



Department
of Health



The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals

An independent group established by the Department of Health and led by Dianne Jeffrey, chairman of Age UK

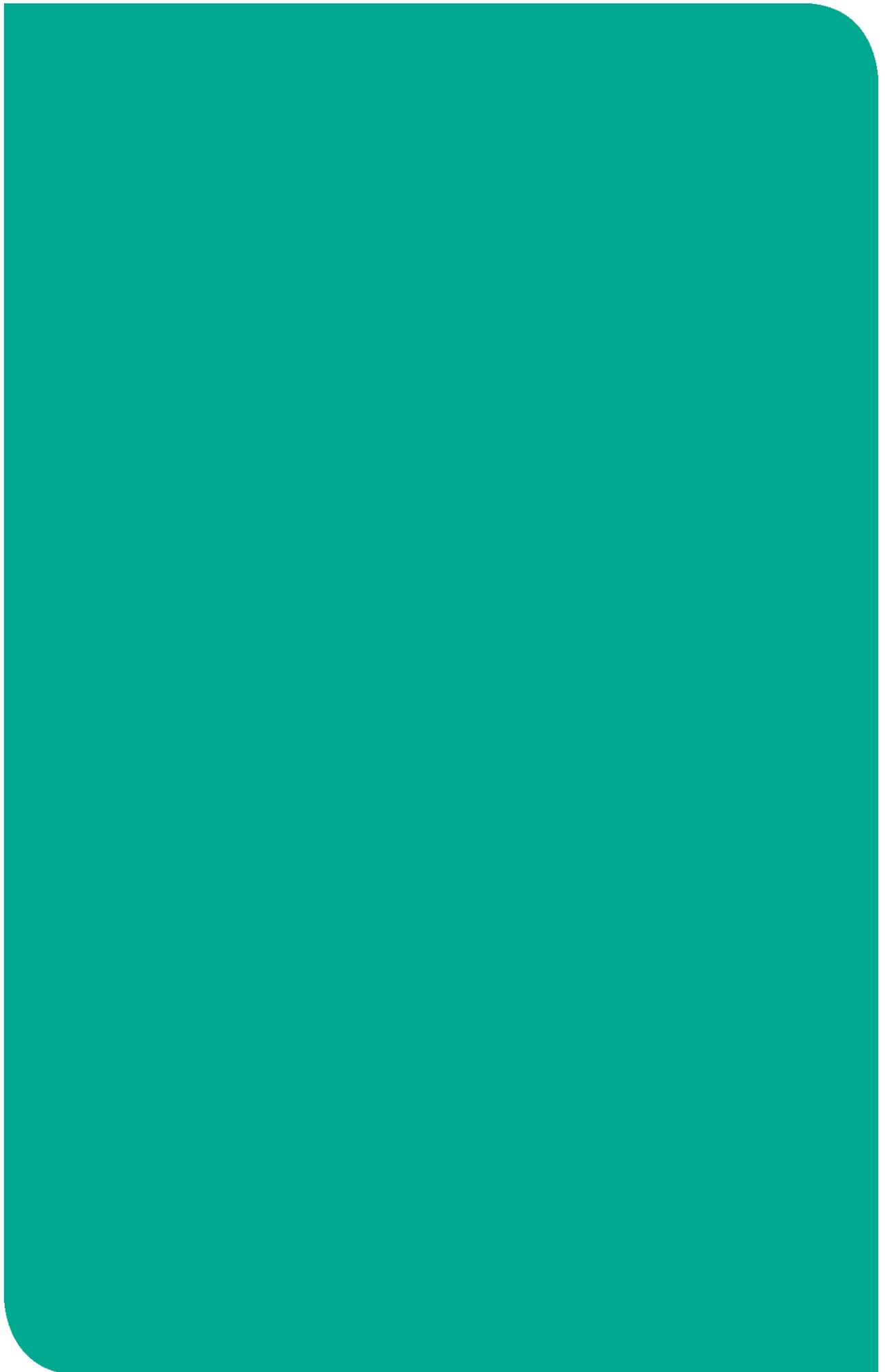
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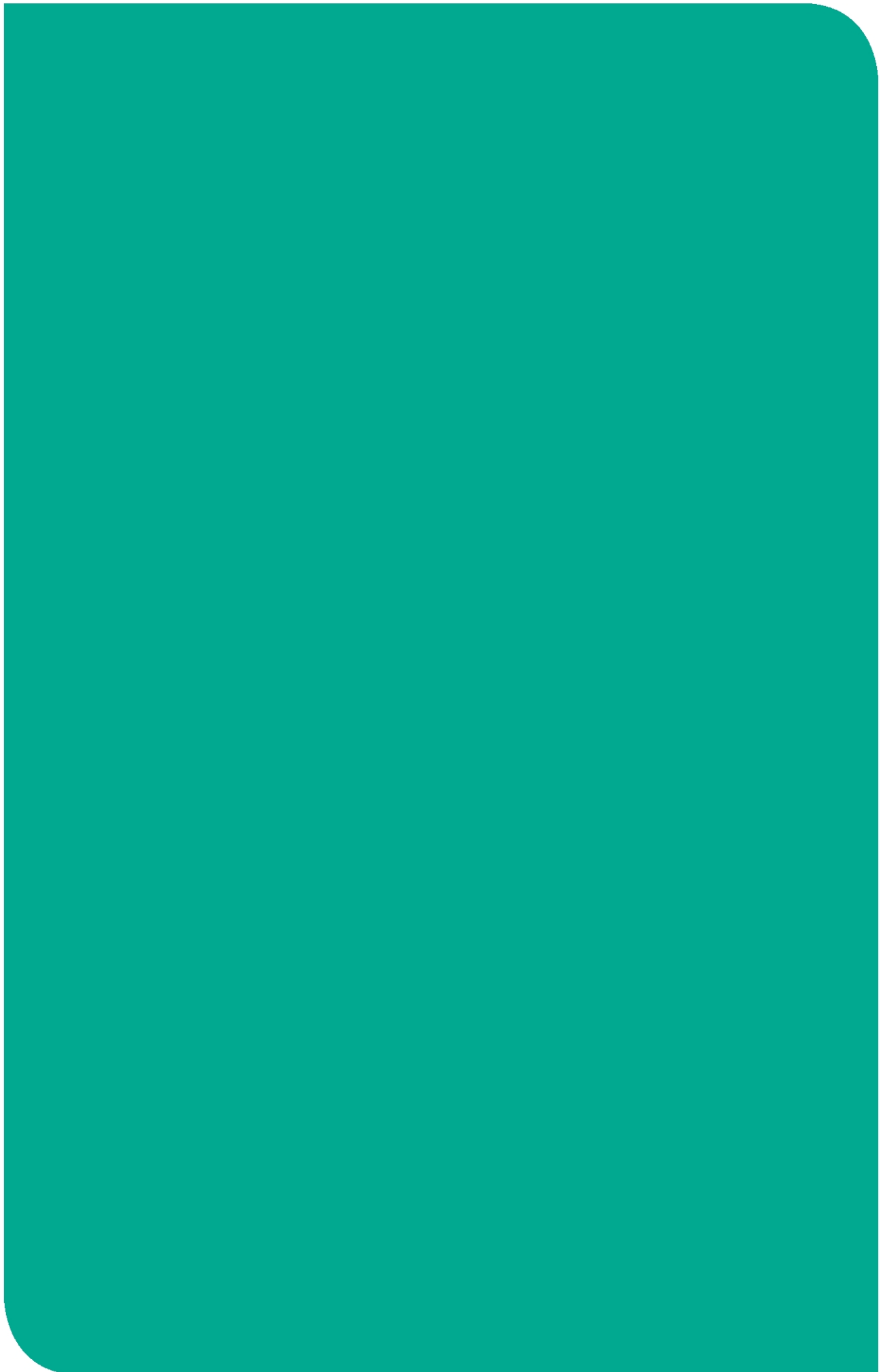
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Foreword

Every hospital has a responsibility to provide the highest level of care possible for their patients and this, without question, includes the quality and nutritional value of the food that is served and eaten.

It is important that the quality of food served to your patients is nutritious. Many hospitals do provide high quality food and drink, but the variation across the country is too great. The Hospital Food Panel was set up by Dr Dan Poulter, Parliamentary Under Secretary for Health, to tackle this problem by examining existing food standards, advising on how they should be applied and monitored, and recommending future improvement actions.

As a chief executive you are ultimately responsible for ensuring that patients have a positive experience during their stay, including when it comes to their nutrition. This report will provide you and your team with the guidance and tools to help achieve this.

After looking at over 50 potential standards, the Panel has identified the five key ones to make the biggest difference to patients, staff and visitors.

As an indication of how serious the Government takes nutrition and hospital food, we are introducing these as legally binding standards in the NHS Standard Contract.

We are grateful to the panel members and to the supporting Expert Reference Groups for their tireless dedication to improving hospital food and for their generosity in sharing their knowledge.

We trust that the NHS will find this report supportive and patients will reap the benefits across the country.



