Improving patients’ food and drink experience through a better understanding of their priorities

Oct 2015–May 2016

the patients association
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The Patients Association would like to thank the many people who have assisted with this project. The project involved six different hospitals across the country and staff at all these hospitals have given their time generously. Around 70 volunteers have conducted the interviews, including hospital volunteers, volunteers from Healthwatch and Patients Association ambassadors. Without them the project would not have been possible and we are most grateful for all the volunteers’ work, support and involvement. We would particularly like to thank nearly 800 patients and relatives who took part in the survey, sharing their views on priorities and outlining their experience of meals while in hospital. Some patients participated even though they were feeling poorly and we are very grateful for their involvement.

The Patients Association is a unique independent charity, which campaigns for improvements in health and social care. Our willingness to “listen to patients and speak up for change” has always informed our work, research and campaigns. Our national helpline, which answers many calls, letters and emails every day provides us with a valuable insight into what is of current concern to patients.

The Patients Association receives feedback from patients and carers about their experience of food and drink from many sources: the national Patients Association Helpline, patient surveys, feedback in interviews with patients and carers. These sources provide first-hand evidence of the importance patients place on good nutrition. Patient outcomes and experience could be improved by ensuring that nutrition is integral to the management of care for all patient groups as it is fundamental to good health and recovery. This report is based on over 750 interviews in six acute hospitals with feedback from patients giving some clear messages about what is important to them about hospital food. Drawing on the views of patients we set out our recommendations which we hope will inform improvements in the quality of nutrition and hydration in hospitals and other care settings.

Katherine Murphy
Chief Executive Officer of the Patients Association.
**Executive Summary**

**Background and Objectives**

This report covers a large-scale, independent survey of patients’ preferences and experiences of hospital meals. The aim was to conduct face to face interviews with patients in hospital wards to give useful insight into their requirements and views, providing both robust numbers and a good qualitative understanding. By establishing patients’ preferences and priorities and linking this to their satisfaction with what is currently offered, it will be possible to give guidance to providers of food and meal service to develop and improve their offer.

**Methodology**

To provide a good cross section, 780 patients in six acute hospitals were interviewed, covering a wide geographical spread. The sample was structured to provide a broadly representative mix of patients by age and gender. The study, supported by an educational grant from Compass Group UK & Ireland, was set up and managed by The Patients Association, an independent health and social care charity. Patients were interviewed by volunteers at the bedside. The survey provided a rich wealth of information and insight.

**Findings**

**Preferences**

The top aspects of importance for patients regarding hospital food from a prompted list were:

- ‘tastes good’ (20% of mentions);
- ‘right amount of choice’ (15% of mentions);
- ‘food at the right temperature’ (also 15% of mentions);
- ‘looks appealing’ which followed closely in fourth place (13% of mentions).

These preferences were validated by patients’ spontaneous answers about their priorities. Patients have very specific food preferences for breakfast (cereal, toast and cooked breakfast) and are particular about how these choices are served (e.g. toast to be hot and not soggy). There are a wide range of preferences for main meals – choice is very important.

**Experience**

Patients expressed good levels of satisfaction with the meal service:

- Average scores for meals and drinks were from 7.3 to 7.4 out of 10
- Staff service averaged a score of 8.5 out of 10
- 75% of patients who responded to the survey said they would be likely or extremely likely to recommend the total meal experience to friends and family if they were an in-patient at the hospital.

**Service**

A minority of respondents were not so satisfied overall:

- 16-18% of patients scored five or less out of 10 when separately rating breakfast, main meals and drinks;
- 11% said they would be unlikely, or extremely unlikely, to recommend the total meal experience to friends and family if they were an in-patient at the hospital, with a further 12% saying they were neither likely nor unlikely to recommend.

**Fulfilment of nutritional and hydration needs**

The survey included some specific questions about fulfilment of patients’ needs for nutrition and hydration support with somewhat concerning findings as follows:

- 16% of patients said they did not always have drinking water in reach, and this figure rose to 26% in one hospital;
- 26% of the 293 people who missed a meal because they were away from the ward, were not offered alternative food;
- 17% wanted and felt they needed advice about nutrition and eating and were not given it;
- 25% were never (15%) or only sometimes (10%) offered help with eating when they needed it.

**Executive Summary**

75% of patients said they would be likely or extremely likely to recommend the total meal experience.
Recommendations

Recommendations for food providers

Recommendation 1:
Providers should work to satisfy the top three patient priorities for meal experience, namely Taste, Choice and Temperature, closely followed by Appearance. Continue to develop choices, using qualitative work and trials with care groups of patients.

Recommendation 2:
Ensure delivery of specific breakfast choices, and to a high quality. Toast (a preference of one third of patients) is available in some wards and some hospitals so should be possible everywhere. Similarly some hospitals provide toast to the requisite quality so, again, it should be possible everywhere. Consider whether it is possible to meet the preference of the quarter of patients who want cooked breakfast.

Recommendation 3:
Work to fulfil the needs and priorities of groups of patients who are currently less satisfied, see table in Appendix B. In summary:
- Research and develop a menu range for younger patients;
- Provide relevant food and menu options for the quarter of patients with special dietary needs.
- Work to improve texture modified meals. Provide more snacks and ‘light bite’ options;
- Work to develop food choices for non-white British patients.
- Extend the choice for patients who have longer stays as they typically become bored with the menu;
- Offer different portion sizes and extras to satisfy patients who say they have not eaten enough (especially since people who say they have not had enough to eat are the single most dissatisfied group);
- Do further work to explore the needs of people with cognitive impairment and provide different choices in food and menu style to meet their needs.

Recommendation 4:
Ensure the full range of existing food and menu styles are available in all sites, wherever possible, to meet patients’ needs and priorities. This includes menus for specific food requirements, such as religious and vegan offers, as well as picture formats and large print menus.

Recommendations for servers of food

Recommendation 5:
For all patients ensure high standards of service, backed by appropriate training. Some specific suggestions are:
- Always deliver the meal that was ordered;
- Ask patients about their tastes and provide these, e.g. strength of tea, amount of milk in hot drinks;
- Ensure meals are delivered at a consistent time and patients on a ward are served at the same time;
- Consider making supper later;
- Offer and give help to all those patients who need it.

Recommendation 6:
Work to fulfil the specific needs of patients who are currently less satisfied, as shown in the table in Appendix B, including:
- Ensure correct provision of meals for those with special dietary requirements, by checking with patient and/or relative and keeping notes (no vegetables for some, no sugar for others);
- Offer patients from minority ethnic backgrounds alternative menus and where English is not the first language, use the pictorial/translated menus;
- Offer different menus for longer stayers to avoid boredom;
- Ask if patients have had enough to eat and provide extra helpings to those who say they have not. Offer snacks to all patients, according to hospital protocol, not just ‘on demand to those who know to ask’;
- Show full menu to all patients – do not use laptop to read out limited range;
- Leave menus with patients and families to facilitate choice.
Recommendations for hospitals

Recommendation 7:
Ensure drinking water is available and in reach at all times.

Recommendation 8:
Ensure all patients who miss a meal because they are away for tests or are moving between wards or from Accident and Emergency Departments are offered an alternative meal.

Recommendation 9:
Ensure all patients who need help with eating are offered that help.

Recommendation 10:
Look at provision of nutritional advice. More patients would like advice than are currently being given it. Such advice could in some cases help prevent further admissions, and will in all cases benefit patient satisfaction and wellbeing.

Recommendation 11:
Foster strong relationships between staff serving food and clinical staff to gain full understanding and satisfaction of individual patient needs.

Recommendations for commissioners

Recommendation 12:
Ensure appropriate funding is in place to consistently provide nutritious, hot and tasty food to meet the needs of all patients.

Recommendation 13:
Encourage development of specialist menus to satisfy needs of specific groups.

Recommendation 14:
Encourage and monitor provision of drinking water and appropriate nutrition.

Recommendation 15:
Consider further funding for dietitians in hospitals firstly to ensure appropriate use of the Malnutrition Universal Screening Tool (MUST) for those at risk of malnutrition and secondly to provide more patients with the nutritional advice they would like and believe they would benefit from.

