



NHS Hospital Food Survey

February 2020

Acknowledgments

We acknowledge the Department of Health and Social Care who commissioned this project and members of the NHS Hospital Food Review Panel who provided useful feedback on the survey before it was launched.

We also thank members and supporters of the Patients Association who took the time to promote and/or complete this survey, shared their experiences, opinions and suggestions on hospital food. The Patients Association exists to ensure that patients are consulted on topics that will have a direct impact on them, and your support enables us to get patient voices heard.

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Executive Summary

The NHS Hospital Food Survey was undertaken to collect the views of people who had recently spent one or more nights in hospital on their experience of food in hospital. The findings are designed to complement and feed into work of the NHS Hospital Food Review Panel.

Food is more than fuel for the body, and the results of this patient survey show that around 65% of patients felt that hospital food had a direct impact on their overall hospital experience.

This work has identified a number of themes relating to the importance of food to patients' experiences in hospitals, how presentation of food affects the likelihood that patients will eat their meals, and the top priorities for patients.

One of the key findings is that 65% of patients feel that food has a direct impact on their hospital experience, and 70% of patients say that the presentation of food affects the amount of food they will eat.

Patients enjoy having a choice of meals, though for people with special dietary needs, the level of choice can be limited. The option of having snacks and hot drinks available between meals may help address issues around timing of meals and meals missed due to treatment and would be a good way of introducing more fresh fruit and salad into hospital catering.

Respondents to this survey want food to be of a better quality, fresher, and healthier. They also want meals to be prepared on-site, reduce reliance on frozen meals, and action taken to ensure that food is served at the correct temperature.

While some patients are keen on a shared dining space that would allow them to eat away from their bed and socialise with other patients, there were concerns from others about the risk of cross-infection, privacy, and a preference not to mix with strangers. Patient choice is important and respondents don't wish to be forced to eat with others if they don't feel well, don't feel comfortable around others, or prefer eating alone.

Despite the relatively low number of respondents (240 matched all eligibility requirements) there are some valuable takeaways and strong trends that emerge from the data. A set of recommendations have been compiled that should complement and inform the work of the NHS Hospital Review Panel and ensure that the patient voice is heard.

Introduction

The Patients Association was commissioned to collect the views on hospital food from the general (non-condition-specific) population of patients to feed into the NHS Hospital Food Review.

Aims and objectives

The aim of this work is to collect information on patients' experience and opinions on hospital food. The NHS Hospital Review is being undertaken to look at ways to improve the hospital catering offer for patients. It is therefore critical that patient experience is considered as part of the review since they are the people who are ultimately impacted by the findings and any subsequent actions taken based on the review.

By sampling the views of patients across England who have recently spent time in hospital, the goal was to identify patient priorities, common themes and get quantitative and qualitative feedback from patients.

This report will be sent to the NHS Hospital Food Review Panel so that the results can be considered as part of their review, ensuring that the patient voice is heard, and hopefully incorporated into their final report, which is due to be published in early 2020.

Methodology

A survey was developed that contained a mix of questions in order to gain both quantitative and qualitative feedback from patients about current hospital food in NHS hospitals. In order to ensure that the findings related to recent stays in hospital, respondents were asked if they had spent time in hospital in the past six months, and also asked about the length of time they spent in hospital.

The survey was developed by the Patients Association with input from the NHS Hospital Review Panel and members of the Department of Health and Social Care, and shared with members of the Patients Association, local Patient Participation Groups (PPGs), and audiences online via the Patients Association website and social media channels.

The survey was open from the 20th December 2019 to the 2nd February 2020 and predominantly promoted to the membership and supporters of the Patients Association.

Findings

Demographics

In total there were 240 respondents to the survey, who had each spent a night or more in hospital in the past six months. Due to the length of the survey, and the likelihood that respondent numbers would not be large enough to facilitate a detailed analysis of sub-groups, demographic questions were marked optional. Of the 235 people who responded on the question on gender, 74.5% were female, 24.7% male and 0.9 non-binary or prefer to self-describe.

228 people shared their age and respondents were quite evenly spread across all age groups.

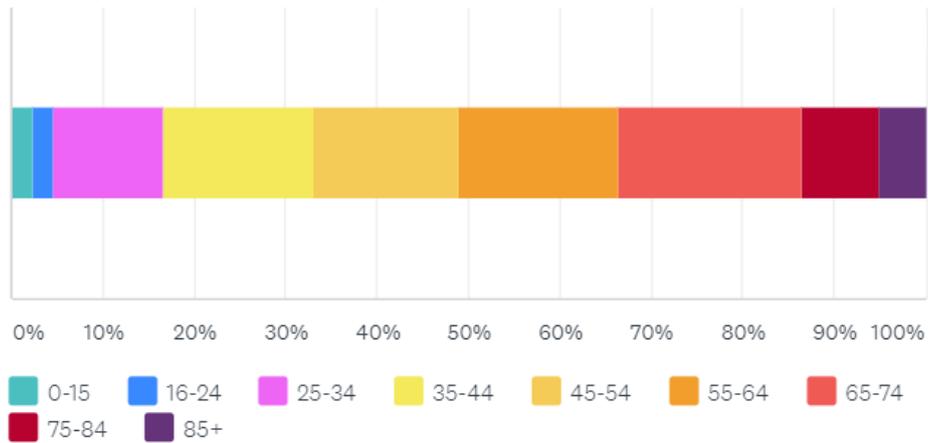


Figure 1 Responses to the question "What is your age?"

The hospitals that people spent their stays in were around England, though there was an apparent skew towards London (18%) and the South East (22%).

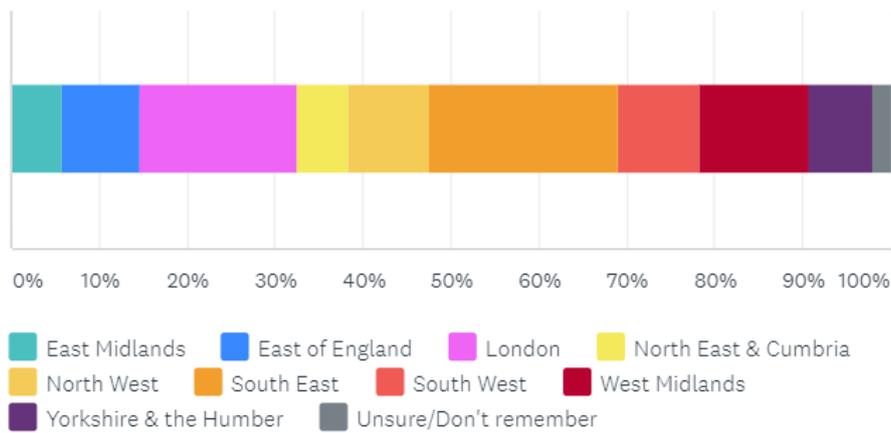


Figure 2 Responses to "Where in the UK was the hospital you stayed in?"

238 respondents answered the question on ethnicity with the vast majority (92.4%) in the white categories (87% English/Welsh/Scottish/Northern Irish/British and 3.4% Irish and 2.1% Other). 1.3% came from multi-ethnic backgrounds, 2.1% Asian/Asian British, 1.3% black and 0.4% Arab.

Choice

The majority of the 249 respondents to the question on religion describe themselves as Christian (53.2%), 42.7% as having no religion, 0.5% Hindu, 0.9% Jewish and 1.4% Muslim.

Respondents had spent different lengths of time in hospital during their stays. 158 were in for 0-3 nights, 81 for 4-6 nights, 66 for 1 to 2 weeks, 22 for 3 to 4 weeks, and 23 for over a month.

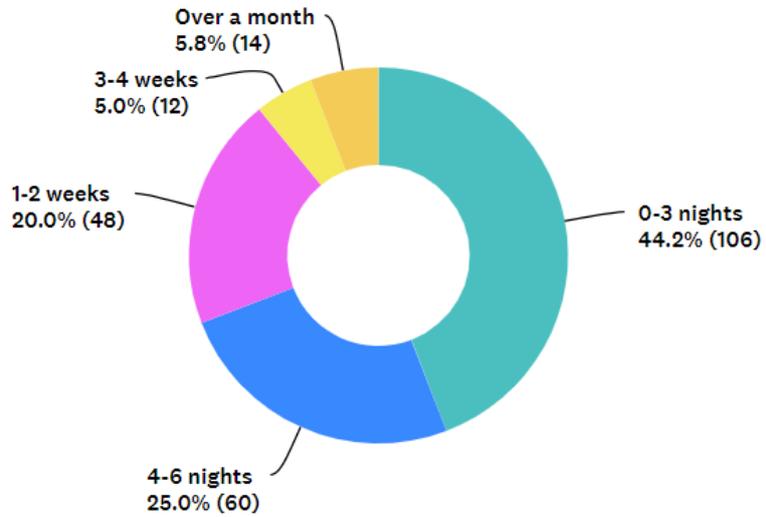


Figure 3 How many nights did you spend in hospital?

