

Consultation on Proposed Options to Improve and Assure the Nutritional Standards of Food in Hospitals

March 2016

This document invites your views on proposed options to improve and assure the nutritional standard of food in NHSScotland hospitals, including the option to place nutritional standards for food in NHS hospitals on a statutory footing. By statutory footing, we mean establishing minimum, legal standards which NHS Boards in Scotland have to achieve in terms of the nutritional content of the food served to hospital patients.

In addition, we are also consulting on whether to introduce non-legally binding standards for NHS hospital catering, and whether those standards for catering relating to NHS hospital patients should be based on the food-based and menu planning criteria as set out in *„Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland’* (2016). At present NHS Boards are expected to follow this guidance though are not obliged to meet any mandatory criteria based on it. This document is published by Scottish Government and produced by Health Facilities Scotland, a division of NHS National Services Scotland.

The four options proposed in this consultation are to:

1. Define nutritional standards, based on criteria set out in the *„Food in Hospitals’* guidance, and place those standards for food provided to patients in NHS hospitals on a statutory footing. Scotland would become the first nation in the UK to place these standards on a statutory basis. This option would provide legal, minimum standards which every NHS Board would have to achieve and maintain. Consideration would have to be given to how adherence to the legislation would be monitored and enforced, and whether an independent scrutiny regime would be required.
2. Develop standards based on *„Food in Hospitals’* guidance and establish a new, independent scrutiny regime that specifically monitors the nutritional standard of food in NHS hospitals. This option would differ from option one as nutritional standards **would not be placed on a statutory footing**. Improvements could be yielded if standards of nutrition for food in NHS hospitals were targeted for specific monitoring. The legislative option would remain open if improvements were not made.
3. Strengthen existing Health Facilities Scotland and NHS Board audit and monitoring of the nutritional standards of food served to patients in NHS hospitals based on *‘Food in Hospitals’* and ensure existing arrangements to improve and assure these. Non-compliance would continue to be corrected through the current policy of co-operation, guidance and support.

4. Maintain the status quo, NHS Boards will continue to self-assess their adherence to the refreshed guidance set out in „*Food in Hospitals*’. Health Facilities Scotland would continue to publish 6 monthly audit reports based on the self-assessments provided to them by the NHS Boards.

This consultation will also ask whether it is appropriate to develop catering standards to improve overall quality of food presented to patients for NHS Scotland. Health Facilities Scotland (HFS) currently produce catering guidance to provide Boards with practical advice on menu planning and the suitability of food choices for different dietary needs. However, no standards currently exist to govern characteristics of food served to patients in hospitals, such as how the food has been cooked, its temperature or when it is served. It is important to acknowledge that these characteristics or quality of food served may defy precise definition, and the consultation will ask whether it would be possible to produce relevant catering standards that would be workable in practice.

We would be grateful if you would use the attached consultation questionnaire provided to tell us your views on key issues and potential options, as this will aid our analysis of the responses received.

Audience

Anyone may respond to this consultation exercise. In particular, the Scottish Government would like to hear from all parties with an interest in the production, procurement, preparation and planning of food in hospitals and other health and social care and public sector settings. It is also imperative to hear from patients themselves, families and carers, the wider public and staff working in NHS Scotland. A provisional list of consultees is included at the end of consultation document.

Equality Impact Assessment

If legislation is introduced to regulate the nutritional standards of food in hospitals, it may have implications on protected equality characteristics. The Scottish Government has a statutory duty to consider these implications, in relation to their potential impact on the characteristics of:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race and ethnicity
- Religion or belief
- Gender
- Sexual orientation

This consultation poses questions in relation to this to help determine any potential impact.

Business and Regulatory Impact Assessment

If legislation is introduced to regulate the nutritional standards of food in hospitals, there may be cost implications for those with commercial interests in its procurement and preparation. This consultation poses questions in relation to this to help determine any potential impact.

Duration

This consultation starts on 22 March 2016.

This consultation closes on 13 June 2016.

This constitutes a period of 12 weeks, and fulfils the Scottish Government commitment to provide consultees with this minimum period to respond to any consultation exercise.

Responsibility for this consultation

The Chief Nursing Officer Directorate of the Scottish Government is responsible for this consultation. If you have any queries about the consultation, please contact the team on either fihc@gov.scot or 0131 244 5997.

Food in Hospitals Background and Rationale

Setting the scene

Our ambition is for all patients being cared for in NHS Scotland hospitals to receive food that reflects their nutritional needs and meets established nutritional standards. Although we have made progress in driving up the standard of food in hospitals, concerns continue to be voiced that, on occasion, the quality of food provided to patients in hospitals still falls short of acceptable standards. On 17 November 2014, the then Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, announced that the Scottish Government would consult on whether nutritional standards for food in hospitals should be placed on a statutory footing. The Scottish Government's Programme for Government 2014-15 „*One Scotland*“ reiterated this commitment: „We will take forward a consultation on whether nutritional and catering standards in hospital should be placed on a statutory footing“.

