

# Digesting the indigestible

**UNRAVELLING HOSPITAL FOOD POLICY AND PRACTICES, AND FINDING THE WAY TOWARDS HEALTHIER, TASTIER AND MORE SUSTAINABLE HOSPITAL FOOD**



# About Medact

## Acknowledgements

This Medact report was researched and written by Tytus Murphy, Josephine Head and David McCoy. The report also received helpful comments and feedback from Elizabeth Atherton (Medact).

All authors declare no conflicts of interest, other than a passion for bringing about provision of hospital food that promotes good health for people and planet.

Medact educates, analyses and campaigns for global health on issues related to conflict, poverty and the environment. We aim to mobilise the health community to support policy change and shift public attitudes. Medact is now over 20 years old, and our remit has grown to cover four distinct but interconnected programme areas:

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Medact is the UK affiliate of the Nobel Peace Prize winning organization International Physicians for the Prevention of Nuclear War (IPPNW).



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# 1. Introduction

Every year, the NHS spends about £600 million on food and catering services, mostly in hospitals (DEFRA, 2014a). But hospital food is often considered to be of poor quality, and the hospital retail environment unhealthy. Furthermore, in line with most diets across the country, the food provided in hospitals is not ecologically sustainable<sup>1</sup>.

There is not only a need to improve the quality of hospital food for patients and staff, but also for the NHS to lead a transition towards healthier and more ecologically sustainable diets across society.

It is increasingly recognised that diet is not only a key determinant of individual health but also central to the long-term health of the environment. From agriculture, through to transport, cooking and waste disposal, our food system contributes 19-29% of anthropogenic greenhouse gas emissions (a leading cause of climate change), and has a significant impact on deforestation, biodiversity loss, drought, flooding, soil erosion and water pollution (Vermeulen *et al.*, 2012). Meat and dairy production have a particularly large environmental footprint.

Hospitals have a key role to play in positive food transformation, and are uniquely positioned

to drive public and private sector change through increased uptake of health supporting sustainable diets. By considering health factors, as well as local economic, social and environmental concerns, when making decisions about hospital food and drink, the NHS can improve the collective well-being of patients undergoing treatment, its staff, and the wider communities that coexist with its hospitals.

This report examines mandatory policies and voluntary recommendations governing hospital food, and systems of monitoring and accountability. The report also explores financial levers and pressures, and the influence of private and commercial outlets on hospital food provision.

By describing the complex influences and processes that shape the procurement and provision of hospital food and drink, and providing recommendations for improvement, this report aims to help clinicians, patient groups and other stakeholders to catalyse changes that will lead to the provision of health supporting and sustainable hospital food. With an improved understanding of these factors, advocacy groups will be in a better position to make informed, impactful recommendations.

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1 The Food and Agriculture Organization of the United Nations (FAO) define sustainable diets as those diets with low environmental impacts which contribute to food and nutrition security and to healthy life for present and future generations (FAO, 2013).

## 2. Legal Obligations and Mandatory Policies

### 2.1. The NHS Standard Contract

Hospital food procurement and provision is largely governed by the requirements set out in the **NHS Standard Contract** – which is used by Clinical Commissioning Groups (CCGs) to commission hospital services<sup>2</sup>. The Standard Contract places the following obligations on all NHS hospitals in relation to food and catering (NHS England, 2016a and b):

- Hospitals must develop and maintain a **Food and Drink Strategy** in accordance with the Hospital Food Standards Report and its **Five Mandatory Standards** (see Section 2.2);
- Hospitals must have regard to (and where mandatory comply with) Food Standards Guidance, as applicable;
- Hospitals must ensure that any potential or existing tenant, sub-tenant, licensee, contractor, concessionaire or agent that sells food and drink on hospital premises provides and promotes healthy eating and drinking options (including outside normal working hours) and adopts the full range of mandatory requirements in the **Government Buying Standards (GBS)** (see Table 1 and Figure 1).

### 2.2. The Five Mandatory Standards of a Hospital Food and Drink Strategy

The Five Mandatory Standards of a Hospital Food and Drink Strategy were developed by a Hospital Food Standards Panel – an independent panel established by the Department of Health (DH) to: i) ensure the nutrition and hydration needs of patients; ii) promote healthier eating across the entire hospital community (including staff); and iii) bring about environmentally sustainable procurement (Department of Health, 2014a).

The Panel (Appendix 1) argued that hospitals should be ‘beacons of good practice in supporting staff and visitors to make healthier choices’, and that they have a wider responsibility with regards to environmental sustainability, animal welfare, waste management, and supporting small and medium enterprises (SMEs) in their local areas. It advocated the adoption of five ‘standards’ across three areas (Table 1) that were subsequently incorporated into the NHS Standard Contract. Analysis undertaken by the DH has indicated that these standards can be achieved at no or minimal extra cost, and could even result in significant cost savings (Department of Health, 2014b).

<sup>2</sup> CCGs were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts in April 2013. CCGs are statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 211 CCGs in England that are responsible for two thirds of the NHS England budget. CCGs are monitored by NHS England against several health outcome indicators. However, since April 2017 Sustainable Transformational Plans (STPs) have come into action. The STPs are five year plans that cover all aspects of NHS spending in England, split across 44 geographic “footprints”. The STPs are likely to be the primary driving engine for transformation of the NHS in coming years.

**Table 1: The Five Standards for Hospital Food and Drink (Source: Department of Health, 2014a)**

Area	Standards	
Patient Catering	<b><i>The 10 Key Characteristics of Good Nutritional Care</i></b>  Published by Nutrition Alliance (2003) and updated by NHS England (2015)	The characteristics include: personal care plans for patients; protected mealtimes for patients; and safe provision of food, drink and nutritional care (see Appendix 2 for full list).
	<b><i>The Nutrition and Hydration Digest</i></b>  Published by the British Dietetic Association (2012)	Provides guidance with respect to nutritional content and the role of hospital dietitians. Includes a list of 27 key performance indicators (see Appendix 3).
	<b><i>Malnutrition Universal Screening Tool</i></b>  Developed by the British Association for Parenteral and Enteral Nutrition (2011)	Provides a simple 5-step approach for identifying risk of malnutrition in adult patients (see Appendix 4).
Staff and Visitor Catering	<b><i>Government Buying Standards (GBS) for Food and Catering Services</i></b>  Produced by Department for Environment, Food and Rural Affairs (2014a)	Includes a list of requirements for procuring and providing food, including:  More than half of all meat products, bread, cereal, soups, sauces, sandwiches and ready meals provided meet <b>Responsibility Deal</b> <sup>1</sup> salt targets (see Appendix 5).  Provision of: fruit-based dessert options; products low in saturated and total fat; cereals high in fibre and low in total sugars; and fish (including one offer of oily fish) twice a week.  Compliance with <b>EU public procurement law</b> <sup>2</sup> and <b>EU standards</b> <sup>3</sup> related to food production, animal welfare and environmental sustainability.  Socio-economic standards such as: at least 50% of all tea and coffee being Fairtrade; tender processes that provide a level playing field for small and medium enterprises (SMEs) and new entrants; and equality and diversity practices that are compliant with employment law and the UK Equality Act 2010.
All Catering	<b><i>The Healthier and More Sustainable Catering Toolkit</i></b>  Produced by Public Health England (2014)	Provides a checklist for meeting relevant GBS criteria, case studies, and guidance on offering a 'healthy food experience', including a recommendation that hospitals regularly review their procurement processes, menus and communications about food and nutrition to the public.  Includes the Eatwell Guide (PHE, 2016): a public-facing tool used to promote healthy diets (see Appendix 6). Plant-based foods, including starchy foods and fruits and vegetables, are given greater prominence – resulting in an overall diet with lower environmental impacts than the current UK average (The Carbon Trust, 2016a).

3 The Responsibility Deal is a voluntary initiative developed by the DH to encourage businesses and other organisations to create an environment that supports good health (Department of Health, 2011).

4 EU public procurement law regulates the purchasing by public sector bodies of contracts for goods, works or service. A key tenet is that tenders are open to competition and promote the free movement of goods and services throughout the EU.

5 European Standards define requirements for products, production processes or services. They are under the responsibility of the European Standardisation Organisations, and can be used to support EU legislation and policies.

## 2.3. Sustainable Development Management Plans

The **NHS Standard Contract** also requires every hospital to ‘take all reasonable steps to minimise its adverse impact on the environment’ and produce a **Sustainable Development Management Plan (SDMP)** (NHS England, 2016a and b). Hospitals must:

- reduce greenhouse gas (GHG) emissions in line with the time-bound targets set by the **Climate Change Act 2008** (see Box 1);
- produce a progress report annually on GHG emission reductions;
- set targets, monitor and report on reductions in food waste;
- work with suppliers to reduce the amount of packaging that comes with their products.

The NHS **Sustainable Development Unit (SDU)** provides detailed guidance on what should be included in a SDMP (SDU, 2017a) and how hospitals can reduce their ecological footprint by, for example, procuring from local food suppliers and businesses.

## 2.4. Public Services (Social Value) Act 2012

The NHS Standard Contract also stipulates that hospitals must be compliant with the **Public Services (Social Value) Act 2012** which requires all public bodies to incorporate economic, social and environmental considerations when procuring services, including food and catering services. It also stipulates that providers must have due regard for the impacts of their expenditure on the community in which they reside.

It is not known how actively hospitals or commissioners make these considerations during food procurement decisions (or, indeed, those for any other procurement activities). Recent evidence assessing UK Local Authorities in this regard revealed that 33% of all councils routinely consider social value in their procurement and commissioning, while a further 45% of councils follow the letter of the Act (i.e. they merely consider social value), but only for service contracts that are above the €209,000 threshold set by the EU for organisations that receive public money (Social Enterprise UK, 2016). The weighting of social value in these large contracts is limited in real terms, and demonstrates compliance by Local Authorities with The Act, rather than a firm commitment to achieving social good through procurement.

### Box 1: Types of greenhouse gas emissions (Source: [The Carbon Trust, 2017](#))

#### Scope 1: Direct GHG Emissions

Occur from sources that are owned or controlled by an organisation, for example, from fuels used by boilers, furnaces or emanating from vehicles. It is mandatory for organisations to report Scope 1 emissions.

#### Scope 2: Indirect GHG Emissions

Accounts for GHG emissions from the generation of purchased electricity and heat consumed by an organisation. Scope 2 emissions physically occur at the facility where electricity is produced. It is mandatory for organisations to report Scope 2 emissions.

#### Scope 3: Other Indirect GHG Emissions

Arise because of the activities of an organisation, but occur from sources not owned or controlled by the organisation. This includes emissions associated with waste disposal, water, business travel, commuting, investments, leased assets and procurement. Emissions estimated from the supply chain of the food and catering procured are also included in Scope 3 emissions. **It is only optional for organisations to report Scope 3 emissions.**

## 3. Monitoring and Accountability Systems

### 3.1. Patient-led Assessment of the Care Environment (PLACE)

The Patient-led Assessment of the Care Environment (PLACE) is a tool recommended by the Hospital Food Standards Panel to monitor the implementation of the Five Mandatory Standards in hospitals. PLACE assessments are carried out once per year by teams of staff and patients; and are designed to enhance the overall hospital environment and the provision of non-clinical services to patients<sup>6</sup> (NHS England, 2017a).

With respect to hospital food provision, PLACE collects data on: compliance with the GBS; availability and implementation of a Food and Drink Strategy; adherence to the 10 Key Characteristics of Good Nutritional Care and the Nutrition and Hydration Digest; and practice of screening for malnutrition (Department of Health, 2017a) (See Appendix 7 for the full list of questions).

However, a criticism of PLACE is that it relies primarily on self-assessment by hospitals, and focuses on input and process indicators without enough emphasis on measures of quality or impact. It therefore tends to result in an overly positive picture. A recent report by the DH based on a survey of 2016 PLACE data from 1,227 hospitals found that (PLACE, 2016; Department of Health 2017b):

- Over 90% were fully or partially compliant with the mandatory requirements of the GBS;
- Over 80% of hospitals provided food that was rated “good” or “very good” in terms of quality, temperature and texture;
- 84% had a Food and Drink Strategy (rising from 65% in 2015);
- 55% were “fully compliant” with the key performance indicators of the Nutrition and Hydration Digest;
- 54% were “fully compliant” with the 10 Key Characteristics of Good Nutritional Care;
- Just over 50% of hospitals had assessed the nutritional needs of every patient;

6 Food offered to staff and visitors are not monitored through PLACE.

### 3.2. Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCGs) are ultimately responsible for ensuring that NHS hospitals are compliant with the stipulations of the NHS Contract. The Contract contains a section on Dispute Resolution which guides a CCG on its options for recourse if a hospital is not compliant with the five ‘Food Standards’, or any other contractual obligation (NHS England, 2016b, NHS England, 2016c). This includes options for the CCG to request that NHS Improvement (NHSI) assess the hospital in question (section 3.4), or the CCG adopts measures for breach of contract that may include the hospital having to implement a remedial action plan or being levied a fine.

### 3.3. The Clinical Quality Commission (CQC)

The Clinical Quality Commission (CQC) is the independent regulator of health and social care in England, and is mandated to monitor hospital care and prosecute hospitals for a breach of their legal duty to ensure adequate and appropriate nutrition and hydration of patients (CQC, 2014). Whilst the work of the CQC is not explicitly focused on the monitoring of the Hospital Food Panel’s Standards, its monitoring of patient nutrition and hydration provides an additional mechanism for assessing implementation of patient-specific standards.