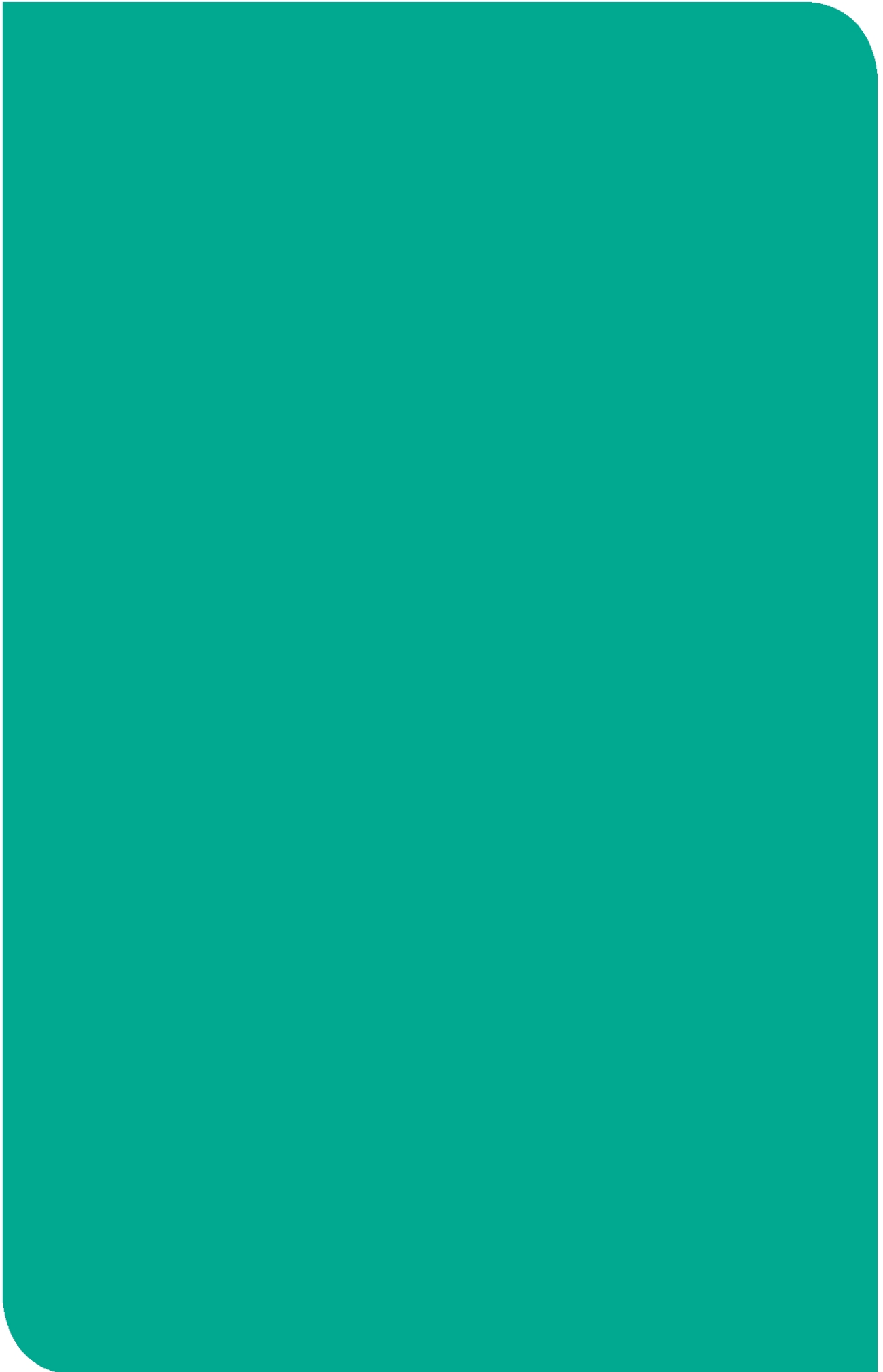
A handwritten signature in blue ink that reads "Jeremy Hunt".

Jeremy Hunt
Secretary of State for Health
State for Health



A handwritten signature in black ink that reads "Dianne Jeffrey".

Dianne Jeffrey
Chairman, Age UK



Summary of recommendations

The Panel recommends that all NHS hospitals should develop and maintain a food and drink strategy. This should include:

- the nutrition and hydration needs of patients
- healthier eating for the whole hospital community, especially staff
- sustainable procurement of food and catering services

The Panel recommends that the following standards become required practice across NHS hospitals:

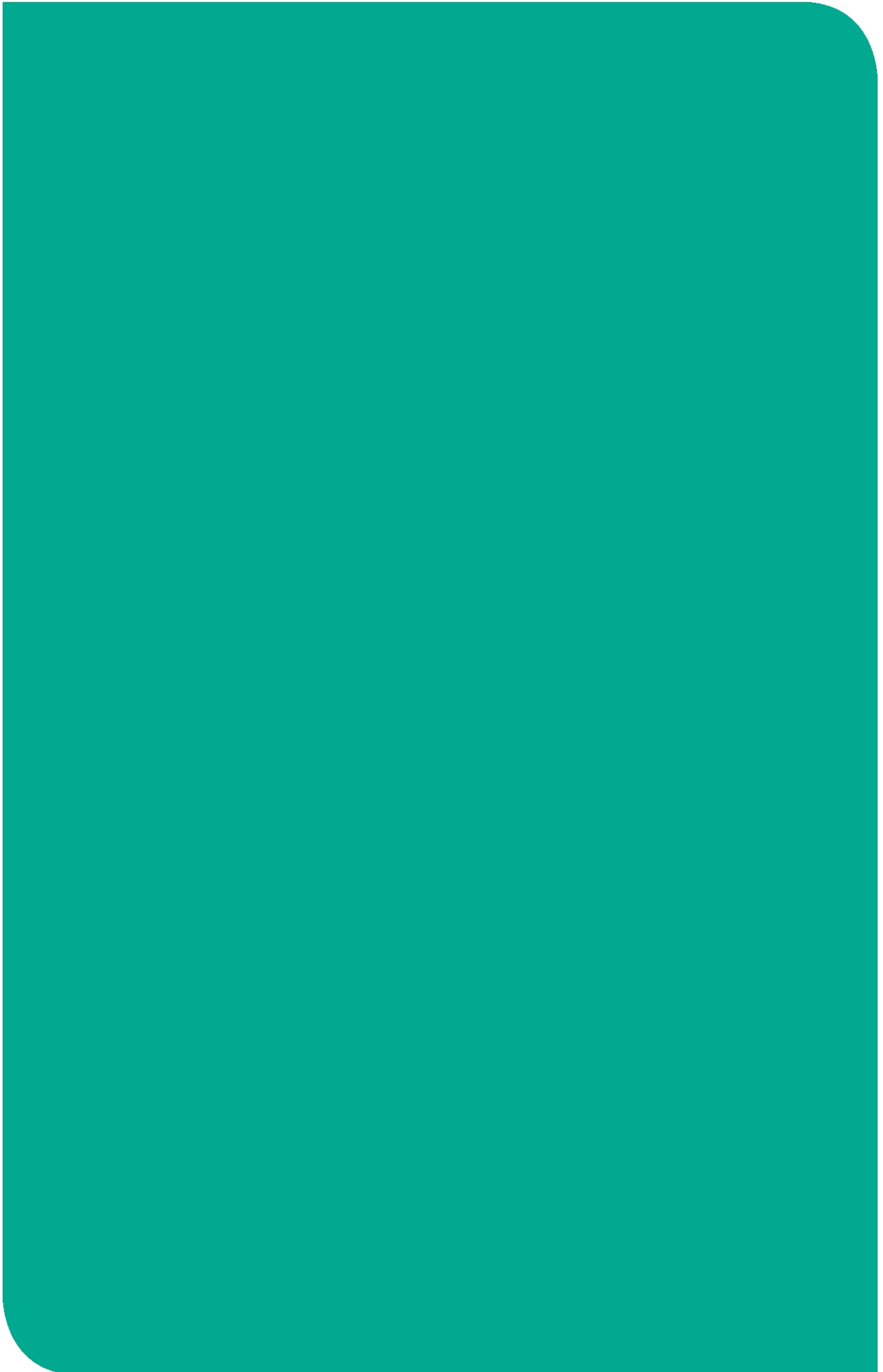
Five required hospital food standards

- The 10 key characteristics of good nutrition and hydration care from the NHS England [Click here](#)
- Nutrition and Hydration Digest (The British Dietetic Association) [Click here](#)
- Malnutrition Universal Screening Tool (British Association of Parenteral and Enteral Nutrition) or equivalent validated nutrition screening tool [Click here](#)
- (For staff and visitor catering) Healthier and More Sustainable Catering – Nutrition Principles (Public Health England) [Click here](#)
- Government Buying Standards for Food and Catering Services from the Department of Environment, Food and Rural Affairs [Click here](#)

The Panel recognises that there are other tools and assurance schemes that can be of use in promoting excellence. It is for hospitals to decide for themselves where these tools or approaches work for them.

The Panel recommends that work should continue with the likes of NHS England and Defra, to make sure that the importance of hospital food is recognised for its contribution to the well-being of individuals and communities and for the benefits this will bring to society, through increased productivity and decreased healthcare costs.

The Panel recommends that required standards should be monitored via annual Patient-led Assessments of the Care Environment (PLACE) and that PLACE should be amended to include a more detailed evaluation of the taste, flavour and presentation of hospital food.



Introduction

Our diet significantly affects our health. This is true for both overnutrition (which can lead to obesity) and undernutrition.