Recommendations for regulators

Recommendation 16:
Ensure nutrition and hydration aspects are built into inspections to accord the appropriate weight to the importance of eating not only to patient experience but also to health and wellbeing.

1 Managing adult malnutrition and the Malnutrition Universal Screening Tool (MUST) www.malnutritionpathway.co.uk
1 Introduction and Background

1.1 Food and drink provided for patients in hospitals is an essential element of care, contributing to patient well-being and aiding recovery. The benefits of improving nutritional care and providing adequate hydration are immense, particularly for those with long-term conditions and problems such as stroke, pressure ulcers or falls. An estimated 30% of patients admitted to acute hospitals are at risk of malnutrition, and the importance of good nutrition, coupled with advice and support, is particularly important for them.

1.2 There is currently little empirical evidence on the factors that influence patients’ willingness to eat or not to eat their meals whilst in hospital. This project set out to examine patient preferences for food and drink whilst in hospital, as well as providing information about their experiences of inpatient meals.

1.3 The Patients Association is a national health and social care charity which celebrated its 50th anniversary in 2013. The Patients Association is unique in the UK health and social care landscape as the only major non-disease specific patient group, an identity that has enabled us to develop a high media profile and national stakeholder engagement role which values its independence.

1.4 The Patients Association philosophy is “listening to patients, speaking up for change”, and we campaign on issues that are brought to our attention by patients, carers and members of the public contacting our national Helpline or talking to us during our patient projects and other interactions. We have undertaken around 100 recent projects for health and social care organisations, all of which are focussed on involving patients and improving their experience. We have spoken up for change through many campaigns on patient safety, patient dignity and patient information. We have acted as a “critical friend” to the Department of Health, voicing concerns and advising about current and future policy, and providing solutions.

1.5 This project was managed by the Patients Association with the aim to provide independent, patient-led insights into the priorities and experiences of hospital inpatients across a variety of different hospitals in England.

1.6 Compass Group UK and Ireland, who provide over 13 million patient meals a year to hospital patients in over 30 hospitals in England as well as in other settings, have provided a grant to The Patients Association to fund specific research with the patient population to better understand what is important to them, as well as providing information about their experiences of inpatient meals.

Food and drink provided for patients in hospitals is an essential element of care, contributing to patient well-being and aiding recovery.
2 Aims and Objectives

Project aim
To identify patient preferences and priorities about food, drink and meal service while in hospital and to learn about their experience of inpatient meals.

Project Objectives

- To provide an independent, insight-led view of patients’ preferences for, and experience of, food in hospital;
- To collect and analyse robust quantitative data and qualitative information about patient priorities and experience in a wide spread of hospitals across the country;
- To identify satisfiers and dis-satisfiers in order to understand what priorities and preferences will improve patient eating and satisfaction;
- To measure levels of satisfaction with in-patient food and drink to determine whether patient preferences and expectations are met;
- To provide quantitative information on fulfilment of patients’ nutrition and hydration needs;
- To provide insight and learning in order to guide future developments in patient food and drink service and improve patient eating and satisfaction.
3 Methodology

3.1 The agreed method of gathering qualitative information was a semi-structured questionnaire to be conducted with in-patients at the bedside.

3.2 It was proposed to aim for a large sample of at least 750 patients in six hospital sites across England to cover the North, South, Midlands and London.

3.3 It was agreed that interviewing would be carried out by volunteers, with a combination of Patients Association Ambassadors and/or NHS Trust volunteers to be identified in each of the chosen hospitals. The details of the methodology are described on the following pages.

Stage 1: Preparation and project planning

3.4 During this stage the Patients Association Project Manager undertook the following:
- Familiarisation with the product and service, including a visit to King’s College Hospital in London to see the operation in action and talk to staff there about the survey;
- Conversations with staff including Compass dietitians to inform the development of the questionnaire;
- Review of other satisfaction surveys conducted by Compass and of the Health and Social Care Information Centre (HSCIC) data on patient numbers to inform the survey and sample frame;
- Preparation of the pilot questionnaire;
- Initial contact with the six hospitals identified to take part in the survey.

Stage 2: Pilot and further preparation work

3.5 The first draft of the questionnaire was piloted with in-patients by kind permission of staff at Southampton General Hospital.

3.6 Following the pilot the questionnaire was modified to produce the final version.

3.7 The final questionnaire was designed to include a combination of closed questions to obtain scores and open-ended questions to capture patients’ spontaneous views and build up an in-depth picture. A range of questions was designed to cover:
- patients’ preferences for food, drink and meal service while in hospital;
- experience of food, drink and service;
- provision of help with nutritional needs;
- information about dietary and nutritional requirements;
- overall satisfaction with the meal service;
- background and contextual information from participants, including age, gender and ethnic background to aid and inform analysis.

A copy of the survey is included in Appendix A.

3.8 At this stage there was considerable liaison work with staff at the six hospitals responsible for Food Service, Patient Experience and Volunteers to agree roles, undertake training and make a plan for the interviewing.

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4 www.hscic.gov.uk
The sample of acute hospitals was structured to provide a good cross-section of patients:
- geographical spread across England;
- mix of rural and urban sites;
- mix of District General and Specialist Acute hospitals;
- variety of service provision, three where Compass provides a full patient meal and beverage service, three where the trust manages and provide the patient meals and service internally, although Compass do supply product only to two as a part of this provision and one (Leeds) where Compass has no involvement at all.

The final list of hospitals agreed at the end of Stage 2 was as follows:
- Eastbourne General Hospital
- King’s College Hospital, London
- Leeds Teaching Hospitals
- St Helens and Knowsley Hospitals
- Southampton General Hospital
- Yeovil District Hospital

Volunteers to carry out the interviewing were identified in each hospital and included Patients Association volunteer Ambassadors and other volunteers linked to the hospital. Interviewer training and briefing sessions were held in all but one of the hospitals; one hospital has an interview training programme of its own and did not require this. All interviewers were provided with interview guidelines to explain the background to the survey and given guidance on carrying out the survey.

Each hospital was asked to aim for 180 interviews and provided with a sample frame to work to achieve a match with the national profile of patients by age (25% each for the following age groups: 19–39, 40–59; 60 -74; 75 and over) and gender (44% Male, 56% Female). Hospitals were also asked to try to include a proportion of patients with special dietary needs or requirements if possible.

A total of 780 patients or relatives were interviewed and details of the final sample are included in Section 4 of the report.
4 Findings

4.1 The sample in practice

4.1.1 The characteristics of the sample given below are interesting in themselves. They are also important in terms of analysis to explore the preferences and experiences of different types of patient.

4.1.2 Sample size

The final total sample size was 780 people which provides a good number for analysis. At the top of each table the number answering that question is shown e.g. (n=780). Not all questions were answered by all patients.

4.1.3 Hospitals

Two hospitals (Southampton and St Helen’s) achieved the target of 180 respondents. Other hospitals fell below this number for a variety of reasons with the following sample sizes being achieved:

- Eastbourne General Hospital: 181
- King’s College Hospital, London: 159
- Leeds Teaching Hospitals: 49
- St Helen’s and Knowsley Hospitals: 180
- Southampton General Hospital: 180
- Yeovil District Hospital: 111

4.1.4 Age

On the face of it there is a bias to older age groups with 37% being over 75. The objective was to achieve 25% of respondents in each age group in line with the national profile reported by Health and Social Care Information Centre (HSCIC)\(^5\). However, because older people stay longer in hospital, this distribution is probably reasonably representative of the hospital population at any one time.

There were considerable variations by hospital with the two District General Hospitals having a higher proportion of older respondents: Eastbourne had 50% over 75 and Yeovil 47%. These figures probably reflect their typical patient population. By contrast Leeds, Southampton and King’s had lower proportions (28 - 29%) with St Helens at 34% over 75.

4.1.5 Gender

The gender split of 55% female and 45% male was in line with the HSCIC\(^*\) national patient profile.

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*www.hscic.gov.uk*
4.1.6 Patient or carer

Almost all (97%) surveys were answered by patients themselves, rather than family or carers.