This commitment forms part of the Scottish Government's wider 2020 Vision for Health and Social Care in Scotland. Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. As part of this the Scottish Government's „*Healthcare Quality Strategy for NHSScotland*“ (2010)¹ set out our drive to have a „person-centred“ approach which includes the ambition to have “mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values which demonstrate compassion, continuity, clear communication and shared decision-making.” It is this

¹ Scottish Government, *The Healthcare Quality Strategy for NHSScotland*, May 2010. Available at <http://www.gov.scot/Resource/Doc/311667/0098354.pdf>

approach and ambition that is driving our aim to further improve the nutritional standard of food to patients in NHS hospitals.

Actions to further improve hospital food are being taken forward in the context of the Scottish Government's wider overarching national food and drink policy, Scotland's „*National Food and Drink Policy; Becoming a Good Food Nation*“. This policy states that Scotland should become a Good Food Nation, a Land of Food and Drink not only in what we as a nation produce but also in what we buy, serve and eat. The Scottish Government wants food to be a key part of what makes the people of Scotland proud of their country - food which is both tasty to eat and nutritious, fresh and environmentally sustainable. It sets out a 2025 vision for what we as a country should be aiming to achieve in which food served in hospitals, schools and elsewhere is seen as a high priority.

If nutritional standards for food in hospitals were to be put on a statutory footing it would reflect similar efforts by the Scottish Government to improve the health and wellbeing of the nation by providing more nutritious food for children in schools as part of the *Schools (Health Promotion and Nutrition)(Scotland) Act 2007*.² This Act ensured that nutritional standards were developed for school meals.

The Importance of High Quality Nutrition and Food Provision in Hospitals It has been increasingly recognised that the provision of food of high nutritional quality to patients in hospitals constitutes an important aspect of clinical care. Significant proportions of the hospital population are likely to be undernourished on admission. Maintaining the nutritional health of patients is further impacted by the fact that patients who are ill in hospital may have reduced appetites or an impaired ability to eat³.

Published in February 2014, a British Association for Parenteral and Enteral Nutrition (BAPEN) report revealed that overall, malnutrition affected 24% of adults on admission to hospital in Scotland. While this was lower than the UK as a whole (29%) and lower than any of the other nations of the UK, it provided an indication of the prevalence of the problem. The report was based on amalgamated data from hospitals in Scotland that participated in four Nutrition Screening Week Surveys (NSWs) undertaken between 2007 and 2011⁴.

There is also evidence that the treatment of malnutrition imposes significant annual costs on the NHS. BAPEN estimated that, in 2007, public expenditure on malnutrition in the UK was £13 billion. The National Institute for Clinical Excellence

² Scottish Government, *Schools (Health Promotion and Nutrition)(Scotland) Act 2007*. Available at: <http://www.gov.scot/Topics/Education/Schools/HLivi/foodnutrition>

³ Health Facilities Scotland. 'Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland', 2016. <http://www.hfs.scot.nhs.uk/publications-/>

⁴ British Association for Parenteral and Enteral Nutrition (BAPEN), *Nutrition Screening Surveys in Hospitals in Scotland, 2007-2011* [BAPEN publication, February 2014; available at <http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-scotland.pdf>] Malnutrition defined as reporting as medium to high risk according to the Malnutrition Universal Screening Tool (MUST)

(NICE) also estimated that better nutritional care represented the fourth largest potential cost saving to the NHS in England and Wales⁵.

NHS Scotland is also in a unique position to positively influence healthy eating practices in wider society. Given hospital patients may not always follow healthy eating principles in the home or community setting, it is important for hospitals in Scotland to be exemplars of high quality nutrition. The ambition would be that patients could then sustain their healthy eating experiences when they leave hospital. However, depending on an individual's nutritional status, it may be necessary for hospitals to offer meals which may appear to contravene healthy eating guidance. For example, some patients, based on clinical needs or nutritional assessment, require a high calorie diet as part of their recovery which is why NHS Boards make high energy meals available to patients. Menu options that follow healthy eating principles should be available for other patients.

The Scottish Dietary Goals describe, in nutritional terms, the diet that will improve and support the health of the Scottish population. They are also intended as a strategic reference point for organisations and stakeholders whose actions can influence Scotland's national diet. As a key public sector institution, NHS Scotland has a role to play to support people to eat healthier⁶. „*Recipe for Success: Scotland's National Food and Drink Policy*“ also identifies the NHS as having enormous symbolic importance for society's wider expectations when it comes to food. The NHS should therefore be ambitious in providing affordable access to good nutrition⁷.