Malnourished patients in hospital stay longer and are more likely to develop complications or infections. At home, they visit their GPs more often. Most malnutrition arises in the community, but once a patient is admitted, there is a great deal that hospitals can do to hasten recovery with close attention to nutrition and hydration needs.

For most inpatients, nutritional care will be based on the food provided by the hospital. Some patients with severe malnutrition will need nutritional supplements and there is good evidence that they can reduce complications and speed recovery. But nutritional supplements can often be avoided if the hospital can provide the right food to meet patients' needs for recovery, wound healing and rehabilitation. This can have significant cost savings, as well as delivering a far better experience.

At the same time, some patients will be dealing with illness brought on by overconsumption. In England, many people are overweight or obese. This includes almost 62% of adults and 28% of children aged between 2 and 15. People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers. Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health. Health problems associated with being overweight or obese cost the NHS more than £5 billion every year.

Obesity and overweight also affect NHS staff. Over half of all the food provided in NHS hospitals is served to staff and visitors, and their needs are very different from those of patients. Hospitals have a role as beacons of good practice in supporting staff to make healthier choices. This is particularly the case for shift workers and those eating at unsocial hours, who may easily fall victim to poor eating habits if choice is restricted.

Hospitals also have a wider social responsibility. As major purchasers and providers of food and catering services, they have the opportunity to put sustainability at the heart of their work. This might include reducing waste, embedding high standards of farm and food production that reflect UK standards of production, reducing their carbon footprint and making their catering contracts accessible to small business. This has the indirect benefit of supporting UK businesses which already meet or are working towards meeting these high standards.

Hospital food should meet all these challenges. It should complement the patient's care and enhance their stay. It should help staff and visitors choose a healthier lifestyle and it should support our economy and protect our environment. Hospital food can – and should – be a vehicle for improvement and a role model for food in the local community. Crucially, it should also be a source of pleasure and enjoyment.

Many hospitals provide food and drink that demonstrates these ideals in action. But some struggle to deliver on one or more aspects, and variation across the country is too great. The NHS has a full array of catering services from on-site cooking to bought-in/delivered meals and from NHS-employed staff to contract caterers. All are capable of delivering excellent food. Equally, all can fail if they are not implemented properly.

The Hospital Food Standards Panel was set up to tackle this by examining existing food standards, advising on how they should be applied and monitored, and recommending further actions to maintain improvement in the future. Their terms of reference are in Annex B.

The Panel did not set out to produce new standards. To do so would have been to add to the already substantial burden of standards and potentially to obscure, rather than clarify what is expected. Rather, they identified potentially relevant standards and assessed them for their applicability to hospital food and catering services in England. Bringing a small number of highly relevant standards together in this way should make it easier for all involved to commission, provide and monitor food service.

Assessing the standards was a major undertaking. To speed the process and to harness a wide range of expertise, the panel established three Expert Reference Groups (ERGs), each taking on a particular aspect of hospital food and drink. They met separately to assess the relevant standards and the tools that can be used to ensure proper implementation. They reported (via their Chairs) to the main panel. The final recommendations were made by the main panel.

The Panel has identified a number of 'required standards' that should become routine practice in all hospitals.

The aim is to improve food and drink across the NHS, so that everyone who eats there has a healthier food experience*, and so that everyone involved in its production is properly valued.

The Panel has also made more general recommendations about how food and drink might be improved. These particularly concern the importance of continued action on food and drink, with an emphasis on flavour, taste and presentation.

**By a healthier food experience we mean that patients, staff and visitors are offered a selection of food and drink that meets their daily nutritional needs and reduces the risk of later ill-health. For most people this would equate to the 'eatwell plate'. Some people may need more energy rich food and drink and others less. All need to 'eat for good health'.*

The recommendations

The Panel recommends that NHS hospitals develop and maintain a food and drink strategy.

This should capture how the organisation will address nutritional care for patients, deliver healthier food for the whole hospital community (particularly staff), and embed sustainability into its service. It should also pay close attention to the end-quality of food and drink served, so that everyone receives meals they can enjoy.

The Panel notes relevant standards that already apply across the NHS. These include statutory standards such as CQC registration standards, NICE Quality standards (which NHS England must have regard to), and NICE Clinical Guidelines. Nothing in this report countermands or supersedes these and they should form part of any strategy. The Panel also flags up the Government Buying Standard for Food & Catering and the Balanced Scorecard developed by Defra as relevant to the development of these strategies.

The Panel recommends five food standards that should be required for all hospitals, whatever their patient population or catering method. ‘Required’ standards are those that should become routine practice across the NHS. The Panel suggests that they should be referenced in the NHS Standard Contract, so that commissioners of care can be clear about what they expect of hospital food and can hold providers to account if they do not measure up.

Required standards

For patient catering

- 10 key characteristics of good nutrition care and hydration, NHS England
- Nutrition and Hydration Digest, The British Dietetic Association
- Malnutrition Universal Screening Tool or equivalent¹ (BAPEN)

For staff and visitor catering (and applied as appropriate to patient catering)²

- Healthier and More Sustainable Catering – Nutrition Principles (Public Health England)

For all catering

- Government Buying Standards for Food and Catering Services, HMG standards developed by the Department of Environment, Food and Rural Affairs

¹ ‘equivalent’ means a *validated* screening tool appropriate to the patient population. Where appropriate, and subject to prior local agreement, specific groups of patients may be excluded from routine screening.

² The specific nutritional needs of individual patients should always supersede the application of blanket principles.

What is the NHS Standard Contract?

The NHS Standard Contract is used by commissioners of healthcare - clinical commissioning groups or NHS England – to purchase healthcare from healthcare providers such as NHS Trusts, NHS Foundation Trusts and providers from the independent and voluntary sectors. It is specified by NHS England for use when commissioning all healthcare services other than primary care.

Inclusion of new standards on hospital food within the NHS Standard Contract means that the provider organisations are obliged, under the terms of their legally-binding contracts with commissioners, to adhere to the requirements which the standards set out. Commissioners will be able to require information from providers about their compliance with the standards. Providers which do not comply would be in breach of their contract, and commissioners would be able to take contractual action against them. Such action would typically involve agreement and implementation by the provider of a remedial action plan, through which the provider would put right the breach and ensure full compliance with the standards for the future. If a material breach of the standards persisted or was repeated, however, the commissioner would have the ability, under the NHS Standard Contract, to report the breach formally to the provider's Board and to levy significant financial sanctions.

Recognised tools and schemes

In addition to the required standards, there are other tools and assurance schemes that can support improvement and reward excellence in some cases. 'Recognised' tools and schemes are not compulsory and will not feature in the Standard Contract, but they can be of use in promoting excellence. Some may be useful in negotiating CQUIN agreements. It is for hospitals to decide for themselves whether these approaches work for them. They include:

- The Plan for Public Procurement of Food and Catering Services – Balanced Scorecard. [Click here](#)
- The relevant Responsibility Deal Pledges
 - Out of Home Calorie labelling (pledge F1) [Click here](#)
 - Calorie Reduction (Pledge F4) [Click here](#)
 - Salt reduction including 2017 targets (pledges F5, F9, and F10) [Click here](#) or [Click here](#)
 - Health at Work (pledge H4) [Click here](#)
- The Soil Association's Food for Life Catering Mark assurance scheme³ [Click here](#)

³ The Food for Life Catering Mark is not the only relevant scheme, but it takes on board other schemes such as Red Tractor, and is the most relevant to catering services. It includes criteria that go beyond those in the recommended standards

The Panel recommends that work should continue with the likes of NHS England and Defra, so that the importance of hospital food is recognised for its contribution to the well-being of individuals and communities and for the benefits this brings to society, through increased productivity and lower healthcare costs.

Legacy work has already been planned and indeed, some is already under way. The Panel was keen to build on the partnerships established during their work and many members have already committed to taking work forward.