4.1.7 Ethnic background

The majority of respondents (89%) were White British, with White Other (4%) and Black or Black British (3%) forming the next largest groups. King’s College Hospital in London had a different profile from the others with 64% being White British, 18% Black or Black British and 8% White Other. At the other end of the spectrum Eastbourne had 99% and Yeovil 95% White British respondents. These figures reflect regional ethnicity patterns.

4.1.8 Length of stay

At the time of the interview 28% of respondents had already been in hospital more than 14 days; 31% had stayed 1-4 days; 16% 5-6 days and 25% 7-14 days. Not surprisingly older people had longer stays with 37% of over 75’s having been in hospital more than 14 days. This age group made up 49% of the long-stayers. There were variations by hospital with Yeovil having the largest proportion of people staying over 14 days (34%) and Leeds (albeit with a small sample size) at 22% and Southampton at 25%.
4.1.9 Type of ward in hospital

Most respondents said they were on a medical ward. Some caution needs to be placed here as not everyone knows which type of ward they are on or how their illness or condition is categorised. Sometimes, if there is not space on the relevant ward, patients take a bed within a different speciality.

4.1.10 Long-term health problem

Many patients (55%) reported a long-term health problem or disability which limits their day-to-day activities. 28% said their problem or disability affected them a lot, 27% a little and 43% not at all. (2% declined to answer the question).

There was no deliberate exclusion and all patients who were present and available were asked to take part, but never pressurised to do so.

4.1.11 Notes on the sample

The sample is not a totally accurate representation of the total adult population in hospital at the time. During interviewing on average about one third of patients on each ward visited took part. Reasons for not taking part included: being asleep, being away from the ward for tests, being attended to by medical professionals, not wanting to participate, not having the cognitive ability or feeling too ill to take part. In any survey, the sample is absolutely key to the validity and understanding of the results. There was no deliberate exclusion and all patients who were present and available were asked to take part, but never pressurised to do so. Of the groups above, there is one in particular which ended up being under-represented, namely those with poorer cognitive ability. It would be interesting in a future survey to talk to more carers and relatives as it is likely that those with dementia, who may account for around 25% in some hospitals, were under-represented and their needs and perspective on the food and menus would be interesting to explore further. Nevertheless it has been possible to draw out some useful information and conclusions from those we did speak to.

Figure 6: Type of ward in hospital (n=711)

Figure 7: Do you have a long-term health problem or disability which limits your day-to-day activities? (n=736)
4.2 Food Preferences

4.2.1 Spontaneous breakfast priorities

This section draws on findings from all the six hospitals with a total sample of 780 people. Three main questions addressed the question of preferences and priorities for food. Patients were first asked open-ended questions about breakfast and main meals to gain their spontaneous thoughts. The answers have subsequently been collated into common responses. Verbatim comments (in italics) are given to exemplify the collated answers. After the open-ended questions there was a prompted question offering respondents were given a list of priorities to choose from.

4.2.2 Choice and a specific beverage were the next most frequent spontaneous priorities. Comments in relation to choice were a combination of people saying they thought the choice was good and some saying they wanted more, for example ‘Breakfast is good but cereal gets boring’, ‘I like Weetabix for breakfast but it was not available’.

4.2.3 Many people expressed their preference in relation to what they had experienced with 15% saying they were happy with the offer ‘I like what I am getting’.

4.2.4 Choice emerged as the main spontaneously expressed priority with 31% mentioning choice. ‘Hot food, good choice, look and tastes nice’, ‘I want more variety as I’ve been here 22 weeks and the menu does not change – gets boring’, ‘More choices and time to think which one I want’.

4.2.5 Many people expressed their preference in relation to what they had experienced with 15% saying they were happy with the offer ‘I like what I am getting’.

4.2.6 Looking at detailed comments we can see that quality within food is excellent. You’ve got a choice and it’s excellent’.

4.2.7 Specific food

<table>
<thead>
<tr>
<th>Specific food</th>
<th>71% of people 880 comments</th>
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<tr>
<td>Cereal</td>
<td>34%</td>
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<tr>
<td>Toast</td>
<td>32%</td>
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<tr>
<td>Cooked</td>
<td>23%</td>
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<tr>
<td>Choice</td>
<td>18%</td>
</tr>
<tr>
<td>Specific beverage</td>
<td>15%</td>
</tr>
<tr>
<td>‘Everything was good’</td>
<td>15%</td>
</tr>
<tr>
<td>Service preference</td>
<td>8%</td>
</tr>
<tr>
<td>Special diet</td>
<td>4%</td>
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</table>

71% of people named a specific food as their breakfast preference, only 29% framed their priority this way for main meals.

4.2.8 Spontaneous main meal priorities

4.2.9 The picture for main meals is rather different than for breakfast. There was a wide range of different type of answer. Whereas 71% of people named a specific food as their breakfast preference, only 29% framed their priority this way for main meals. Most frequently this was a particular hot meal they wanted.

4.2.10 Choice and a specific beverage were the next most frequent spontaneous priorities. Comments in relation to choice were a combination of people saying they thought the choice was good and some saying they wanted more, for example ‘Breakfast is good but cereal gets boring’, ‘I like Weetabix for breakfast but it was not available’.

4.2.11 Again many people expressed their preference in relation to what they had experienced with 17% saying they were happy with the offer ‘I like what I am getting’, ‘Quite honestly the food is excellent. You’ve got a choice and it’s excellent’.

4.2.12 Many other factors are important including taste and character of food (‘not heavy food’, ‘nice, wholesome food’), timing, texture (‘easy, soft food’) and quantity (‘enough to fill you up/keep you going to the next meal’, ‘choice of portions’, ‘food to come little and often’).

4.2.13 Service aspects included ‘to get what you order’, ‘want a menu to choose from – not always shown, just a tablet and they read things out’, ‘food to be at a regular time and on time’, ‘not to be interrupted while you eat’.

4.2.14 For those with special dietary requirements, these aspects come to the fore. One older person said: ‘Slice the chicken and beef, mincemeat would be better’. Other comments were: ‘Variety of choice with the correct food for my religion’, ‘Don’t enjoy the food. I want Caribbean food but it has not been offered’, ‘I think it’s pretty well covered. I’m diabetic and I can eat anything on the menu’.

4.2.15 There were some variations by age group. Younger people (19–39) were more likely to mention Choice (42%) compared to 28% of over 75’s mentioning Choice. Younger people were less likely to say ‘Everything is good’ (10% versus 21% of over 75’s).

4.2.16 One relative gave a longer and interesting comment about her elderly father: ‘I am his daughter and I have picked the meals as he has special requirements – stoma bag, can’t chew, suffers from memory problems and is partially sighted. He needs soft, easy food, and no vegetables. He needs food little and often, so we bring food such as yoghurts in’.

4.2.17 ‘Slice the chicken and beef, mincemeat would be better’.
4.2.17
With regard to main meals (lunch and supper) while in hospital, what is important to you? What would make your experience of main meals the best it can be?

4.2.18
Prompted meal priorities

There then followed a question offering 10 possible meal priorities for respondents to pick their top three to four choices. The list was created following piloting and using previous patient surveys which had indicated likely patient priorities.

In total there were 2647 responses from 780 people. The chart below shows the options in the order they were listed on the Showcard given to patients.

The top four prompted priorities were:
1. ‘Tastes good’ (20% of all options chosen),
2. ‘Right amount of Choice’ (15%)
3. ‘Food at the Right Temperature’ (15%)
4. ‘Looks appetising’ (13%)

These four priorities were consistent across the different types of people with some variations in ranking within the four.

Long stayers (>14 days) ranked in order of priority
1. ‘Tastes Good’ first (18%)
2. ‘Looks appetising’ (15%)
3. ‘Right amount of choice’ (14%)
4. ‘Food at the Right temperature’ (14%)

4.2.19

Young people (19-39) had the same overall ranking
1. ‘Tastes Good’ at 22%
2. Choice at 20%
3. Right temperature at 17%
4. ‘Easy to eat’ (5%)
5. ‘Helpful and knowledgeable staff serving me food’ (1%) was less important than the average.

By contrast, older people (over 75) gave ‘Easy to eat’ 10% and ‘Helpful and knowledgeable staff serving me food’ 7%.