When asked if they were offered a choice of food during their stay in hospital, of those who could remember the vast majority said they had been given a choice, with 83% sometimes or always finding something suitable.

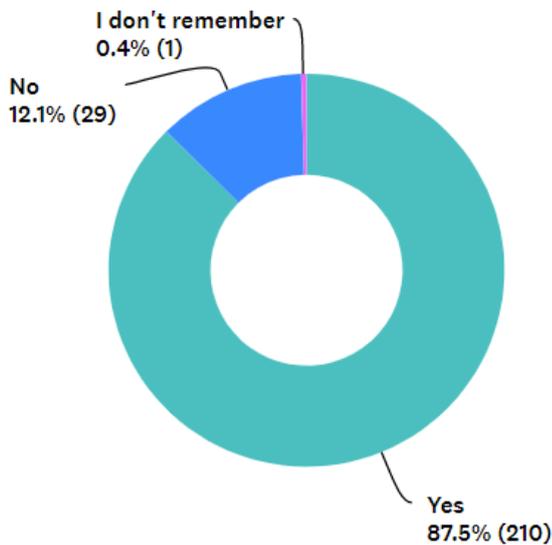


Figure 4a Were you offered a choice of meals?

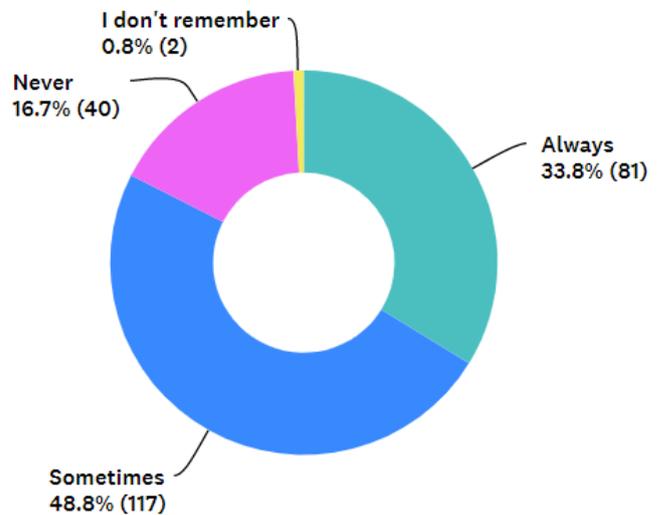


Figure 4b How often did you find something that suited your taste and dietary requirements?

Evaluation of Food

Presentation of food had an impact on whether people were more or likely to eat for the majority (70%) of patients and was also a trend in the qualitative answers collected in the survey.

When asked which things had the greatest impact on whether they finished their meal, almost half (49.2%) counted presentation in their top five.

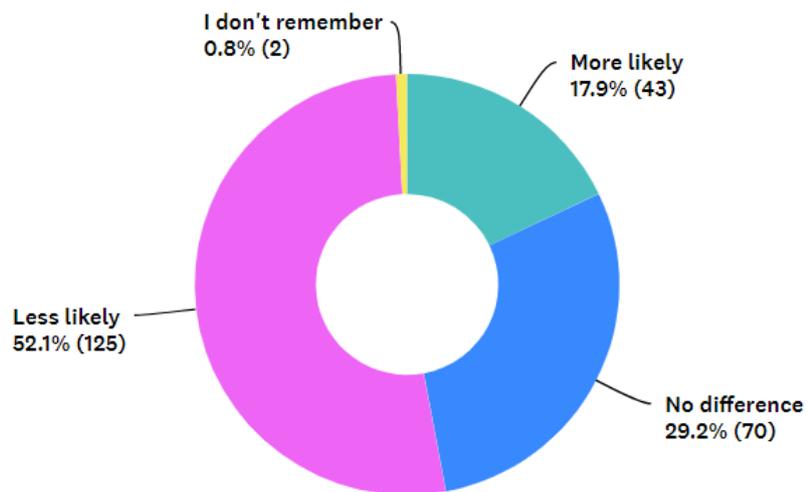


Figure 5 Did the presentation of your meal make you more or less likely to want to eat it?

Portion sizes are "about right" for 65.4% of patients, too small according to 24.2% and 6.7% thought they were too large. One response from someone staying in the maternity ward suggested that portions were too small for people who were not ill, but had just given birth, while another commented that new mothers feeding babies needed better access to drinks in order to stay hydrated.

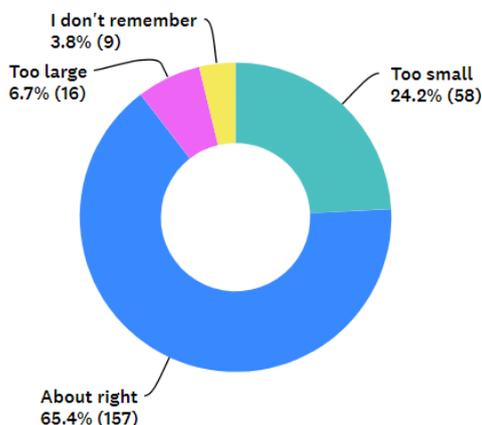


Figure 6 What did you think of the portion sizes?

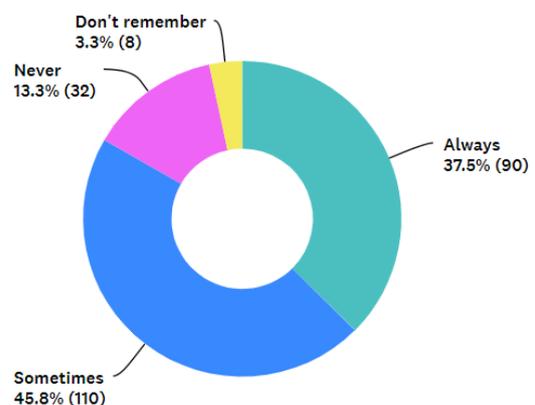


Figure 7 Were your meals served at the appropriate temperature?

Over half (59.1%) of respondents had an issue with the temperature at which their meals were served and this was one of the top five reasons for not finishing a meal for nearly a quarter of those surveyed. The issue of meals being too cold (in one case still partially frozen) was raised in the comments people provided when asked about things they had a problem with, or that they suggested needed addressing.

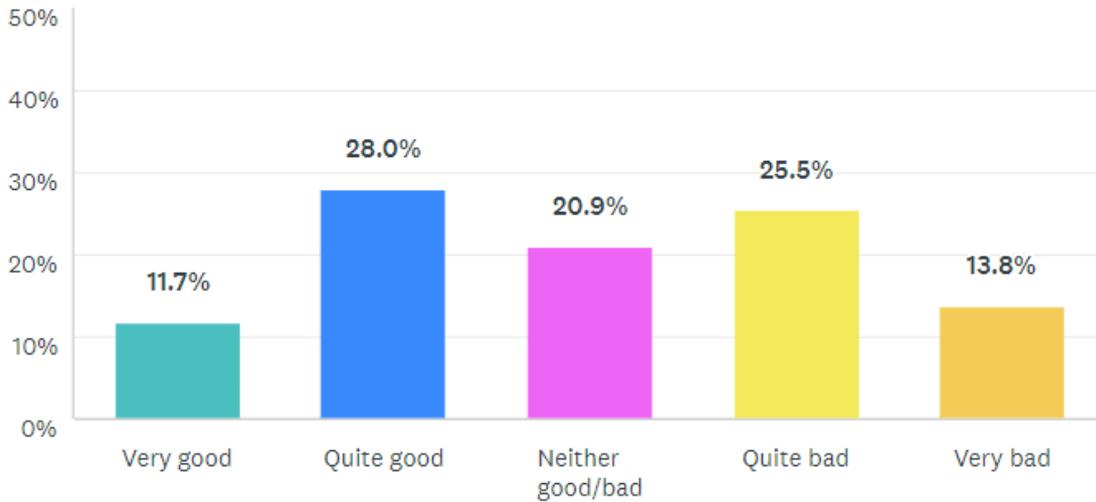


Figure 8 Overall, what did you think of the taste of the food?