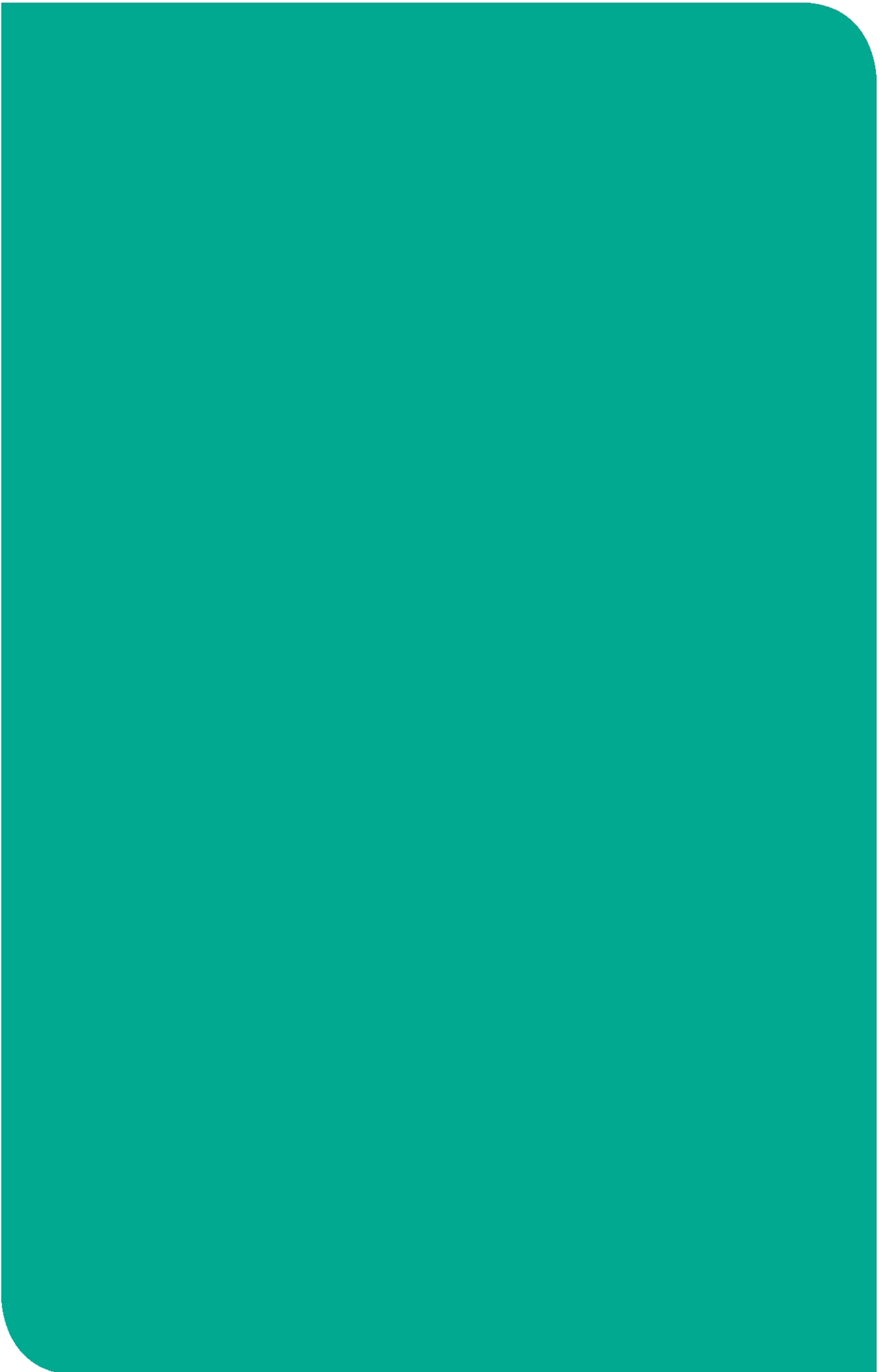
The Panel recommends that required standards should be monitored via annual Patient-led Assessments of the Care Environment (PLACE) and that PLACE should be amended to include a more detailed evaluation of the taste, flavour and presentation of hospital food.

Work has already begun with NHS England, the Health and Social Care Information Centre and the Department of Health to put these plans into action. Questions will be included that measure how well hospitals are working towards required standards.

The revised PLACE assessment will also generate information that patients can use to help them judge the quality of the food at their local hospital. This will include a clear emphasis on taste, texture and temperature, recognising how important this is to overall patient experience.

Resources

There is also a useful list of supporting documents which can be used as a resource to support organisations in meeting their food and drink policies. This is in Annex C.



Patient nutrition and hydration

Chair: Marie Batey, NHS England

'The very best nutritional care, delivered with clinical expertise, compassion and humanity, is pivotal to enabling people to stay healthy and to recover from episodes of illness. Central to this is assessing patients' needs; meeting these needs; regularly evaluating plans of care and creating the optimum environment where the best possible practice can occur.

Leadership and direction at all levels and a clear and demonstrable set of values (such as the 6Cs of Compassion in Practice) underpinning a culture of compassionate care and placing the people we care for at the heart of everything, makes a huge difference to patients, carers and to staff.

The Nutritional Care Expert Reference Group was mindful of this and has sought to bring clarity to the optimum ways of delivering high quality nutritional care.'

The Patient Nutrition and Hydration ERG focused their attention on standards relating to the food and meal service for patients. This included standards aimed at establishing good practice, improving nutritional content of meals and identifying (and solving) clinical nutritional problems. The ERG did not cover specialist or high-tech nutritional intervention beyond the provision of food and drink, but they noted the CQC registration standards and NICE Quality Standards and Clinical Guidelines, which the NHS is already required to take account of.

The ERG recognised the very wide range of health and nutritional needs that must be met. The standards they recommend reflect three main areas:

- creating the right overall environment for good nutrition and hydration
- delivering the right nutritional content within the menu
- making sure that patients' needs are properly identified and met

The group noted that the phrase 'healthy eating' can bring to mind a diet that is restricted in calories, and wanted to be clear that hospital food must support the health of all patients. Some dietitians and catering staff use the term 'eating for health' to draw out this distinction and the panel agreed that this might be helpful. 'Healthy eating' refers to the everyday diet that would benefit most people, whilst 'eating for health' describes a therapeutic diet that is tailored to the individual.

The recommended standards meet the requirements of patients who are at risk of malnutrition and need additional calories within a small portion size. This includes malnourished patients, those with eating disorders or patients undergoing chemotherapy. These patients can make up as much as one third of hospital admissions. The standards also serve those who are seeking to reduce calorie intake to manage obesity or related disorders. Patients are more likely to make changes to their diet after experiencing an acute admission, so the hospital should do all it can to help them.

Eating for Health and Healthy Eating

The NHS has a responsibility to promote good health, and the food it serves is a part of that. But what is 'healthier food'? For some, it might be fresh fruit and salads, but for the frail and underweight, it may well be a high calorie, nutritionally dense snack. The best food services can meet both those needs – whilst delivering great flavour for everyone. For patients, we are concerned about 'eating for health' whilst for staff and visitors it is important that we set an example of how to support tasty and satisfying 'healthier eating'.

Malnutrition is easily missed. To be sure that all patients get the nutritional care they need, they should be screened on admission and regularly during their stay. If necessary, a personal nutritional care plan should be implemented. Screening should follow a validated process (such as the Malnutrition Universal Screening Tool (MUST)) so that actions are properly identified and carried out. Crucially, this means that the right food is provided and that patients get all the help they need to eat and drink.

The Panel agreed the following required standards for optimal patient nutrition and hydration.

Ten key characteristics of good nutrition and hydration care (NHS England)

The 'Ten Key Characteristics' standard was developed in 2003 from a Council of Europe report. It offered an overarching set of principles that were of particular help in developing a patient-focused food and drink strategy. They were reviewed in 2015 by NHS England. The updated key characteristics are:

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. 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.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
6. 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.
7. 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.
8. All care providers to have nutrition and hydration policy centred on the needs of users, and its performance managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership

For further information visit

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

Case Study

Royal Liverpool University Hospital and the 10 Key Characteristics

Royal Liverpool University Hospital recognised that not every group of patients can be accommodated by routine meals times. Working with patients, they devised a call order service so that patients who were unable to eat at mealtimes could get food when they felt like it. The key to their success was the engagement of all disciplines and the involvement of patients. Patients responded positively and were much happier. Nursing staff reported improved patient satisfaction. The hospital applies different offers for different patient groups, with trials in gerontology and surgical wards.



RLH's Patient Meal Experience Group

Case Study

Stoke Mandeville Hospital



Every month, staff at Stoke Mandeville Hospital are offered the opportunity to taste the patient food and rate it. This has been extremely successful and has resulted in food that has not been considered “up to standard” being removed immediately. The hospital looks at patient surveys, and what the trends are in menu ordering – if a meal is unpopular they try to find out why, and if necessary replace it with a more palatable

one. The staff try all types of food offered – including texture-modified and other therapeutic diets. It is an excellent way of ensuring quality control. They plan to invite patient representatives to come in and taste the food as well.

Nutrition and Hydration Digest (British Dietetic Association)

The BDA Digest is a detailed toolkit that covers a wide audience, including hospital patients, people in care settings, recipients of community care and those in their own homes. Using the Digest will help hospitals to deliver meals of appropriate nutritional content, tailored to individual needs.

The Digest contains sections on the role of the dietitian in food service, nutritional analysis and how to ensure optimal consumption. It introduces the 'day parts' approach and covers menu design, content and capacity, cultural and therapeutic diets, dietary coding guidance, catering specifications and food service systems. It also provides an evidence document for contract tenders and specifications.

For further information visit

www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf

Case Study

Leeds Teaching Hospitals NHS Trust and the BDA Digest

At Leeds Teaching Hospitals NHS Trust a review of the patient menu on the Older Adult wards has led to smaller portions of nutritious items (providing a minimum nutritional content) at lunchtime along with easier to eat/finger food items. This has been supplemented with an afternoon tea service, providing each ward with a locally baked fresh cake (on a covered cake stand) to be served with afternoon tea. The cakes and portion sizes have been chosen so that they provide a higher energy snack, as defined in the Nutrition and Hydration Digest. Posters of the afternoon tea and the menus are available on the wards to promote this service.



Afternoon tea with the Chief Nurse at Leeds

Malnutrition Universal Screening Tool, or equivalent

Screening patients is essential to identify those patients who need specific dietary support. The ERG specified the MUST tool because of its wide applicability, but recognised that other tools are available and can be more appropriate for specific groups (eg children).