The 2016 annual adult inpatient survey<sup>7</sup> – comprising feedback from 77,850 patients (sampled from across 149 NHS trusts) whose condition required them to stay at least one night in an NHS hospital in England during

7 The 2016 inpatient survey compared 2016 results to those from 2006, 2011 and 2015 (eleventh, sixth and second most recent annual surveys). The inpatient survey is part of a wider programme of NHS patient surveys, which covers a range of topics including maternity, children’s inpatient and day-case services, accident and emergency, and community mental health. Inpatient surveys are an integral part of encouraging patients to provide feedback on their experiences and to identify areas where services can be improved.



July 2016 – revealed small but significant improvements in the quality of hospital food when compared against results from previous surveys, with much of this progress coming after publication of the Hospital Food Panel’s report (CQC, 2017).

The 2014-2016 ‘State of Care’ report<sup>8</sup> – covering all 154 NHS acute hospitals in England – reported that in addition to the nutritional needs of patients being assessed, religious, cultural and medical dietary needs were also considered (CQC, 2016a). In contrast, the 2015-2016 ‘State of Health Care and Adult Social Care’ report<sup>9</sup> – covering 21,000 services and providers in England – revealed over 75 regulatory actions targeted at providers of adult social care, following “inadequate” ratings for meeting nutritional and hydration needs (CQC, 2016b).

### 3.4. NHS Improvement

During 2016, the DH underwent a restructuring to reduce the number of staff and change how work is organised. As a result, responsibility for the non-clinical operational performance of hospitals, including the provision of hospital food, transferred from NHS Estates and Facilities Management to NHS Improvement (NHSI) (Department of Health, 2017b).

The NHSI is now responsible for improving performance across foundation trusts, NHS trusts and independent providers. However, the NHSI are yet to produce any resources on how to address the low levels of compliance with the mandatory requirements for hospital food and drink, stipulated in the NHS Standard Contract.

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8 The State of Care report is an overview of health and adult social care in hospitals, GP surgeries and adult social care facilities in England, published annually by the CQC.

9 The State of Health Care and Adult Social Care inspects and rates all NHS acute, mental health and community trusts, as well as adult social care, GP practices, out-of-hours GP services and independent acute hospitals. The focus is on the quality of health and adult social care services based on 5 questions – whether the service is safe, effective, caring, responsive, and well-led.

## 4. Voluntary Guidance and Standards

### 4.1. DEFRA's Balanced Scorecard

DEFRA's Balanced Scorecard (DEFRA, 2014b) is a toolkit that can be used by hospitals to support the incorporation of the GBS into their procurement processes<sup>10</sup>. Five areas are covered (Figure 1), with each area including minimum requirements and additional Award Criteria: production (at the farm level); health

and wellbeing (of workers and animals); resource efficiency; socio-economic factors; and quality of service provision. Each area is broken down into specifications that hospitals can then use to evaluate bids against each other, and provide opportunities for suppliers to be rewarded for operating to higher standards.

Figure 1: DEFRA's Balanced Scorecard (Source: [DEFRA, 2014b](#))

QUALITY AND VALUE				
COST	SERVICE			
PRODUCTION	HEALTH & WELL-BEING	RESOURCE EFFICIENCY	SOCIO-ECONOMICS	QUALITY OF SERVICE
REQUIREMENTS / AWARD CRITERIA CATEGORIES				
SUPPLY CHAIN MANAGEMENT	NUTRITION*	ENERGY*	FAIR & ETHICAL TRADE	FOOD QUALITY
ANIMAL WELFARE*	FOOD SAFETY & HYGIENE	WATER*	EQUALITY & DIVERSITY	QUALITY OF SERVICE
ENVIRONMENT	AUTHENTICITY & TRACEABILITY	WASTE*	INCLUSION OF SMEs	
VARIETY & SEASONALITY			LOCAL & CULTURAL ENGAGEMENT	
			EMPLOYMENT & SKILLS	

\* = in current GBS

<sup>10</sup> Whilst the Balanced Scorecard approach is currently voluntary for food procurement in the public sector, the Cabinet Office recently mandated all governmental departments, their agencies and non-departmental public bodies (such as the NHS) to use the Scorecard during major works, infrastructure and capital investment procurements where contract value exceeds £10 million (Crown Commercial Service, 2016).

## 4.2. The Food for Life Served Here Award

The Food for Life Served Here Award (previously known as the Catering Mark) was designed by the Soil Association to encourage the provision of food that is health supporting; freshly sourced; free from additives and trans fats; obtained from sustainable and ethical suppliers; and supportive of local food producers (Soil Association, 2016).

Hospital caterers can achieve Bronze, Silver or Gold Awards, for staff or patient catering, or both. The scheme is consistent with existing mandatory standards but includes other standards related to: minimum spends on organic ingredients and free range meats; promotion of 'meat-free days'; social return on investment (e.g. in terms of job creation); and expenditure on Fairtrade products. Assessment is conducted by the Soil Association based on structured documentation and an inspection

visit. As of May 2017, there are 43 hospitals whose caterers hold a Food for Life Served Here Award in England, with seven Awards at the Gold level<sup>11</sup>.

In collaboration with the Carbon Trust, the Soil Association have recently developed a new Green Kitchen Standard that will also assess water use, energy consumption, and waste production from different types of food – as Scope 3 emissions under The Carbon Trust framework (Box 1). Achieving this Award will require providers to achieve ratings of 'good' or better on DEFRA's Balance Scorecard for exemplary practice in environmental sustainability. Providers will also receive tailored advice aimed at reducing their 'food footprints' by shifting away from resource-intensive food production processes (typically related to meat and dairy agriculture), and moving towards plant-based alternatives that consume less water and energy.

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<sup>11</sup> A partnership between the Hospital Caterers Association and the Soil Association has recently been developed to support greater adoption of the Food for Life standards by hospitals.

## 5. Financial Levers

### 5.1. Commissioning for Quality and Innovation in Hospitals

Commissioning for Quality and Innovation in Hospitals is a strategy developed by the DH which involves making a proportion of hospital income conditional on the attainment of a set of performance indicators known as CQUINs (Department of Health, 2009).

Presently there are 13 national CQUIN indicators that will operate over a two-year period from 2017 to 2019, one of which is focused on improving NHS Staff Health and Wellbeing (NHS England, 2016d). This CQUIN consists of three sub-indicators, the second of which relates to healthy food provision (NHS England, 2016e):

1a – Improving the health and wellbeing of staff

1b – Healthy food for NHS staff, visitors and patients

1c – Improving the uptake of flu vaccinations for front line staff within providers

Indicator 1b incentivises: i) the removal of accessible and cheap unhealthy foods; and ii) the 24 hour provision of healthy food options for staff, patients and visitors through hospital catering facilities and on-site vending machines. The actions required by Indicator 1b are listed in Box 2. This indicator has been developed in conjunction with efforts by NHS England to engage with major food suppliers and franchise holders to make food provision consistent with public health messaging<sup>12</sup>.

The maximum additional income that a hospital can make across the 13 sets of performance indicators is 2.5% of the total value stipulated in the NHS Contract for hospitals to provide all services (NHS England, 2016d). The maximum additional income possible from the Staff Health and Wellbeing CQUIN represents 0.25% of

the total financial reward (1/6<sup>th</sup> of the 1.5% maximum additional income) and is only released by a CCG if all three indicators are met.

### 5.2. NHS Supply Chain

**The NHS Supply Chain** is an online supplier dedicated to the NHS. It is operated by DHL as an agent of the NHS Business Services Authority, and functions to aggregate demand and therefore drive down costs. It has been suggested that the Supply Chain can deliver an estimated £300 million in procurement savings by reducing the number of products and supplies used across the NHS, and delivering on economies of scale (Lord Carter Report, 2015).

The NHS Supply Chain lists around 325,000 medical and non-medical consumables, and involves 170 contracts that value approximately £5 billion (NHS Supply Chain, 2017). Included in the lists are a wide array of food and drink, including ready meals, raw ingredients, soups and stocks. The online system also makes it clear which products comply with the GBS (NHS Supply Chain, 2014). For some types of consumable (e.g. meat), only GBS-compliant options are available. The Supply Chain also has 30 SME suppliers of locally sourced fresh produce in its Fresh Fruit and Vegetables Framework (NHS Supply Chain, 2015).

Consolidation of purchasing through the NHS Supply Chain is an effective means to make cost-savings through economies of scale. In addition, it is increasingly helping to make food options that are compliant with the GBS clearly accessible to hospitals. The initiative established by the NHS Supply Chain that connects local producers of fruit, vegetables and bread to hospitals is an encouraging step that can be further developed to encompass additional products.

<sup>12</sup> During the launch of a major drive to improve health in the NHS workplace, NHS England Chief Executive Sir Simon Stevens stated, "it's time for Private Finance Initiative (PFI) contractors and catering firms to 'smell the coffee' – ditch junk food from hospitals and serve up affordable and healthy options instead. Staff, patients and visitors alike will all benefit" (Stevens, 2015).

**Box 2: Indicator 1b of the NHS Staff Health and Wellbeing CQUIN (Source: [NHS, 2016e](#))****Mandatory since March 2017:**

- Introduce bans on price promotions on sugary drinks and foods high in fat, sugar or salt.
- Ban advertisements (including checkout sales) of sugary drinks and foods high in fat, sugar or salt on NHS premises.
- Ensure healthy food and drink options are available to staff at all times, including those working at night.

**Mandatory by March 2019:**

- By 2018, at least 80% of confectionery and sweets are not to exceed 250 kcal.
- By 2018, at least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) are not to exceed 400kcal per serving and 5g saturated fat per 100g.
- By 2019, at least 80% of all drinks stocked must be sugar free.

Hospitals must also demonstrate that they have maintained the requirements of the 2016/17 NHS Staff and Wellbeing CQUIN *and* introduced the 2017/18 changes, evidenced by a signed document between the NHS Trust and any external food supplier. In addition, a public board meeting must be held to present improvements in the provision of healthy food.

## 6. Budget and Financial Pressures

Financial pressures on the NHS are well known. **The NHS Five Year Forward View** (NHS, 2014) and related **Sustainability and Transformation Plans (STP)** include improvements in public health and the prevention of disease aimed at reducing demand for hospital care. This would imply greater efforts aimed at promoting healthier diets. But there is a significant challenge to providing healthy food in hospitals that are under financial pressure.

Presently, there is no recommended budget that hospitals can use to inform their plans for providing hospital food, and as a result there is wide variation on spending per patient. Analysis of NHS Hospital Estates and Facilities Statistics for 2015/16 for this report revealed a median daily spend of £10.93 by hospitals on inpatient food, ranging from £0.82 to £38.57<sup>13</sup> (see Appendix 8 for full results). This variation is due to many factors, including methodological differences in calculating spend, pressures on providers to reduce their spending, the presence of on-site catering facilities, and/or food provision being delivered by private contractors.

Another important consequence of the financial pressures is the closure of hospital kitchens. NHS Trusts can make short-term savings by making NHS catering staff redundant (or rehired in different positions), and contracting out food provision to private companies. For example, Salford Royal Hospital Trust has recently committed to closing its kitchens and contracting an external supplier to provide pre-cooked meals instead (Medact, 2016). In contrast, Nottingham City Hospital has invested in on-site preparation of freshly cooked meals after switching from external catering provision. It is estimated that this will save the hospital £6 million over the lifetime of the kitchen (Campaign for Better Hospital Food, 2015a).

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<sup>13</sup> Data based on publicly available figures obtained from the NHS Estates Return Information Collection – <http://hefs.hscic.gov.uk/ReportFilter.asp>. Medact generated a report for Inpatient Food Services at the level of individual sites and extracted data for a total of 362 hospitals including Small Acute, Medium Acute, Large Acute, Specialist Acute and Teaching hospitals only (Community Hospitals, Care Trusts and Mental Health and Learning Disability Providers were not included). The median, minimum and maximum value were calculated from this subset of hospitals (see Appendix 8 for full results).

## 7. Private and Commercial Outlets

As noted earlier, some hospitals outsource the provision of inpatient meals to commercial suppliers. In addition to this, private companies provide food and drink to staff and visitors through canteens, retail shops and vending machines. According to the Hospital Caterers Association<sup>14</sup>, provision of food to patients, staff and visitors is currently split equally between in-house NHS caterers and external private providers (HCA, 2016).

There are many different financial and contractual arrangements governing the provision and sale of food by private companies. In some hospitals, space is rented directly to private companies that sell their products via vending machines or retail outlets. Other hospitals entirely outsource the management of all non-clinical space (e.g. the main entrance and lobby area of a hospital) to a private company, which may in turn sub-let the space to other companies.

Gentian Management Services is one such private operator that develops and manages hospital main entrances into spaces for private retailers, including many established high street brands (HSJ, 2012). Gentian currently has long-term contracts to manage and lease the main entrances of 20 hospitals. In these arrangements, Gentian is responsible for covering the cost of refurbishing the entrances and managing the retail units, with sub-letters such as Costa, M&S Food and Boots. Gentian also work closely with companies such as Medirest and ARAMARK which are 'international integrated services companies' who take responsibility for, among other things, cleaning and staff recruitment. The establishment of private food outlets has facilitated the scrapping of dedicated staff and visitor canteens in some hospitals.

In theory, hospitals still have some control over which private companies and retail outlets operate on their premises by inserting specifications and standards into the contracts (HSJ, 2012). For example, hospitals can ensure that cigarettes are never sold on site. In practice,

however, the Hospital Food Standard Panel has acknowledged that hospitals have found it difficult to ensure a healthy food environment in the face of contractual obligations with private providers (Department of Health, 2014a).

As awareness has grown over the harms associated with sugar and junk food, many are concerned by the existence of fast food outlets such as Burger King, Subway and Greggs in hospitals throughout England<sup>15</sup>. One recent study showed that Burger King and Subway are the worst performing high-street brands with respect to meeting NHS England targets for promoting healthy food at checkouts, and are unwilling to promote healthy and sustainable food (Campaign for Better Hospital Food, 2016).

