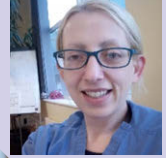


NUTRITION ON THE WARDS: CAN HOSPITAL FOOD BE IMPROVED?

Hospitals in the UK have a negative reputation for food quality, choice and provision, with high-profile individuals stoking the controversy. This article considers the stats and discusses the challenges faced by hospital trusts regarding the provision of safe and efficient food services.



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Hospital menus are often limited and criticism has been widely publicised. Menus tend to feature more 'traditional' meals, such as fish and chips, minced meat in gravy with potatoes, omelette, sausages, cheesy pasta, baked potato and ham and cheese sandwiches, with less options for vegetarian, vegan and other dietary needs.¹ Views amongst patients are mixed. Positively, a survey by the King's Fund indicates an improvement in hospital food quality, with 22% of those surveyed reporting the food as 'very good' and 36% rating the food as 'good'.²

The Patients Association survey in 2020 reported that 88% of people said they had been given a choice, although in some cases patients felt there should be more options for vegetarians and those with other dietary needs. The quality of food, temperature, presentation and healthiness of meals were all deemed high priority. Unfortunately, 65% of patients said that food impacted negatively on their overall experience and only 20% said food had improved their stay.^{3,4}

There has been much criticism from public figures in recent years, including *The Great British Bake Off* presenter, Prue Leith, who said that NHS food was 'unpalatable' and high in saturated fat, sugar and salt.⁵ A UNISON survey of 300 hospital staff in 2019 reported hospital food as 'unsuitable for dietary

and religious requirements, unhealthy and poorly prepared.'⁶ Night shift workers are the least provided for and often can only access snack foods from vending machines outside of core hours where there is less availability of cooked meals.⁵

The British Association of Parenteral and Enteral Nutrition (BAPEN) suggests that 30-40% of patients are admitted to hospital with malnutrition who require high-calorie intakes to aid their recovery.⁷ BAPEN suggests a minimum total energy intake of 30-35 calories/kg body weight/day and 1g protein/kg body weight/day, which can be hard to meet with current NHS menu options and portion sizes.⁷ Hospitals need to offer a range of meals and snacks that include healthier options and options for those with special dietary needs.^{8,9}

FOOD SAFETY

Issues around food safety in the NHS have been highlighted in recent years, with an outbreak of listeria in 2020 in an NHS hospital that led to six fatalities.¹⁰ Ensuring food served is safe to eat is a legal obligation for public institutions and businesses underpinned by the Food Standards Agency guidance, the Food Standards Act 1999 and the Food Safety Act 1990 legislation.¹¹ NHS organisations should have a nominated food safety specialist in place who is responsible for reporting at board level.⁸

REFERENCES

Please visit:
www.NHDMag.co.uk/article-references.html



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Natasha's Law, which came into effect on 1st October 2021, now requires all food outlets to provide lists of full ingredients with clear allergen labelling on all prepared food for direct sales, and NHS trusts should now have accessible allergen information for their menus.¹² Robust policies need to be in place and effective communication between ward staff, dietitians and food service teams to ensure patients' food and drink requirements are met safely, i.e. texture modification, food allergy and intolerance. Regular education and training around the importance of good nutrition, hydration and food safety will allow for safer nutritional care and food service on the wards.⁸

HOSPITAL MEAL SERVICE

Hospital meal services vary from trust to trust. Food supplies are usually ordered from the NHS supply chain where possible (although some items may need to be sourced elsewhere if not available).¹³ The most common system is cook-chill and cook-freeze preparation either on-site or off and bulk trolley delivery of meals on the wards using the regeneration process.¹⁴ With proper management, distribution and service, the bulk trolley system has been recommended for hospitals by BAPEN.⁷ This method of food service has its downsides. Temperature, taste and texture are the most important attributes that measure patient satisfaction with food, all of which can be impacted by the regeneration process at ward level.¹⁵ The Patients Association survey in 2020 highlighted issues around ward food service, with 70% of respondents reporting that the presentation of food impacted their appetite and willingness to eat and 52% reporting

that poor presentation made it less likely they would eat the food.³

High-profile public campaigns spearheaded by celebrity chefs such as Loyd Grossman have tried to effect change in NHS food service.¹⁶ One of the main factors identified for improving the meal quality was using fresh ingredients and a 'cook from scratch' approach. However, after repeated trials, it was found that this form of meal service is not practical or affordable for many NHS trusts. The cost of NHS meals varies across the country and is quoted as being anywhere from £1.60 per patient per day up to £4.56.¹⁷ This has a significant impact on the nutritional quality.⁷ Hospitals often lack the staff, time, space and equipment to freshly cook all meals for hundreds of patients on a daily basis.