The Malnutrition Universal Screening Tool (MUST) is a validated instrument developed by the British Association for Parenteral and Enteral Nutrition (BAPEN) and is the most commonly used tool throughout the UK. It is a simple five-step method designed to identify adults at risk of malnutrition and to categorise them as being at low, medium or high risk. It can be used by all health and care workers in all care settings. It is recommended by a number of professional bodies including the RCN, the BDA and NICE.

For more information visit

http://www.bapen.org.uk/pdfs/must/must_full.pdf

Case Study

Poole Hospital NHS Foundation Trust and MUST

Debbie Thompson, Nutrition Nurse Specialist, was appointed in May 2011 and tasked with improving the Trust's MUST nutrition screening. An initial audit in June 2011 found poor compliance (24% of patients screened with 24 hours of admission), but a consistent and tireless approach has meant the latest audit showed a considerable improvement with 96% of patients now MUST screened (90% within 24 hours of admission)



Going forward

The Patient Nutrition and Hydration ERG identified a number of topics that warrant further work. These included:

- Review and possible refresh of the 10 Key Characteristics of Good Nutritional Care.
- Further consideration of the Protected Mealtimes concept.
- An exploration of the problems caused for patients by food packaging, (such as milk jiggers, butter pats and so on)
- Further work to describe and deliver excellence in texture-modified foods.
- Attention to nutritional care learning needs across the healthcare system.

The group suggested that a Nutrition and Hydration Strategy Group should be established within NHS England to take this work forward. This has been agreed and the group is expected to commence its work later this year.

Healthier eating across hospitals

Susan Jebb, University of Oxford

'Dietary habits underpin the current rising obesity rates and associated chronic diseases. Hospitals and other organisations need to support individuals in making healthier choices by the provision of healthier, tasty, affordable and sustainable options. The food and drink that is available in hospitals should complement the public health message from the NHS.'

The Healthier Eating ERG focused on the food available to staff and visitors. This included staff canteens and the wider hospital environment such as on-site shops and vending machines. They recognised that many patients would also use these facilities, but in the main, inpatient food was identified as the responsibility of the Nutritional Care Expert Reference Group.

The whole-organisation strategy for food and drink was particularly important to this group. Staff need healthier and nutritious food to support them in delivering optimal clinical care, and both staff and visitors need food services that encourage them to make healthier choices. The group was unanimous in their agreement about the public health responsibility of the NHS in this regard. If the NHS is to properly promote health as well as deal with ill-health, then it must look to the food it provides. For many staff, the food they eat at work makes up a substantial part of their daily diet and a healthier intake here can make a real difference. This is an opportunity not to be missed and the required standards will help hospitals maximise that potential health gain. Other, voluntary schemes were recognised as being of use in specific situations and the NHS is encouraged to consider how they might apply them locally.

This group was faced with the difficulties of considering food services that may not be under the direct control of the hospital (eg vending machines and on-site shops). They noted that changes in those areas were likely to take longer, but they encourage hospitals to do all they can, in partnership with their leaseholders and contractors, to make the healthier choice the easier choice. Some of the legacy work they identify concentrates on these issues.

The Healthier Eating ERG identified two required standards to apply to staff catering:

Government Buying Standard for Food and Catering Services (Defra)

This standard covers both nutritional and sustainability components. For the Healthier Eating ERG, the important points to note included:

- Promotion of a balanced diet of carbohydrates, protein, fibre, fruit and vegetables within staff canteens
- Specific targets for different meals

- Practical strategies aimed at reducing salt, saturated fat and sugar intake

For further information visit:

<http://sd.defra.gov.uk/advice/public/buying/products/food/>

Healthier and more sustainable catering principles (Public Health England)

Public Health England (PHE)'s guidance includes important nutrition principles that can be applied to staff and visitor catering. Maintaining consistency with government dietary advice is important and hence the principles use 'the eatwell plate' to frame the food-based guidance. They also support the healthier eating components of the Government Buying Standards for Food and Catering Services.

Applying these principles will help hospitals to adjust their menus so that their customers can make healthier choices, whilst still maintaining a wide range of options. Attractively prepared, tasty food will encourage people to make sound dietary decisions.

The eatwell plate

The UK's national food guide, the eatwell plate defines the government's advice on a healthy balanced diet. The eatwell plate is a visual representation of how different foods contribute towards a healthy balanced diet. It is based on the five food groups and shows how much of what we eat should come from each food group.

Public Health England encourages organisations and individuals to use the eatwell plate to make sure everyone receives consistent messages about the balance of foods in a healthy diet.



For further information, visit

<https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults>

In addition to the standards they felt should be 'required', this group recognised the following Department of Health's Responsibility Deal pledges as offering potential support, but noted that these were best considered locally.

The Responsibility Deal embodies the Government's ambition for a more collaborative approach to tackling the challenges caused by our lifestyle choices. Organisations signing up to the Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities. The following specific pledges were seen as relevant:

- Responsibility Deal – Out of Home Calorie Labelling (pledge F1)
- Responsibility Deal – Calorie Reduction (pledge F4)
- Responsibility Deal – Salt reduction including 2017 targets (pledges F5, F9 and F10)
- Responsibility Deal – Health at Work (pledge H4)

Case Study

Bolton Hospital NHS Foundation Trust and healthy eating

Hospitals can fulfil an important public health duty by promoting healthier food and restricting the availability of less healthy options. Royal Bolton Hospital worked to restrict high sugar drinks to small portion sizes of no more than 330ml. Most drinks are now light (low sugar) or diet (no sugar) options. They also removed the highest-fat content crisps and now provide only light options of no more than 120 calories, in packs no larger than 30g. They limited chocolate bars to 60g and also removed large boxes of biscuits. The changes were made in vending machines, cafes and restaurant and Royal Voluntary Service (RVS) shops and trolleys.

Case Study

South Warwickshire NHS FT's strategy for food and drink

South Warwickshire NHS Foundation Trust has taken an organisation-wide approach to food and drink, supported by the Food for Life Partnership. The Trust is embarking on a voluntary CQUIN (Commissioning for Quality and Innovation) for hospital food which covers healthier eating for staff & visitors and improving survey results for inpatient food.

For patients, the trust encourages 'Tea for two', where clinical staff take tea with patients and 'Let's do lunch', where visitors eat their lunch with the patient, in line with protected mealtimes. This has improved the patient experience, encouraged adequate consumption and decreased ward food wastage.

For staff, the increased healthier choice has resulted in much increased sales. The trust has allotment space on site and involves staff and patients in rehabilitation and gardening opportunities for health and well-being.



SWFT's staff restaurant

Going forward

Because of the particular problems faced in relation to on-site shops and vending machines, this group identified a number of topics that warrant further work. These included:

- Considering the development of an exemplar Commissioning for Quality and Innovation scheme (CQUIN⁴) for food and drink sold on hospital premises (excluding patient food) to include restrictions on less healthy food and drink and the promotion of healthier choices.
- Providing guidance to estate managers on concessions on the hospital concourse and wider use of the estate to support staff health and wellbeing.⁵
- Trial of options for healthier vending in the NHS.⁶
- Systematic review of literature on interventions to support healthier eating in the NHS workforce.⁷
- Monitoring the implementation of food standards and benchmarking NHS organisations for provision of food in hospitals.

The group suggested that an Eating for Health Strategy Group should be established to take this work forward.

⁴ The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

⁵ This will be included with the forthcoming broader guidance on the management of the healthcare estate HBN00-08

⁶ A trial is currently underway and the results are expected to be available in 2015

⁷ This work is underway and results are expected later in 2014

Sustainable food and catering services

Maya da Souza, Defra

'Hospitals are major procurers in their local areas and have the potential to shape the way our food is grown, supplied and prepared. This can be done in a way that ensures good stewardship of our agricultural land and natural resources, respect for animal welfare, avoidance of waste and obtaining wider economic and social value such as jobs and training. All this is important to the health and well-being of patients and staff.'

The NHS is a major purchaser and provider of food and drink. It is important that these purchases are made with regard to their impact on the environment and wider society.

Beyond the hospital, the NHS has responsibilities as a good corporate citizen. It should purchase food and drink wisely, offering value for money, supporting the local and national economy and acting in the interests of the tax-payer. It should have a secure and efficient supply chain and should take strong action to reduce waste it produces. An Expert Reference Group was established to look at sustainability and sustainable procurement.

The Group agreed on the topics that must be given consideration in a standard in order to take into account of these impacts. They were:

- Impacts of the farm production stage: including biodiversity, use of soils and water, animal welfare, seasonality and product traceability.
- Resource efficiency throughout the supply chain: including the use of energy, water and management of waste.
- Social value: benefits realised for wider society as a result of procurement decisions, such as the use of charitable food projects that provide opportunities for patient rehabilitation.

This Group faced the most challenges in reaching agreement on which standards should be required. This was due to the broad subject area, with differing views on the evidence, as well as a range of assurance schemes that take different approaches to the topic.

The Group worked hard to find a consensus, giving careful consideration to the extent to which these various assurance schemes should be recommended. It concluded that the Government Buying Standard for Food and Catering represented the consensus and was sufficiently comprehensive to be a required standard. It was concluded that some other assurance schemes should be given clear recognition because of their close fit to the Government Buying Standard, even if not wholly in accord with such standards, but that on the whole they should be regarded as supporting documentation to assist procurers.