Unfortunately, given the nature of the contracts governing private companies operating on hospital premises, there are limited options available. The hospital may attempt to encourage the contractor to provide healthier products voluntarily, or to persuade the company to relinquish their contract, or even to buy out the remainder of a contract's duration. Some retailers such as WHSmith and Costa have indicated that they will voluntarily comply with the targets set out by the CQUIN for NHS Staff and Well Being. Croydon University Hospital, on the other hand, were forced to pay £24,000 to the major contract caterer Compass UK in order to prematurely close a franchise of Burger King that had operated on their premises for 14 years<sup>16</sup>. In an even more extreme case, Addenbrookes Hospital in Cambridge is facing a £1 million severance fee to remove a Burger King from its premises before the contract ends in 2024 (House of Commons Health Committee, 2015).

<sup>14</sup> The Hospital Caterers Association represents over 400 healthcare catering managers and dieticians who provide a wide range of food services for patients, visitors and staff in NHS Hospitals and health care facilities nationwide.

<sup>15</sup> In 2015, a [national newspaper](#) reported that 128 junk food outlets were operating in hospitals.

<sup>16</sup> These figures were obtained under the Freedom of Information request by [The Croydon Advertiser](#). The outlet – one of the burger chain's busiest in the UK – was eventually replaced with a Costa Coffee. Nick Hulme (Chief Executive of Croydon Health Services at the time) said the trust never had contractual control over what was placed in the main entrance, as the franchise agreement was between the hospital's landlord and Compass UK.

There is a strong association between provision of food and catering by commercial companies and new hospitals built through a Private Finance Initiative (PFI). PFI schemes involve a consortium of private investors including banks, builders and service contractors who combine to finance, design, build and operate a new public facility. Since 1992, over 90% of NHS hospital-building programmes have been supported by PFI agreements (Pollock and Price, 2013). The NHS has over 100 hospitals with PFIs, whereby private financing has paid to develop a new part of the hospital and the hospital then effectively rents back the space and pays for related services from the companies involved in financing the project.

Most NHS hospital PFI contracts involve the outsourcing of catering services, alongside other 'soft' services such as cleaning, security and portering (Pollock and Price, 2013). Outsourced contracts are favoured by private contractors owing to their lower costs. With respect to food, this may result in the closure of hospital kitchens, and patients and staff being provided with pre-prepared, chilled and reheated meals (Campaign for Better Hospital Food, 2015a).

These examples illustrate the way in which private companies strongly influence and shape the hospital food environment. In addition, the details of private contracts governing provision of food and drink are not subject to scrutiny by means of freedom of information requests, making it difficult to hold hospitals to account where there are private service providers involved.

The recently announced cap by the NHS on sugary drinks is anticipated to restrict the sale of drinks with high sugar content available in hospitals (NHS England, 2016f). This cap will require all providers to sign up to a pledge that the sale of sugar-sweetened beverages does not exceed 10% of total sales on hospital premises (NHS England, 2017b). If either not enough providers sign up to the pledge or a large enough reduction in sales is not seen, then a ban of sugar-sweetened beverages will be implemented via a stipulation in the NHS Standard Contract.

In response, the Hospital Caterers Association have stated that both NHS caterers and private providers should comply with the cap, particularly when they operate in the same hospital (HCA, 2016). Their response reflects a concern that contracts with private providers are often not subject to public scrutiny owing to commercial sensitivity. Further to this, responses to the sugar cap consultation expressed concerns that the NHS Standard Contract may not be an effective means to hold private providers to account because a) they are not themselves contracted under the NHS Standard Contract; b) contract expiration dates between hospitals and providers may vary widely (making immediate change difficult to action); and c) monitoring of requirements in the NHS Standard Contract is reliant on Clinical Commissioning Groups.

Together, it remains unclear how NHS England will mandate private companies to comply with their requirement to reduce the sugar content of products and more generally improve access to healthier food.



## 8. Recommendations

There is an exciting opportunity for a shift towards a healthier and more sustainable diet with less meat, dairy, sugar and processed food products, and a greater abundance of plant-based alternatives. Such diets have great potential to curb the epidemic of obesity and related disorders and mitigate the damaging ecological consequences of large scale meat and dairy farming; and the NHS is in a unique position to create an environment that educates patients, staff and visitors on the broad benefits of health supporting and ecologically sustainable diets.

Recent analysis (Scarborough *et al.*, 2016) has demonstrated that the typical British diet comprises approximately 75% more red and processed meat, 85% more cheese and 53% more foods high in fat and sugar than the recommended diet modelled in the Eatwell Guide. This analysis also showed that the consumption of fruits and vegetables, and beans and pulses needed to increase by 54% and 85% respectively to be in line with the modelled diet. It is also notable that a diet that contains less meat and dairy and is more abundant in plant-based foods would cost no more than the average current diet (Rao *et al.*, 2013).

There is growing evidence that positions a transition to more plant-based diets as a key pathway by which to improve health and conserve global resources. This is reflected in the Environmental Nutrition Framework recently developed by the organisation Health Care Without Harm (2017a). This Framework provides a guide to procurement in health care settings, includes nutritional, ecological and social

considerations and is informed by the most recent academic literature on the impacts of non-meat high protein options, including legumes, nuts and seeds, eggs, seafood, and dairy products (Health Care Without Harm, 2017b). For example, this framework recommends legumes for both main meals and snacks as these plants generally have the lowest environmental impacts associated with their production. With respect to health, pulses are rich in fibre and protein, and have high levels of minerals; and regular consumption of pulses is associated with a decreased risk of cardiovascular disease, diabetes, obesity and colorectal cancer.

To bring about health supporting and ecologically sustainable diets in the NHS we must first understand the key levers for driving change. This report has highlighted the myriad of complex policy and financial factors that shape the procurement and provision of hospital food and drink (Figure 2).

The NHS Standard Contract requires all hospitals to develop a Food and Drink Strategy that incorporates Five Mandatory Standards (Table 1), and is compliant with the Public Services (Social Value) Act 2012. In addition, hospitals are required to comply with the GBS for Food and Catering, and to produce a SDMP which seeks to reduce GHG emissions in line with the targets set by the Climate Change Act 2008. There are also several voluntary recommendations which hospitals can follow to improve their social and environmental standards, including DEFRA's Balanced Scorecard and the Soil Association's Food for

**Figure 2: Summary of the key factors that shape the procurement of hospital food and drink**



Life Served Here Award. Voluntary financial incentives also exist such as the CQUINs.

However, there are a variety of problems and deficiencies with current policies and requirements, and the following section outlines six key recommendations for improving the provision of hospital food.

## 8.1. Streamline Standards and Guidance to Close Gaps and Improve Understanding

Guidance around hospital food provision lacks clarity, is over-laboured, repetitive and unwieldy, and there is a clear need for streamlining requirements and guidance into one clear set of actions. The stipulations laid out by the NHS Standard Contract require those involved with commissioning, supplying, procuring and providing hospital food to wade through hundreds of pages of policy documents, guidelines and toolkits to ascertain the key practices required of hospitals.

Mandatory standards with respect to ecological sustainability are inadequate. Although the Eatwell Guide is a positive development in the transition to healthy and ecologically sustainable diets, none of the present mandatory standards require hospitals to reduce the volume of meat and dairy they provide. Similarly, while the GBS – particularly with the advent of the Balanced Scorecard – provides a lever for improving hospital food with respect to ecological sustainability, its impact could be enhanced by adding specific guidance about the GHGs embedded in meat and dairy products. The Soil Association's Food for Life Served Here Award and their recent collaboration with the Carbon Trust provide the only frameworks to support healthy food provision with sustainable ecological footprints – but these are only voluntary.

The GBS should ensure that any focus on carbon reductions be reflected in requirements to reduce the provision of meat and dairy products, given that the livestock sector is estimated to produce approximately 15% of human-induced global greenhouse emissions (FAO, 2013). Similarly, the SDU's guidance to hospitals to assist the delivery of carbon reduction targets should also be more effectively used to catalyse a shift towards ecologically sustainable diets (SDU, 2017b). This could be achieved by making scope

3 GHG emissions (Box 1) more of a focus in a hospital's SDMP, thereby denying hospitals the option to disregard emissions linked to their food and drink procurement.

Mandatory standards with respect to the wider social and economic impacts of procurement decisions are also inadequate; and it is unclear how hospitals or CCGs currently incorporate the considerations outlined by the Public Services (Social Value) Act in their procurement and provision of food. More should follow Liverpool CCG, which has demonstrated the potential for this Act to be used to commission hospital food provision in ways that support local employment and promote a living wage (NHS Liverpool CCG, 2014). Key to Liverpool CCG's success is the engagement of all GP practice and hospital staff, such that social value is widely understood and delivered throughout the health and social care system.

## 8.2. Improve Implementation and Compliance

Alongside improving mandatory standards and guidance, more must be done to ensure compliance with existing standards and guidance. Whilst more hospitals are developing Food and Drink Strategies, nearly half of providers evaluated failed to embed the specific recommendations for patient nutrition and hydration into their operations (Department of Health, 2017b). Just over half of hospitals evaluated by the DH are fully compliant with the GBS (Department of Health, 2017b), a disconcerting outcome given that the practices outlined in the GBS represent a mandatory baseline for the public sector.

Ultimately, however, standards and legal obligations will only be effective if the DH and CCGs hold hospitals to account. The recent assessment of compliance with the Panel's recommendations does not include a single mention of any financial penalty or closer monitoring being imposed on providers who have failed to adhere to the required standards (Department of Health, 2017b) – suggesting a failure to do so. CCGs should be actively monitoring and enforcing the implementation of Food and Drink Strategies by using the legally binding terms of the NHS Contract to enforce change.

Currently, the monitoring mechanism used by CCGs is unclear and to our knowledge, no hospital has been challenged or fined for failing to develop and implement a Food and Drink Strategy. PLACE is not an effective mechanism for monitoring and enforcing compliance with the required Five Standards; being too much of a tick box exercise. The failure to develop a robust monitoring system has contributed to ineffectual attempts to improve hospital food and drink. Even monitoring for CQUINs is unclear. Furthermore, hospitals receive little support with implementing these standards, and CCGs should be challenged to enforce improvements in hospital food.

However, third-sector groups have begun plugging this 'governance gap' by conducting independent monitoring on hospital food standards – for example the 2017 "Taking the Pulse of Hospital Food" report (Campaign for Better Hospital Food 2017). Such actions can make a significant contribution to pressing both hospitals and regulators to adhere to targets, as well as showcasing good practice to prove that better food is possible.

### 8.3. Strengthen Incentives

The financial reward of 0.25% attached to the staff health and wellbeing CQUIN indicator is inadequate, and there is no evidence that it is of sufficient value to catalyse improvements to healthcare. To improve this, greater financial rewards should be attached to meeting CQUIN targets, these targets should be mandatory, and should be accompanied by a larger sanction should they not be met. Furthermore, the objectives set out in Indicator 1b should be strengthened. For example, the requirement for 80% of confectionery and sweets to be under 250 kcal does not reflect the fact that most chocolate bars are already less than 250 kcal.

### 8.4. Expand Provision

Investing in on-site kitchens can improve patient satisfaction and may save hospitals significant sums in the long-term. The provision of freshly cooked, nourishing and appetising food is an important part of patient care and recovery, particularly for long-stay and elderly patients. On site preparation by dedicated NHS caterers can provide flexible, cost-effective and health promoting food to patients, staff and visitors, while externalised catering risks disregarding the

potential social and economic benefits to local communities from the sourcing of food from local suppliers. For example, it is estimated that the closure of hospital kitchens at the Oxford Health NHS Foundation Trust in 2015, and replacement with ready meals, may result in a loss of £3 million to local communities through lost jobs and local business (Campaign for Better Hospital Food, 2015b).

### 8.5. Set Clearer and Better Budgets

The Hospital Caterers Association has recently called for a fixed minimum cost for hospital meals to reduce disparities in quality and costs between hospitals, in the same way that fixed prices have helped raise the standard of food provision in schools (Mullen, 2015). In addition, the Association suggest that caterers could generate savings through tailoring menus to seasonal produce and working more closely with wards to ensure that patients are fed at their preferred times. Such changes could also reduce food waste and afford caterers an improved understanding of a patient's nutritional needs.

### 8.6. Regulate the Private Sector

Private companies currently provide food and drink options in hospitals that are inconsistent with public health messages. Presently, there is no regulatory mechanism to enforce private companies operating on hospital premises to comply with the required actions by Indicator 1b and to provide healthier food options.

The influence of private companies also extends to the Hospital Food and Drink Standards Panel. *Apetito* – the UK's leading food producer for the health and social care sector and a large supplier of hospital food – was part of the Panel that developed the Five Mandatory Standards. In our view this represents a conflict of interest, as the chief aim of this company is the sale of its services and products. This example illustrates the primary issue when evaluating the influence of private companies in the provision of hospital food: motivation for profit has the potential to supersede the profound public health issues society faces. Until hospitals have control over the food available on their premises, it will be challenging to make progress towards providing healthier and more ecologically sustainable diets.

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# 11. Appendices

## Appendix 1 – Hospital Food Standards Panel and Report

The Panel was an independent group established by the Department of Health and led by Dianne Jeffrey, chairman of Age UK. The Panel did not set out to produce new standards and instead identified potentially relevant standards and assessed them for their applicability to hospital food and drink in England. Assessing potential standards was delegated to three Expert Reference Groups (ERGs), each taking on an aspect of hospital food and drink. The ERGs met separately to assess the relevant standards and the tools that can be used to ensure proper implementation. ERGs covered 'nutrition and hydration', 'healthier eating across hospitals' and 'sustainable food and catering services'. The ERG chairs then reported to the main panel, who then made the final recommendations to the Department of Health in their report.