Standards governing nutritional care

Standards governing the provision of food, fluid and nutrition in hospitals have existed in Scotland since October 2002, when NHS Quality Improvement Scotland (QIS) published „*Clinical Standards for Food, Fluid and Nutritional Care*“. The need for standards was identified following the publication of audit data on malnutrition in hospitals. It was recognised that improvements were necessary in the recognition of malnutrition, in the quality of hospital catering, and in the implementation of a strategic and coordinated approach to food, fluid and nutritional care within NHS Boards. QIS revised these standards in September 2003⁸. In 2013, the Scottish Government commissioned Healthcare Improvement Scotland (HIS) (formerly QIS) to refresh these standards to make sure they reflected up to date evidence and

⁵ BAPEN, *Malnutrition Matters: Meeting Quality Standards in Nutritional Care* [BAPEN publication, May 2010; available at http://www.bapen.org.uk/pdfs/bapen_pubs/bapen-toolkit-for-commissioners-and-providers.pdf]

⁶ Scottish Government, *Revised Dietary Goals for Scotland* [Scottish Government publication, May 2013; available at <http://www.gov.scot/Resource/0042/00421385.pdf>]

⁷ Scottish Government, „*Becoming a Good Food Nation – Recipe for Success: Scotland's National Food and Drink Policy*“ [Scottish Government publication, June 2014; available at <http://www.gov.scot/Resource/0045/00453219.pdf>]

⁸ Information available from Healthcare Improvement Scotland (HIS), *Food, Fluid and Nutritional Care Standards* [Healthcare Improvement Scotland Publication, October 2014; available at http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/nutritional_care_standards.aspx]

guidance. HIS published the updated „*Food, Fluid and Nutritional Care Standards*“ in October 2014.

The scope of the HIS standards extend to both community and acute hospitals, and standard 3 („Planning and delivery of food and fluid in hospital“) and standard 4 („Provision of food and fluid to patients in hospital“) apply specifically in this setting⁹.

In December 2015, HIS also published „*Complex Nutritional Care Standards*“ which are designed to complement the existing „*Food, Fluid and Nutritional Care Standards*“. These standards were developed to cover individuals with particular nutritional requirements. The nutritional requirements of some people cannot be met by the usual oral route, even with extra help at mealtimes or by the prescription of simple oral nutritional supplements. Under these circumstances additional help is sometimes required, either by feeding by a tube into the gut, or through a line placed into a vein. Techniques that involve tubes or lines constitute „complex nutritional care“¹⁰.

Standards governing hospital food

It was recognised that NHS Boards required some support to implement standards for food, fluid and nutritional care, and in 2008 Scotland became the first nation in the UK to publish standards for nutrient and food provision for patients in hospital. „*Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland*“ (2008), produced by Health Facilities Scotland (HFS), sets nutrient, food-based and menu planning guidance for food in hospitals. It also provides practical guidance and suggestions on how these standards can be met. These specifications were developed to support NHS Boards in implementing the HIS „*Food, Fluid and Nutritional Care Standards*“. Specifically, HIS standards 3, 4 and 5 that encompass **planning and delivery of food and fluid in hospital**, **provision of food and fluid to patients in hospital**, and **patient information and communication about their food, fluid and nutritional care**.

At the request of the Scottish Government, HFS has recently refreshed its „*Food in Hospitals*“ guidance to reflect the most current scientific and international based evidence available. Published on 22 March 2016, the document provides „essential criteria“ for the provision of nutrients to hospitalised adults. These criteria differ in the recommendations they make for „nutritionally well“ and „nutritionally vulnerable“ hospital patients. „Nutritionally well“ patients are defined as patients with dietary needs in line with those of the general healthy population. „Nutritionally vulnerable“ patients are defined as patients who:

⁹ HIS standard 3 refers to the „Planning and delivery of food and fluid in hospital“ and standard 4 refers to the „Provision of food and fluid to patients in hospital“. Full details are available from HIS, *Food, Fluid and Nutritional Care Standards*

¹⁰ Information available from HIS, *Complex Nutritional Care Standards* [HIS publication, December 2015; available at http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/complex_nutrition_standards.aspx]

- are admitted to hospital undernourished
- have preceding, unexplained or unintentional weight loss
- have physical difficulty eating and/or drinking
- have acute or chronic illness affecting appetite and food intake
- have cognitive or communication difficulties
- have increased nutritional requirements
- require the texture of food and/or fluid to be modified
- have an increased length of stay.

The full „essential criteria“ for the provision of nutrients are available in Annex A of this document.

This consultation will ask whether minimum legal standards should be set that require NHS Boards in Scotland to have to achieve standards of the nutritional content of the food served to NHS hospital patients based on guidance set out in the refreshed '*Food in Hospitals*'. This would be similar in approach to requirements currently set for nutrition in schools. The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 imposes duties on education authorities and managers of grant-aided schools to ensure that all food and drink provided in schools complies with nutritional requirements specified by Scottish Ministers in regulations. Furthermore, there is additional guidance set out in '*Healthy Eating in Schools*' which assists schools with food and menu preparation.¹¹

Children's Hospitals

The nutrition provided to children in hospital has to be tailored to age-specific needs, as well as any special dietary requirements. Provision of adequate food choice as well as the provision of food which is familiar are additional important considerations. Children have the capacity to become nutritionally compromised more quickly than adults, which can result in decreased immune function and an associated susceptibility to infections. This has the potential to result in increased length of hospital stay¹².

However, notwithstanding this, the mean length of hospital stay for children is two days. This differs from the adult population, who on average are admitted for a longer period. Children-specific hospital menus can, for the most part, therefore follow general healthy eating principles. However, menus also have to be sympathetic to the dietary needs for longer term admissions and those children who are subject to repeat admissions.