In particular, the Group noted the importance of the work carried out by Defra in producing the Plan for Public Procurement Balanced Scorecard. This embeds the Government Buying Standard's minimum requirements whilst also providing a comprehensive list of evaluation

criteria which cover customer satisfaction and social economic value as well as sustainability and animal welfare. It is aimed at enabling those who manage and run catering services to procure those services and manage a contract to a high standard.

It is to the credit of the Group that everyone remained committed to the task and to keeping patient needs at the front and centre of their work. What was clear was that the NHS has access to significant support from many sources and that there is real potential here for improvement. Because of the wide range of different food and catering systems, there is no single route to a more sustainable NHS food service and a hospital-wide food and drink strategy will play a key role in helping organisations to find the solution that works for them.

The Sustainability Expert Reference Group identified two required standards:

Government Buying Standard for Food and Catering Services (Defra)

The GBS for food and catering services was first introduced in 2011 and updated in July 2014. Its criteria cover three areas of sustainable procurement:

- Foods produced to higher sustainability standards – covering issues such as food produced to higher environmental standards, fish from sustainable sources, seasonal fresh food, animal welfare and ethical trading considerations
- Foods procured and served to higher nutritional standards – to reduce salt, saturated fat and sugar and increase consumption of fibre, fish and fruit and vegetables
- Procurement of catering operations to higher sustainability standards – including equipment, waste and energy management.

Use of the GBS is mandatory for central Government, and strongly encouraged for the wider public sector. Using this standard will help hospitals fulfil their obligations as good corporate citizens, as well as supporting local food providers.

Food and Nutrition Digest (British Dietetic Association)

The BDA Digest focuses on nutritional content, but also supports a sustainable approach to catering.

In addition to the 'required' standards, the sustainability ERG recognised the value of two further schemes that could be used locally to support improvement, where appropriate. These were:

- Defra's Plan for Public Procurement and its Balanced Scorecard
 - the balanced scorecard is a tool that has been developed to enable effective procurement of food and catering services in line with the objectives of this report, and to support the delivery of the Government Buying Standard
- Soil Association's Food for Life Catering Mark – Bronze Standard
 - This is one of a number of assurance schemes that help verify compliance with the required standards. The Bronze Standard is highlighted because of the breadth of its coverage, both for nutrition and sustainability, as it incorporates several other assurance scheme and is largely (though not entirely) in line with the Government Buying Standard. The notes to the Balanced Scorecard explain the benefits of other assurance schemes

Case Study

Hull and East Yorkshire Hospitals NHS Trust and the Food GBS

Hull and East Yorkshire Hospitals NHS Trust are compliant with Government Buying Standards for Food and Catering Services (Food GBS) for patients, staff and visitors. They have delivered a meal system for inpatients, whose two weekly menu cycle exceeds the requirements of the standards in many areas. They have also developed a range of 'healthier', calorie-counted main course and dessert items in line with the Food GBS. The trust met Food GBS within existing cost by effective menu engineering. For nutritionally vulnerable patients the trust has developed a wide range of energy dense and dysphagia meals that are cooked on-site.

Hull and East Yorks Hospitals NHS Trust

hey it's healthy!

This Friday... swap your traditional Fish & Chips containing ...



923 kcal
53g fat
of which
10.08g is Saturated Fat

For ...

HEY's Healthy alternative ... Baked Fish & Chips containing only...



360 kcal
5g fat
of which
1g is Saturated Fat

Hey it's Healthy ... Helping you to make healthier choices

***Calorie Counted meals available
in participating HEY restaurants
From March 2013***

www.hey.nhs.uk

Great Staff - Great Care - Great Future

POSITIVE ABOUT
DISABLED PEOPLE

hey it's healthy!

Going forward

The sustainability group wanted to ensure that the close working relationships developed between the Department of Health and the Department for Environment, Food and Rural Affairs (Defra) were maintained. Members have become involved in ongoing work with Defra and see this as essential to delivering a joined-up strategy for food in public institutions.

This Group identified a number of specific topics that warrant further work. These included:

- Developing and trialing a procurement tool (the Balanced Scorecard) that takes on wider environmental, economic and social factors, as part of ongoing work by Defra on the Plan for Public Procurement of Food and Catering Services.
- Piloting the toolkit on public procurement (the balanced scorecard) developed by Defra. The group was of the view that this would be important in embedding good practice, and that Defra and the Hospital Caterers Association should put in place these pilots taking into account the range of systems of catering provision in hospitals, from those who provide in-house services to those that tender out their contracts.
- Considering a monitoring system for sustainable procurement, possibly using the annual Patient-Led Assessments of the Care Environment (PLACE).
- Considering the potential to strengthen the work done to reduce food waste in hospitals.⁸

⁸ The Department of Health has recently commenced a small number of pilots to explore how cost of efficiency savings can be made by NHS Trusts in the management of Estates and Facilities. One of the areas being examined is how plated food waste can be reduced

Conclusions

The challenge of implementation

The Panel was clear from the start that any required standards should be affordable.

Cost-benefit analysis was carried out on all required standards to be sure that they could be delivered at low cost, with substantial benefits.

Many hospitals are already achieving high levels of compliance with the standards, but the Panel recognised that some have further to go. However, they noted that in many cases, action in line with the required standards would actually reduce expenditure (eg in relation to food waste) whilst in other areas expenditure would be offset by cash-releasing benefits (eg in relation to reduced length of stay for patients, or improved health for staff).

The Panel recommends that implementation is measured via annual Patient-Led Assessments of the Care Environment (PLACE). This will allow hospitals to demonstrate progress towards compliance, recognising that some will achieve full compliance more quickly than others.

Making improvements

The Panel's main purpose was to identify standards for use across the NHS and to work with NHS England to embed them in the NHS Standard Contract. It has done this, and in future both commissioners and providers will be able to use these to inform their discussions.

But all members were very clear that what mattered most was that patients, staff and visitors had access to food and drink that was delicious, wholesome and acceptable to them. They wanted to leave a lasting legacy that placed taste and health at the forefront of activity. It is not enough for hospitals to deliver food that meets the letter of the standards, if its flavour and presentation are poor. To truly meet the expectations of the panel, it must taste good as well.

Many members of the Panel were already aware of Patient-led Assessments of the Care Environment (PLACE), which happen every year and which include a detailed assessment of the taste, texture and temperature of the food on offer. PLACE assessments are carried out by teams containing at least 50% patients, and so they offer a real opportunity for hospitals to understand just how their food is received – and crucially, how it might be improved.

The Panel recommends that hospitals use the information from PLACE assessments to identify areas for improvement of patient food. They suggest that the PLACE assessment be reviewed to see whether an even greater focus on taste, menu content and local acceptability might be possible for future years. This would give patient assessors an even stronger voice in holding hospitals to account for the quality of their food.

Final words

Few patients wish to be ill and in hospital. The NHS owes it to its patients to help them recover quickly, to comfort and support them in the face of chronic or terminal illness, and to make their hospital stay as pleasant as possible. Delicious, nutritious and wholesome food is an important weapon in the fight against mediocre care, but it is more than just that. The importance of food extends to its role in creating a healthier workforce, a more efficient use of money and a stronger economy. It should not be neglected, but rather acclaimed and celebrated. We must remember that to achieve this is the responsibility of us all.

Annex A:

Details of the Required Standards

Ten Key Characteristics of Good Nutrition and Hydration Care (NHS England)

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. 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.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
6. 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.
7. 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.
8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership

Nutrition and Hydration Digest (The British Dietetic Association)

The Digest covers a wide audience, including hospital patients, people in care settings, recipients of community care and those in their own homes. It provides a platform for caterers, dietitians and clinicians to speak with one voice, from a well-referenced evidence-base.

It explicitly covers the dietitian's role within food and beverage services, with a focus on ensuring optimal consumption of appropriate and enjoyable meals, snacks and drinks throughout the day.

Menu planning advice includes: design and structure; content and capacity, based on a 'day parts' approach; nutritional analysis; guidance on common dietary categories, terms and coding to support patients from nutritionally vulnerable to nutritionally well. It also covers texture modification, cultural and therapeutic diets.

The Digest outlines the value of dietetic input to other multidisciplinary issues, for example to enable improved practices around waste management and sustainability.

It provides a definitive approach for collective good practice when developing nutrition and hydration policy, setting, delivering and monitoring food and beverage service standards and provides a universal evidence document for catering tenders and specifications.

Malnutrition Universal Screening Tool (British Association of Parenteral and Enteral Nutrition)

The 'Malnutrition Universal Screening Tool' ('MUST') is a validated nutrition screening tool developed by the British Association for Parenteral and Enteral Nutrition (BAPEN) (www.bapen.org.uk) and is the most commonly used tool throughout the UK. It is a simple five step tool designed to identify adults at risk of malnutrition and to categorise them as being at low, medium or high risk of malnutrition. It can be used by all health and care workers in all care settings. 'MUST' is supported and/or recommended by a number of professional bodies including the RCN and the BDA and government bodies such as NICE.