4.2.20 Meal priorities: ranking and % of respondents naming the priority in their top 3-4

Figure 8: I am going to show you a Card listing possible meal priorities. Could you look through them and tell me the three (or at most four) which are MOST important to you. (n=2647)
Average scores out of 10 for experience of meals were 7.3 for breakfast and 7.4 for meals.

4.2.21 Food preferences: Summary

It is interesting to note the variation in response between the spontaneous answers on preferences and the response on choosing from a list of 10 pre-selected options. These answers are different but do not appear contradictory. Looking at the top three chosen from the prompted list: choice emerges as important from both types of question; taste is also important in both, but in the unprompted question may be implicit in answers about specific food preferences. Temperature was mentioned by some patients in the unprompted section but not given the level of importance it showed in the prompted question – perhaps it is not an aspect people consider so much until reminded about it.

One specific point of interest in developing the survey was provenance of food (captured in the survey by the priority option ‘locally and ethically sourced’). This did not materialise as very important to people compared to other things. It hardly featured within the spontaneous answers though a few people talked about wanting organic food. This does not necessarily mean that people do not consider these as important aspects when they are at home – we have no information about that – but some patients were ready to acknowledge the difficulties of working to a budget in hospital; and it is clear that overall patients place more importance on other aspects when they are in hospital.

4.3 Experience of food

There are various aspects to consider:

- Experience of breakfasts and main meals
- Reasons for any dissatisfaction
- Overall satisfaction as expressed by likelihood to recommend the meal service
- Variations in satisfaction levels by demographic characteristics
- Food quantity
- Snacks

4.3.1 Experience of food

This section addresses the questions in which patients score their experience of, and satisfaction with food. The variations in score by demographic characteristics such as age, gender or ethnicity are very similar across all these questions and are described in relation to the final overall satisfaction question about likelihood to recommend to friends and family if an inpatient at the hospital.

4.3.2 Experience of food

There were variations by hospital but with this number of patients per hospital they are at most marginally significant statistically and in any case may be for reasons other than to do with the food or service delivery of the specific hospital (for example age variations between hospitals, or regional propensity to express satisfaction) so they are not quoted.

4.3.3 Experience of food

Average scores out of 10 were 7.3 for breakfast and 7.4 for main meals; 75% said they would recommend the food, drink and meal service in the hospital. These are scores that both the food and service providers can be reasonably pleased with, and are about the levels of satisfaction typically found in customer satisfaction surveys.
4.3.4 Experience of breakfast
The overall mean score for breakfast for the six hospitals was 7.3 out of 10. The mode score was 8/10.
- 51% scored 8 or more out of 10.
- 17% of patients gave a score of 5 or less.

4.3.5 Breakfast dis-satisfiers
The reasons for dis-satisfaction with breakfast ‘mirror’ the breakfast preferences people have precise requirements for breakfast in terms of what it is (e.g. toast) and how it is served (must be hot and not soggy). Dis-satisfaction arises when these requirements are not met.
The numbers in the chart add up to more than the number of people (133) as many people gave more than one reason.
Within the top listed category, ‘breakfast food quality’, answers were to do with poor quality in specific foods, including comments about taste, temperature and texture, for example ‘toast is cold’, ‘milk is cold but I want warm milk in my cereal’, ‘porridge is watery’, ‘toast is soggy’ etc.
Within the category of ‘General Overall negative experience’ the main problem mentioned was lack of choice, for example ‘no hot food, not even toast’, ‘choice of cereal too limited’.

4.3.6 Experience of main meals
The overall mean score for the six hospitals for main meals was 7.4 out of 10. The mode score was 8/10.
- 54% scored 8 or more out of 10.
- 16% of patients gave a score of 5 or less.

There were variations by age and ethnicity with younger people scoring lower (19–39 7.1 average) and older people higher (over 75 7.5). White British were most satisfied (7.4) compared to the small sample of non-white (n=45) who scored 6.6.

4.3.7 Main meal dis-satisfiers
The main reason for poor satisfaction with main meals are to do with overall experience (top code in chart) rather than specific foods (second category on chart).
Taste, choice, appearance and texture were the main areas where patients reported problems.
Overall, 75% said they would recommend the food, drink and meal service in the hospital.

4.3.8
Likelihood to recommend the total meal experience to friends and family if they were an in-patient here

Overall, 75% said they would recommend the food, drink and meal service in the hospital. 11% said they would not recommend it. A fairly large number, 14%, either said they would be neither likely nor unlikely to recommend or said they did not know.

4.3.9
People less likely to be satisfied

Dissatisfaction as measured by ‘Unlikely and extremely unlikely to recommend’ averaged 11%. It varies by:

- Age: Younger people (19-39) less happy with 18% unlikely to recommend,
- Length of stay: long stayers > 14 days unhappy 19% unlikely to recommend,
- Special diet: any special diet 22%,
- Ethnicity: non-white 22% (NB small sample of 45),
- Person answering: family/carer 31% (NB small sample of 26 people; relative usually answered when patient had poor cognitive ability);
- Long-term health problem: those whose activity is limited a lot 19%.

All of these differences are statistically significant to 95% confidence limits.

4.3.10
Age and ethnicity and likelihood to recommend

Table 1: The table above shows the information about age and ethnic variations in more detail.
4.3.12
During your time in hospital do you feel you have eaten enough?

The majority (75%) said they had eaten enough. However, those who said they had not eaten enough were amongst the most dissatisfied in the whole survey. The majority said they had eaten enough (75%). 7% said they had not eaten enough because they were feeling too ill to eat or had lost their appetite. There were a total of 15% (n=103) who said they had not eaten enough or only eaten enough because they had food brought in. These patients were very dissatisfied overall with only 35% saying they would recommend the meals (versus 75% overall) and 40% saying they were unlikely to recommend (versus 11% overall). These figures indicate the need to take action to address the problem.

The most dissatisfied were the 4% (30 people) who said they had not eaten enough because the food is unappealing or inedible. These people tended to be long-stayers and half were on a special diet (compared to 24% in the total sample).

Some of the people who answered ‘Other’ commented that they had been given too much food.

4.3.13
Have you been offered snacks between mealtimes?

Over a quarter of people (27%) said they had not been offered snacks and would have liked some. 60% could be considered happy with the snacks offer either because they are offered enough (28%) or because they did not want any (32%). There were considerable variations between hospitals probably reflecting different snack offers. ‘Yes often enough’ scores varied from the average 28% to a low of 10% and an impressive high of 49%. People who said they would have liked to be offered snacks were more likely to be unhappy with the overall service with 17% saying they were unlikely to recommend the hospital meal service compared to the average 11%.

52% of people made a comment about snacks, with nearly half of these mentioning a particular snack such as biscuits, cake or fruit. Around 29% of them mentioned a service issue, varying from saying snacks were available if needed to the more negative ‘you only get them if you ask’. Quite a number of people said they tried not to eat snacks!
There are various aspects to consider:
- Preferences
- Experience
- Reasons for dissatisfaction

4.4 Focus on drink preferences and experience

There are various aspects to consider:
- Preferences
- Experience
- Reasons for dissatisfaction

4.4.1 Drink preferences

The picture for drink preferences is rather similar to that for breakfast in that the most frequent spontaneous priority is a specific item. Tea and coffee are most frequently mentioned. As for breakfast, people are particular about how their specific choice should be served. For drink the quality, taste, strength and quantity (frequency and size of cup) are all important. Some verbatims: ‘I want to be asked how I like it – comes too milky for me’; ‘I want nicer tasting tea’.

Other choices required by some patients are malted drinks, fruit/herbal tea, decaffeinated options and Bovril.

Important service elements are timing, understanding of preferences for example amount of milk wanted/strength required etc.

Temperature is important with hot drinks needing to be hot and cold drinks (especially milk and water) needing to be cold.

Thinking about drinks, what would you ideally like while you are in hospital? Can you tell me what would make the experience of the drink offer the best it can be?

4.4.2 Experience of drinks

The overall mean score for the six hospitals was 7.4 out of 10. The mode score was 8/10.
- 55% scored 8 or more out of 10.
- 18% of patients gave a score of 5 or less.