### Reference:

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## Appendix 2 – Updated list for the 10 key characteristics of good nutritional care by Nutritional Alliance and NHS England

- Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
- Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
- Care providers should include specific guidance on food and beverage services and other nutritional and hydration care in their service delivery and accountability arrangements.

- People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
- Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
- All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
- Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
- All care providers to have a nutrition and hydration policy centred on the needs of users, which is performance managed in line with local governance, national standards and regulatory frameworks.
- Food, drinks and other nutritional care are delivered safely.
- Care providers should take a multidisciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

### References:

Nutrition Alliance (2003) 10 Key characteristics for good nutritional care

<http://www.thenacc.co.uk/assets/downloads/139/10%20key%20Characteristics%20of%20Good%20Nutritional%20Care%20poster.pdf>

NHS England (2015) 10 key characteristics of 'good nutrition and hydration care'

<https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/>

## Appendix 3 – 27 key performance indicators for the Nutrition and Hydration Digest

Standard	Chapter	Key Performance Indicator (KPI)	Details	Examples of evidence (not exhaustive list)
Dietetic Input	2	Dedicated hours for dietetic food and beverage services as an integral part of the patient catering team	Operational, strategic and professional input e.g. establishing and ensuring compliance with Trust Food and Drink Strategy; involvement in staff training; menu planning; focus for catering, ward and clinical staff; develop and support awareness in dietetic colleagues and students. Agreed hours must be funded or working towards identified funding.	Job spec, meeting minutes, relevant business plans, training session notes, Trust Food and Drink Strategy, dietetic student training programmes.
Hydration	3 & 7	A minimum of 7 beverages to be offered over the day	Choice and adequacy of beverages to be made available to allow patients to meet their fluid requirements. Best practice would be to offer hot and cold choices all throughout the day.	Trust Food and Drink Strategy, audit results.
Waste Policy	3	Trust should develop a waste policy (if not already in place) and monitor / action findings to meet agreed waste levels	To include unserved food waste, plate waste and oral nutrition supplement (ONS) waste. To agree acceptable waste levels. Should include frequency of audits and audit tool. Waste management processes include dietetic input, as uneaten food has no nutritional benefit.	Policy and audit results (link results to menu reviews).
Protected Mealtimes	3	The ward implements Protected Mealtimes	As covered in the “10 Key Characteristics of good nutritional care in hospitals”	Trust Food and Drink Strategy, Trust policy document/ guidelines on Protected Mealtimes, signs and other promotional material on wards, regular audits at mealtimes (preferably undertaken by a team of three).
Training	3	Staff are trained in topics pertaining to their role in ensuring patients meet their nutritional needs	Training for all staff involved in the nutritional care process, including patient catering staff and those at ward level (nurses, healthcare assistants, ward housekeepers and other facilities staff, dietitians and SLTs). Training topics to include basic nutrition awareness, ordering procedures, special diets and rationale, food allergies, portion control, supporting patients with eating and drinking additional requirements and communication skills. Training is pre-planned on a regular basis and regularly monitored and refreshed.	Training schedules, session notes, training packs, staff records, training audits.
Sustainable Procurement	4	Sustainable commodities should provide good nutritional 'value for money'	Government Buying Standards are applied where appropriate to patient food and beverage services. Dietitian has an advisory role in food and beverage procurement.	Recipes, manufacturer or supplier specifications, Government Buying Standards compliance summary.



Standard	Chapter	Key Performance Indicator (KPI)	Details	Examples of evidence (not exhaustive list)
Nutritional Content	4	Nutritional content of all food and beverages must be known	To allow recipe analysis and menu capacity analysis to be undertaken.	Up to date food manufacturer or supplier specifications or information, and food labels.
Recipe Analysis	4	Analysis should be carried out by a Registered Dietitian or a Registered Nutritionist	Up to date methodology and software used to complete.	Software analysis reports. HCPC certificate of AfN certificate. CPD evidence of nutritional analysis training.
Day Parts Approach	5	Main menus should meet the nutrient standards for nutritionally well and nutritionally vulnerable adults	Other patient groups may fall outside of this and should be taken into account where necessary, e.g. children and adolescents, pregnant and lactating women.	Menu capacity analysis report needed to demonstrate that this exercise has been undertaken by a Registered Dietitian.
Day Parts Approach	5	Day Parts Approach is adopted (as illustrated in Table 9) which highlights nutritionally well and nutritionally vulnerable targets	This should be used to set up appropriate nutritional targets for the hospital population and show a typical breakdown of how they can be met across the day's food and beverage provision.	Menu capacity analysis.
Menu Planning	6	Main menu design and structure is relevant to population group	Needs of service users considered when planning type of menu, e.g. clinical or a la carte, long stay vs short stay, meal timings. Planning draws on dietetic input and expertise.	Draft menu designs, meeting notes, working group members. Evidence needs to show involvement of Registered Dietitian from the beginning of the menu planning process.
Menu Planning	6	A multi-disciplinary approach was adopted during menu planning	See Figure 6 of BDA's Nutrition Hydration Digest for details.	Meeting minutes, patient satisfaction surveys.
Menu Planning	6	The process of menu planning was followed	See Figure 5 of BDA's Nutrition Hydration Digest for details.	Meeting minutes.
Food and Drink Policy	6	The Trust has a Food and Drink Policy	The hospital has a policy for food service and nutritional care which is patient centred and performance managed in line with home country governance frameworks. See Hospital Food Standards Panel Report for further information.	Food and Drink Policy.
Menu Content	7	Main menu meets Qualitative Menu Assessment Checklist (Table 15)	Following checklist will ensure menu meets the nutritional requirements as based on the Eatwell Plate.	Completed checklist.
Snack Provision	7	Minimum of 2 snacks a day provided	A range of items appropriate to meet the needs of relevant age groups and both nutritionally and nutritionally vulnerable patients (min. 300 kcal and 4g protein) and texture modified, renal and gluten free (pp. 45 & 60 of the Nutrition Hydration Digest).	Evidence of snacks available for nutritionally well patients, and also that a system is in place to offer two higher energy snacks to those patients identified as being nutritionally vulnerable.

Standard	Chapter	Key Performance Indicator (KPI)	Details	Examples of evidence (not exhaustive list)
Menu Capacity	8	Menu capacity has been analysed and meets the minimum and maximum capacity requirements	Suggested methodology followed. Analysis should be recalculated every time a substantial menu change is made.	Menu capacity analysis report.
Standard Menu	9	Ensure diet coding is kept to a minimum. Ensure adequate diet coded options available at each mealtime. Ensure menu capacity targets are met.	Covered by Qualitative Menu Assessment Checklist.	Menu capacity analysis, completed qualitative menu assessment checklist.
Cultural and Religious Diets	9	Specialist religious and cultural menus that meet needs of the population are available	Available within main menu and / or as complementary choices, or as stand-alone menu(s).	Menu – main, stand alone or complementary e.g. a la carte.
Vegan	9	Vegan choices are available	Available within main menu and / or as complementary choices.	Menu – main or complementary e.g. a la carte.
Therapeutic Diets	9	Therapeutic menus available when required, e.g. renal, liver disease, food allergy	Available within main menu and / or as complementary choices.	Menu – main or complementary e.g. a la carte. Evidence of consultation with appropriate staff and patient groups to ensure that the needs of specific patient groups have been identified.
Modified Texture	9	Modified texture C & E menus are available as a minimum	As appropriate to the care setting. Available as complementary choices, or as stand-alone menu(s). <a href="http://www.hospitalcaterers.org/publications/">http://www.hospitalcaterers.org/publications/</a>	Menu – stand alone or complementary e.g. a la carte. Evidence of liaison with appropriate staff groups (i.e. SLTs / Dietitians) to ensure that an appropriate range of texture modified menus are available to suit the needs of patients within the organisation. Completed checklist to show meals are compliant with the National Dysphagia Diet Food Texture Descriptors.
Gluten Free Menus	9	A gluten free menu must be available	Available within main menu and / or as complementary choices.	Menu – main or complementary e.g. a la carte.
Allergen Policy	9	Trust should have a policy for management of patients with food allergies	For further information please see the BDA Food Counts/HCA Allergen Toolkit for Healthcare Catering to meet EU FIC Legislation December 2014.	Trust Policy. Critical Control Point (CCP) for allergens in HACCP. Allergen information on 14 required allergens is current and available to ward level staff and patients in a user-friendly format. Reference should be made to this on menus. May also be available on trust website.
Children's Menu	9	Children's menu should be available	Available within main menu and / or as complementary choices, or as stand-alone menu.	Menu – main, stand alone or complementary e.g. a la carte. Evidence of consultation with children's services, patients, parents in development of the children's menu.

Standard	Chapter	Key Performance Indicator (KPI)	Details	Examples of evidence (not exhaustive list)
Other menus	9	Other menus should be considered separately where appropriate, e.g. mental health and oncology, dementia friendly	Available within main menu and / or as complementary choices, or as stand-alone menus.	Menu – main, stand alone or complementary e.g. a la carte. Evidence of consultation, meetings to ensure that the specific needs within the patient population within an organisation are met.
Diet Coding	10	Criteria for standard inpatient menus followed	As per recommendations in Chapter 10 of the Nutrition Hydration Digest.	Diet coding criteria.

**Reference:**

BDA (2015) The Nutrition and Hydration Digest Compliance Checklist

[https://www.bda.uk.com/publications/professional/nutrition\\_hydration\\_compliance\\_checklist](https://www.bda.uk.com/publications/professional/nutrition_hydration_compliance_checklist)

### Appendix 4 – Malnutrition Universal Screening Tool (MUST)

MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers.

**Step 1** Measure height and weight to get a BMI score using chart provided. If unable to obtain height and weight, use the alternative procedures shown in this guide.

**Step 2** Note percentage unplanned weight loss and score using tables provided.

**Step 3** Establish acute disease effect and score.

**Step 4** Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

**Step 5** Use management guidelines and/or local policy to develop care plan.

**Reference:**

BAPEN (2011) Malnutrition Universal Screening Tool [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)

### Appendix 5 – Responsibility Deals

Responsibility Deals are voluntary initiatives developed by the DH to encourage businesses and other influential organisations to contribute to improving public health by creating an environment that supports good health.

As part of Responsibility Deal F1 businesses are asked to provide the energy labelling following these basic principles:

- Information is displayed clearly and prominently at point of choice;
- Information is provided for standardised food and drink items sold;
- Information is provided per portion/item/meal; and for multi portion or sharing items the number of portions will also be provided.
- Reference information on energy requirement is displayed clearly, prominently and in a way that is appropriate for the consumer.

**The Public Health Responsibility Deal F4 for Calorie Reduction pledge states:**

“Recognising that the Call to Action on Obesity in England set out the importance of action on obesity, and issued a challenge to the population to reduce its total calorie consumption by 5 billion calories (kcal) a day. We will support and enable our customers to eat and drink fewer calories through actions such as product/menu reformulation, reviewing portion sizes, education and information, and actions to shift the marketing mix towards lower calorie options. We will monitor and report on our actions on an annual basis.”

**The Public Health Responsibility Deal F9 for Salt Reduction pledge states:**

"We recognise that achieving the public health goal of consuming no more than 6g salt per person per day will necessitate further action across the whole food industry, Government, NGOs and by individuals.

We will support and enable individuals to further reduce their salt intake by continuing to review and lower levels of salt in food. We commit to working towards achieving the salt targets by December 2017. For some products, this will require acceptable technical solutions which we are working to identify and implement."

**References:**

- <https://responsibilitydeal.dh.gov.uk/pledges/pledge/?pl=8>
- <https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2015/03/calorie-reduction-development-tool-final-150323.pdf>

**Appendix 6 – The Eatwell Guide**

The **Eatwell Guide** (formerly known as the Eatwell Plate) is the public-facing tool used by

PHE to promote healthy eating (PHE, 2016). It reflects the strong evidence base that diets low in salt and saturated fat, coupled with increased intake of fish, fruit, vegetables and fibre significantly reduces the risk of cardiovascular disease and some cancers (Scarborough *et al.* 2012, Aune *et al.* 2017). In particular, the Scientific Advisory Committee on Nutrition has recently recommended that added sugar in diets should be decreased; resulting in fruit juices and other high sugar foods being placed *outside* of the Eatwell Plate (SACN, 2015). In addition, the recommended diet has a reduced ecological footprint, noting that food sustainability is a crucial component of the response to climate change and global poverty.