Some hospitals have found more success with outsourcing their food service to contractors such as Sodexo, which boasts 'fully compliant menus with dietitian input, a wide range of foods, detailed allergen information and a digital ordering platform'.^{17,18} These services can be costly for NHS trusts to purchase. There also needs to be robust oversight from a steering group of hospital staff and patient representatives to monitor and regulate the contractor's services to ensure they meet the trust's needs.

With many NHS trusts under pressure to keep costs down with the change in the current financial market post-COVID and with rising costs for industries and consumers, it is unlikely hospital food services can implement radical change to their current food provision. The balance between meeting clinical needs, adhering to regulations/standards and keeping costs down is a constant battle for NHS management.

FOOD WASTE

It is estimated that 17-67% of food is wasted annually, at a cost of £144 million in the UK.⁷ Day-to-day ward meal provision involves wards ordering the number of meals required the day before based on patient numbers. However, that can change on a daily basis. Patients may find that they get meals provided that were ordered for another patient who has since been discharged, and these may not be to their preference or requirements. Wards often over order meals to ensure they have sufficient food for their patients, but then this leads to unnecessary wastage.

Trusts should be monitoring and auditing their food wastage to try and make improvements where possible; however, the problem is not easily solvable.^{5,8} Digital ordering systems, such as Sodexo's Saffron platform, may help to reduce wastage. As with any new system, however, it requires resources, changes to infrastructure and staff training to implement, which can all be barriers for some trusts.^{19,20}

FOOD SUSTAINABILITY

Food sustainability and reducing the environmental impact of food production are important considerations.²¹ The Hospital Food Standards Panel's report in 2016 stated that 'it is important that food purchases are made with regard to their impact on a wider society and the environment.'¹⁴ The NHS does have access to support from other sources to help improve their sustainability, such as from the Department for Environment, Food and Rural Affairs (DEFRA) and the British Dietetics Association (BDA). DEFRA has developed the balanced scorecard, which is a tool kit enabling effective procurement of food and catering services for public institutions. The BDA's *Nutrition and Hydration Digest* has information on low carbon menus and environmentally sustainable diets.²¹⁻²³

TEAMWORK

One of the key recommendations of the independent hospital review report from 2020 is that hospital nutrition and hydration care needs a multidisciplinary approach.²⁴ This includes catering staff, ward staff, management, contractors, suppliers, patients and visitors.

Dietitians are well placed to provide expert input into hospital menu options and the report recommends all trusts have a food service dietitian. However, there remains a lack of dietitians in many hospitals. Many dietetic departments will be focused on maintaining the acute and community patient services as their first priority. More investment into dietitian services across the UK is required for all trusts to be able to have exclusive dietetic input to the food service and menus.²²

CHANGE

It is not possible to have a one-size-fits-all approach to NHS food provision due to the differences in hospital sites, locations, systems and local population needs.⁵ Dr Jennifer Crane, a social and cultural historian, stated that 'changing hospital food is difficult for a variety of reasons. The first hurdle is perhaps the cultural acceptance of hospital food as substandard, but then there are issues of funding, staffing, outdated buildings and equipment stock and the logistical challenges of standardisation over such a vast institution as the NHS.'²⁵

Some may argue that the NHS has bigger priorities right now than improving food provision in this post-COVID era, but it would be a mistake to ignore this. In 1986, a review of hospital catering coined the phrase 'food as therapy' and this changed to 'food as medicine' in 2020.² Nutrition is an essential part of patient care and should be prioritised along with medical treatment and nursing care.

CONCLUSION

NHS hospitals are required to meet the eight national standards for food and drink provision and every healthcare organisation has a responsibility to provide quality nutritionally adequate, safe and sustainable meals to patients, staff and visitors.⁸ NHS managers and decision makers must keep the topic of hospital catering on their agendas for regular review.²⁶ Likewise, the government needs to increase investment in NHS catering services to allow for positive change. The first step is having the appropriate infrastructure in place to allow these improvements to be implemented.