Specific drink | % of people
-----------------|-------------------
Hot drink | 42%
Juice | 16%
Water | 13%
Other cold drink | 12%
Service and staff | 10%
Choice | 17%
Taste | 13%
‘Everything was good’ | 7%
Amount | 6%

Figure 16: How would you rate your experience of drinks while you’ve been in hospital? Please give me a score out of 10, where 1 is poor and 10 is excellent. (n=755)

4.4.3 Dis-satisfiers:

What were the reasons 18% (n=130) of people gave for scoring 5 or less out of 10 for experience of drinks?

As was found with food, the dis-satisfiers link strongly to the preferences. Here most of the negative comments were about failure to provide the specific drink preference to the desired quality. Reasons for scoring poorly fell into two main categories:

- Drink quality negative: 77% especially poor taste, lack of choice, temperature, and amount. Tea and coffee were variously described as too weak and too strong e.g. ‘Water was warm’, ‘tea is vile’, ‘tea too strong, over-brewed’. The best staff seemed to learn individual’s preferences for strength of tea and amount of milk and deliver to those preferences. Criticisms of choice included: ‘not enough cold drinks’, ‘need options for milk’ (soya, skimmed etc.).

- Service and staff aspects poor: 23%. Key things mentioned here were: lukewarm water, drinks not frequent enough, hot drinks not hot enough, timing (lack of drink first thing or last thing, hot drink served with meal rather than after), some service verbatims: ‘Boiling water please, not offered enough hot drinks, no bed time drink, tea made not nice – their drinks let them down’; ‘Don’t come round with drinks regularly and don’t ask if I would like one – I miss my cups of tea’.

For drink the quality, taste, strength and quantity (frequency and size of cup) are all important.
4.5 Focus on service

There are various aspects to consider:

- Experience of staff service
- Reasons for dissatisfaction
- Timing of meals

Experience of staff service

Satisfaction with staff service is very high with an average score of 8.5 and a mode score of 10, with one third of all patients scoring staff 10 out of 10.

- 80% scored 8 or more out of 10.
- 6% of patients gave a score of 5 or less.

The employer of the staff serving meals varies amongst the sample with the food provider doing all the service in some places and playing no role in others.

4.5.1 Dis-satisfiers:

What were the reasons the 6% of patients gave for scoring 5 or less out of 10 for experience of service?

Staff communication and attitude were the main problems, with lack of knowledge, staff being rushed and variations in quality of service also being mentioned.

Some verbatim comments:

- "Insufficient staff. Those that serve help those that need it and those that don’t need help have to wait."
- "Basically they just come along and ask you what you want or read about two options for you. Patient cannot read English very well."
- "Not enough information about dietary needs. Lack of awareness."
- "Some of them were just abrupt, not friendly, didn’t even smile."
- "Some need better English."
- "Family has had to come in to help. On one occasion we found him trying to eat, but the lid was still on the food. Since then one family has been here all day to monitor him eating and eating the right things, for example not too much vegetable due to stomal bag. Don’t know if staff would monitor properly without us there."

It emerged from this and other questions that staff are not always showing patients the menu. In particular, those with less good cognitive skills were being given one or two options verbally, for example “You had soup last time, would you like it again?”. Even those scoring 5 or less out of 10 often had praise too, for example, ‘Good but rushing so no time to talk’.
4.5.2 Breakfast timing
Most people (83%) were happy with the time breakfast was served with close to equal numbers saying it was too early or too late.

4.5.3 Lunch timing
Most people (82%) said that lunch was served at the best time for them. There was variation between hospitals particularly in terms of ‘timing of meal has varied’ from a creditable low of 1% to a high of 15%. People tend to prefer a regular meal time.

4.5.4 Supper timing
Patients were least happy with the time supper was served with 13% saying it was too early. There was some variation by age with younger people being more likely to say that supper was too early. There were also variations by hospital from 7% in one hospital to 16% in another saying supper was too early, presumably reflecting the different times at which hospitals typically serve the suppers.

There were similar variations by hospital in terms of reporting timing of supper varying as for lunch: again the best was 1% and the worst had 15% of people saying that the meal time varied.
4.6 Fulfilment of nutritional needs

This section draws together all the questions which looked at the extent to which patients’ requirements for help and advice with hydration and nutrition were met. Topics include:

- Availability of drinking water
- Help with eating if needed
- Food offered if away from the ward
- Advice about eating and nutrition
- Patients with special dietary requirements

4.6.1 Was fresh drinking water available and in your reach at all times?

This is one question where you would expect the answer for ‘Yes Always’ to be 100% given the priority it is given in hospitals today, and how important it is for patients to drink enough and have ready access to drink. However, 11% answered ‘most of the time’ and 5% ‘some of the time’

Scores varied between hospitals from 74% availability at all times in one hospital to 91% in another. Sample sizes are too small for this to be a reliable figure but this finding indicates the need to use other measures to check that water is always available and in reach; and to rectify any failings.

4.6.2 Were you offered help with eating if you needed it?

It is interesting to see that only 61% of patients said they did not need help to eat.

It is concerning that 15% of people who needed help to eat did not receive it and 10% only received it sometimes.

There were variations between hospitals. Taking the codes ‘No’ and ‘Yes sometimes’ together with average 25%; the worst score was 43% saying they did not always have help when they needed; and the best being only 14%.

The small sample sizes mean this should lead to further investigation rather than being seen as an exact measure.

It is concerning that 15% of people who needed help to eat did not receive it and 10% only received it sometimes.
4.6.3 If you missed a meal, were you offered some alternative food?

It is pleasing to see that most patients who missed a meal were offered some alternative food (74%). However this means that over a quarter were not offered any alternative food.

Most patients (41%) said they received a proper meal as an alternative. 30% said they were given a sandwich, whilst 3% claimed they were only given a cake or biscuit.

4.6.4 While you have been in hospital has anyone given you advice about nutrition or eating?

It is concerning to see that only 16% of people said they had been given advice about nutrition or eating, especially when we know that 30% of people coming into hospital suffer from, or at risk from, malnutrition (BAPEN study Nov 2015)\(^7\). This is not the total picture as the question was not asked at the point of discharge, but the figure still seems low.

4.6.5 Not surprisingly those with a dietary requirement were more likely to have been given advice with 28% of people with a dietary requirement having been given advice.

4.6.6 If no advice given, would you ideally have liked and feel you needed some advice?

Most of those who were not given advice said they did not want it. However 10% said they did want advice and 11% answered ‘Maybe’. This equates to 17% of the total sample who wanted and felt they needed advice but did not receive it. To fulfil patients’ hopes and expectations for dietary advice has implications for the resource put into nutritional support in hospitals. However, the BAPEN report, referred to above, indicates such an investment in dietitians can lead to monetary saving overall for the health service.

Figure 24: If you missed a meal, were you offered some alternative food? (n=293)

Figure 25: While you have been in hospital has anyone given you advice about nutrition or eating? (n=761)

Figure 26: If no advice given, would you ideally have liked and feel you needed some advice? (n=612, includes some who answered ‘Not sure’ to the previous question)

17% of the sample wanted and felt they needed advice about nutrition and eating but did not receive it.
4.6.8

Patients with special nutritional needs

There are various aspects to consider:

- Types of nutritional requirement and their prevalence
- How well people feel their nutritional requirements are met and their reasons

4.6.9

Special dietary or nutritional requirements or preferences

Around one quarter (24%) of respondents had a special dietary requirement, making this an important sub-group to consider in terms of the food and drink offer. It is possible that these are under-reported because it was a long question which may not always have been fully covered with patients.

The major groups were:

- Diabetic 14% of sample
- Other dietary requirements, such as healthy eating, high energy etc. 7%
- Modified texture 5%
- Allergies 4%
- Vegan, vegetarian or other dietary preference 3%
- Religious or cultural 2% (it is likely that the cultural preference figure is under-reported)

A significant minority of patients (14%) had diabetes. This compares to an estimated 7% in the total population (Source Public Health England). Many patients had more than one dietary requirement or preference (177 people mentioned 261 special requirements).

4.6.10

If you have a special dietary requirement, how well do you feel that this has been met?