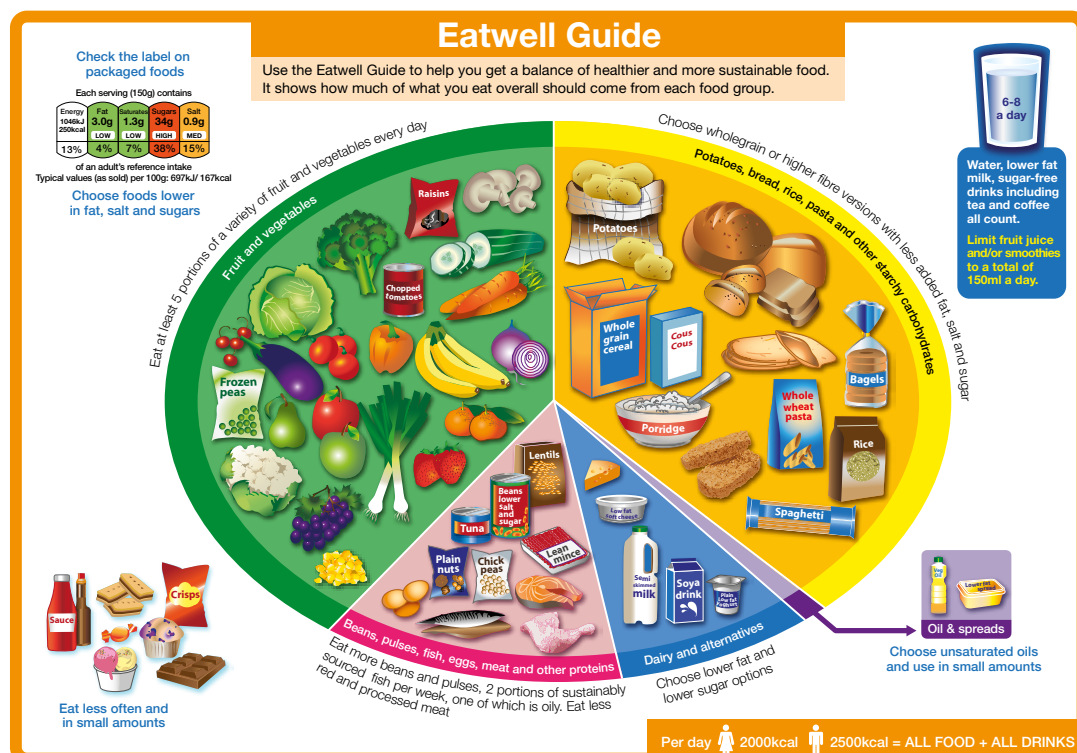
A pictorial representation of the types and proportions of food and drink in a balanced diet is not applicable to every meal; but is a guide to getting the balance right across a period of days (see figure below).

**Reference:**

PHE (2016) From Plate to Guide: What, why and how for the Eatwell model

- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/579388/eatwell\\_model\\_guide\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/579388/eatwell_model_guide_report.pdf)

**Figure 3: The Eatwell Guide (Public Health England)**



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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## Appendix 7 – Organisation questions on food as part of the Patient-led Assessment of Care Environment (PLACE)

<b>Has the organisation assessed its food procurement and catering services against the Government Buying Standards for Food and Catering Services?</b>	Enter Y against ONE OPTION ONLY below	Question Weighting
Yes and are fully compliant		Scored/ Unweighted
Yes and are actively working towards compliance		
No has not assessed		
Has the organisation developed and maintained a Food and Drink Strategy in accordance with the Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals?	Y/N	Scored/ Unweighted
<b>Has the organisation assessed its compliance with the 10 Key Characteristics of Good Nutritional Care (NHS England)?</b>	Enter Y against ONE OPTION ONLY below	Scored/ Unweighted
Yes and are fully compliant		Scored/ Unweighted
Yes and are actively working towards compliance		
No has not assessed		
<b>Has the organisation assessed its compliance with the British Dietetic Association's Nutrition and Hydration Digest?</b>	Enter Y against ONE OPTION ONLY below	Scored/ Unweighted
Yes and are fully compliant		Scored/ Unweighted
Yes and are actively working towards compliance		
No has not assessed		
<b>Patient Nutritional Screening</b>	Answer ONE OPTION ONLY	Scored/ Weighted
Based on an audit conducted within the preceding 6 months (from the date of the PLACE assessment) the percentage of patients screened using the MUST or an equivalent tool is: Note: this box must contain a figure between 0 and 100%		3
No audit has been undertaken within the preceding 6 months (from the date of the PLACE assessment) Note: enter No where no audit has been undertaken		3
Have the organisation's purchasing decisions in relation to packaged foods for provision to patients been reviewed and where necessary amended to stipulate 'easy-opening' packages?	Y/N	Scored/ Weighted (2)
Is there a hospital-wide system in place which allows for the identification of vulnerable/at risk patients who require assistance with eating?	Y/N	Scored/ Weighted (3)

### Reference:

Department of Health (2017a) Patient-led assessments of the care environment (PLACE) – Organisational Questions – Food <http://content.digital.nhs.uk/PLACE>

## Appendix 8 – Analysis of NHS spending on inpatient food from the Hospital Estates and Facilities Statistics for 2015/16

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	AGGREGATE SITE	LARGE	Aggregate Site	19,573	8,091	0.82
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	GLOUCESTER ROYAL HOSPITAL	LARGE	General acute hospital	1,278,827	971,097	4.84
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	SUNDERLAND EYE INFIRMARY	LARGE	Specialist hospital (acute only)	16,042	11,340	5.20
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	SUNDERLAND ROYAL HOSPITAL	LARGE	General acute hospital	2,024,320	1,021,696	6.28
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	THE JAMES COOK UNIVERSITY HOSPITAL	LARGE	General acute hospital	5,131,459	766,884	6.69
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	FRIARAGE HOSPITAL	LARGE	General acute hospital	915,240	131,197	6.98
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	BLYTH	LARGE	Community hospital (with inpatient beds)	303,149	41,454	7.31
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	ST RICHARD'S HOSPITAL	LARGE	General acute hospital	1,134,323	458,640	7.73
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	ROYAL SHREWSBURY HOSPITAL	LARGE	General acute hospital	1,157,552	438,680	7.95
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	MAIDSTONE GENERAL HOSPITAL	LARGE	General acute hospital	984,712	356,970	8.00
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	DIANA, PRINCESS OF WALES HOSPITAL	LARGE	General acute hospital	1,123,677	417,770	8.07
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	PRINCESS ROYAL HOSPITAL	LARGE	General acute hospital	562,433	69,314	8.13
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	HURSTWOOD PARK NEUROLOGICAL CENTRE	LARGE	Specialist hospital (acute only)	48,634	5,994	8.13
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	ORTHOPAEDIC TREATMENT CENTRE	LARGE	Specialist hospital (acute only)	70,794	8,725	8.13
ROYAL BERKSHIRE NHS FOUNDATION TRUST	ROYAL BERKSHIRE HOSPITAL	LARGE	General acute hospital	1,983,127	804,141	8.29
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	CALDERDALE ROYAL HOSPITAL	LARGE	General acute hospital	1,530,213	458,508	8.47
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	LINCOLN COUNTY HOSPITAL	LARGE	General acute hospital	2,604,717	379,697	8.49
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	GOOLE AND DISTRICT HOSPITAL	LARGE	General acute hospital	207,491	73,214	8.50
EAST AND NORTH HERTFORDSHIRE NHS TRUST	LISTER HOSPITAL	LARGE	General acute hospital	2,132,767	735,660	8.70
NORTH BRISTOL NHS TRUST	AGGREGATE SITE	LARGE	Aggregate Site	32,391	10,950	8.77
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	SCUNTHORPE GENERAL HOSPITAL	LARGE	General acute hospital	1,051,586	356,134	8.86
NORTH BRISTOL NHS TRUST	SOUTHMEAD HOSPITAL	LARGE	General acute hospital	3,175,388	1,073,449	8.87
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	ROYAL SUSSEX COUNTY HOSPITAL	LARGE	General acute hospital	1,019,360	125,626	8.87
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	ROYAL ALEXANDRA CHILDRENS HOSPITAL	LARGE	Specialist hospital (acute only)	213,560	26,319	8.87
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	SUSSEX EYE HOSPITAL	LARGE	Specialist hospital (acute only)	46,281	5,704	8.87
EAST SUSSEX HEALTHCARE NHS TRUST	CONQUEST HOSPITAL	LARGE	General acute hospital	1,305,932	437,051	8.96

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
EAST SUSSEX HEALTHCARE NHS TRUST	BEXHILL HOSPITAL	LARGE	Community hospital (with inpatient beds)	154,196	51,503	8.98
EAST SUSSEX HEALTHCARE NHS TRUST	EASTBOURNE DGH	LARGE	General acute hospital	1,264,211	415,972	9.12
EAST LANCASHIRE HOSPITALS NHS TRUST	BURNLEY GENERAL HOSPITAL	LARGE	General acute hospital	605,873	195,443	9.30
EAST LANCASHIRE HOSPITALS NHS TRUST	PENDLE COMMUNITY HOSPITAL	LARGE	Community hospital (with inpatient beds)	244,974	79,056	9.30
THE ROYAL WOLVERHAMPTON NHS TRUST	NEW CROSS HOSPITAL (WOLVERHAMPTON)	LARGE	General acute hospital	2,511,740	806,594	9.34
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	PRINCESS ROYAL	LARGE	General acute hospital	1,106,846	355,097	9.35
DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	DONCASTER ROYAL INFIRMARY	LARGE	General acute hospital	2,154,415	645,090	9.37
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	KENT & CANTERBURY HOSPITAL	LARGE	General acute hospital	1,046,268	257,757	9.43
LONDON NORTH WEST HEALTHCARE NHS TRUST	MEADOW HOUSE	LARGE	Community hospital (with inpatient beds)	51,607	16,380	9.45
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	ANDOVER WAR MEMORIAL HOSPITAL	LARGE	General acute hospital	269,153	27,455	9.49
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	WORTHING HOSPITAL	LARGE	General acute hospital	1,780,544	544,678	9.75
HEART OF ENGLAND NHS FOUNDATION TRUST	HEARTLANDS HOSPITAL	LARGE	General acute hospital	2,725,401	1,017,900	9.76
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	DARLINGTON MEMORIAL HOSPITAL	LARGE	General acute hospital	1,143,928	347,115	9.89
HEART OF ENGLAND NHS FOUNDATION TRUST	SOLIHULL HOSPITAL	LARGE	General acute hospital	1,414,319	330,048	10.06
EAST SUSSEX HEALTHCARE NHS TRUST	RYE MEMORIAL CARE CENTRE	LARGE	Community hospital (with inpatient beds)	60,938	18,165	10.06
HEART OF ENGLAND NHS FOUNDATION TRUST	GOOD HOPE HOSPITAL	LARGE	General acute hospital	1,941,392	581,616	10.12
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	CHESTERLE STREET COMMUNITY HOSPITAL	LARGE	Community hospital (with inpatient beds)	85,000	25,116	10.12
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	NORTHUMBRIA SPECIALIST EMERGENCY CARE HOSPITAL	LARGE	Specialist hospital (acute only)	765,668	165,112	10.15
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	TYNEMOUTH COURT	LARGE	Other inpatient	31,125	9,822	10.15
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	HEXHAM GENERAL	LARGE	General acute hospital	295,931	80,139	10.15
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	WANSBECK	LARGE	General acute hospital	740,481	165,112	10.15
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	NORTH TYNESIDE	LARGE	General acute hospital	1,079,281	298,799	10.15
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	BASINGSTOKE AND NORTH HAMPSHIRE HOSPITAL	LARGE	General acute hospital	1,366,823	409,576	10.17
THE ROYAL WOLVERHAMPTON NHS TRUST	WEST PARK HOSPITAL	LARGE	Community hospital (with inpatient beds)	329,064	96,360	10.25
PENNINE ACUTE HOSPITALS NHS TRUST	FAIRFIELD HOSPITAL	LARGE	General acute hospital	923,589	277,634	10.26
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	SANDWELL GENERAL HOSPITAL	LARGE	General acute hospital	1,371,864	398,675	10.32
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	CITY HOSPITAL	LARGE	General acute hospital	1,447,905	420,774	10.32
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	ROWLEY REGIS HOSPITAL	LARGE	Community hospital (with inpatient beds)	236,679	68,781	10.32

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	LEASOWES INTERMEDIATE CARE CENTRE	LARGE	Community hospital (with inpatient beds)	78,506	22,814	10.32
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	CHELTENHAM GENERAL HOSPITAL	LARGE	General acute hospital	849,853	324,633	10.53
DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	BASSETLAW DISTRICT GENERAL HOSPITAL	LARGE	General acute hospital	961,179	246,253	10.62
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	UNIVERSITY HOSPITAL NORTH DURHAM	LARGE	General acute hospital	1,481,595	411,537	10.80
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	ALNWICK INFIRMARY	LARGE	Community hospital (with inpatient beds)	229,564	21,170	10.84
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	ALEXANDRA HOSPITAL, REDDITCH	LARGE	General acute hospital	1,173,500	320,455	10.99
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	KING GEORGE HOSPITAL	LARGE	General acute hospital	1,509,051	358,471	11.00
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	WORCESTERSHIRE ROYAL HOSPITAL, WORCESTER	LARGE	General acute hospital	2,086,624	563,325	11.11
PENNINE ACUTE HOSPITALS NHS TRUST	NORTH MANCHESTER GENERAL HOSPITAL	LARGE	General acute hospital	1,936,395	524,524	11.13
EAST SUSSEX HEALTHCARE NHS TRUST	CROWBOROUGH WAR MEMORIAL HOSPITAL	LARGE	Community hospital (with inpatient beds)	48,913	13,104	11.20
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	HUDDERSFIELD ROYAL INFIRMARY	LARGE	General acute hospital	1,327,640	340,896	11.68
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL	LARGE	General acute hospital	1,417,772	354,177	11.73
DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	MEXBOROUGH MONTAGU HOSPITAL	LARGE	General acute hospital	266,655	69,176	11.98
PORTSMOUTH HOSPITALS NHS TRUST	AGGREGATE SITE	LARGE	Aggregate Site	85,465	21,366	12.00
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	THE TUNBRIDGE WELLS HOSPITAL	LARGE	General acute hospital	2,031,245	515,745	12.00
THE LEWISHAM AND GREENWICH NHS TRUST	QUEEN ELIZABETH HOSPITAL	LARGE	General acute hospital	2,856,949	710,572	12.06
EAST LANCASHIRE HOSPITALS NHS TRUST	ROYAL BLACKBURN HOSPITAL	LARGE	General acute hospital	2,547,222	633,684	12.06
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	PILGRIM HOSPITAL BOSTON	LARGE	General acute hospital	2,473,452	489,243	12.07
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	ROYAL DEVON & EXETER HOSPITAL (WONFORD)	LARGE	General acute hospital	3,283,985	798,077	12.33
MID YORKSHIRE HOSPITALS NHS TRUST	PONTEFRACT HOSPITAL	LARGE	General acute hospital	174,698	44,265	12.43
MID YORKSHIRE HOSPITALS NHS TRUST	PINDERFIELDS HOSPITAL	LARGE	General acute hospital	2,641,794	627,510	12.43
UNIVERSITY HOSPITAL OF NORTH MIDLANDS NHS TRUST	ROYAL STOKE HOSPITAL	LARGE	General acute hospital	5,600,204	1,334,016	12.59
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	RICHARDSON HOSPITAL	LARGE	Community hospital (with inpatient beds)	148,145	35,040	12.69
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	WEARDALE HOSPITAL	LARGE	Community hospital (with inpatient beds)	93,583	21,900	12.82
PENNINE ACUTE HOSPITALS NHS TRUST	THE ROYAL OLDHAM HOSPITAL	LARGE	General acute hospital	1,837,324	436,320	12.84
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	ROYAL HAMPSHIRE COUNTY HOSPITAL	LARGE	General acute hospital	1,530,897	354,781	12.99
PENNINE ACUTE HOSPITALS NHS TRUST	ROCHDALE INFIRMARY	LARGE	General acute hospital	226,056	52,035	13.02
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	GRANTHAM & DISTRICT HOSPITAL	LARGE	General acute hospital	682,658	80,442	13.09



Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
PORTSMOUTH HOSPITALS NHS TRUST	QUEENALEXANDRA HOSPITAL	LARGE	General acute hospital	5,052,719	1,150,000	13.18
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	SHOTLEY BRIDGE COMMUNITY HOSPITAL	LARGE	Community hospital (with inpatient beds)	106,170	24,090	13.22
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	WILLIAM HARVEY HOSPITAL	LARGE	General acute hospital	1,832,475	383,637	13.30
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	ST HELIER HOSPITAL	LARGE	General acute hospital	1,901,585	428,657	13.31
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	EPSOM GENERAL HOSPITAL	LARGE	General acute hospital	1,347,062	303,656	13.31
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	SEDGEFIELD COMMUNITY HOSPITAL	LARGE	Community hospital (with inpatient beds)	112,033	25,185	13.35
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	AGGREGATE SITE	LARGE	Aggregate Site	19,250	4,380	13.37
LONDON NORTH WEST HEALTHCARE NHS TRUST	NORTHWICK PARK & ST MARK'S HOSPITALS	LARGE	General acute hospital	3,586,523	784,089	13.45
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	BERWICK INFIRMARY	LARGE	Community hospital (with inpatient beds)	218,979	16,060	13.64
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	KIDDERMINSTER HOSPITAL AND TREATMENT CENTRE	LARGE	General acute hospital	143,410	30,660	14.03
DERBY HOSPITALS NHS FOUNDATION TRUST	ROYAL DERBY HOSPITAL	LARGE	General acute hospital	4,605,004	983,397	14.05
PLYMOUTH HOSPITALS NHS TRUST	DERRIFORD HOSPITAL	LARGE	General acute hospital	4,832,086	1,030,607	14.07
MID YORKSHIRE HOSPITALS NHS TRUST	DEWSBURY HOSPITAL	LARGE	General acute hospital	1,088,143	276,216	14.29
EAST LANCASHIRE HOSPITALS NHS TRUST	CLITHEROE HOSPITAL	LARGE	Community hospital (with inpatient beds)	159,250	32,940	14.50
UNIVERSITY HOSPITAL OF NORTH MIDLANDS NHS TRUST	COUNTY HOSPITAL	LARGE	General acute hospital	1,473,029	296,988	14.88
LONDON NORTH WEST HEALTHCARE NHS TRUST	CLAYPONDS HOSPITAL	LARGE	Community hospital (with inpatient beds)	315,444	62,244	15.20
PENNINE ACUTE HOSPITALS NHS TRUST	BIRCH HILL FLOYD UNIT	LARGE	Specialist hospital (acute only)	85,537	16,425	15.69
ROYAL CORNWALL HOSPITALS NHS TRUST	WEST CORNWALL HOSPITAL	LARGE	General acute hospital	313,311	58,272	16.13
ROYAL CORNWALL HOSPITALS NHS TRUST	ST MICHAELS HOSPITAL	LARGE	General acute hospital	114,744	21,341	16.13
ROYAL CORNWALL HOSPITALS NHS TRUST	ROYAL CORNWALL HOSPITAL	LARGE	General acute hospital	3,248,790	604,236	16.13
THE LEWISHAM AND GREENWICH NHS TRUST	LEWISHAM HOSPITAL	LARGE	General acute hospital	2,965,932	550,938	16.15
LONDON NORTH WEST HEALTHCARE NHS TRUST	EALING HOSPITAL	LARGE	General acute hospital	1,572,658	412,944	16.52
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	BISHOP AUCKLAND GENERAL HOSPITAL	LARGE	Community hospital (with inpatient beds)	393,573	103,520	16.67
DERBY HOSPITALS NHS FOUNDATION TRUST	LONDON ROAD COMMUNITY HOSPITAL	LARGE	Community hospital (with inpatient beds)	510,856	90,675	16.90
THE ROYAL WOLVERHAMPTON NHS TRUST	CANNOCK CHASE HOSPITAL	LARGE	General acute hospital	313,135	46,354	20.27
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	AGGREGATE SITE	LARGE	Aggregate Site	117,800	71,230	21.17
EAST LANCASHIRE HOSPITALS NHS TRUST	ACCRINGTON VICTORIA HOSPITAL	LARGE	Community hospital (with inpatient beds)	143,318	19,764	21.75
LONDON NORTH WEST HEALTHCARE NHS TRUST	CENTRAL MIDDLESEX HOSPITAL	LARGE	Mixed service hospital	968,492	120,945	24.02

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	STROUD MATERNITY HOSPITAL	LARGE	Specialist hospital (acute only)	12,081	786	29.11
PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	PETERBOROUGH CITY HOSPITAL	MEDIUM	General acute hospital	2,817,830	590,119	4.77
PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	STAMFORD & RUTLAND HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	149,775	24,090	6.21
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	GREAT WESTERN HOSPITAL	MEDIUM	General acute hospital	2,661,431	601,106	6.44
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	ROYAL UNITED HOSPITAL	MEDIUM	General acute hospital	1,692,643	600,186	6.81
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	NORTHAMPTON GENERAL HOSPITAL	MEDIUM	General acute hospital	2,799,250	541,996	6.89
STOCKPORT NHS FOUNDATION TRUST	CHERRY TREE HOSPITAL	MEDIUM	Specialist hospital (acute only)	35,719	29,160	6.91
STOCKPORT NHS FOUNDATION TRUST	STEPPING HILL HOSPITAL	MEDIUM	General acute hospital	1,229,576	884,031	6.91
BOLTON NHS FOUNDATION TRUST	ROYAL BOLTON HOSPITAL	MEDIUM	General acute hospital	1,848,604	715,035	7.51
MEDWAY NHS FOUNDATION TRUST	MEDWAY MARITIME HOSPITAL	MEDIUM	General acute hospital	3,059,398	440,057	7.91
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	LEIGH INFIRMARY	MEDIUM	Mixed service hospital	164,490	61,530	8.02
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	ROYAL ALBERT EDWARD INFIRMARY	MEDIUM	General acute hospital	1,664,107	622,485	8.02
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	WRIGHTINGTON HOSPITAL	MEDIUM	Specialist hospital (acute only)	323,446	120,990	8.02
THE ROYAL BOURNEMOUTH / CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	ROYAL BOURNEMOUTH HOSPITAL	MEDIUM	General acute hospital	2,010,173	682,205	8.84
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	LUTON AND DUNSTABLE HOSPITAL	MEDIUM	General acute hospital	2,206,182	494,355	8.93
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	ROYAL SURREY COUNTY HOSPITAL	MEDIUM	General acute hospital	2,080,331	614,878	9.17
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	KING'S MILL HOSPITAL	MEDIUM	General acute hospital	2,481,794	552,738	9.18
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	NEWARK HOSPITAL	MEDIUM	General acute hospital	110,867	24,692	9.18
WALSALL HEALTHCARE NHS TRUST	MANOR HOSPITAL	MEDIUM	General acute hospital	1,990,169	643,753	9.27
FRIMLEY HEALTH NHS FOUNDATION TRUST	FRIMLEY PARK HOSPITAL	MEDIUM	General acute hospital	1,997,822	835,023	9.64
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	UNIVERSITY HOSPITAL OF NORTH TEES	MEDIUM	General acute hospital	1,873,811	580,588	9.68
BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	BASILDON HOSPITAL	MEDIUM	General acute hospital	2,212,002	705,636	9.73
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	WHISTON HOSPITAL	MEDIUM	General acute hospital	2,223,406	682,837	9.77
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	ST HELENS HOSPITAL (EXCLUDING PLEASLEY CROSS)	MEDIUM	General acute hospital	127,911	39,283	9.77
THE DUDLEY GROUP NHS FOUNDATION TRUST	RUSSELLS HALL HOSPITAL	MEDIUM	General acute hospital	2,706,275	572,208	9.87
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	MUSGROVE PARK HOSPITAL	MEDIUM	General acute hospital	1,791,434	493,480	10.01
ASHFORD AND ST. PETER'S HOSPITALS NHS FOUNDATION TRUST	ST PETER'S HOSPITAL	MEDIUM	General acute hospital	1,542,507	465,375	10.02
ASHFORD AND ST. PETER'S HOSPITALS NHS FOUNDATION TRUST	ASHFORD HOSPITAL	MEDIUM	General acute hospital	185,344	58,370	10.05
ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	CHRISTCHURCH HOSPITAL	MEDIUM	Other inpatient	47,084	13,981	10.10
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	UNIVERSITY HOSPITAL AINTREE	MEDIUM	General acute hospital	2,369,243	691,932	10.27
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES	MEDIUM	Specialist hospital (acute only)	170,873	23,900	10.40

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	UNIVERSITY HOSPITAL OF HARTLEPOOL	MEDIUM	General acute hospital	178,304	49,275	10.85
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	WATFORD GENERAL HOSPITAL	MEDIUM	General acute hospital	2,211,130	573,880	11.26
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	TORBAY HOSPITAL	MEDIUM	General acute hospital	1,620,205	404,937	12.00
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	PAIGNTON HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	112,016	27,973	12.01
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	CHIPPENHAM COMMUNITY HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	227,102	34,943	12.30
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	MARY SEACOLE NURSING HOME	MEDIUM	Community hospital (with inpatient beds)	222,326	54,750	12.41
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	ASHBURTON HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	44,497	10,747	12.42
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	WESTMORLAND GENERAL HOSPITAL	MEDIUM	General acute hospital	274,227	63,828	12.42
THE ROTHERHAM NHS FOUNDATION TRUST	ROTHERHAM DISTRICT GENERAL HOSPITAL	MEDIUM	General acute hospital	2,077,779	498,543	12.50
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	TOTNES HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	80,585	19,331	12.51
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	FURNESS GENERAL HOSPITAL	MEDIUM	General acute hospital	1,023,735	219,898	12.65
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	ROYAL LANCASTER INFIRMARY	MEDIUM	General acute hospital	1,410,731	452,235	12.78
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	WARMINSTER COMMUNITY HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	217,274	22,907	12.98
SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	SOUTHEND HOSPITAL	MEDIUM	General acute hospital	2,015,644	463,873	13.04
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	NEWTON ABBOT HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	212,107	48,306	13.17
COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	COLCHESTER GENERAL HOSPITAL	MEDIUM	General acute hospital	2,659,140	599,157	13.31
CROYDON HEALTH SERVICES NHS TRUST	CROYDON UNIVERSITY HOSPITAL	MEDIUM	General acute hospital	2,730,000	456,374	13.37
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	DARTMOUTH HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	71,043	15,705	13.57
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	TEIGNMOUTH HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	64,061	14,161	13.57
MID ESSEX HOSPITAL SERVICES NHS TRUST	BROOMFIELD HOSPITAL	MEDIUM	General acute hospital	3,223,203	659,218	13.74
MID ESSEX HOSPITAL SERVICES NHS TRUST	ST PETER'S HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	23,849	4,683	13.74
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	HOMMERTON UNIVERSITY HOSPITAL	MEDIUM	General acute hospital	2,196,216	336,000	14.18
IPSWICH HOSPITAL NHS TRUST	IPSWICH HOSPITAL	MEDIUM	General acute hospital	2,809,151	625,860	14.76
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	BRIXHAM HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	71,535	14,521	14.78
FRIMLEY HEALTH NHS FOUNDATION TRUST	WEXHAM PARK HOSPITAL	MEDIUM	General acute hospital	3,061,685	710,769	14.93
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	SAVERNAKE HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	202,154	26,117	14.96