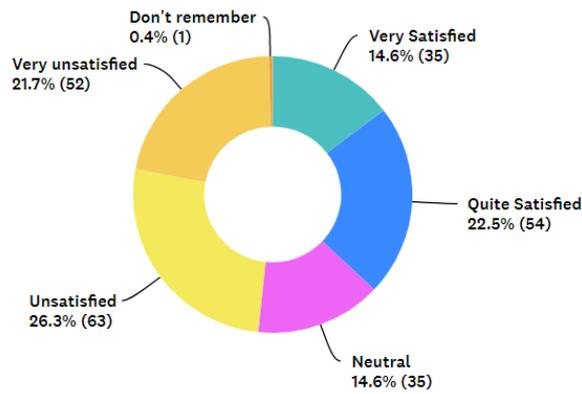


Figure 9 Overall, how satisfied were you with the food and drinks in hospital? (including choice, taste, portion size, presentation, service)

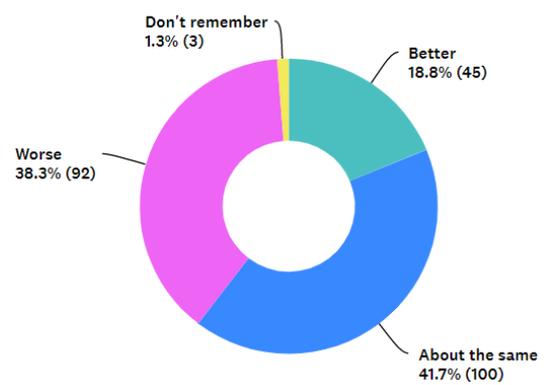


Figure 10 How did your experience of food in hospital compare to what you expected?

Access to food and drink

Figure 11 Did you have easy access to fresh drinking water?

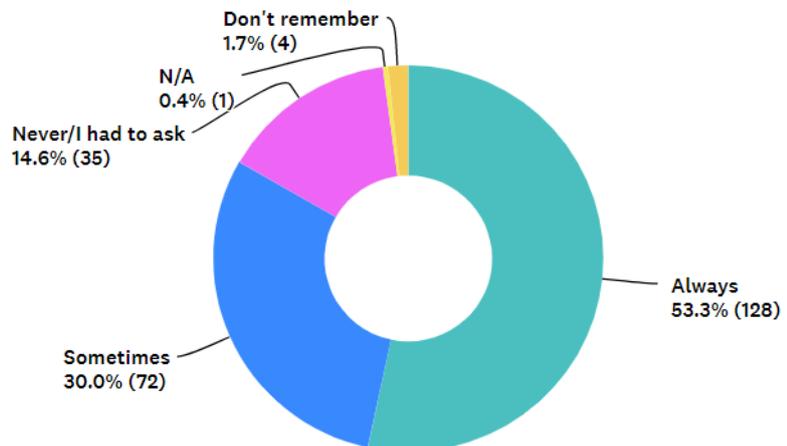


Figure 12 Were you able to get hot drinks served to you outside of mealtimes?

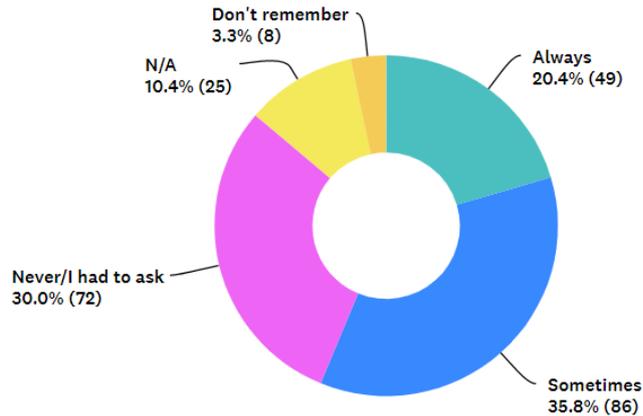
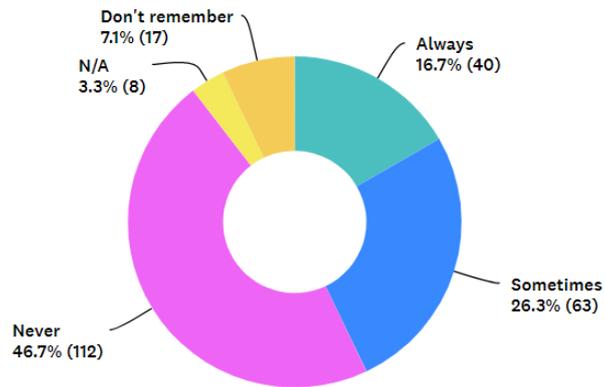


Figure 13 Did you have access to food between meals? For example: Fruit, biscuits, or other snacks



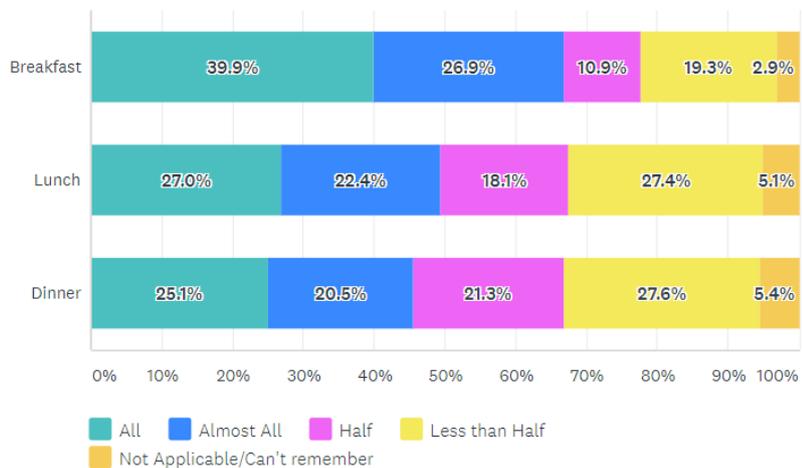
Patients who were able to access food between meals obtained it from hospital catering (27.9%), visitors (65.8%), buying from shops in hospital (25.8%). People also mentioned bringing in food for their stay, using the friends of the hospital trolley, or ordering takeaway. In comments five people complained they were unable to access any food and were left hungry.

"I missed a meal as having ultra-sound. Could not get any food or a drink!"

"In 28 hrs I was not allowed to leave my bed. I was starving. I was offered ONE tuna sandwich, nothing else was available. Unbelievable."

Quantity Consumed

Figure 14 On average, how much of each meal did you eat?



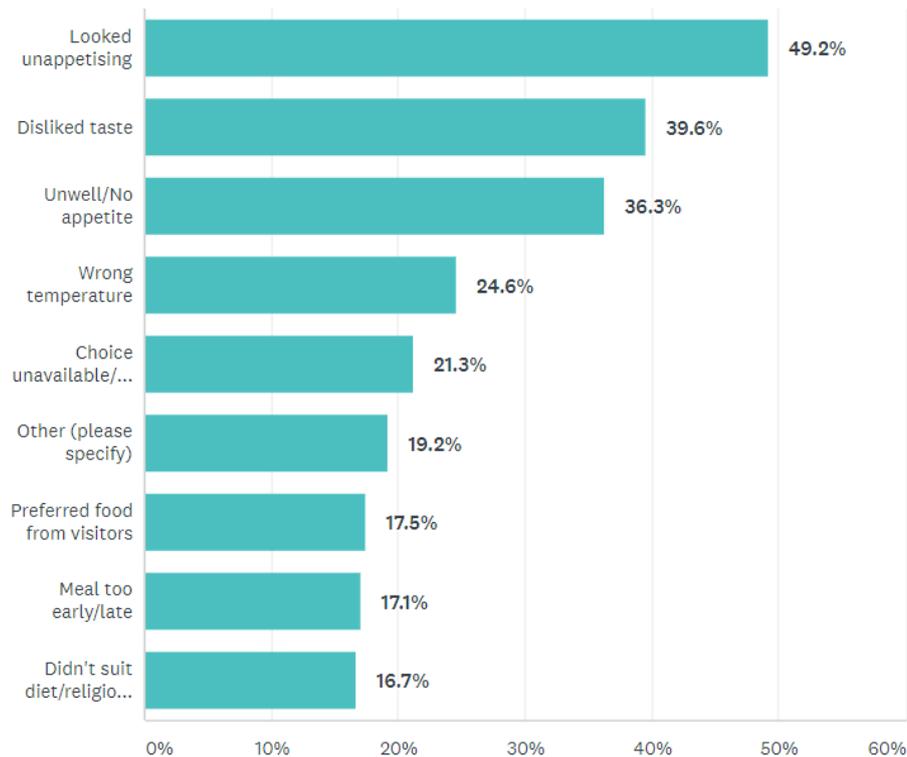


Figure 15 Top things that stopped people finishing their whole meal

The top eight reasons for not finishing a meal were: Looked unappetising – 49.2%, Disliked taste – 39.6%, Felt unwell – 36.3%, Wrong temperature – 24.6%, Choice unavailable – 21.3%, Preferred food from visitor – 17.5%, Served too early or too late – 17.1%, Didn't suit diet/cultural/religious needs – 16.7%.