A recent Action for Sick Children Scotland (ASCS) survey examined parent and carer experiences of mealtimes and children's food in hospital. It also looked at NHS

¹¹ Scottish Government, *Healthy Eating in Schools* (2008). Available at: <http://www.gov.scot/Publications/2008/09/12090355/0>

¹² Health Facilities Scotland. '*Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland*', 2016.

Boards" catering and dietetic procedures and policies governing the provision of food for children in hospital. The survey, while recognising many areas of good practice across the majority of NHS Board areas, found areas of children's food provision where there was room for improvement.

In particular, the ASCS survey reported some dissatisfaction with the presentation of the food, and with the lack of adequate support for special diets, age-specific nutrition and appropriate food choice¹³.

HFS" refreshed Food in Hospitals specification includes specific guidelines for children's food. This includes nutrition criteria for particular age groups, and guidance on appropriate portion sizes and kitchenware. The criteria were produced using input from experts in the field of diet and nutrition.

Private Hospitals Providing NHS Treatments

At present Private Hospitals funded to provide NHS treatments on behalf of the NHSScotland do not provide audit and monitoring reports to HFS on the nutritional standards of hospital food and are not covered by the existing '*Food in Hospitals*' guidance. At this time this consultation is not seeking to include Private Hospitals under the current options. However, Question 5 does seek to find out whether respondents consider that Private Hospitals providing NHS Treatment should be incorporated in any outcome of this consultation.

Current monitoring arrangements

Monitoring of food in hospitals guidance

Since 2009, NHS Boards have self-assessed their adherence to '*Food in Hospitals*' and report their findings to HFS who publish 6 monthly reports on the Boards' abilities to comply with the guidance. There is currently no independent inspection process in place to scrutinise NHS Boards' compliance with the '*Food in Hospitals*' guidance. The last published audit based on self-assessments returned by NHS Boards, January to June 2015, revealed 96.5% compliance to the guidance across Scotland. In comparison, compliance in January to June 2010 was 90.5%.

Health Facilities Scotland is currently reviewing how NHS Boards assess themselves against the guidance and whether any additional processes, such as peer and/or public review, are needed to best assure compliance, as it has been suggested that an independent means of inspection would be more advantageous. This will include aspects on menu planning, delivery, service and patient mealtime experience. As part of this process NHS Boards will be required to provide more robust evidence to support their returns. The revised framework will be developed in the context of

¹³ Action for Sick Children Scotland (ASCS), *Food in Hospitals Survey 2015* [Action for Sick Children Scotland publication, 2015; available at http://www.ascscotland.org.uk/upload/file/Reports/ASCS_Food_in_Hospital_Surveys_2014_15-Findings.pdf]

wider work to monitor and assure the quality of food, fluid and nutritional care of patients in hospitals.

Monitoring of wider nutritional care

Since February 2012, the HIS „*Food, fluid and nutritional care*“ standards have been inspected against as part of the Care of Older People in Acute Hospitals (OPAH) inspection programme. HIS review NHS boards against a range of standards, best practice statements and other national documents relevant to the care of older people in acute hospitals. This includes appropriate nutritional care and hydration, and the OPAH inspectors make reference to the „*Food in Hospitals*“ guidance in their reports. When HIS inspectors identify concerns, they require Boards to produce and urgently implement an action plan to assure any issues are addressed.

However, it is important to emphasise that the HIS OPAH inspections scrutinise nutritional care rather than the provision of nutritious food. This involves aspects of patient care such as nutritional screening to determine a patient's risk of malnutrition, and nutritional assessment to record any special dietary requirements, food allergies or any assistance the patient needs. The nutritional content of food provided to older people in acute hospitals is not reviewed as part of the OPAH inspections.

Wider work

„*Food in Hospitals*“ and the „*Food, Fluid and Nutritional Care Standards*“ are not the only programmes being undertaken to improve food provision in NHS Scotland's hospitals. Instead, they form an important component of a wider approach to improving nutrition and nutritional care.

Part of this wider approach is providing a key focus on preventing malnutrition. That is why the Scottish Government arranged a Malnutrition Summit in May 2015, which reiterated the importance of food in community health and social care. The event produced several recommendations on addressing malnutrition in the community, including that Integrated Joint Boards understand and build on existing infrastructures to tackle local needs¹⁴.

The Health Promoting Health Service (HPHS) is the national programme for health improvement action in hospital settings across NHS Scotland. HPHS aims to create hospital settings that enable and promote good health through a range of actions that influence the physical hospital environment, enhance the clinical care of patients and support NHS staff health and wellbeing. HPHS also recognises that every healthcare contact is a health improvement opportunity.

NHS Scotland hospitals are in a unique position to give patients - who may not practice healthy eating principles outside the hospital environment – the opportunity

¹⁴ Scottish Government, *Malnutrition Summit May 2015* [Scottish government publication, May 2015; available at <http://www.communityfoodandhealth.org.uk/wp-content/uploads/2015/11/malnutrition-summit-report.pdf>]

to experience and eat nutritious, healthy food. The ambition would be that this encourages the continuation of healthy eating practices into the community.

