

# Catering for patients

Key findings / Prepared for the Auditor General for Scotland

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# Key findings

## Introduction

The effective delivery of food and fluid and the provision of high quality nutritional care, are crucial for the well-being of patients in hospital. Recent studies have concluded that at least one person in three who enters hospital has lost weight, and one in ten has become seriously malnourished. High quality, nutritious food, is therefore both desirable and necessary for patients in hospital to maintain and aid recovery.

Each year NHSScotland provides approximately 28 million patient meals, costing around £55 million, and directly employs around 3,000 catering staff. Private contractors also

provide catering services.

For a catering service to be effective it cannot be delivered solely by catering staff. A catering service that meets the nutritional needs of patients also requires input from other staff such as domestic and portering staff, nurses, dietitians, allied health professionals and clinicians.

## The study

This is a report by Audit Scotland on behalf of the Auditor General for Scotland. It gives the results of our review of hospital catering undertaken in 2003 and is based on 2001/02 data.

We reviewed 26 NHS bodies including trusts, island NHS boards and the State Hospital (for ease of reference the term 'trusts' is used in this report) and 41 hospital sites. The key findings arising from our review are outlined in this report.

## Key findings

### 1 Nutrition Nutritional care needs to be given a higher priority by all staff

- Around 70% of trusts have a validated tool that allows them to screen patients for risk of undernutrition.
- The majority of trusts undertake a formal menu planning process but very few trusts fully comply with the principles of menu planning set out in guidance.
- Our findings show that around three in five catering specifications do not fully comply with the model nutritional guidelines for catering specifications in the public sector in Scotland.
- Eighty-six per cent of trusts have nutritionally analysed menus, but the extent of this analysis varies considerably with some menus being fully analysed whilst others have only a small number of

menu items nutritionally analysed.

- One in four hospitals do not have standard recipes, which makes analysis of the nutritional intake of patients more difficult.

### 2 Quality and patient satisfaction Patient satisfaction is high

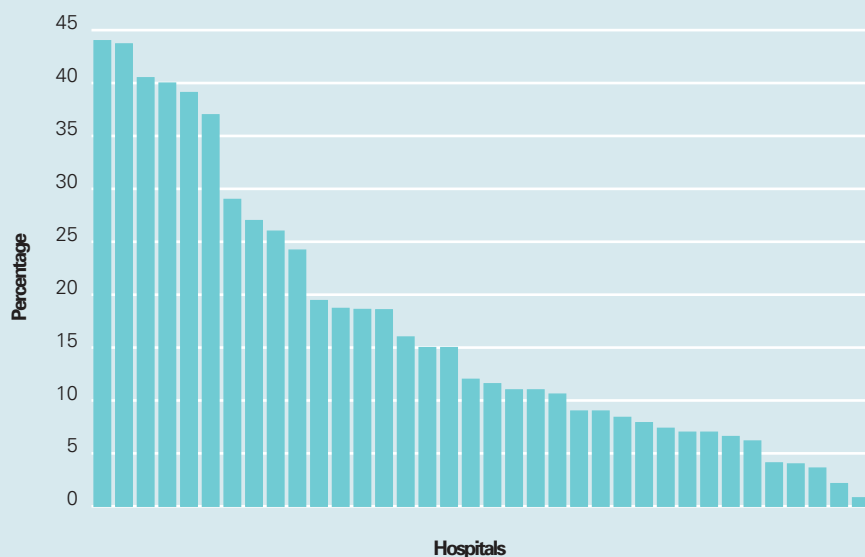
- All long stay hospitals have at least a three week menu cycle in place in line with good practice.
- Ninety-eight per cent of hospitals have at least two main meal choices on the menu at each meal time but there is limited choice for vegetarians, patients on therapeutic diets and for patients with eating or swallowing difficulties.
- All hospitals have arrangements in place to offer meals to minority ethnic patients. We found that not all ward staff were aware of these arrangements, limiting the choice available to patients.
- Only 43% of hospitals are

operating a system that allows patients to order their meals no more than two meals in advance.

- We found that in nearly half of hospitals, 10% or more of patients said they did not receive the meal that they ordered.
- All hospitals have kitchens at ward level where snacks can be prepared for patients and three quarters of hospitals are able to provide snacks outwith meal times from the hospital kitchen.
- Sixty-nine per cent of trusts carry out patient satisfaction surveys.
- Patient satisfaction with the catering service is high ranging from 74% to 100% and averaging around 92%. The auditors' survey of patient food supports these findings.
- We found no relationship between patient satisfaction levels and the cost of the service or the provider of the service.

## Exhibit 1

### Ward wastage levels



Source: Audit Scotland

### 3 Wastage Ward wastage needs to be reduced

- Ward wastage, or meals not actually served to patients, is high in some hospitals ranging from under 1% to over 40% in the hospitals reviewed (Exhibit 1).
- If a target of 10% was set for wastage from unserved meals, around three in five of Scottish hospitals would have to reduce their ward wastage levels and savings of up to £1.9 million could be made.
- Fifty-six per cent of hospitals are monitoring wastage levels regularly, but only 32% have set targets.

### 4 Costs Spending on catering services varies significantly

- A large proportion (42%) of catering service budgets is based on historical information.
- Around 40% of hospitals have

set a daily food allowance but less than one in five hospitals are using this to calculate the budget required for the catering service.

- Net catering costs vary widely with the average net cost per patient day being £5.50 and the majority ranging between £3.50 and £7.50.
- The cost of food and beverages for patients ranges from around £1.25 to over £3 per patient day (Exhibit 2).
- The variation in costs may be as a result of the quantity of ingredients used in production, poor portion control or levels of food waste.
- We found no relationship between cost and production type or patient satisfaction.