Other reasons included smell of ward (7.5%), lack of assistance (6.7%), don't like eating in bed (5.8%), noisy environment (5%), portion too large (3.8%) and not having enough time to finish (3.3%).

Selection of comments for those who marked "other" as a reason for not finishing a meal:

"Poor quality frozen regenerated food. Lack of fresh stuff, archaic menu. No wholefoods. High sugar. Nothing on offer that I normally eat."

"I chose my meals carefully, because of diabetes 2, but rarely got what I ordered. I lost my taste buds, so would have liked something with more flavour."

"I wasn't thinking straight when I filled out the menu card - so for the following day I only ticked, for example, beef casserole but forgot to also tick mashed potato and vegetables - I did this for all meals - no-one read or checked with me - so that day I only got, for example, beef for each meal - not a full square meal."

"Meals were repetitious, menus were weekly so it got boring."

"Only one meal option was suitable for me (I had this same meal every lunch and supper). There was nothing suitable for breakfast (gluten-free and no added sugar)."

Impact of Food on Hospital Experience

Food had a direct impact on hospital experience for 65% of respondents, with 20.4% saying it improved their time in hospital, and 44.6% saying it had a negative impact on their experience.

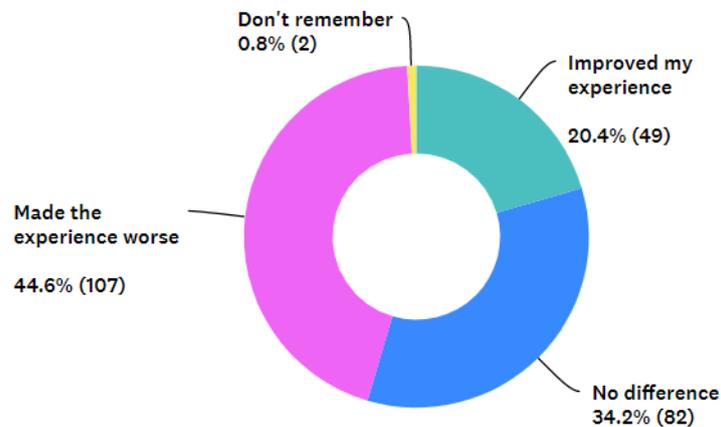


Figure 16 Did you think that food made any difference to your overall experience of being in hospital?

Opinions on separate dining area

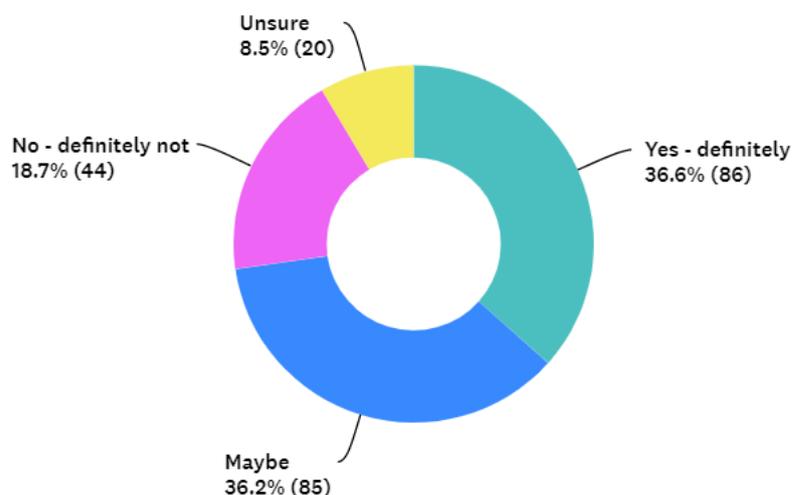


Figure 17 If your condition/mobility allowed, and there was a place where you could eat your meals with other patients, do you think you would make use of it?

On the question of whether people would make use of a shared dining area if it were available, and they were mobile enough to use it, there was a large spread of responses. While 36.6% said that they would “definitely” use the space, the majority were not so certain, with 36.2% saying they “might” use it and 8.5% being unsure. 18.7% of respondents were definitely against the idea of using such a space.

196 people gave reasons for their response, and for those who said they would definitely use an area like this, the key reasons given were: ability to socialise (27), getting away

from their bed (8) or ward (6) and related sounds/sights and smells (7), improving their hospital experience (10), making them feel more “normal” and less like an “invalid” (patients’ own owns) (5), and finding it easier to eat (3). There were a few caveats mentioned, with four people stating that it must be a choice not compulsory, and issues of cleanliness, feeling vulnerable, and risk of infection raised once each.

A sample of comments from people who would use a dining space:

“I’d like to sit at a proper table. It would depend on how I was feeling and whether it was optional. I wouldn’t want to eat with people who wanted to talk all the time. Perhaps quiet and chatty tables could be provided.”

“As part of the healing process, it would have been nice to interact with other patients and not eat in bed beside a person who is using a commode, the smells put you off.”

“In the unit I was on there was a dining area so you could choose to eat in your room or at the dining area Most people as they got better chose to eat at the dinner table.”

“Being in separate rooms I never got to see or speak to anyone, it would have been nice to have seen other faces than that of hurrying staff.”

“Eating in a dining area encourages patients to be sociable and would it make it more like eating in a cafe rather than hospital.”

“Eating is social and mobilising to a day room helps end PJ-paralysis.”

Patients who said they “might” use a separate dining area, or were “unsure”, mentioned that it would be more social (17), but an equal number said it would depend on how well/ill they were feeling at the time. Again, the ability to choose whether to use the facility was important, with seven people bringing it up. Things that would affect people’s decision about whether to use a dining area also included risk of cross-infection (5), the ability to get away from the ward (3), issues around privacy (3) and access/assistance (4 and 1 respectively). Six people said it would depend on what the other patients were like, and three thought that other people could be “revolting” and “vile” and wouldn’t want to be near them. While two people thought it would make the eating experience more “normal”, five people preferred eating alone, four felt embarrassed or uncomfortable to eat around other people, two disliked strangers, two mentioned feeling shy or awkward, and three mentioned vulnerability/safety. One person said it might make sense for patients who had longer stays in hospital.

Comments from those who might use/are unsure about using a separate dining space:

(Unsure) “Having central lines in my neck I didn’t feel I wanted to eat around other people.”

(Unsure) “I eat kosher food”

(Unsure) "It depends on cohort of patients & type of ward admitted to. E.g. I had an emergency admission , there were no beds available in ward I should be in & I found myself in a ward with dementia patients & I would not choose to eat with so many confused people who even when I was in a bed started to interfere with my food/eating."

(Maybe) "The opportunity to eat with others would be good in order to relieve the boredom of the hospital day, and to be able to compare experiences with other patients. It would be important to be able to eat alone if not feeling well enough to socialise."

(Maybe) "I spent my whole stay in PJ's and wouldn't want to eat in front of strangers if I wasn't dressed. I was very tired and struggled to eat, but I am a 39 fit person normally. Because of winter bed pressures I was in the orthopaedic Care of the Elderly ward and the nurses joked I was there youngest patient by miles as I had to have a side room and their ward had an empty one. I would have been self-conscious of this."

(Maybe) "I wouldn't mind eating with other patients but would like to be given the choice. It could be that I was more comfortable in or beside my bed because of pain or discomfort but it could also depend on friendships made or not made with other patients."