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
TORBAY AND SOUTH DEVON HEALTH CARE NHS FOUNDATION TRUST	BOVEY TRACEY HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	35,272	6,936	15.26
THE WHITTINGTON HOSPITAL NHS TRUST	WHITTINGTON HOSPITAL	MEDIUM	General acute hospital	1,095,995	213,271	15.42
THE ROTHERHAM NHS FOUNDATION TRUST	BREATHING SPACE - PARK REHABILITATION UNIT	MEDIUM	Community hospital (with inpatient beds)	125,368	20,829	18.06
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	ST.ALBANS CITY HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	349,191	47,876	21.88
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	HEMEL HEMPSTEAD HOSPITAL	MEDIUM	Community hospital (with inpatient beds)	260,278	33,719	23.16
FRIMLEY HEALTH NHS FOUNDATION TRUST	HEATHERWOOD HOSPITAL	MEDIUM	General acute hospital	225,638	21,095	38.57
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	WYCOMBE HOSPITAL	MULTI-SERVICE	General acute hospital	1,239,602	168,630	7.35
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	STOKE MANDEVILLE HOSPITAL	MULTI-SERVICE	General acute hospital	2,074,200	456,016	8.08
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	AMERSHAM HOSPITAL	MULTI-SERVICE	Mixed service hospital	638,582	74,460	8.57
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	MOUNT VERNON HOSPITAL	MULTI-SERVICE	General acute hospital	431,285	146,904	8.81
ISLE OF WIGHT NHS TRUST	ST MARY'S HOSPITAL	MULTI-SERVICE	Mixed service hospital	872,131	205,969	9.27
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	THE HILLINGDON HOSPITAL	MULTI-SERVICE	General acute hospital	1,551,379	417,807	11.14
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	BUCKINGHAM HOSPITAL	MULTI-SERVICE	Community hospital (with inpatient beds)	74,430	17,472	12.77
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	MARLOW HOSPITAL	MULTI-SERVICE	Community hospital (with inpatient beds)	57,395	13,104	13.13
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	THAME HOSPITAL	MULTI-SERVICE	Community hospital (with inpatient beds)	71,884	14,040	15.35
WEST SUFFOLK NHS FOUNDATION TRUST	FELIXSTOWE COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	39,953	8,381	4.77
GEORGE ELIOT HOSPITAL NHS TRUST	GEORGE ELIOT HOSPITAL	SMALL	General acute hospital	1,716,534	341,670	5.15
SOUTH TYNESIDE NHS FOUNDATION TRUST	AGGREGATE SITE	SMALL	Aggregate Site	60,285	12,215	5.66
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	SMALL	General acute hospital	762,466	344,066	6.24
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	ORMSKIRK DISTRICT GENERAL HOSPITAL	SMALL	General acute hospital	329,507	59,407	6.44
KINGSTON HOSPITAL NHS FOUNDATION TRUST	KINGSTON HOSPITAL	SMALL	General acute hospital	3,093,873	385,071	6.52
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	TAMESIDE GENERAL HOSPITAL	SMALL	General acute hospital	1,298,392	546,084	7.13
WEST SUFFOLK NHS FOUNDATION TRUST	BLUEBIRD LODGE	SMALL	Community hospital (with inpatient beds)	105,354	14,679	7.18

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
WEST SUFFOLK NHS FOUNDATION TRUST	ALDEBURGH COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	68,884	9,092	7.58
WYE VALLEY NHS TRUST	AGGREGATE SITE	SMALL	Aggregate Site	35,892	5,489	7.59
EAST CHESHIRE NHS TRUST	CONGLETON WAR MEMORIAL HOSPITAL	SMALL	Community hospital (with inpatient beds)	135,225	29,982	7.72
EAST CHESHIRE NHS TRUST	MACCLESFIELD DISTRICT GENERAL HOSPITAL	SMALL	General acute hospital	1,244,617	375,177	7.72
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	KETTERING GENERAL HOSPITAL	SMALL	General acute hospital	1,724,079	536,890	7.82
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	WARRINGTON HOSPITAL	SMALL	General acute hospital	1,505,681	575,613	7.86
NORTHERN DEVON HEALTHCARE NHS TRUST	NORTH DEVON DISTRICT HOSPITAL	SMALL	General acute hospital	1,126,388	255,296	7.88
POOLE HOSPITAL NHS FOUNDATION TRUST	POOLE HOSPITAL	SMALL	General acute hospital	1,331,639	505,950	7.89
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	CHESTERFIELD ROYAL HOSPITAL	SMALL	General acute hospital	1,763,651	549,974	7.90
SALISBURY NHS FOUNDATION TRUST	SALISBURY DISTRICT HOSPITAL	SMALL	General acute hospital	1,295,066	469,066	8.28
MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	MILTON KEYNES HOSPITAL	SMALL	General acute hospital	1,415,092	508,463	8.35
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	RIPON COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	56,305	19,717	8.57
THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS FOUNDATION TRUST	THE QUEEN ELIZABETH HOSPITAL	SMALL	General acute hospital	1,483,405	515,187	8.63
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	LASCELLES NEUROLOGICAL REHABILITATION UNIT	SMALL	Other inpatient	23,090	7,887	8.78
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	COUNTRESS OF CHESTER HOSPITAL	SMALL	General acute hospital	1,521,132	508,740	8.96
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	ELLSMERE PORT HOSPITAL	SMALL	Community hospital (with inpatient beds)	221,470	74,070	8.96
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	DORSET COUNTY HOSPITAL	SMALL	General acute hospital	1,020,458	337,155	9.08
GATESHEAD HEALTH NHS FOUNDATION TRUST	QUEEN ELIZABETH HOSPITAL	SMALL	General acute hospital	1,773,752	570,657	9.32
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	CUMBERLAND INFIRMARY	SMALL	General acute hospital	1,518,386	481,710	9.45
SURREY AND SUSSEX HEALTHCARE NHS TRUST	EAST SURREY HOSPITAL	SMALL	General acute hospital	2,392,635	756,645	9.49
BEDFORD HOSPITAL NHS TRUST	BEDFORD HOSPITAL SOUTH WING	SMALL	General acute hospital	1,370,540	441,447	9.62
BARNSELY HOSPITAL NHS FOUNDATION TRUST	BARNSELY DISTRICT GENERAL HOSPITAL	SMALL	General acute hospital	1,883,506	414,807	9.89
THE MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	ELMHURST INTERMEDIATE CARE CENTRE	SMALL	Other inpatient	94,231	28,470	9.92
WEST SUFFOLK NHS FOUNDATION TRUST	WEST SUFFOLK HOSPITAL	SMALL	General acute hospital	1,727,483	461,172	10.07
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	HARROGATE DISTRICT HOSPITAL	SMALL	General acute hospital	1,127,724	335,046	10.10
THE MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	LEIGHTON HOSPITAL	SMALL	General acute hospital	1,691,626	498,666	10.17
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	JAMES PAGET HOSPITAL	SMALL	General acute hospital	1,586,030	467,020	10.19
AIREDALE NHS FOUNDATION TRUST	AIREDALE GENERAL HOSPITAL	SMALL	General acute hospital	1,224,086	357,783	10.26
NORTHERN DEVON HEALTHCARE NHS TRUST	TIVERTON AND DISTRICT HOSPITAL	SMALL	General acute hospital	134,692	38,004	10.32
HINCHINGBROOKE HEALTH CARE NHS TRUST	HINCHINGBROOKE HOSPITAL	SMALL	General acute hospital	761,380	223,856	10.40

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
WYE VALLEY NHS TRUST	COUNTY HOSPITAL	SMALL	General acute hospital	1,406,752	349,069	10.43
WYE VALLEY NHS TRUST	LEOMINSTER COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	122,980	30,660	10.43
WYE VALLEY NHS TRUST	ROSS COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	126,274	35,040	10.43
WYE VALLEY NHS TRUST	BROMYARD COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	143,768	32,850	10.45
WYE VALLEY NHS TRUST	HILLSIDE CENTRE FOR INTERMEDIATE CARE	SMALL	Community hospital (with inpatient beds)	99,218	24,090	10.45
WEST SUFFOLK NHS FOUNDATION TRUST	NEWMARKET COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	89,807	8,406	10.68
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	WARWICK HOSPITAL	SMALL	General acute hospital	1,598,449	439,935	10.90
NORTHERN DEVON HEALTHCARE NHS TRUST	OKEHAMPTON HOSPITAL	SMALL	Community hospital (with inpatient beds)	62,965	15,744	11.07
NORTHERN DEVON HEALTHCARE NHS TRUST	HOLSWORTHY HOSPITAL	SMALL	Community hospital (with inpatient beds)	57,982	15,181	11.28
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	NORTH MIDDLESEX HOSPITAL	SMALL	General acute hospital	1,814,240	454,567	11.48
NORTHERN DEVON HEALTHCARE NHS TRUST	OTTERY ST MARY HOSPITAL	SMALL	Community hospital (with inpatient beds)	89,089	18,842	11.53
NORTHERN DEVON HEALTHCARE NHS TRUST	WHIPTON COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	82,046	20,934	11.64
WESTON AREA HEALTH NHS TRUST	WESTON GENERAL HOSPITAL	SMALL	General acute hospital	1,060,152	267,581	11.88
BURTON HOSPITALS NHS FOUNDATION TRUST	QUEEN'S HOSPITAL	SMALL	General acute hospital	1,586,245	400,545	11.88
NORTHERN DEVON HEALTHCARE NHS TRUST	HONITON HOSPITAL	SMALL	Community hospital (with inpatient beds)	75,700	17,971	12.08
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	STRATFORD HOSPITAL	SMALL	General acute hospital	78,312	19,436	12.09
NORTHERN DEVON HEALTHCARE NHS TRUST	SOUTH MOLTON HOSPITAL	SMALL	Community hospital (with inpatient beds)	79,479	19,292	12.15
NORTHERN DEVON HEALTHCARE NHS TRUST	SIDMOUTH HOSPITAL	SMALL	Community hospital (with inpatient beds)	82,453	19,705	12.30
DARTFORD AND GRAVESHAM NHS TRUST	DARENT VALLEY	SMALL	General acute hospital	1,877,131	157,105	12.49
BURTON HOSPITALS NHS FOUNDATION TRUST	SAMUEL JOHNSON COMMUNITY HOSPITAL	SMALL	Community hospital (with inpatient beds)	223,852	53,459	12.56
NORTHERN DEVON HEALTHCARE NHS TRUST	BIDEFORD HOSPITAL	SMALL	Community hospital (with inpatient beds)	92,351	21,241	12.76
NORTHERN DEVON HEALTHCARE NHS TRUST	EXMOUTH HOSPITAL	SMALL	Community hospital (with inpatient beds)	93,898	21,628	12.90
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	YEOVIL DISTRICT HOSPITAL	SMALL	General acute hospital	1,420,732	292,799	13.00
SOUTH TYNESIDE NHS FOUNDATION TRUST	SOUTH TYNESIDE HOSPITAL	SMALL	General acute hospital	1,511,105	306,182	13.19

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
NORTHERN DEVON HEALTHCARE NHS TRUST	SEATON HOSPITAL	SMALL	Community hospital (with inpatient beds)	80,078	18,155	13.23
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	HALTON HOSPITAL	SMALL	General acute hospital	275,901	61,976	13.35
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	WEST CUMBERLAND HOSPITAL	SMALL	General acute hospital	810,639	168,544	13.69
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	PRINCESS ALEXANDRA HOSPITAL	SMALL	General acute hospital	2,079,188	470,058	13.95
BURTON HOSPITALS NHS FOUNDATION TRUST	SIR ROBERT PEEL HOSPITAL	SMALL	Community hospital (with inpatient beds)	154,719	24,519	18.93
SOUTH TYNESIDE NHS FOUNDATION TRUST	ST BENEDICT'S HOSPICE	SMALL	Other inpatient	86,387	10,516	20.70
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	ELLEN BADGER HOSPITAL	SMALL	Community hospital (with inpatient beds)	159,425	19,764	24.02
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	ROYAL LEAMINGTON SPA HOSPITAL	SMALL	Other inpatient	592,659	68,076	26.12
BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	PARKVIEW CLINIC	SPECIALIST	Mental Health	42,943	13,054	3.29
ALDERHEY CHILDRENS NHS FOUNDATION TRUST	ALDERHEY HOSPITAL	SPECIALIST	Mixed service hospital	758,000	103,660	3.91
ALDERHEY CHILDRENS NHS FOUNDATION TRUST	DEWI JONES UNIT	SPECIALIST	Mental Health and Learning Disabilities	52,165	7,047	4.02
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	LIVERPOOL HEART AND CHEST HOSPITAL	SPECIALIST	Specialist hospital (acute only)	733,688	43,288	4.94
WALTON CENTRE NHS FOUNDATION TRUST	WALTON CENTRE FOR NEUROLOGY & NEUROSURGERY	SPECIALIST	Specialist hospital (acute only)	611,872	164,250	5.06
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	LIVERPOOL WOMEN'S HOSPITAL	SPECIALIST	Specialist hospital (acute only)	471,301	92,412	5.10
THE ROYAL MARSDEN NHS FOUNDATION TRUST	ROYAL MARSDEN HOSPITAL, CHELSEA	SPECIALIST	Specialist hospital (acute only)	1,428,974	124,554	5.79
PAPWORTH HOSPITAL NHS FOUNDATION TRUST	PAPWORTH HOSPITAL	SPECIALIST	Specialist hospital (acute only)	615,343	204,406	6.02
THE ROYAL MARSDEN NHS FOUNDATION TRUST	ROYAL MARSDEN HOSPITAL, SUTTON	SPECIALIST	Specialist hospital (acute only)	1,545,908	132,229	6.03
BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST	BIRMINGHAM WOMENS	SPECIALIST	Specialist hospital (acute only)	720,083	110,595	6.51
BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	BIRMINGHAM CHILDRENS HOSPITAL	SPECIALIST	Specialist hospital (acute only)	326,372	49,751	6.56
ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	THE ROYAL ORTHOPAEDIC HOSPITAL	SPECIALIST	Specialist hospital (acute only)	604,102	104,310	7.19
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	GREAT ORMOND STREET HOSPITAL	SPECIALIST	Specialist hospital (acute only)	705,285	142,588	7.55
SHEFFIELD CHILDRENS NHS FOUNDATION TRUST	RYEGATE CHILDREN'S CENTRE	SPECIALIST	Mental Health	27,313	6,570	9.21
SHEFFIELD CHILDRENS NHS FOUNDATION TRUST	SHEFFIELD CHILDREN'S HOSPITAL MAIN SITE	SPECIALIST	Specialist hospital (acute only)	362,869	120,450	9.21
QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	QUEEN VICTORIA HOSPITAL	SPECIALIST	Specialist hospital (acute only)	396,528	42,000	9.60