95% said that their needs were very well or quite well met which is a good result and indicates that thought and care goes into the provision of meals for those with special dietary requirements.

However, the scores from other parts of the survey show that people with special diets are less satisfied than the average. For example the average score for breakfast for these people was 6.7 versus the average of 7.3 and people on special diets were less likely to say they would recommend the hospital meal offer (22% versus the average 11% would be unlikely or extremely unlikely to recommend the meal service). Those needing modified texture, though a small sample (37 people) were particularly dissatisfied, with 28% unlikely to recommend the meal service. As one relative of a patient needing modified texture food said ‘There is not enough choice in the modified texture meals – it’s the 21st Century so there should be more. Most of the vegetables are not soft enough. My mum is supposed to have gravy but it is so thick you can’t pour it out. Also she always has to wait longer than others for her food to come. There is a big problem with these meals.’

Figure 27: Do you have any special dietary or nutritional requirements or preferences? (n=735, all hospitals)

Figure 28: How well do you feel that these (dietary) requirements have been met? (n=146)

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* Public Health England Statistics on prevalence of diabetes
  www.gov.uk/government/organisations/public-health-england
4.6.11 Problems with meals for people with special dietary requirements

85 people who said their nutritional and dietary needs were quite well or not at all well met made additional comments and some of the verbatim comments are given below.

Comments about special diets came in response to all questions in the survey as well as this specific one. Throughout the survey, availability of choice, quality and good staff understanding of needs were prime concerns.

Some verbatim comments:

• Patient can’t eat oranges, but still keeps being given orange, jelly
• Want wider choice ethnic foods
• No Gluten free bread. Gluten free needed – for health, not social reasons
• Low fat diets not always available on the menu i.e. no baked potatoes (today)
• Menu not left with patient and not given in time so that a suitable choice for a diabetic can be made.
• Father (with dementia) needs food suitable for stoma. Can’t eat all vegetables. Omelette good but it came with spinach. Family there to ensure he does not eat the wrong things.
• Not enough choice for me on low fibre diet
• Not enough variety for diabetic patients – not enough sugar free.
• They do not understand I have difficulty eating due to chewing. Have jacket potato and soup, cannot make them understand my difficulty.
• Sometimes the patient would like to eat something sweet, but it has to be sugar free. They should provide appropriate snacks for diabetics.

4.7 Overall experience

At the end of the survey, respondents were asked whether they would recommend the total experience of food, drink and meal service; the chart showing findings from this question is reprised below. Patients were then asked to say what they felt were the best and worst things about the meal experience and these answers were collated and are shown below.

4.7.1 Likelihood to recommend the total meal experience to friends and family if they were an in-patient here

• Overall 75% said they would recommend the food, drink and meal service in the hospital.
• 11% said they would not recommend it.
• 14% either said they would be neither likely nor unlikely to recommend or said they did not know.

Figure 29: Thinking about your total experience of food, drink and meal service in this hospital, how likely are you to recommend the meal experience to friends and family if they were an in-patient here? (n=756)
4.7.2

Best things about meals in the hospital and things to keep

The first bar in the chart below relates to specific named meals.

- In total 261 people or 33% mentioned one or more particular meal as the best thing (of which 53% mentioned a hot food, 15% pudding and 15% breakfast)
- 262 people or 34% mentioned some quality or characteristic of the food as the best thing (and within this 47% mentioned choice and 28% taste)
- 121 people or 16% mentioned a service aspect, to do with staff attitude, willingness to help, timeliness and overall service
- 25 or 16% made a generally positive remark – such as ‘All fine’
- By contrast 95 people or 12% made an indifferent or negative remark with a total of 3% out of the 780 saying ‘Nothing good’ or Nothing good, sorry’ or similar.

Some verbatim comments:

- Much better than I thought, nicely presented, tasty
- I’ve enjoyed everything. The choice is good. Salmon my favourite.
- Service is very good. Staff are great
- Once you are on the ward it is fine (no food on arrival in A&E). The menu is better than it was but personally I would like more light bites.

4.7.3

Worst things about meals in the hospital and areas to improve

The top bar in the chart below relates to general aspects of meal quality:

- 262 people (35%) mentioned some aspect here with choice, texture, taste and temperature being aspects criticised
- 178 people or 23% were overall positive, saying ‘Everything was good’ or ‘can’t think of anything that needs improving’
- 193 or 25% of people named a specific bad meal, with hot meals, drinks and breakfast being most mentioned
- 98 people or 13% made a negative comment about service. These were mostly about timing, menu systems, not getting what you order rather than staff attitude as such
- 42 people or 5% mentioned something negative to do with provision for special dietary requirements.

Some verbatim comments on aspects that are considered the worst or needing improvement:

Food/ quality aspects:

- Soggy toast
- Quantity of both food and drink portions (too little)
- Leathery beef
- I don’t like sauces and the fish comes with this and spoils the taste
- No full English for breakfast
- Bland
- Snack variety and tea/coffee choice is very limited

Some verbatim comments on dietary type requirements:

- Food service does not cater for people who have lost their appetites
- Quantity too much for old people
- Lack of choice especially of ethnic food
- Maybe a bit more choice of gluten free
- No fruit, need more soft options, ice cream, trifle, mash with gravy

Some verbatim comments on service:

- Timing of medication and blood samples interrupts serving and eating of breakfast
- Need ice on all wards, visually looks awful, not offered Caribbean menu
- If would be nice to serve lunch at same time as other patients; it’s a social thing isn’t it?
- No attempt to give menus in other languages than English
5 Conclusion

5.1
There is a wealth of information emerging from the survey both in terms of patient experience and their priorities.

Preferences

5.2
The question of preferences was addressed both by asking patients their spontaneous views and subsequently by giving them a card with 10 possible meal priorities on it and asking them to pick three (or at most four) which were most important to them. The top three chosen from the card were:
- ‘tastes good’ (20% of mentions);
- ‘right amount of choice’ (15% of mentions);
- ‘food at the right temperature’ (also 15% of mentions).

4.3
Choice also emerged as very important in spontaneous answers as did taste, both in general terms and in relation to specific foods. Temperature was mentioned by some patients in the unprompted section but not given the level of importance it showed in the prompted question – perhaps it is not an aspect people consider so much until reminded about it. Temperature was mentioned for drinks, both in terms of hot drinks needing to be hot and cold drinks needing to be cold.

4.4
Taste, choice and temperature, the three main requirements in the prompted list, are key aspects of hospital food for meal and service providers to concentrate upon.

5.5
One specific point of interest in developing the survey was provenance of food (captured in the survey by the priority option ‘locally and ethically sourced’). This did not materialise as very important to people compared to other things – out of the list of 10 possible priorities, it ranked tenth in importance, with 2% of mentions; nor was it frequently mentioned in spontaneous answers. This does not necessarily mean that people do not consider food provenance as important when they are at home, but it is clear that patients place more importance on other aspects when they are in hospital.

5.6
Patients have very specific requirements for breakfast: their preferences were mostly framed in terms of particular foods, be it cereal or toast (both required by around 1/3rd of patients) or cooked breakfast (required by around a quarter of the sample). As well as knowing exactly what they want, patients are particular about the quality, type and way of serving: they do not just want toast they want good quality, hot toast which is not soggy; they want particular types of cereal or cereal served with warm milk. On the other hand, dissatisfaction arises when there is no toast, or the toast is soggy; there is no Weetabix, or it is not served with hot milk.

5.7
Breakfast therefore is all about delivering people’s specific choices well. This has implications for the food offer available and also for service (individual staff knowing how milky or strong someone likes their tea for example; toast being served quickly after being made).

5.8
Main meal preferences are very varying but choice (31%) and a specific food (29%) are most frequently mentioned. Dis-satisfiers for main meals are similarly more generic than for breakfast and include problems with taste, choice, appearance and texture.

Experience

5.9
Overall the results in terms of experience and satisfaction are quite positive, with scores out of 10 for meals and drinks averaging from 7.3 to 7.4, scores for staff service averaging 8.5 and 75% of patients who responded to the survey saying they would be likely or extremely likely to recommend the total meal experience to friends and family if they were an in–patient at the hospital.