Those who were certain they would not use a shared dining area disliked being around strangers (9). Preferred eating on their own (8), were concerned about infections (7), were disgusted by other patients (5) or their smell/sight of wounds (2), were concerned about privacy (3), vulnerability (3) and dignity (1).

Other issues that were raised were safety of belongings if you leave the ward, level of access, feeling uncomfortable/awkward (2) and not wishing to be around the opposite sex.

Sample of comments from people who said they would not use a shared dining area:

"Disabled. Sometimes even hospitals are not set up for disabled people."

"The old way of a dining table in a ward encourages patients to get used to eating normally and aids mobility."

"Even when I am well, eating with strangers appals me on occasion, some of the habits are vile."

"Eating with total strangers is my idea of hell, but I am severely disabled, & immune compromised."

"Autistic and would find this distressing"

"I was ill. The social aspect was unimportant to me. I wanted to be alone, especially after a nightmare experience in A&E - waiting, the noise, the chaos, some of the patients..."

Topics that patients mentioned most frequently were: choice, temperature, quality freshness, availability of snacks/drinks, food quality, taste, healthiness, availability of fruit and salad,

Choice	54	Better Cooked	11
Temperature	34	Menu Access	10
Communication	32	Errors	10
Quality	30	Allergy Options	9
Fresher	29	Onsite Catering	6
Snacks/Drinks Available	29	Vegan Options	5
Taste	28	More Vegetarian Choices	5
Healthier	26	Blended Diet	3
Fruit, Veg and Salad	25	Better Labelled	2
Staff	25	Diabetic Options	2
Presentation	22	New Contractor	2
Assistance	21	Reduce Plastic/Waste	2
Not Freezer Food	17	Food with Medication	1
Timing	16	Microwave Available	1
Size	14	Modernise Menu	1
Away From Bed	13		

Figure 19 Themes from qualitative answers, listed by number of mentions

A brief selection of comments from respondents (further comments available in the appendix).

Was there anything that you particularly enjoyed, or that improved your dining experience, while you were in hospital?

“Enjoyed - Amount of choice, eating with real plates and cutlery and mugs for hot drinks not plastic, enthusiasm and friendliness of domestic staff taking my menu order! And fruit round in the afternoon on a weekday.”

“The option to select meal size and number of options on the menu meant I was able to choose a satisfying meal. Happy to see a variety of options that helped me to make healthy choices.”

“Roast beef dinner was better than a recent pub meal and I said so on the family and friends feedback form.”

“Nurses tried to find me appropriate healthy options as I had cancer and needed specialist diet that was not catered for.”

“Choice and diversity across menu. Food was obviously cooked from fresh, not freeze-cook.”

“Pleasant staff who care about what they do.”

Did you have any bad experiences of food, or dining, in hospital?

“Too much slop, doesn't look appealing.”

“Sometimes it was difficult getting enough water. I had to ask a lot.”

Often mealtimes clashed with treatment times, on one occasion I was asked what I wanted for lunch whilst in a minor procedure room awaiting to have a central line put in my neck!

“Generally, I have never had decent veg or salad in hospital, over the last 6 years I have had >15 stays in hospitals - not a single decent salad or properly cooked veg!”

Puréed chicken platter was sent round half frozen/defrosted with accompanied half defrosted mashed potato and purées veg. Ridiculously dangerous for elderly or vulnerable patients.

“My surgeon recommended that I be put on chyle leak/no fat diet, which took two days to be put in place due to administrative mix-ups. During these two days the only food given to me was soup (some of which contained fat, so I could not eat it).”

If you could change one thing about the hospital dining experience what would it be?

“Coloured trays to indicate assistance required. Coloured plates to support patients with dementia. More assistance at mealtimes for vulnerable patients. More appealing snacks encouraged in day to underweight patients, rather than having to be asked for. More hot/cold moly drinks in offer, decaffeinated tea/coffee to support sleep, anxiousness.”

“Fluid- Water jugs only 750mls and only filled twice per day. Instructed to drink 3 litres so had to keep asking for extra fluids. Food - need correctly coded menu options. Codes on menu didn’t always make sense. What is delicate palate. Some foods marked high calorie and healthy eating, some carbohydrates makes suitable for diabetes pts some weren’t. E.g. chips suitable but not jacket potato.”

“Less use of single use plastic containers and glasses. Like water cups, some of the fruit and some of the deserts, I felt uncomfortable with my environmental impact. Reusable washable safe ‘glasses’ instead of plastic for water would be much better and less likely to be knocked over.”

I would love to see food menus that reflect how we eat in modern Britain today. Hospital food seems to be stuck in a time warp. It was honestly very similar to the school meals I ate in the 1980s!

“Hospitals must provide food for food allergies and intolerances. Scary how little awareness in hospital staff”

“Better choice and better presentation of food. Cold soup and dry sandwiches is not going to tempt anyone to eat.”

“Just support ticking the menu items would have helped. I thought when I ticked beef casserole, I’d get a meal - I didn’t know I had to tick mash and veg too”

Evaluation

The number of respondents was reduced by the need to delay the survey due to the General Election 2019 and associated election sensitivities while the campaign was live. The limitations on approaches to the media also meant that the survey relied on the existing Patients Association networks, which reach the whole of the UK. Since health is largely a devolved issue, only responses from patients who stayed in hospitals within England were included in the final analysis, again impacting the final numbers.

There were 240 responses from people who had spent at least one night in a hospital in England within the past six months. While this is enough to begin to identify common themes and issues from the respondents, splitting the respondents into more specific groups by age, sex, location, length of stay etc quickly reduces the numbers to a point that it is hard to confidently say whether findings are representative of the wider population in these groups.

The respondents were from around England (with a skew towards London and the South East of 18% and 22% respectively) and well dispersed across the age groups. There was limited representation of different ethnic and religious groups, which is something that should be addressed in future research since this could impact patient needs.

Despite this, the survey gives a good first impression of the type of issues that are important to patients. Further research would be needed if you wanted to dig further into particular issues and make judgements about the number of people who are impacted, but some obvious trends shine through.

There was a mixed response to the question on the taste of food, perhaps due to the fact taste is such a personal factor, and patients were reporting on different meals served in different hospitals. It might be useful in future to consider this question for individual hospitals, or across a period of time (preferably both), to see if there are any areas falling short of national averages.

Conclusion

Although this was only a relatively small sample, this survey has revealed a number of themes that deserve attention or merit further exploration.

The results show that hospital food has an impact on a patient's hospital experience in 65% of those surveyed, making it a key area for focus when looking at measures to improve the care experience for patients. 44.6% of those surveyed for this work said that food had negatively impacted their hospital stay, so there is a real opportunity to make a difference by addressing hospital catering.

While 87.5% of patients were offered a choice of meal, and 82% found something appropriate in either all of cases, only 14.6% of patients felt very satisfied with hospital food, and 22.5% were quite satisfied. 48% of patients were either unsatisfied or very

unsatisfied with the food, with 38.3% of people saying it was worse than they had expected.

Looking at the reasons behind these disappointing results, we see that there are common themes that emerge. 70% of patients said that the presentation of their food impacted whether they were likely to eat it, with over half (52.1%) saying that presentation made it less likely that they would eat their food. The comments in response to the qualitative questions shed some light on this, with some people complaining their meals were served in microwavable plastic trays, and one respondent saying how much she appreciated having meals served on proper plates with real cutlery.

Looking at the reasons that people gave for not finishing meals, almost half (49.2%) said they looked unappetising, making it the most commonly given reason. Taste was the second most common reason for not finishing, with 39.2% of respondents selecting that option, though as mentioned in the evaluation section, further investigation would be required in order to suggest ways in which this score could be improve in future. The results suggest that breakfast is the meal that patients are most likely to eat more of, with more patients recording that they ate half, or less than half of their lunch or dinner. Whether this result is significant, has any correlation with whether meals were cooked or not, or changes with the duration of hospital stay, cannot be determined from this current study, but could be an area of interest in future.

Almost a quarter of people said that the temperature of their meal prevented them eating it all, and in terms of suggestions for improvements, food temperature was the second most commonly mentioned (after choice). Some patients commented on food being served while still partially frozen, so this is an area that would benefit from additional thought on how improvements could be made.

Although there is financial pressure on hospitals and catering contractors to produce meals at the lowest cost, there needs to be a balance between cost-saving and ensuring a minimum level of quality and freshness for patients.