Government Buying Standards for Food and Catering Services (Defra)

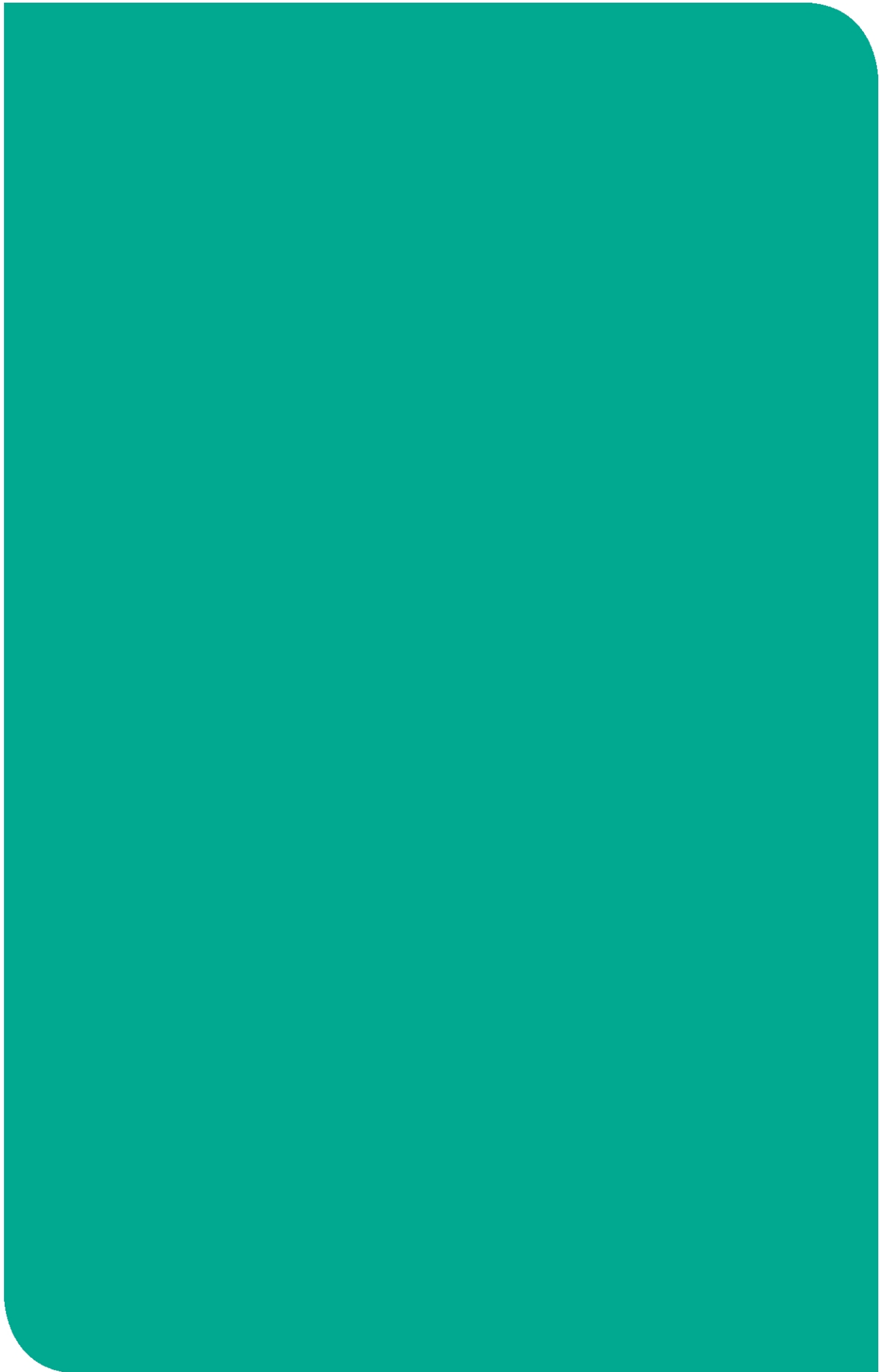
The GBS for food and catering services was first introduced in 2011 and updated in July 2014. Its criteria cover three areas of sustainable procurement:

1. Foods produced to higher sustainability standards – covering issues such as a food produced to higher environmental standards, fish from sustainable sources, seasonal fresh food, animal welfare and ethical trading considerations;
2. Foods procured and served to higher nutritional standards – to reduce salt, saturated fat and sugar and increase consumption of fibre, fish and fruit and vegetables; and
3. Procurement of catering operations to higher sustainability standards – including equipment, waste and energy management.

Use of the GBS is mandatory for central Government, and strongly encouraged for the wider public sector. As part of the Plan for Public Procurement, a 'balanced scorecard' tool has been produced to assist procurers in applying the GBS when assessing tenders for contracts and in managing existing contracts, and to help suppliers understand government requirements, and an electronic portal to help put public sector buyers and potential food and catering suppliers in touch with each other. Training modules in sustainable procurement are also available to support it."

Healthier and More Sustainable Catering guidance – Nutrition principles (staff and visitor catering only) (Public Health England)

The nutrition principles document summarises government healthier eating messages and associated food based standards. It also sets out scientific principles for developing nutrient based standards for planning nutritionally balanced menus and illustrates this by providing nutrient-based standards for adults. The nutrition principles document underpins PHE's toolkits which provide practical advice and information for caterers, and procurement managers and those who commission food and catering services to work towards best practice catering, improving the nutritional quality of the food provided to meet the nutrient needs of those they cater for and to reducing the environmental impact of their catering services. It provides detail on how to improve the nutrient content and sustainability of their menus and how to provide a healthier, more sustainable food provision and it also includes example menus meeting specified nutrient standards. The toolkits and PHE's supporting tools also fully support achieving Food GBS.



Annex B:

Terms of Reference for the Hospital Food Standards Panel

General

Hospital food and patients

1. Nutritional care is an essential component of treatment and recovery. Under nutrition and dehydration pose a particular risk to vulnerable groups and where possible should be detected early and as far as possible prevented whilst under a hospital's guardianship.
2. Food and drink are also important in helping patients retain choice and control in an environment that can be deeply alienating. Food and beverages should be appetising and clinically appropriate. It should meet social and cultural expectations and should be packaged and presented so that patients can access, eat and enjoy it.
3. The highest priority should be placed on delivery of the best nutrition and hydration outcomes for all patients, for both for the nutritionally well and the nutritionally vulnerable – for all patients the aim is to ensure they are able to eat and drink to maintain or improve their own good health.

Hospital food and other consumers

4. Less than half of all food served in hospitals is eaten by patients. A good choice of healthier, tasty food is important for the well-being of staff and visitors and supports wider public health actions. Too often, choice (especially at night) is limited to unhealthy snacks.

Hospital food and wider society

5. Hospitals are significant purchasers of food and so their actions have a direct impact upon farmers and animal welfare, and the wider environmental impact of CO₂ emissions and power and fuel consumption. Strong, sustainable procurement practices can contribute to improved economic stability. Careful management of food waste can also support a better environment.

The work of the Hospital Food Standards Panel

6. Whilst recognising that NHS providers are autonomous organisations, there remain too many variations in the standard of hospital food across the NHS. A broad flexible framework of food standards is required to address nutrition, healthier eating (for staff, visitors and patients as appropriate), local and sustainable procurement, food waste and animal welfare. The Hospital Food Standards Panel (the Panel) has been formed under the instruction of the Parliamentary Under Secretary of State (Health) (PS(H)) to address these topics.

Purpose

7. The purpose of the panel is to support policy development, working closely with the Department of Health and NHS England to agree practical actions that can deliver genuine improvements.

8. The main activities of the Panel are:
 - a. To examine existing food standards covering nutritional content of patient meals, healthier eating (for staff, visitors and patients as appropriate), local and sustainable procurement, food waste and animal welfare, and to identify:
 - standards that can be recommended for use in the NHS;
 - standards that can be endorsed as good practice;
 - standards that are for local decision.
 - b. To secure commitment for implementation by NHS Providers.
 - c. To discuss and advise upon the broader hospital food agenda, including the links with good nursing care, and all staff within an organisation so that respecting (or valuing) hospital food is seen as part of everyone's job.
 - d. To consider how patients' nutrition and hydration needs can be best identified and addressed.
 - e. To consider how the standards that patients, staff and the public should expect are addressed.
 - f. To share good practice.
9. The Panel may, at the Chair's discretion, establish expert reference groups or special interest seminars to seek the advice of a wider range of experts.
10. To ensure progress and momentum, on occasion panel members will be required to respond to actions outside of the panel meetings.

Reporting and governance

11. The Panel Chair will report directly to the policy sponsor, PS(H). Final decisions of the Panel will be at the discretion of the Chair. The Panel will be informed by expert reference groups, with a DH internal project team providing secretariat and project management support.