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
THE CHRISTIE NHS FOUNDATION TRUST	THE CHRISTIE HOSPITAL	SPECIALIST	Specialist hospital (acute only)	571,306	166,518	10.29
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL	SPECIALIST	Specialist hospital (acute only)	1,232,261	144,000	10.55
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	ROBERT JONES/AGNES HUNT ORTHOPAEDIC HOSPITAL	SPECIALIST	Specialist hospital (acute only)	619,080	157,581	11.79
THE ROYAL MARSDEN NHS FOUNDATION TRUST	AGGREGATE SITE	SPECIALIST	Aggregate Site	39,445	2,469	12.78
SHEFFIELD CHILDRENS NHS FOUNDATION TRUST	BECTON CENTRE FOR YOUNG PEOPLE	SPECIALIST	Mental Health	165,036	21,600	14.12
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	CLATTERBRIDGE CANCER CENTRE - BEBINGTON	SPECIALIST	Specialist hospital (acute only)	358,607	67,661	15.90
ROYAL BROMPTON AND HAREFIELD NHS FOUNDATION TRUST	HAREFIELD HOSPITAL	SPECIALIST	Specialist hospital (acute only)	1,154,560	142,350	24.33
ROYAL BROMPTON AND HAREFIELD NHS FOUNDATION TRUST	ROYAL BROMPTON HOSPITAL	SPECIALIST	Specialist hospital (acute only)	2,162,281	247,470	26.22
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	WITHINGTON HOSPITAL	TEACHING	Mixed service hospital	23,744	10,910	2.18
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	AGGREGATE SITE	TEACHING	Aggregate Site	15,160	0	3.04
ROYAL FREE LONDON NHS FOUNDATION TRUST	CHASE FARM HOSPITAL	TEACHING	General acute hospital	191,694	36,400	3.69
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	ST MONICAS HOSPITAL	TEACHING	Community hospital (with inpatient beds)	24,001	13,813	5.21
SALFORD ROYAL NHS FOUNDATION TRUST	SALFORD ROYAL	TEACHING	General acute hospital	1,410,164	807,055	5.24
LEEDS TEACHING HOSPITALS NHS TRUST	AGGREGATE SITE	TEACHING	Aggregate Site	126,294	20,684	5.24
UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST	QUEEN ELIZABETH HOSPITAL	TEACHING	General acute hospital	3,795,139	1,390,065	5.46
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	BEECH HILL INTERMEDIATE CARE UNIT	TEACHING	Community hospital (with inpatient beds)	60,618	10,416	5.58
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	NORTHERN GENERAL HOSPITAL	TEACHING	General acute hospital	2,676,122	1,378,894	5.72
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	WESTON PARK HOSPITAL	TEACHING	Specialist hospital (acute only)	121,321	68,154	5.72
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	CAMPUS FOR AGEING AND VITALITY	TEACHING	General acute hospital	248,377	42,468	5.85
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	ARCHWAYS INTERMEDIATE CARE UNIT	TEACHING	Community hospital (with inpatient beds)	44,807	22,471	5.98
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	ST MARY'S HOSPITAL	TEACHING	General acute hospital	1,921,215	395,682	6.08
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	CHARING CROSS HOSPITAL	TEACHING	General acute hospital	1,888,280	401,514	6.08
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	HAMMERSMITH HOSPITAL	TEACHING	General acute hospital	1,454,634	301,614	6.08
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	QUEEN CHARLOTTE'S HOSPITAL	TEACHING	Specialist hospital (acute only)	208,589	59,661	6.08
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	WESTERN EYE HOSPITAL	TEACHING	General acute hospital	16,469	5,840	6.08
YORK TEACHING HOSPITALS NHS FOUNDATION TRUST	BRIDLINGTON HOSPITAL	TEACHING	General acute hospital	198,029	95,425	6.23
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	ROYAL HALLAMSHIRE HOSPITAL	TEACHING	General acute hospital	1,617,990	604,210	6.29



Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	THE NEW SELBY WAR MEMORIAL HOSPITAL	TEACHING	Community hospital (with inpatient beds)	33,936	15,801	6.44
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	FREEMAN HOSPITAL	TEACHING	General acute hospital	1,844,477	778,927	7.10
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	BLACKPOOL VICTORIA HOSPITAL	TEACHING	General acute hospital	2,242,188	846,662	7.95
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	WHITECROSS COURT	TEACHING	Community hospital (with inpatient beds)	46,723	17,542	7.99
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	NORFOLK AND NORWICH UNIVERSITY HOSPITAL	TEACHING	General acute hospital	3,229,369	1,204,500	8.04
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	CLATTERBRIDGE HOSPITAL	TEACHING	Community hospital (with inpatient beds)	208,000	76,617	8.14
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	ARROWE PARK HOSPITAL	TEACHING	General acute hospital	2,087,562	767,350	8.16
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	ROYAL VICTORIA INFIRMARY	TEACHING	General acute hospital	2,307,853	841,453	8.23
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	ROYAL PRESTON HOSPITAL	TEACHING	General acute hospital	2,332,421	845,052	8.28
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	SCARBOROUGH HOSPITAL	TEACHING	General acute hospital	937,708	325,908	8.63
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	WEST MIDDLESEX UNIVERSITY HOSPITAL	TEACHING	General acute hospital	1,709,371	444,416	8.87
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	ADDENBROOKES HOSPITAL	TEACHING	General acute hospital	4,246,260	1,328,739	9.01
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	LEICESTER ROYAL INFIRMARY	TEACHING	General acute hospital	4,726,998	809,182	9.75
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	GLENFIELD HOSPITAL	TEACHING	General acute hospital	2,188,532	339,502	9.75
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	LEICESTER GENERAL HOSPITAL	TEACHING	General acute hospital	2,686,950	303,052	9.75
ST GEORGE'S HEALTHCARE NHS TRUST	ST GEORGE'S HOSPITAL	TEACHING	General acute hospital	4,063,748	1,204,500	10.12
BARTS HEALTH NHS TRUST	NEWHAM GENERAL HOSPITAL	TEACHING	General acute hospital	927,330	262,309	10.19
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	NOTTINGHAM CITY HOSPITAL	TEACHING	General acute hospital	2,669,563	884,846	10.20
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	QUEEN'S MEDICAL CENTRE	TEACHING	General acute hospital	3,173,752	1,051,963	10.20
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	TRAFFORD GENERAL HOSPITAL	TEACHING	General acute hospital	829,266	242,060	10.28
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	UNIVERSITY HOSPITAL	TEACHING	General acute hospital	5,807,542	1,041,345	10.56
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	HOSPITAL OF ST CROSS	TEACHING	Mixed service hospital	1,293,111	107,310	10.56
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	ST LUKES HOSPITAL	TEACHING	Mixed service hospital	373,418	105,369	10.63
ROYAL FREE LONDON NHS FOUNDATION TRUST	BARNET HOSPITAL	TEACHING	General acute hospital	2,955,121	276,000	10.71
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	YORK HOSPITAL	TEACHING	General acute hospital	2,280,328	636,767	10.74
UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST	NATIONAL HOSPITAL NEUROLOGY/NEUROSURGERY	TEACHING	Specialist hospital (acute only)	1,107,905	308,911	10.76
LEEDS TEACHING HOSPITALS NHS TRUST	ST JAMES'S HOSPITAL	TEACHING	General acute hospital	5,277,394	1,342,511	11.18
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	HENDERSON WARD, JULIAN HOSPITAL	TEACHING	Other inpatient	124,289	21,900	11.36
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	KINGS COLLEGE HOSPITAL	TEACHING	General acute hospital	6,472,749	1,685,549	11.52
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	BRADFORD ROYAL INFIRMARY	TEACHING	General acute hospital	2,959,612	768,608	11.55

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	SOUTHAMPTON GENERAL HOSPITAL	TEACHING	General acute hospital	4,633,984	1,202,678	11.55
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	COUNTESMOUNTBATTEN HOUSE	TEACHING	General acute hospital	0	0	11.55
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	PRINCESS ANNE HOSPITAL	TEACHING	General acute hospital	555,505	144,172	11.55
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	ISLAND SITE	TEACHING	Mixed service hospital	4,783,071	1,129,069	11.88
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	HULL ROYAL INFIRMARY	TEACHING	General acute hospital	2,921,079	731,099	11.99
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	CASTLE HILL HOSPITAL	TEACHING	General acute hospital	1,591,481	398,322	11.99
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	THE HORTON HOSPITAL	TEACHING	General acute hospital	744,088	185,119	12.06
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	SOUTH BRISTOL COMMUNITY HOSPITAL	TEACHING	Community hospital (with inpatient beds)	270,452	65,700	12.35
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	WYTHENSHAW HOSPITAL	TEACHING	General acute hospital	5,181,533	961,776	12.36
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	THE NUFFIELD ORTHOPAEDIC CENTRE	TEACHING	Specialist hospital (acute only)	497,785	119,785	12.47
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	ROYAL LIVERPOOL SITE	TEACHING	General acute hospital	3,367,463	808,083	12.50
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	CHORLEY & SOUTH RIBBLE HOSPITAL	TEACHING	General acute hospital	817,084	196,041	12.50
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	CLIFTON HOSPITAL	TEACHING	Community hospital (with inpatient beds)	312,645	72,240	12.90
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	ST THOMAS' HOSPITAL	TEACHING	General acute hospital	4,205,040	973,518	12.96
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	WHITBY COMMUNITY HOSPITAL	TEACHING	Community hospital (with inpatient beds)	162,207	37,865	13.02
UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST	ROYAL NATIONAL THROAT, NOSE & EAR HOSPITAL	TEACHING	Specialist hospital (acute only)	97,187	22,116	13.18
BARTS HEALTH NHS TRUST	MILE END HOSPITAL	TEACHING	Community hospital (with inpatient beds)	277,265	52,574	13.23
BARTS HEALTH NHS TRUST	WHIPPS CROSS UNIVERSITY HOSPITAL	TEACHING	General acute hospital	2,620,458	606,053	13.23
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	MALTON AND NORTON HOSPITAL	TEACHING	Community hospital (with inpatient beds)	127,137	27,908	13.67
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	PRINCESS ROYAL UNIVERSITY HOSPITAL	TEACHING	General acute hospital	2,681,130	583,617	13.80
ROYAL FREE LONDON NHS FOUNDATION TRUST	ROYAL FREE HOSPITAL	TEACHING	General acute hospital	2,684,752	419,818	13.93
LEEDS TEACHING HOSPITALS NHS TRUST	LEEDS GENERAL INFIRMARY	TEACHING	General acute hospital	3,407,711	760,335	14.02
LEEDS TEACHING HOSPITALS NHS TRUST	CHAPEL ALLERTON HOSPITAL	TEACHING	Mixed service hospital	342,970	73,383	14.02
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	BRISTOL ROYAL INFIRMARY MAIN SITE	TEACHING	General acute hospital	4,383,139	927,810	14.16
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	GUY'S HOSPITAL	TEACHING	General acute hospital	1,488,553	307,427	14.53
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	ORPINGTON HOSPITAL	TEACHING	General acute hospital	352,344	71,370	14.81
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	THE JOHN RADCLIFFE HOSPITAL	TEACHING	General acute hospital	4,192,032	846,684	14.85
UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST	NEW UNIVERSITY COLLEGE HOSPITAL	TEACHING	General acute hospital	2,292,757	559,271	14.96

Organisation Name	Site Name	Type of Acute Organisation	Site Type	Inpatient food service cost (£)	No. of inpatient main meals requested	Cost of feeding one inpatient per day (£)
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	CHELSEA & WESTMINSTER HOSPITAL	TEACHING	General acute hospital	3,872,129	829,852	15.19
BARTS HEALTH NHS TRUST	THE ROYAL LONDON	TEACHING	General acute hospital	3,439,678	686,535	15.24
BARTS HEALTH NHS TRUST	ST BATHOLOMEWS HOSPITAL	TEACHING	Mixed service hospital	1,371,060	273,960	15.24
UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST	UCH AT WESTMORELAND STREET	TEACHING	Mixed service hospital	733,311	132,084	17.47
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	THE CHURCHILL HOSPITAL	TEACHING	General acute hospital	1,540,962	255,361	18.10
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	LAMBETH COMMUNITY CARE CENTRE	TEACHING	Community hospital (with inpatient beds)	113,937	18,620	18.36
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	PULROSS INTERMEDIATE CARE CENTRE	TEACHING	Community hospital (with inpatient beds)	138,606	21,786	19.09
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	BROADGREEN SITE	TEACHING	General acute hospital	707,954	95,526	22.23
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	MINNIE KIDD HOUSE	TEACHING	Community hospital (with inpatient beds)	149,207	19,989	22.39
				<b>AVERAGE SPEND</b>		<b>£11.01</b>
				<b>MEDIAN SPEND</b>		<b>£10.32</b>
				<b>MINIMUM SPEND</b>		<b>£0.82</b>
				<b>MAXIMUM SPEND</b>		<b>£38.57</b>

**Reference:**

Data based on publicly available figures obtained from the NHS Estates Return Information Collection – <http://hefs.hscic.gov.uk/ReportFilter.asp>. Medact generated a report for Inpatient Food Services at the level of individual sites and extracted data for a total of 362 hospitals including Small Acute, Medium Acute, Large Acute, Specialist Acute and Teaching hospitals only (Community Hospitals, Care Trusts and Mental Health and Learning Disability Providers were not included). The median, minimum and maximum value were calculated from this subset of hospitals.

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