A key area of concern for patients was that food was being prepared off-site, was obviously microwaved, and not presented in a manner that encouraged them to eat it. Although it might take a bit more time, there appears to be a value in plating up pre-prepared food rather than leaving it in single-use plastic trays.

With the current public/political focus on reducing waste and plastic usage, thought should be given to the way that food is prepared and delivered to patients.

When looking at access to fresh water, hot drinks or snacks in-between meals, it appears that the majority of patients (83.3%) were able to get fresh water some/all of the time, while only 56.2% could get hot drinks and 43% could access snacks.

It is important that people in hospital are kept hydrated and patients should always have access to fresh drinking water. Although 65.8% of patients could rely on visitors to bring them food in, only 27.5% were able to get snacks from the hospital caterers in-between

meals. Five people that we surveyed explained they were unable to access food in-between meals and complained that they were left hungry – especially in cases where they had missed a meal due to being in surgery.

There is a strong argument that fresh fruit, and perhaps toast, be available for patients who are unable to eat certain meals, can't complete their meal due to timing, or miss meals due to treatments. Several patients who were able to access snacks commented that this improved their experience, and it would be a relatively simple thing to consider rolling out availability of fresh fruit to patients. This would also go some way to help address the complaints that food was neither fresh enough, nor healthy enough, and could encourage people to eat more nutritious food during their stay.

Another key finding is the value that patients put on choice. In the instances where a good choice was available people commented that this was a positive thing, and it was one of the most-requested improvements. This was also echoed by the praise/calls for simple and healthy food to be available between meals so that people may choose to access it, if and when, they wished.

Patients generally commended choice, but occasionally felt there was a lack of choice available if you had specific dietary or nutritional needs. A range of meal options that would be suitable for people with allergies, but also enticing to other patients, could be developed, with a focus on providing more vegetarian dishes using fresh ingredients.

The comments from patients show that quality, freshness and healthiness of meals are key areas for improvement, and there was a sizeable number of comments specifically requesting a move away from frozen food and off-site catering solutions.

The survey also revealed that there are issues around communication, both between staff and patients, but perhaps also hospital staff and external catering companies. A number of errors that were mentioned could have been easily avoided if staff had given patients a menu to look at, explained how the choices worked (ticking for sides as well as your meat option for example), and menus had more nutritional information on them so that patients could make an informed selection to suit their diet. The lack of a written menu was an issue for some patients who commented they felt pressured to choose instantly as choices were read out, felt disempowered or lacked detailed information about the nutritional value/suitability of meals.

Where patients had specialised dietary needs, or the patient's original selection was unavailable, more should be done to ensure that the food is appropriate for the patient and complements their treatment. The responses collected include comments from patients with diabetes, one on a specialist cardiac ward, and those with allergies, who all had issues with the food they were offered. Again, financial pressure to produce low-cost meals should not result in low-quality meals that could cause harm to patients due to their salt, fat or sugar content.

When asked about shared dining facilities there was a wide range of strong views as to why this would (or definitely wouldn't) be a good idea, but once again the common theme from respondents was the importance of having the ability to choose.

When asked if people would use a shared dining space if they were able to/it was available, 36.6% said they definitely would, 36.2% said that they might, 18.7% said they definitely wouldn't and 8.5% were unsure.

Patients responded that communal eating might ease their boredom, but many don't feel comfortable eating in front of, or interacting with strangers – especially while feeling ill and vulnerable. There was also concern about cleanliness and the risk of cross-infection, and some people prefer eating alone, dislike strangers, or felt uncomfortable with the idea. There may still be scope for shared dining in specific wards, where patients may be more mobile and less infectious, at a table within the ward itself, but the choice of whether to use such a facility must always remain with the patient.

This survey highlights the importance of food to a patient's overall experience of hospital, and illustrates the importance of choice, presentation and temperature of food, as well as making it clear that food quality, freshness, and nutritional value are all important to patients.

These results should be considered as part of the NHS Hospital Food Review to help the panel prioritise areas where they have the greatest potential to make a positive difference to patients. The following suggestion details some recommendations.

Recommendations

- 1) The quality and freshness of meals should be addressed. Many patients expressed that meals were unappetising, badly cooked, bad quality, unhealthy and lacking taste and freshness. While it is understandable that financial pressures exist, these need to be balanced with a duty to provide food that is healthy and nutritious.
- 2) Ensure that there is a choice of meals – especially for those with allergies and specific dietary needs due to their condition. Since there were multiple requests for a greater choice of vegetarian (or vegan) options, it might be an idea to expand the selection of vegetarian/vegan dishes so that meat-eaters might also be inspired to choose them and increase their intake of vegetables.
- 3) While choice is to be welcomed, it is important that staff make patients aware of the choices available, and are given a physical copy of the menu so that they might make informed decisions about the selections that they make. Menus should include nutritional and allergy information for meals.
- 4) Consider increasing the repeat time for standard menus, so that long-stay patients don't get bored of the same choices too quickly. Even a fortnightly repeat pattern would be an improvement – or perhaps the inclusion of a daily/weekly "special" meal that has a different repeat-cycle to the main menu.

- 5) Ensure that meals are served at the correct temperature. One of the biggest complaints (and suggestions for improvement) was that food was served cold (at times still part-frozen) and this was the fourth most common reason that people didn't finish eating their whole meal. If there were a way to ensure that meals are served at the correct temperature it would have a significant impact on patients.
- 6) Presentation of meals is not a trivial issue and even serving meals on plates rather than in plastic containers could improve the likelihood that patients would eat them (and reduce the requirement for assistance in opening them).
- 7) Reduction in the use of single-use plastics – such as microwave containers for meals.
- 8) Better communication between catering staff and patients, and ward staff and external caterers, could reduce the number of errors and improve the chances that patients are served meals that are suitable to their condition and allergy/cultural requirements. It would also help to cut down on the number of patients who are only offered the meal selection of the previous occupant of their bed when they are first admitted.
- 9) A key finding of this report is the number of people who commented that the meals that they were served should be healthier. In optimal circumstances, meals served in hospital should reflect best practice and advice on healthy eating, which may be especially important for those people who are not usually able to access fresh fruit and vegetables in the recommended quantities. As well as treating people, hospitals should emphasise the importance of maintaining a good diet to stay healthy, and there should be no reason that patients are unable to find meals that are low-fat, low-salt, low-sugar, or lamenting the lack of well cooked vegetables or availability of fresh fruit.
- 10) Since it would be operationally difficult to serve meals at times that suit the preferences of all patients, there should at least be an option for patients to access a range of healthy snacks in-between meals. Where there was access to toast, fresh fruit and salad, patients commented on it as something that improved their experience. Availability of snacks was not universal, but could be considered as a reasonably easy-to-implement solution that would encourage patients to eat more fruit, and also improve their experience while in hospital.
- 11) While not all patients require assistance to eat their meal, around 10% of patients we surveyed did require assistance to eat their meals and it was not reliably available. While there is always going to be pressure on staff in busy wards, there should be a system whereby patients who require assistance with meals are definitely able to access it.
- 12) While there were mixed responses to the question of whether people might use/benefit from a shared dining space, and the logistics of creating and managing such spaces may prevent them being rolled out as standard. There were requests for a table in the ward where those who preferred/were able to get out of bed could eat with other patients. This might be a low-cost option that could be trialled

in a small number of hospitals and rolled out more extensively, depending on patient feedback.

Appendix

Selection of qualitative answers:

Was there anything that you particularly enjoyed, or that improved your dining experience, while you were in hospital? Can you think of one thing that could be done to make things better for patients?

"End this cook-chill ready meal thing and cook on the premises. Less meat and fish options and more vegetarian and vegan dishes which can be eaten by people with cultural dietary needs and meat eaters as well. Where is the 10 a day (Imperial college research) where is the 30g of fibre? Too many food additives. Hot mush."

"It is often the attitudes of catering staff which causes problems. Due to speed of discharge of patients, there is little effective communication between nursing & catering. Patients end up with someone else's choice or nothing at all, which prompts arguments between staff. Staff who are involved in regular obs. frequently don't think of what food their patient may or may not be receiving."

"That there was yoghurt available. Not lumpy, smooth easy to ingest"

"Enjoyed - Amount of choice, eating with real plates and cutlery and mugs for hot drinks not plastic, enthusiasm and friendliness of domestic staff taking my menu order! And fruit round in the afternoon on a weekday."

