondents were able to get fresh water some or all of the time
- Only 56.2% could get hot drinks
- Only 43% could access snacks.

It was also evident from the feedback, that the appropriateness of foods provided for those with special dietary, cultural or religious needs was not always sufficient.⁵

The subject of allergens is a particularly important aspect of hospital food provision. New government legislation, known as 'Natasha's Law', was introduced in October 2021. This particular law legislates that all food sold that has been prepared and packed on the same premises must be labelled with a full list of ingredients, including clearly highlighting if the 14 major allergens are contained within.⁶ This means that all menus in hospitals must be adequately labelled for allergens, along with any foods prepared and served on site, so patients can safely make an informed choice for their particular needs.

If we consider the patient population within a hospital, it is not surprising that, due to multifactorial reasons, some patients will require assistance with their meals. The Patients Association survey found that this was not always provided.⁵ This issue is also echoed in the 2022 Adult Inpatient Survey, which found that 17% of respondents who needed help to eat their meals stated that they 'never' got enough help.⁷ This is an issue that needs to be urgently addressed.

The results from the Patient Association survey⁵ were essential for feeding into the work of the Independent Hospital Review Panel, which published its work in 2020.¹ This panel identified several key issues with meal provisions across NHS organisations, which are directly quoted below:¹

- Patients are not well and do not want to be there, and they often lack appetite
- Their medical conditions, personal or cultural preferences and religious requirements necessitate multiple food options
- Many patients need help to eat
- Hospitals are busy, noisy places, seldom conducive to pleasurable mealtimes
- NHS kitchens are often a long way from the customer
- Kitchens may be in sorry need of refurbishment and wards often lack finishing kitchens or café facilities
- Some trusts do not regard food as a priority, with the result that catering is starved of investment and becomes a target for cuts.

Malnutrition & nutritional adequacy

With an estimated 3 million people in the UK suffering or at risk of malnutrition, including 38% of patients admitted to hospital, it is essential that failings in hospital food provision are addressed.⁸ The complications arising from malnutrition such as mortality, longer hospital stays and frequent readmissions all increase the burden of healthcare systems.⁹ There is also bountiful evidence that patients do not meet their nutritional requirements during hospital admissions, a time when they may be at particular risk of becoming malnourished.^{10, 11}

For this prominent reason of malnutrition, amongst others, the British Dietetic Association (BDA) formulated the Nutrition and Hydration Digest as an informative toolkit for healthcare organisations.¹² With its third edition recently published, it has a key role in influencing the standard of hospital food and drink provided to patients. It is vital that nutritional needs of all patients going into hospital, both those which are nutritionally vulnerable and those that are nutritionally well, are identified and catered for.¹²

The BDA Nutrition and Hydration Digest¹² also advocates recommendations made by the National Patient Safety Agency (NPSA), that mealtimes should be 'protected' with non-essential activities avoided during meals, that assistance for patients be provided, and that the eating environment be conducive to aid an optimum and enjoyable meal service for patients.¹³

The BDA is not alone in promoting and influencing the nutritional welfare of patients within the NHS. In its 2021 guideline, The European Society for Clinical Nutrition and Metabolism (ESPEN) proposed 56 evidence-based recommendations to highlight the important role that hospital food plays in hospital care and reducing the risk of malnutrition.¹⁴

The standards

All healthcare organisations have a duty of care to their service users, which includes providing food and drink that is of high quality, of nutritional value and sustainable.¹⁵

The Healthcare Food Standards and Strategy Group was set up by NHS England to consider and follow on from the work started by the Hospital Food Panel in 2014.^{15, 16}

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The work of the strategy group and the development and update of the standards have taken into the consideration several other bodies of work, including the feedback from the Patient Association survey, the BDA's Nutrition and Hydration Digest and the work of the independent Hospital Review Panel.

So, what are the current standards? Outlined in **Table 2**, the standards are legally binding and form part of the NHS Standard Contract. They set out the way in which NHS organisations must ensure the quality and sustainability of their food and drink provision for patients, staff and visitors. They also indicate how the standards should be applied and monitored with thought for future change and recommendations as needed.¹⁵

Food waste & sustainability

The NHS Hospital Food Review (October 2020) revealed that food waste in UK healthcare costs £230 million annually; a shocking 39% of the annual food budget.¹ In real terms, this means that approximately 14 million kilograms of un-served meals were thrown away in the time between 2018 to 2019.³

Again, these shocking facts continue to enforce the need for continual adaption in hospital food provision. As it has been shown that patients still eat the same proportion or volume of a hospital meal

regardless of the energy and protein content, something as simple as providing smaller, more energy and protein dense meals to some patients may reduce food waste and increase patients' overall energy and protein intakes.¹⁷

Some strategies adopted by trusts to combat waste include the introduction of seasonal menus to aid local procurement, along with reducing food miles and air pollution. Seasonal food-based menus also have the bonus of being less expensive due to availability of larger quantities. Some trusts are now also opting to pass on excess food to local organisations, such as food banks and soup kitchens, where appropriate, to avoid throwing away unused food.¹

Conclusion

Hospital food forms an integral part of hospital care. It underpins the approach that all patients should be treated holistically so that their nutrition, alongside medical, pharmaceutical and surgical interventions, can be optimised to aid recovery. NHS organisations understand the vital role that nutrition plays in patient care and are continually working to improve in accordance to the standards. However, variations in hospital food still remain across the country, and issues such as malnutrition and food waste require continued effort to aid improvement.

Table 2: The 8 food standards set out by NHS England that are required to be met by all NHS organisations¹⁵

Standard	
1	Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.
2	Organisations must have a food and drink strategy.
3	Organisations must consider the level of input from a named food service dietitian to ensure choices are appropriate.
4	Organisations must nominate a food safety specialist.
5	Organisations must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.
6	Organisations must be able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.
7	Organisations must monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.
8	NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic.

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