Annex C: Supporting Documents

Social Value Act 2012

<http://www.legislation.gov.uk/ukpga/2012/3/enacted>

Assurance Standard

Assurance Scheme Guidance <http://sd.defra.gov.uk/documents/GBS-hospitals-guidance.pdf>

Ten Key Characteristics Supporting Factsheets

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59865>

The Hospital Caterers Association:

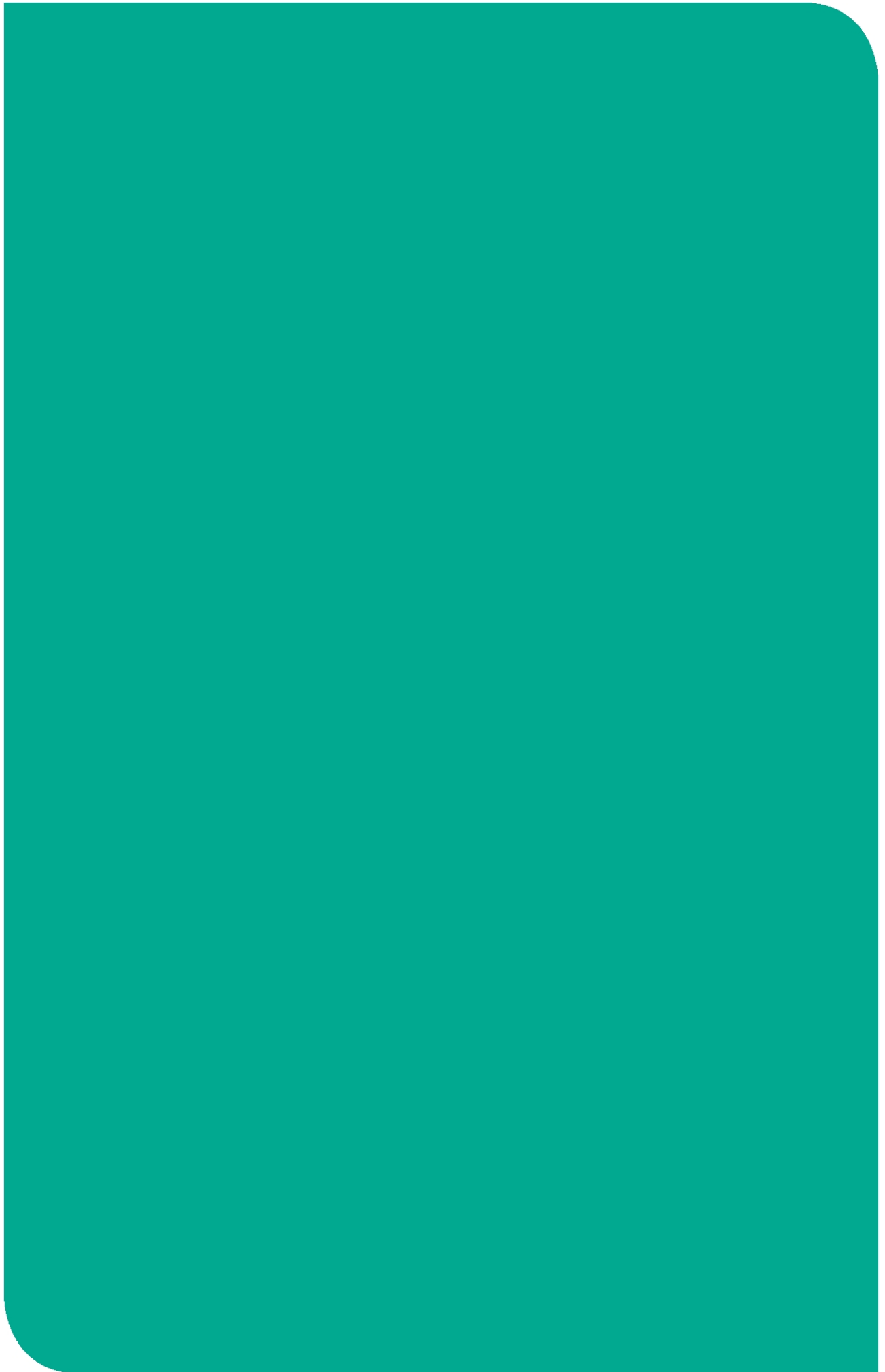
A Good Practice Guide to ward level services – Healthcare Food and Beverage Service Standards

<http://www.hospitalcaterers.org/publications/>

Public Health England:

Healthier and more sustainable catering guidance and supporting tools

<https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults>



Acknowledgements

We would particularly like to thank the following people for their involvement in making this report happen:

- Marie Batey, Nursing Directorate NHS England
- Susan Jebb, University of Oxford
- Richard Cienicala, formerly DH
- Maya de Souza, Defra
- All members of the Hospital Food Standards Panel and the associated Expert Reference Groups

The Hospital Food Standards Panel had members representing the following organisations:

Professional organisations

- Professor Terence Stephenson, Academy of Medical Royal Colleges
- Anne Donelan, The British Dietetic Association
- Andy Jones, Hospital Caterers' Association
- Shirley Cramer CBE, Royal Society for Public Health
- Lyn McIntyre MBE, Royal College of Nursing

Healthcare organisations

- Liz Evans, Buckinghamshire Healthcare NHS Trust
- Karen Wilson, Care Quality Commission
- Dr Katherine Rake OBE, Healthwatch England
- Catherine Thompson, NHS England
- Marie Batey, Nursing Directorate, NHS England

Charitable organisations

- Ruthe Isden, Age UK
- Dame Gill Morgan DBE, Alzheimer's Society
- Joanna Lewis, Soil Association
- Alex Jackson, Sustain⁹

⁹ Sustain chose to withdraw from the Panel after the second meeting.

Other organisations

- Paul Freeston, Apetito
- Maya D'Souza, Department for the Environment, Food and Rural Affairs
- Lorna Hegenbarth, National Farmers Union
- Susan Jebb, University of Oxford
- Gill Buck, Dignity in Care Panel

The Panel also had one member attending in a private capacity to give the view of patients/users – Betty Smithson

The Hospital Food Standards Panel was supported by Expert Reference Groups for patient nutrition and hydration, healthier eating across hospitals, sustainable food and catering services.

The Nutritional Care Expert Reference Group had members representing the following organisations:

Professional Organisations

- Brian Dow, Academy of Medical Royal Colleges
- Andy Jones, Hospital Caterers' Association
- Lyn McIntyre MBE, Royal College of Nursing
- Dr Jeremy Nightingale, Royal College of Physicians
- Helen Ream, Food Counts

Healthcare Organisations

- Liz Evans, Buckinghamshire Healthcare NHS Trust
- Andrea Evans, Derby Hospital NHSFT
- Wendy Ling Ralph, East Kent Hospitals University NHSFT
- Jan Sensier, Staffordshire Local Healthwatch
- Jill Venables, Hull and East Yorkshire NHS Trust
- Marie Batey, Nursing Directorate,, NHS England
- Helen Ream, Nottingham University NHS Trust
- Karen Wilson, Care Quality Commission
- Caroline Lecko, NHS England
- Ivy Wong, NHS CCG
- Louis Levy, Public Health England
- Carol Hardy, Royal Derby Hospital

- Cathy Forbes, SEPT Community Health Services

Charitable Organisations

- Geraldine Green, Alzheimer's Society
- James Fitzpatrick, Coeliac UK
- Diana Hawdon, Soil Association

Other Organisations

- Gill Buck, Dignity in Care Panel
- David Gleadell, Sodexo
- Helen Willis, Apetito

The Group also had two members attending in a private capacity to give the view of patients/users – Betty Smithson and Michael Seres

The Healthier Eating Expert Reference Group had members representing the following organisations:

Professional Organisations

- Professor Terence Stephenson, Academy of Royal Colleges
- David Sloan, Royal College of Physicians
- Shirley Cramer CBE, Royal Society for Public Health
- Eileen Steinbock, Food Counts
- Howard Cartledge, Hospital Caterers Association

Healthcare Organisations

- David Evans, Birmingham and Solihull NHSFT
- Carol Anderson, Mid Essex CCG
- Ruth Warden, NHS Employers
- Kay Mulcahy, Nottinghamshire Healthcare
- Dame Carol Black, Nuffield Trust
- Dr Thomas Kelly, Oxford University Hospital NHS Trust
- Howard Cartledge, Pennine Acute Hospitals NHS Trust
- Melanie Farron-Wilson, Public Health England
- Jenny Godson, Public Health England

Charitable Organisations

- Kathryn Miller, Coeliac UK
- Joanna Lewis, Soil Association

Other Organisations

- Gary Bickerstaffe, Bolton Local Authority
- Eileen Steinbock, Brakes
- Simon Turpin, Medireal
- Susan Jebb, University of Oxford

The Sustainability Expert Reference Group had members representing the following organisations:

Professional Organisations

- Anne Donelan, The British Dietetic Association
- Phil Shelley, Hospital Caterers' Association

Healthcare Organisations

- Tracy Yole, East Leicestershire and Rutland CCG
- Pat Quirke, ISS Facility Services Healthcare
- Stephanie Gibney, NHS Supply Chain
- John Hughes, Carillion, Nottingham University Hospital
- William McCartney, Sussex Partnership NHSFT

Charitable Organisations

- Susannah McWilliam, Soil Association
- Alex Jackson, Sustain¹⁰

Other Organisations

- Tony Goodger, Agriculture and Horticulture Development Board
- Paul Freeston, Apetito
- Mark Lovett, Apetito
- Dr David Barling, City University, London
- Maya DeSouza, Department for Environment, Food and Rural Affairs
- Terri Jeffs, Department for Environment, Food and Rural Affairs

¹⁰ Sustain chose to withdraw from the Group.

- Paul Bleazard, Department for Environment, Food and Rural Affairs
- Andrew Kuyk, Food and Drink Federation
- Lorna Hegenbarth, National Farmers Union
- Cathy Rouse, NCB Foodservice Ltd
- Stephen Holder, Sodexo
- Eleanor Morris, WRAP



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