"I liked the evening Bourneville drink served"

"Present the meal on plates, not in microwaves plastic with film lids. The food, including oriental food, was very bland. Toast was cold."

"Meals were okay but the gluten free options all looked quite similar which probably explains why I was given the wrong food. Things could be improved by making a cold option like a salad available."

"Food needs to be made on site and needs to be fresh. Make food look appetising."

"More alternative meals suitable for vegans or allergy sufferers. More choice for breakfast other than toast as not very filling or the healthiest. No fresh fruit or veg available which isn't good for your daily fibre intake. Just generally not the most nutritional meals."

"Provide simple nutritious food e.g. boiled eggs, cheese and biscuits, anything that doesn't include extra sugar, preservatives, etc."

"I would love to see food menus that reflect how we eat in modern Britain today. Hospital food seems to be stuck in a time warp. It was honestly very similar to the school meals I ate in the 1980s!"

"I was on a maternity ward and we were served last and given no choice of the menu if people could select their own meal or have a small choice that would benefit"

"More simple food - tasty soup and bread (not just a thin watery soup). I am a dietitian with significant hospital catering experience and we NEED to focus on getting people to eat something. By encouraging 3 courses all served at once, the main and lid are cold and congealed before you even manage 2 spoons of tepid soup...."

"If it wasn't for the fact that I could have toast 24/7 I would have not eaten anything. I would like patients to be able to use the microwave in the kitchen so I can heat my own food."

"It was fine for me as an able bodied, alert person. I witnessed multiple occasions where patients who required assistance were abandoned, even in the better hospitals with good rep - more HCAs would be good"

"Serve food rather than pre-made stuff shipped in from outside the hospital. Cook it in the hospital rather than 50 miles away."

"I particularly enjoyed the evening meals."

"Greater choice, extended stays in hospital means the menu rota becomes repeated and very bland."

"Quality of food: Portions of fresh vegetables, varied salads, varied pieces of fruit, real pieces of meat."

"Hospitals must provide food for food allergies and intolerances. Scary how little awareness in hospital staff"

"Healthy food please. Menu choices were really high in carbs and sugar"

"The Red Tray system was never put in place, requests were not taken, or told the nurse will have it under control, it never was undertaken, by hospital staff."

"Being offered some sort of hot food when I went to the ward, even a hot slice of toast would have helped, as I hadn't eaten since 3:00 pm and that was a sandwich from the kiosk."

"It was very poorly organised and the food itself was pretty awful and unappetising. There was very little choice, and they ran out of food because the ordering had gone wrong somewhere. The coffee was vile and the tea not much better and I had to ask for a drink because the ward was so hot it made me thirsty. I ended up spending a fortune on bottled water, costa coffee and food."

"Nurses tried to find me appropriate healthy options as I had cancer and needed specialist diet that was not catered for."

"There needs to be a significant improvement with regards to presentation and taste. The food did not look appetising at all, the quality was appalling, and I asked my relatives to ensure that they brought me my food from outside. Hospitals need to consider how they deliver nutritional benefits to people who are ill. The road to recovery relies heavily on food intake for a lot of patients and surely food should be loaded with these essentials. I suppose if you continue to serve bad food it will encourage patients to work harder to bring about an early discharge or in my case, discharge earlier than recommended to do so."

"I would like to have had more vegetables a wider variety, and that they were lightly steamed rather than over-boiled. Fresh fruit cut up to manageable pieces rather than tinned fruit."

"Meals were the same week in week out so on a Monday it was steak on a Tuesday it was Turkey etc the menu could be fortnightly so as most patients would get a variety of meals"

"Dining space"

"Bring back a patient kettle/microwave also some spare pairs of hands to help. I would pay for my food."

"Food needs to be better and there needs to be access to drinks"

"Cooked the food on site from fresh ingredients so it's hot and tastes as it's supposed to."

"Make sure you have a menu to read & so select the right food & food balance. Very often I was read a list of what was available. This takes away control, ability to choose a balanced meal."

"The beef casserole was hearty and delicious - but I was sad I didn't also tick mash and vegetables as I was just coming around from an op. I wish someone had checked my choices. Just beef isn't much of a meal when you're recovering."

"Nursing staff made toast for me when I was hungry before bed"

"Accommodate patients who have had to fast and ensure there is an adequate meal available once they have had their procedure."

"Food served at the correct temperature. Vegetables which are not over cooked. Food produced on site."

"I feel the options were excellent"

"Fresh food well prepared, not packaged food re-heated"

"Better understanding of a diet for diabetics. Most meals were heavy in slow carbs."

"Evening meal as opposed to sandwich served at 5pm with no access to food until 8:00"

"The staff were happy to make me toast when I missed breakfast due to going for tests"

"Roast beef dinner was better than a recent pub meal and I said so on the family and friends feedback form."

"Coloured trays to indicate assistance required. Coloured plates to support patients with dementia. More assistance at mealtimes for vulnerable patients. More appealing snacks encouraged in day to underweight patients, rather than having to be asked for. More hot/cold moly drinks in offer, decaffeinated tea/coffee to support sleep, anxiousness."

"The meal was served from a trolley at bedside so was fresh. There was however no menu to glance at before so decision on meal was rushed."

"Ensure I was sitting up in a suitable position to eat"

"Give small or large portion options"

"More help for mums with newborn babies to be able to eat eg have more finger foods and help to open things"

"Different options food which was served was quite old fashioned. Options for curry or pasta would have been nice. And better meat free/dairy free options"

"The option to select meal size and number of options on the menu meant I was able to choose a satisfying meal. Happy to see a variety of options that helped me to make healthy choices."

"Fish did not taste like fish. Given fork to eat cake. Had to walk with newborn baby to collect food. Chips were hard."

"Clean up!"

"Choice and diversity across menu. Food was obviously cooked from fresh, not freeze-cook"

"Look at a menu before choosing"

"Ability to change mealtime if a procedure was taking place rather than food just left in your bed space"

"More option for variety of snacks between meals. Little and often. Even just cereal and milk available all day long"

"Give patients a copy of the full menu (if they want) so that they can see the ingredients and judge suitability of meals. I only had an inadequate and erratic verbal report from a member of the meal team."

"Fluid- Water jugs only 750mls and only filled twice per day. Instructed to drink 3 litres so had to keep asking for extra fluids. Food - need correctly coded menu options. Codes on menu didn't always make sense. What is delicate palate. Some foods marked high calorie"

and healthy eating, done carbohydrates makes suitable for diabetes pts some weren't. E.g. chips suitable but not jacket potato."

"Pleasant staff who care about what they do"

"Please always ensure and check regularly that water jugs are full and changed at least 4x per day. Offer more drinks in between meals, and snacks. If patient has ticked for a small portion, please give it. Give less choice and ask patients one meal ahead of the next ideally, what they'd like to eat rather than 24 hours before."

"I need a gluten free vegetarian diet and there was very little choice. For dinner the only thing that I was offered was a gluten free cheese sandwich. When I got the sandwich the bread was very dry, it had no marg or butter on the bread and was just unbeatable and that was given to me on two occasions. The hospital does not cater for people with a gluten free vegetarian diet. I was very unhappy."

"Ensure that hot meals are hot and that salads are NOT Served on a warm/heated plate."

"Provide assistance to people effectively without arms!!!"

"It is impossible to state your meal requirements 24 hours in advance (as asked)"

"Taste excellent and portion size just right"

"I was very surprised how tasty and it felt it was home cooked."

Did you have any bad experiences of food, or dining, in hospital? If you could change one thing about the hospital dining experience what would it be?

"Yes, ALL when I complained to the ISS manager he blamed the trust, take ownership! Then my husband called the manager still awaiting a call back. We called the ISS head office my son did speak to a Mrs. Bowen who said the menus are developed by patients and dietitians so the food is fine and I must just be ill, Yes I am ill hence in Hospital, blaming others will not sort the issues, Sack them and bring in-House, after all they cannot even admit the food is poor. This is why we need action from Boris and not words, the food should be freshly cooked on site"

"Less use of single use plastic containers and glasses. Like water cups, some of the fruit and some of the deserts, I felt uncomfortable with my environmental impact. Reusable washable safe 'glasses' instead of plastic for water would be much better and less likely to be knocked over."

"Include a low fat menu in the cardiac ward"

"Sometimes bread in the mornings was not toasted or toasted lightly and cold by the time it arrived. food was presented in plastic containers and looked very unappealing."