5.10
A minority of respondents were not so satisfied overall:
- 16–18% of patients scored five or less out of 10 when separately rating breakfast, main meals and drinks;
- 11% said they would be unlikely, or extremely unlikely, to recommend the total meal experience to friends and family if they were an in–patient at the hospital, with a further 12% saying they were neither likely nor unlikely to recommend.
It is important to address the needs of groups who are less satisfied with the current offer.

5.11 Categories of people less likely to be satisfied were:
- younger patients (75+ most satisfied);
- those with special dietary requirements;
- non-white British patients;
- people who had been in hospital for longer (>14 days);
- people who said they had not been given enough to eat;
- people who said they would have liked to be offered snacks;
- those people where a family member was answering on behalf of the patient.

5.12 The latter group tended to speak for people with cognitive impairment, who were under-represented in this sample. This is an important group to consider given that we know that in many hospitals over one quarter of patients at any one time may be suffering from dementia. There is some information from this survey that seems to indicate that some people with poorer cognitive skills are not being shown a menu, but are simply being given a couple of options. This needs further exploration, along with a close look at the specific needs of this group.

5.13 It is important to see whether it is possible better to address the needs of the groups who are less satisfied with the current offer and some thoughts are included in Section 6.

Service

5.14 Patients rated staff service highly with 34% giving staff 10/10 and an average score of 8.5. In spite of the praise for staff, a number of service issues emerged during the survey including:
- Menus not always being shown
- Pictorial/special/ethnic menus not being shown
- Staff being rushed
- Staff lacking knowledge about patients’ needs
- Correct meals not always delivered
- Patients sometimes not being asked their preferences for drinks (amount of milk etc)

5.15 Patients were asked about timing of meals. Most patients were happy with timing of breakfast and lunch but 13% said that supper was too early. This is a service issue for hospitals, as is the variability in timing reported by an average of 6% of patients (from a creditable low of 1% in one hospital to a high of 16% in another).

Fulfilment of nutritional needs

5.16 24% of the total sample had a specific dietary need or preference, including a total of 14% with diabetes.

5.17 When these people were asked how well their needs had been met, most said they had been well met. However, people with dietary needs were less likely to recommend the meal experience in hospital (22% versus 11% overall). Causes of dissatisfaction came from lack of choice of food, and also lack of knowledge or understanding of staff about specific needs. It is important to consider further ways to address the specific food and service requirements of patients with special dietary requirements.

5.18 There were further questions about fulfilment of all patients’ needs for nutritional support with key findings as follows:
- 16% of patients said they did not always have drinking water in reach, and this figure rose to 26% in one hospital.
- 26% of the 293 people who missed a meal because they were away from the ward, were not offered alternative food.
- 17% wanted and felt they needed advice about nutrition and eating and were not given it.
- 25% were never (15%) or only sometimes (10%) offered help with eating when they needed it.

5.19 These figures raise some concerns in light of the importance of nutrition and hydration for the health of all patients, especially the 30% of people arriving in hospital suffering from, or at risk from malnutrition. These issues are mainly the responsibility of hospital staff, though
6 Recommendations

Recommendations for food providers

Recommendation 1:
Providers should work to satisfy the top three patient priorities for meal experience, namely Taste, Choice and Temperature, closely followed by Appearance. Continue to develop choices, using qualitative work and trials with core groups of patients.

Recommendation 2:
Ensure delivery of specific breakfast choices, and to a high quality. Toast (a preference of one third of patients) is available in some wards and some hospitals so should be possible everywhere. Similarly, some hospitals provide toast to the requisite quality so again, it should be possible everywhere. Consider whether it is possible to meet the preference of the quarter of patients who want cooked breakfast.

Recommendation 3:
Work to fulfil the needs and priorities of groups of patients who are currently less satisfied, see table in Appendix B. In summary:
- Research and develop a menu range for younger patients;
- Provide relevant food and menu options for the quarter of patients with special dietary needs. Work to improve texture modified meals. Provide more snacks and ‘light bite’ options;
- Work to develop food choices for non-white British patients.
- Extend the choice for patients who have longer stays as they typically become bored with the menu;
- Offer different portion sizes and extras to satisfy patients who say they have not eaten enough (especially since people who say they have not had enough to eat are the single most dissatisfied group);
- Do further work to explore the needs of people with cognitive impairment and provide different choices in food and menu style to meet their needs.

Recommendation 4:
Ensure the full range of existing food and menu styles are available in all sites, wherever possible, to meet patients’ needs and priorities. This includes menus for specific food requirements, such as religious and vegan offers, as well as picture formats and large print menus.

Recommendations for servers of food

Recommendation 5:
For all patients ensure high standards of service, backed by appropriate training. Some specific suggestions are:
- Always deliver the meal that was ordered;
- Ask patients about their tastes and provide these, e.g. strength of tea, amount of milk in hot drinks;
- Ensure meals are delivered at a consistent time and patients on a ward are served at the same time;
- Consider making supper later;
- Offer and give help to all those patients who need it.

Recommendation 6:
Work to fulfil the specific needs of patients who are currently less satisfied, as shown in the table in Appendix B, including:
- Ensure correct provision of meals for those with special dietary requirements, by checking with patient and/or relative and keeping notes (no vegetables for some, no sugar for others);
- Offer patients from minority ethnic backgrounds alternative menus and where English is not the first language, use the pictorial/translated menus;
- Offer different menus to long-stayers to avoid boredom;
- Ask if patients have had enough to eat and provide extra helpings to those who say they have not. Offer snacks to all patients (according to hospital protocol), not just ‘on demand to those who know to ask’;
- Show full menu to all patients – do not use laptop to read out limited range;
- Leave menus with patients and families to facilitate choice.
Ensure all patients who miss a meal because they are away for tests or are moving between wards or from Accident and Emergency Departments are offered an alternative meal.

**Recommendations for hospitals**

**Recommendation 7:**
Ensure drinking water is available and in reach at all times.

**Recommendation 8:**
Ensure all patients who miss a meal because they are away for tests or are moving between wards or from Accident and Emergency Departments are offered an alternative meal.

**Recommendation 9:**
Ensure all patients who need help with eating are offered that help.

**Recommendation 10:**
Look at provision of nutritional advice. More patients would like advice than are currently being given it. Such advice could in some cases help prevent further admissions, and will in all cases benefit patient satisfaction and wellbeing.

**Recommendation 11:**
Foster strong relationships between staff serving food and clinical staff to gain full understanding and satisfaction of individual patient needs.

**Recommendations for commissioners**

**Recommendation 12:**
Ensure appropriate funding is in place to consistently provide nutritious, hot and tasty food to meet the needs of all patients.

**Recommendation 13:**
Encourage development of specialist menus to satisfy needs of specific groups.

**Recommendation 14:**
Encourage and monitor provision of drinking water and appropriate nutrition.

**Recommendation 15:**
Consider further funding for dietitians in hospitals. Firstly to ensure appropriate use of the Malnutrition Universal Screening Tool (MUST) for those at risk of malnutrition and secondly to provide more patients with the nutritional advice they would like and believe they would benefit from.

**Recommendations for regulators**

**Recommendation 16:**
Ensure nutrition and hydration aspects are built into inspections to accord the appropriate weight to the importance of eating not only to patient experience but also to health and wellbeing.

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9 Managing adult malnutrition and the Malnutrition Universal Screening Tool (MUST) www.malnutritionpathway.co.uk
7 References

From text

1, 9
Managing adult malnutrition and the Malnutrition Universal Screening Tool (MUST)
www.malnutritionpathway.co.uk

2, 7
BAPEN Nutrition Screening Week data www.bapen.org.uk

3
Compass internal documents: ‘The UK Healthcare Catering Market’, Smart Cube
2012; Prioritising the Patient Experience, Steampiclty White Paper, July 2014

4, 5, 6
www.hsic.gov.uk

8.
Public Health England Statistics on prevalence of diabetes
www.gov.uk/government/organisations/public-health-england

Other sources

in the UK and economic considerations for the use of oral nutritional supplements (CONS)

NHS England Guidance – Commissioning Excellent Nutrition and Hydration

8 Appendices

8.1 Appendix A: Survey

Survey about meals and drinks in hospital

Screen: Have you had any meals while you have been in hospital? If no, thank and close.
Hello, my name is.......I wonder if I could ask you a few questions about food and drink in
hospital? (It will take about 10 minutes.)