Under the Health Promoting Health Service initiative, the Scottish Government has recently launched the Healthcare Retail Standard – a set of criteria that retailers operating in healthcare buildings are required to follow to ensure that 50% of the food and 70% of the drinks for sale are healthier. Retailers have until 31 March 2017 or when their contract is renegotiated to make the changes.

At the same time, caterers in healthcare buildings are also required to adhere to the Healthy Living Award Plus criteria. The Healthy Living Award is a national award applicable to the food sector in Scotland. The award criteria are based on the general principles of a healthy balanced diet, and have been developed to be consistent with Scottish Government dietary goals. The goals describe, in nutritional terms, the diet that will improve and support the health of the Scottish population¹⁵.

Legislative Background

Food safety in Scotland is governed by laws and guidance, such as the Food Safety Act 1990, that cover a broad range of areas including food production, processing, packaging and labelling.¹⁶ Details on legislation covering food safety can be found in Annex D.

Should the consultation outcome support placing nutritional standards for food in hospitals on a statutory footing, it is likely that an enabling power would need to be provided for first, in primary legislation, under which regulations could then be made. Any such proposal would be subject to the scrutiny and approval of the Scottish Parliament before it could take effect.

Catering Standards

The Scottish Government is seeking views on whether to develop catering standards for the NHS in Scotland. „*Food in Hospitals*“ establishes menu planning and food based guidance to assist hospitals achieve the nutrient criteria identified in Annex C. The menu planning guidance establishes minimum expectations in terms of the provision of adequate choice of meals in hospitals, as well as some necessary characteristics of those meal. The food based guidance establishes minimum expectations in terms of the provision of foods known to contribute to a diet of good nutritional quality. Full details of both the menu planning and food based guidance are included in Annex B and Annex C. „*Food in Hospitals*“ also takes account of therapeutic diet provision for individuals with particular dietary requirements.

¹⁵ Scottish Government, *Revised Dietary Goals for Scotland* [Scottish Government publication, May 2013; available at <http://www.gov.scot/Resource/0042/00421385.pdf>

¹⁶ Information available from Food Standards Scotland (FSS) at <http://www.foodstandards.gov.scot/food-safety-standards/regulation-and-enforcement-food-and-feed-law>

Criteria for the following diets is provided:

- Higher energy and nutrient-dense
- „Healthier Eating“
- Allergen-free
- Gluten-free
- Texture modified
- Diets for renal disease
- Diet suitable for people with neutropenia
- Monoamine Oxidase Inhibitors (MAOI) diet

Provision is also given for special and personal diets, including for religious and cultural reasons.

The Scottish Inpatient Patient Experience Survey 2014 indicated that the majority of hospital patients, a total of 68%, were happy with the food they received and an even greater proportion with the drinks provided. That said, a substantial percentage of hospital patients reported a negative experience of the food served (20% were not happy with the food they had received). If the food presented to patients appears unappetising then it is likely to preclude full enjoyment of the meal, and have an associated negative effect on intakes and nutrient provision. However, there was considerable variation between NHS Boards in terms of this response. Across all Boards, patients reported a positive response rate of between 53% and 89% to the question „I was happy with the food/meals I received“¹⁷.

HFS is currently leading a Scottish Government funded review of hospital catering and publication of a catering production strategy is expected later this year. This aims to improve both the efficiency and productivity of the NHS catering service, and the strategy will include best practice and principles of different food production systems and the associated meal delivery systems and service to patients. The development of the strategy will be supported by further engagement with NHS Board representatives and public partners, and is due to report in 2016.

Work is also on-going to develop a checklist that will record patients' overall experience of their food – including patients' views on how their food looks – with a view to using this feedback to make improvements to the service. In addition, NHS Greater Glasgow & Clyde and NHS Lanarkshire are piloting a Bedside Electronic

¹⁷ Scottish Government, *Scottish Inpatient Patient Experience Survey 2014* [Scottish Government publication, August 2014; available at <http://www.gov.scot/Resource/0045/00458511.pdf>]

Patient Meal Ordering System which is designed to enable NHS boards to reduce food wastage.

While it is not possible to regulate for the taste and presentation of hospital food, „*Food in Hospitals*“ recommends that caterers should be conscious of how a particular meal looks on a plate. It also recommends that portion sizes must look appealing on the plate and look appealing in relation to other components of the whole proportionate meal¹⁸. The refreshed „*Food in Hospitals*“ criteria includes a suggestion that the presentation of final dishes served to patients be monitored every two months. This consultation seeks views on whether enhanced scrutiny arrangements should monitor the presentation of food provided to patients.

¹⁸ Health Facilities Scotland. ‘*Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland*’, 2016.

Options and proposal for consultation

This consultation paper is inviting respondents to comment on one or all four proposed options to improve and assure the nutritional standards of food in hospitals.