### 5 Non-patient catering Catering services to staff and visitors are being subsidised

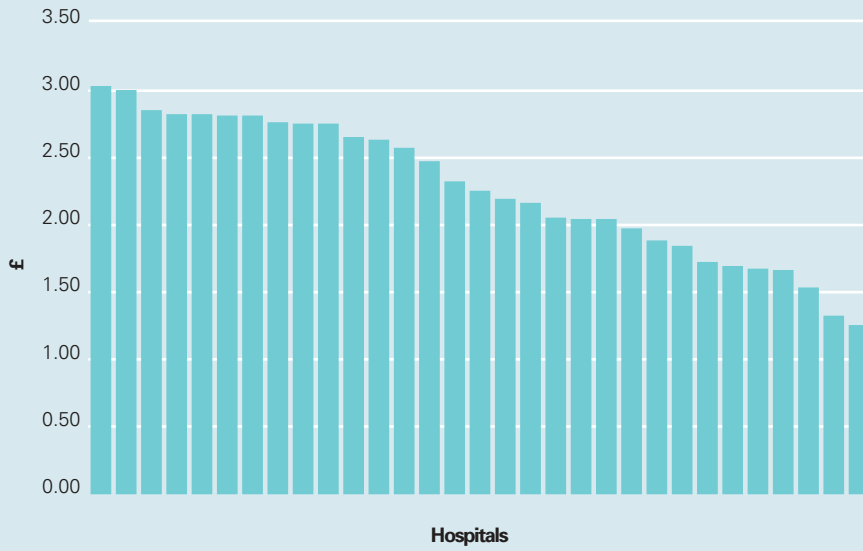
- Only one-third of hospitals reviewed were able to split the

costs of the catering service between patient and non-patient activities.

- Three-quarters of hospitals are subsidising the catering service provided to staff and visitors. Most hospitals are doing this unknowingly (Exhibit 3).
- The total cost of this subsidy is nearly £4.2 million per year or an average hospital subsidy of around £110,000.

## Exhibit 2

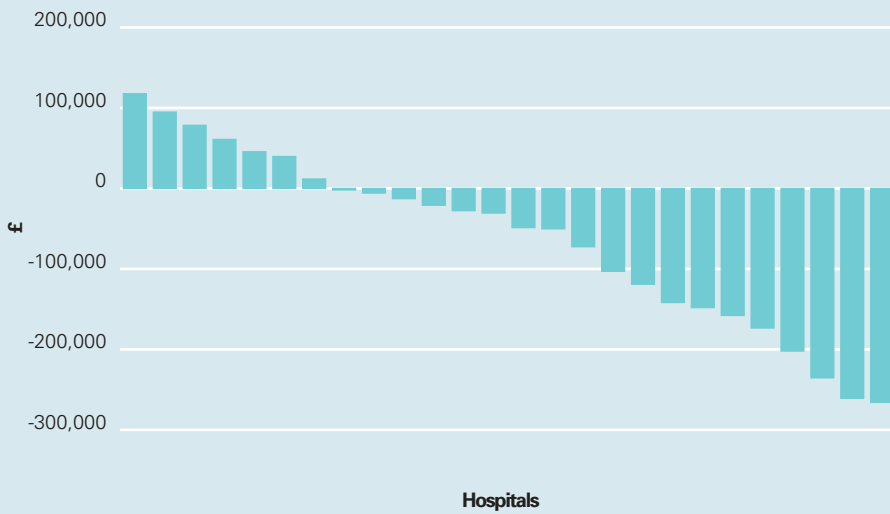
Food and beverage costs per patient day



Source: Audit Scotland

## Exhibit 3

Contribution/subsidy from non-patient catering



Source: Audit Scotland

# Main recommendations



Thirty-one recommendations have been made to NHSScotland in the main report. The main recommendations are outlined below.

## Nutrition

- All trusts should ensure that patients are screened on admission for risk of undernutrition.
- A validated nutritional screening tool should be used to screen patients and staff should be trained in how to use this tool.
- Trusts should use standard costed recipes wherever possible.
- All menus should be nutritionally analysed.
- National catering and nutrition specifications should be developed for NHSScotland.

## Quality and patient satisfaction

- Menus should be reviewed to ensure they offer sufficient choice to all patient groups. Where appropriate, separate menus should be developed for minority ethnic meals and other special diets.
- All catering services should aim to have patients ordering their meals as close to the meal time as possible, and no more than two meals in advance.
- Trusts should ensure they obtain patients' views on the catering service through the introduction of quarterly patient satisfaction surveys.
- Trusts should encourage communication between ward staff and catering staff with the aim of reducing wastage and improving the quality of the service.

## Costs of the catering service

- Trusts should ensure they have systems in place which allow the costs of patient and non-patient catering to be calculated and monitored.
- All hospitals should aim to reduce the level of ward wastage (unserved meals) to 10%.
- Trusts should set pricing policies and income generation targets that aim to at least break-even on non-patient catering activities or have a clear, written policy on the level and cost of subsidisation.
- The Scottish Executive Health Department should withdraw circular NHS 1978 (GEN) 6 and replace it with guidance which states that non-patient catering activities should at least break-even.

## The catering service

- Trusts should have a food and health policy in line with the Diet Action Plan for Scotland.
- Trusts should ensure that all food handling staff, including ward staff, are appropriately trained in food safety and hygiene.

# Catering for patients



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