I am here on behalf of The Patients Association, an independent charity which wants to hear
the views of patients and carers. Today we want to find out your preferences and views about
food, drink and meal service.

Your answers will help give people what they want in the future.

No names will be taken so you won’t be identified.

We greatly appreciate you taking the time to talk to us.

Are you responding to this questionnaire as a patient or relative/carer?
○ Patient ○ Family ○ Care ○ Other

(Please CROSS ☒ appropriate box)

How long have you been in hospital?
○ 1-2 days ○ 3-4 days ○ 5-6 days ○ 7-14 days ○ More than 14 days

About meals

Q.1 Thinking about breakfast, what would you ideally like while you are in hospital? Can you
tell me what would make your experience of breakfast in hospital the best it can be?

Note: to interviewers - do not prompt but ask for explanation if the answer is not clear.

(Write in verbatim)

Probe: Anything else?
Q. 2  Overall, how would you rate the breakfasts you've had while you've been in hospital? Please give me a score out of 10, where 1 is Poor and 10 is Excellent. 

Q. 3  With regard to main meals (lunch and supper) while in hospital, what is important to you? What would make your experience of main meals the best it can be? Note to interviewers: do not prompt, but ask for explanation if the answer is not clear.

Q. 4  I am going to show you a Card listing possible meal priorities. Could you look through them and tell me the three (or at most four) which are MOST important to you. (Show Card A)  

Q. 5  I have just shown you a few meal priorities that others have suggested. Is there anything you think should be added to the list? (Write in verbatim)

Q. 6  Overall, how would you rate the main meals (lunch and supper) while you have been in hospital? Please give me a score out of 10 where 1 is Poor and 10 is Excellent.

Food quantity

Q. 7  During your time in hospital do you feel you have eaten enough?

☐ Yes I've been given enough

☐ No, I've been feeling too ill to eat/ lack of appetite

☐ Yes but only because I've had food brought in

☐ No because the food is unappealing/ indigestible

☐ Some of the time

☐ Other write in....

☐ No, portions too small

(please specify)
Q. 8 Have you been offered snacks between mealtimes? (Read out and CROSS ONE □ box)
- Yes often enough
- No, but did not want any
- Yes but not often enough
- No I would have liked some
- Yes but only when I asked

Have you got any comments or suggestions about snacks? (Write in verbatim)

Probe: Anything else?

About meal service
Q. 9 Thinking now about meal service, are the meals delivered at the best times of the day for you?

Is breakfast at the best time? Is lunch? What about supper? (CROSS □ appropriate box)

- Yes
- No, too early
- No, too late
- Timing of meal has varied

Breakfast □
Lunch □
Supper □

Q. 10 Were you offered help with eating if you needed it? (CROSS □ appropriate box)
- Yes, always
- Yes sometimes
- No
- Not needed

Q. 11 Did you ever miss a meal, for example, if you were away from the ward for a medical test?
- Yes
- No

If Yes, were you offered some alternative food?
- Yes, proper meal
- Yes, a sandwich
- Yes, cake or biscuit
- No

Q. 12 How would you rate the staff serving your meals?
Please give me a score out of 10 where 1 is Poor and 10 is Excellent. → □
If 5 or less, ask: Can you tell me why you gave that answer? (Write in verbatim)

About drinks
Q. 13 Thinking about drinks, what would you ideally like while you are in hospital? Can you tell me what would make your experience of the drink the best it can be?
(Write in verbatim)

Probe: Anything else?

Q. 14 How would you rate your experience of drinks while you’ve been in hospital?
Please give me a score out of 10, where 1 is Poor and 10 is Excellent → □
If 5 or less, ask: Can you tell me why you gave that answer? (Write in verbatim)

Q. 15 Was fresh drinking water available and in your reach at all times?
- Yes always
- Yes, most of the time
- Yes, some of the time
- Rarely
- No
Your nutritional needs

Q. 16a  Do you have any special dietary or nutritional requirements or preferences?
☐ Yes  ☐ No    If No goto   Question 17

Q. 16b  If yes, please say which. (CROSS ALL ☑ boxes that apply - may be more than one)

Dietary requirements:
☐ Diabetic ☐ Healthy eating ☐ High energy ☐ Renal ☐ Other  (please specify)

Allergy/intolerance:
☐ Nut ☐ Gluten ☐ Milk ☐ Wheat ☐ Soya ☐ Egg ☐ Other  (please specify)

Religious or Cultural:
☐ Halal ☐ Kosher ☐ African ☐ Asian ☐ Caribbean ☐ Other  (please specify)

Modified texture:
☐ soft    ☐ mashed ☐ mashable ☐ puréed ☐ Other  (please specify)

Dietary preference:
☐ Vegan ☐ Vegetarian ☐ Other  (please specify)

Q. 16c  If yes, how well do you feel that these requirements have been met?
☐ Very well ☐ Quite well ☐ Not very well ☐ Not at all well

If not very or not at all well, ask: Can you tell me why you gave that answer? (Write in verbatim)

Probe: Anything else?

Q. 17   While you have been in hospital has anyone given you advice about nutrition or eating?
☐ Yes  ☐ No ☐ Not sure  (CROSS ☑ appropriate box)

If no, Would you ideally have liked and feel you needed some advice?
☐ Yes ☐ Maybe ☐ No
### Appendix B: Ideas to fulfil the needs of less satisfied patients

<table>
<thead>
<tr>
<th>To address Less satisfied patients</th>
<th>Ideas for food providers</th>
<th>Ideas for food servers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Younger patients</strong></td>
<td>Provide wider mix of food including less traditional, more ‘ethnic’ foods</td>
<td>Ensure any special menus are shown to patients</td>
</tr>
<tr>
<td></td>
<td>Do specific qualitative research with younger patients to understand their needs</td>
<td>Be aware of specific needs (such as patient not being allowed vegetables) and ensure needs are met. Ensure high standards of ‘customer’ service</td>
</tr>
<tr>
<td><strong>Special dietary requirements</strong></td>
<td>Continue to give consideration in menu development to the needs of the 24% of patients on special diets, including patients with diabetes who make up a significant minority of the hospital population</td>
<td>Serve all patients together – do not leave special diets till last. Ensure snacks are offered and those with need for food ‘little and often’ are ‘flagged’ and given food when needed</td>
</tr>
<tr>
<td></td>
<td>Give particular attention to improving menus choice and quality for those needing modified texture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some patients with special dietary requirements need food ‘little and often’ – extend snack range and finger bites</td>
<td></td>
</tr>
<tr>
<td><strong>Patients from ethnic minorities</strong></td>
<td>Work to provide better food choices and alternative menus in all hospitals</td>
<td>Ensure patients are offered the different menus which are available</td>
</tr>
<tr>
<td></td>
<td>Ensure patients are offered the different menus which are available Where English is not the first language, use pictorial/translated menus</td>
<td></td>
</tr>
<tr>
<td><strong>People with longer hospital stays</strong></td>
<td>Extend choice to prevent boredom Use other menu options available such as ethnic menus</td>
<td>Offer different menu choices Consider use of staff canteen food for very long stay patients (as some hospitals do)</td>
</tr>
<tr>
<td><strong>People who have not been given enough to eat</strong></td>
<td>Offer different portion sizes Have ‘extra’ portions available Provide for the particular needs of those who are malnourished or at risk of malnourishment with options such as high energy cup-cakes</td>
<td>Ask patients if they have had enough to eat and provide extra food if not Ensure snacks are offered to everyone, not just to those who know to ask Liaise with clinical staff over any concerns about patients not eating enough</td>
</tr>
<tr>
<td><strong>People with cognitive difficulties (for whom relative answered)</strong></td>
<td>Consider further work into specific requirements especially for those with dementia Offer finger food options (as developed for care homes) in acute settings</td>
<td>Ensure menus are shown rather than patient just being offered one or two options Give menu in advance so relative can help Use alternative menus – pictorial/flash cards as available</td>
</tr>
</tbody>
</table>
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