1. Define nutritional standards, based on criteria set out in the „*Food in Hospitals*’ guidance, and place those nutritional standards for food provided to patients in NHS hospitals on a statutory footing. Scotland would become the first nation in the UK to place these nutritional standards on a statutory basis. This option would provide legal, minimum nutritional standards which every NHS Board would have to achieve and maintain. Consideration would have to be given to how adherence to the legislation would be monitored and enforced, and whether an independent scrutiny regime would be required.
2. Develop nutritional standards based on „*Food in Hospitals*’ guidance and establish a new, independent scrutiny regime that specifically monitors the nutritional standard of food in NHS hospitals. This option would differ from option one as nutritional standards **would not be placed on a statutory footing**. Improvements could be yielded if standards of nutrition for food in NHS hospitals were targeted for specific monitoring. The legislative option would remain open if improvements were not made.
3. Strengthen existing Health Facilities Scotland and NHS Board audit and monitoring of the nutritional standards of food served to patients in NHS hospitals based on ‘*Food in Hospitals*’ and ensure existing arrangements to improve and assure these. Non-compliance would continue to be corrected through the current policy of co-operation, guidance and support.
4. Maintain the status quo, NHS Boards will continue to self-assess their adherence to the refreshed guidance set out in „*Food in Hospitals*’. Health Facilities Scotland would continue to publish 6 monthly audit reports based on the self-assessments provided to them by the NHS Boards.

Consultation questions

The information provided in the consultation document should provide a basis for responses to the questions below, and we also ask that you draw on any other relevant knowledge or experiences.

We would also ask that you try to answer all the questions in the „proposed options“, „catering standards“ and „general comments“ sections of the questionnaire. If you are unable to answer any question then please move on to the next.

Proposed Options to improve nutritional standard of food in hospitals

Question 1: Which option or options would you support from the ‘Options and proposal for consultation’ section of the consultation document?

Please select the box opposite your preferred option. If you support more than one option, please indicate with a number in the box opposite with 1 for your most preferred option and 4 for your least preferred option.

Option 1 x

Option 2 ☐

Option 3 ☐

Option 4 ☐

None ☐

Question 2: Please provide any reasons for your answer to Question 1 in the box below.

Scotland would become the first nation in the UK to place these standards on a statutory basis. This follows work undertaken in schools which was regulated in 2008 (Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations).

However, unlike the work in schools, this document seems to take no account of sustainability issues in relation to food procurement which are now clearly indicated in schools and part of the aspiration of the National Food and Drink Policy and an important part of Public Health planning.

Question 3: Do you think that the policies and programmes currently in place will continue to drive up the nutritional standards of hospital food?

Yes ☐

No x

Not by themselves - policies and programmes need to be fully implemented and monitored, with appropriate action taken where standards fall short. Whilst there have been considerable improvements in the nutritional care of patients in Scottish hospitals over the last 13 years,

there is a need to build further on current standards, programmes and practice using a joined up approach across all aspects of nutritional care, which includes food and fluid provision, monitoring and demonstrating improvement in nutritional well-being, not just the nutritional standards of hospital foods.

More attention needs to be paid to the provision of appropriate food and nutrient intake to the large numbers of the population who are overweight and obese. Once assessed, a protocol for certain care pathways should also be triggered. Obesity will impact on the progression of all chronic diseases and to ignore this only creates a “health certificate” effect. The needs of these patients are often ignored, with attention focusing on people vulnerable to under nutrition. Nutrient quality as well as quantity of diet needs to be reviewed – for many, excess body fat also indicates poor overall nutrient status.

Question 4: Since 2009, HFS have published reports every six months based on NHS Boards’ self-assessed compliance with ‘*Food in Hospitals*’. Do you think that independent inspection is required to monitor NHS Boards’ compliance with the ‘Food in Hospitals’ standards?

Yes ☐

No ☐

Self-inspection (audit) is an important process to allow continued review and improvement of service at a local level and so this should continue along-side independent inspection.

Question 5: Should the monitoring of the ‘*Food in Hospital*’ guidance be broadened to include Private Hospitals providing NHS treatments?

If private hospitals have been commissioned to provide NHS treatments and care, then all services provided (including food provision) should meet the minimum standards required of NHS hospitals.

Catering Standards

Question 6: ‘Food in Hospitals’ establishes menu planning and food based guidance, which are included in Annex B and C of this document. Do you think that a more robust enhanced scrutiny regime should be put in place to monitor characteristics of the food served to hospital patients?

Yes ☒
No ☐

A number of the food- based standards should be considered in the same way as the nutrient standards, e.g. fruit and vegetables, red and processed meats in accordance with Scottish Revised dietary goals(<http://www.gov.scot/Resource/0049/00497558.pdf>.) These have largely been included in the proposed work.

It should be noted that the text reads: (“It is recommended that the maximum intake of processed red meat must not exceed 90g/day for an individual. This should be considered in menu planning “). This is not consistent with current goals, which are that average intake of red and processed meat should be pegged at around 70g per person per day.

Question 7: Should standards for catering in hospitals be developed based on menu planning and food based guidance within ‘Food in Hospitals’?

Yes ☒
No ☐

Yes, catering standards should be explored. The quality of food presented will influence food consumed.

Business Impact

Question 8: Do you have a commercial interest in the production, procurement, preparation or planning of food in hospitals?