"Have Catering students on-site who can rustle up simple food."

"Don't forget patients that come in from a&e for a stay"

"I struggled with choices. I am diabetic and don't eat red meat and found the available options to be carb heavy and/or not appealing to someone who had just had major abdominal surgery (lots of curries or spicy food / and not enough vegetables). Also there were no non-dairy milk alternatives available at all (eg soya, almond milk etc)"

"To be able to order and pay for special meals"

"My surgeon recommended that I be put on chyle leak/no fat diet, which took two days to be put in place due to administrative mix-ups. During these two days the only food given to me was soup (some of which contained fat, so I could not eat it)."

"The cafe food was less healthy than the food for patients!"

"Very often the food was cold and therefore unappetising I ate well when I just had a sandwich"

"Soup at lunchtime had only one choice. One day it was a lentil soup that was just too spicy particularly given the nature of my condition and I could only have soup so no other options. Other time only option was pea soup and I am allergic to peas so again no other options available."

"I didn't enjoy any meal :(The multiples smells mingled together were awful. As a vegetarian I wasn't confident my meal was cooked with fresh ingredients. Bulk bought, frozen and cheap!"

"Not having to eat the meal choice of the person previously in your bed when you're first admitted. Larger drinking glasses for those with increased fluid requirements i.e. lactating women."

"Too many curry & spicy dishes. Not enough 'plain' food. Too many frozen foods e.g. frozen roast potatoes. Unable to get simple food like boiled or scrambled egg, it all comes in pre-packed."

"Food all very salty"

"Generally, I have never had decent veg or salad in hospital, over the last 6 years I have had >15 stays in hospitals - not a single decent salad or properly cooked veg!"

"Healthy foods like fruit and veg were hard to come by and not very fresh or tasty"

"Give people the option of eating sitting at a table as they would at home."

"Do not serve dried jacket potatoes, or tinned produce."

"Dietary needs being passed on to catering staff. I stated mine pre-admission, and when admitted, (vegetarian no eggs) but catering didn't have a suitable meal for me"

"Have healthy food choices. Fresh veg and protein portions rather than processed foods"

"Having consistency in the food that was provided, meals didn't always arrive or arrived very late as staff had forgotten. Knowing it would definitely arrive would reduce stress"

"Puréed chicken platter was sent round half frozen/defrosted with accompanied half defrosted mashed potato and purées veg. Ridiculously dangerous for elderly/vulnerable,patients."

"Asking for water. No food offered after evening meal (5.30pm)"

"The hospital had recently changed the menu and a lot of things had been removed from the previous time I was in and I missed the ice-cream option very much"

"Food served at a good temperature, left in reach of patients, and staff making sure that patients are sitting in a good position"

"Sometimes it was difficult getting enough water. I had to ask a lot."

"Most of the food looked as bad as it tasted... I stuck to sandwiches in the end."

"Often meal times clashed with treatment times, on one occasion I was asked what I wanted for lunch whilst in a minor procedure room awaiting to have a central line put in my neck!"

"Stop issue of microwave ready meals, they taste plastic, freshly cooked meals with quality ingredients, cooked by staff that know how to cook."

"I need good to be gluten free as I have Coeliac Disease and the GF options were very limited or non-existent. I relied on my husband for food. Next week I will be in hospital for day surgery and I'll be taking my own food. If I could change one thing it would be to improve both the standard and the availability of gluten free meals."

"The food looked like it had just been thrown on the plate it reminded me of the programme porridge"

"There was no main meal on all menu that I could safely eat. What will I eat if I have to be patient for more than one day. Scary. No I was not being difficult but I was made to feel I was a problem for them."

"Better choice and better presentation of food. Cold soup and dry sandwiches is not going to tempt anyone to eat."

"Train the catering staff to understand different diets, allergies, they had no understanding of the food they were serving to patients...if compatible with the health issues they were in hospital for."

"I wouldn't describe hospital food as a "dining" experience. It's just a tick box exercise that doesn't even meet the basics. I think that Hospitals should have food inspectors that arrive like the CQC, unannounced and there to test the brief. Rather like the TV series The Hotel Inspector, could we have "The Hospital Inspector" that focuses on HOSPITALity (food)."

"Been taken for a scan whilst my meal was delivered and being diabetic missed a meal and had to have toast as a replacement meal."

"yes too much slop, doesn't look appealing"

"Make the food more modern. We don't all want steamed cod with mashed potatoes."

"Clinicians & ward staff aware of dietary issue - blocked bowel requiring 'sloppy foods'. The offered menu offered very little / no choice that was suitable. Diet was essentially jacket potato + ice cream."

"Breakfast was horrible. Toast cold and tough. Couldn't pour breakfast cereal very easily always came out of container in tiny amounts and slow. Wasn't worth the aggravation. So always went without breakfast. Carbs with lunch would have been nice. The only way to have carbs was to have a jacket potato. Chicken nuggets or sausage roll with beans or salad is a bit boring and doesn't feel like a full lunch. Made the meal less appetising didn't look right."

"Porridge was offered for breakfast, I chose it. Huge mistake! One solid congealed mass of an indeterminate colour in a polystyrene bowl with a plastic dessert spoon. Couldn't eat it at all, who likes this as their first meal in a day & a half, a cold congealed lump of what passed for porridge, but was not offered anything else at all. Had to wait a further 5 hours for a lunch that the previous occupant of the room had ordered. Overall food experience, 2/10!"

"Possibly thinking about the combination of foods. The veggie option was a bit dry until I added butter to the potatoes I had with it"

"Just support ticking the menu items would have helped. I thought when I ticked beef casserole I'd get a meal - I didn't know I had to tick mash and veg too"

"The portion sizes were too small for me as I wasn't unwell, I had just given birth"

"No menu given as I was mobile on ward and missed them giving them out - asked what do I want? So said what can I have a given a short list therefore ended up having jacket potato for 3 meals in 2 days as limited choice offered. Food portions tiny - understand elderly/unwell patients may have small appetite however I was on maternity/post natal ward and not ill but very hungry! Not given larger portions and snacks had to be requested other than biscuits"

"Accommodate patients who have had to fast and ensure there is an adequate meal available once they have had their procedure. Better breakfast with at least toast but that seems to be a health & safety issue"

"really manky looking serving trays - appeared unclean"

"I am severely disabled stroke victim. At home my husband feeds me. I had some assistance but at busy times I did miss out. But overall hospital was a reasonable experience."

"Lunch not cooked properly still frozen on the middle"

"I'm vegetarian and there was one option. The vegetables were so soft and overcooked - I found the hot meals inedible and bought my own food from the shop (M & S). This was my choice, but it meant I didn't have hot meals."

"Eating in bed was not good. I could have sat in a chair if offered help"

"Have food available if you miss a meal ego still in theatre or recovery"

"More time to eat. I had to go for an mro 2 days running when food was delivered. By time I got back my food was already taken away so I never got to eat lunch for 2 days"

"More staff to assist with the delivery and serving of meals. On some days I depended on someone to get meals for me and was furthest away from the trolley serving the food meaning some meals got to me cold and dry"

"Yes the food was inedible. Serve smaller portions ,better quality, and a better standard of cooking"

"Dining experience was awful. timing of meals are very early; you're woken up all night for observations every few hours and made to get out of bed at 7 so the beds can be made and breakfast served. toasts are always cold with cold butter. Food timings should be flexible. It's not natural to eat in bed/ near the bed, while there's bad hospital smells in the air."

"Separate space to eat away from the beds"

"The look - portions too big, foods too sloppy and institutional"

"Provide porridge or oats for breakfast and/or gluten-free options without added sugar."

"Yes lying flat in bed not able to reach water, not able to reach meals left on trolley. No help in eating meals."

"Nurse led rather than outsourced staff who you don't see"

"Lots cold toast, hostess ISS very rude and when I said I was a vegan she just said that's your problem!"

"I am on a low carb diet - this is difficult to follow in hospital, so I simply eat what I can manage. As I said, less choice would be better, and asking patients much nearer to meal times what they'd like to eat rather than 24 hours in advance. I stayed in 2 different hospitals. One where we were asked 24 hours in advance, and the other, the meal before what we'd like for the next with less choice. This was much preferable and also less wasteful."

"Improve appearance and way food served on plate"

"Provide assistance to people effectively without arms!!!"

"Give food hotter all food should be at the correct temperature as the law states"