Yes ☐

No ☒

N/A

Question 9: Do you anticipate any of the proposed options to assure and improve the nutritional standards of food in hospitals will have a significant positive or negative effect on your business or organisation?

Please provide details and indicate which proposed options you are referring to in the box below.

N/A

Question 10: What do you foresee the overall financial impact of your preferred option to be?

Improved overall nutritional quality of food should help to decrease length of stay, with improved wound healing and other positive health benefits reducing overall health costs.

Equality Impact

Question 11: Do you anticipate any of the proposed options to assure and improve the nutritional standards of food in hospitals will have a significant positive or negative effect on any protected equality characteristics?

The nine protected equality characteristics are age, sex, gender reassignment, sexual orientation, race, religion or belief, pregnancy and maternity, disability, and marriage and civil partnership.

Please provide details and indicate which proposed options you are referring to and which equality characteristics you think would be impacted in the box below.

Yes ☐

No ☐

Care needs to be taken when evaluating the nutritional standards of food in hospitals out of context. Clear evidence exists that there may be differences in terms of what is provided to patients versus what is actually consumed. Many factors can influence this, including disability. The context in which food is provided needs to be considered when evaluating whether the diversity of nutritional and dietary needs of the patient population are met (i.e. the whole nutritional care of patients need to be considered). For example, a critical step in this process is the assistance that many patients need with eating and drinking, ranging from social and verbal stimulation and communication through to feeding (this should be identified as special dietary requirements, part of HIS OPAH inspections (p9)). This is an equality issue regarding food access, potentially for patients with disabilities and many older patients. A joined-up approach to ensuring all FFNC standards are met needs to be implemented.

General comments

Question 12: Do you consider the food currently served to patients in NHS Scotland meets the nutritional requirements established in '*Food in Hospitals*'?

Please provide your answer and reasons for your answer in the box below.

Evidence suggests that what is being provided is not always meeting the nutrient standards specified. What is then consumed by the patient may be influenced by a number of factors, including food aesthetics and whether special dietary requirements are being catered for. These are two examples of critical aspects of meeting patients' nutritional needs, beyond nutritional content of the food.

Question 13: If you consider the food served in NHS Scotland hospitals to be of low nutritional quality, what are some of the barriers to the provision of high quality meals to patients?

There is little evidence that food served in hospitals is valued as part of patient care. It is evident that staff comprehension about patient needs for appropriate nutrient intake and staff knowledge about food selection is low. The culture of acceptability to serve high fat, high sugar foods with minimal fruits and vegetables also presents as a barrier than needs to be addressed.

Question 14: Do you have any other suggestions for how NHS Scotland can improve the nutritional quality of hospital food for patients?

The new dietary standards set out in this document will be challenging for caterers to achieve. The new goals for sugar and fibre will require innovative thinking. Working in tandem with other key stakeholders in the food agenda (e.g. chefs from the restaurant sector) will be crucial for new menus to be developed. There are significant opportunities to support acute care health and long term health promotion as set out in the Healthy Promoting Health Service Initiative.

Question 15: Are you aware of any further evidence that should be considered?

N/A.

Question 16: Do you have any other comments you would wish to make?

From a public health perspective, the need to consider health and sustainability (including supply chain, local foods, storage and waste) is crucial in this setting. We should not separate nutritional needs from those of the environment, as described in Scotland National Food and Drink Policy.

Bearing in mind that two thirds of Scots are overweight or obese and there is an aspiration that “patients could then sustain their healthy eating experiences when they leave hospital”, then the provision of high energy/energy dense meals would not provide appropriate learning. Vulnerable patients who need high energy meals should be provided with these, but for those with excess weight then portions sizes may need to be moderated and a learning opportunity developed. This work needs to join up with FFNC standards around communication, education and guidance from staff on appropriate food selection.

Food for children is of major concern in terms of “healthy eating experience” and an opportunity to stop the inappropriate promotion of a fast food type culture. The proposed dietary standards should go a long way to achieving this.

It would be useful to see reports of the measured content of salt in hospital food (particularly soups). The concept of a “healthy eating meal” choice implies that other options would not be healthy. Too many menus focus on a single choice described as healthy whilst the rest of the menu is high fat/low vegetable content. All options should be healthy and if there is a dietary/disability/religious need to have a different option then an “alternative” option should be available.

A choice of whole milk and lower fat milk (semi-skimmed) must be available. The most common milk choice in Scotland is lower fat milk. It would seem more appropriate for this to be the norm unless there are therapeutic reasons (vulnerable groups) where full fat milk is provided. BAPEN estimated that about a third to a quarter of patients (notably older adults) may be at nutritional risk and in certain settings whole milk would be entirely appropriate. Overall however, whole milk is not required for the greater number of patients.

Response details:

E-mail: fihc@gov.scot

By Post: Chief Nursing Officer’s Directorate, GE.14, St Andrew’s House, Regent Road, Edinburgh EH1 3DG (if you are responding by post please complete and return an RIF form with it.)

3rd Sector and Voluntary Organisations

Food and Catering Trade Bodies

Local Authorities NHS

Health Boards NHS

National Services

Medical Royal Colleges

Medical, Nursing and Midwifery General Councils

Including but not restricted to:

Action for Sick Children Scotland

Association of Independent Healthcare Organisations

British Association for Parenteral and Enteral Nutrition

British Dietetic Association

Food Standards Scotland

Healthcare Improvement Scotland

Hospital Caterers Association

NHS Ayrshire and Arran

NHS Borders

NHS Dumfries and Galloway

NHS Fife

NHS Forth Valley

NHS Grampian

NHS Greater Glasgow and Clyde

NHS Highland

NHS Lanarkshire

NHS Lothian

NHS Orkney

NHS Shetland

NHS Tayside

NHS Western Isles

NHS Special Boards

Scottish Food and Drink Federation

Annex A

Essential criteria for the provision of nutrients for hospitalised adults¹⁹

Nutrient (/ day)	Nutritionally vulnerable patients	Nutritionally well patients (DRVs)	Provided
Energy (kcal)	Adults 2250 – 2625 _a	Adults 1800 – 2400 _b	Daily
Protein (g)	60 – 75	56	Daily
Total fat (% food energy)	Not specifiedP4F	<35	Averaged over a week
Saturated fat (% food energy)	Not specified	<11	Averaged over a week
Carbohydrate (% food energy)	Not specified	>50	Averaged over a week
Free sugars _c (% food energy)	Not specified	<=5%P5F	Averaged over a week
Fibre _d (g)	not specified	30	Daily
Sodium (mg)	< 2400	< 2400	Daily
Salt Equivalents (g)	< 6	< 6	Daily
Vitamin A (µg)	700	700	Averaged over a week
Vitamin D (µg)	10 _e	10 _e	
Calcium (mg)	> 700	> 700	Averaged over a week
Potassium (mg)	3500	3500P	Averaged over a week
Iron (mg)	> 14.8 _f	> 14.8 _f	Averaged over a week
Vitamin B12(µg)	> 1.5	> 1.5	Averaged over a week
Folate and Folic Acid (µg)	> 200	> 200	Averaged over a week
Vitamin C (mg)	> 40	> 40	Averaged over a week

¹⁹ Health Facilities Scotland. 'Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland', 2016.

Water _g	Men 2000ml Woman 1600ml P6F _g	Men 2000ml Woman 1600ml	Daily
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- a** Estimated Average Requirement (EAR) for males and females 65+ years.
- b** 10TBAPEN10T recommendations for the energy requirements for the 'unwell' hospital patient are 1.3 to 1.5 times resting energy expenditure that equates to approximately 25-35kcal/kg/day (using midpoint as minimum value to prevent malnutrition this equates to 2250 - 2625 for 75kg individual). [111T](#)
Recommendations are based on reference weights used for 10TDRV10Ts.
- c** Free sugars are all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Lactose when naturally present in milk.
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- d** Average population intake of AOAC fibre for adults (16+) to increase to 30g/day by increasing consumption of whole grains, pulses and vegetables.
- e** The provision of food that will provide >10 µg/day vitamin D is difficult. Individual patients may still require additional supplementation, especially older patients and those who are in long-stay care and house/hospital bound.
- f** When catering solely for older adults, use 10TRNI10T for individuals 50+ years (9mg/day).
- g** Values assume dietary intake: if no food intake corresponding figures are 2000ml for women and 2500ml for men.

Menu planning criteria²⁰

Criteria	Rationale
The hospital menu must provide breakfast, lunch, meal and a minimum of two additional substantial snacks throughout the day.	
<p>400 kcal breakfast</p> <p>The BDA Nutrition and Hydration Digest ⁸⁰ suggests that breakfast for „nutritionally well“ should be 400kcal and 10 g protein but for „nutritionally vulnerable“ it should be 485kcal and 12g protein.</p>	<p>To provide a menu that will enable the range of energy and protein requirements of patients to be met i.e. „nutritionally well“ and „nutritionally vulnerable“.</p> <p>It assumes that breakfast, two hot meals with the minimum of two courses and a minimum of two substantial snacks per day are provided.</p>
<p>A minimum of 300kcal per main meal and 500kcal for an energy-dense main meal and 18 grams protein (protein source + starch + vegetables + sauce/gravy). ¹²</p>	<p>To provide a menu that will enable the range of energy and protein requirements of patients to be met i.e. „nutritionally well“ and „nutritionally vulnerable“. This applies to the midday and evening meals (main course). It assumes that breakfast, two hot meals with a minimum of two courses and a minimum of two substantial snacks per day are provided.</p>
<p>A 'healthy eating' meal choice at each eating occasion (must fulfil criteria as specified in Table 18).</p>	<p>To provide a choice of foods for individuals who require or would benefit from following a diet based on 'healthy eating' principles to enable them to meet their nutritional requirements.</p>
<p>A 'higher energy and nutrient-dense' meal choice at each eating occasion (must fulfil criteria as specified in Table 16).</p>	<p>To provide a choice of foods for individuals with poor appetites or increased requirements to enable them to meet their nutritional requirements.</p>

²⁰ Health Facilities Scotland. 'Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland', 2016.

A vegetarian meal choice at each eating occasion	To provide for the dietary needs of individuals who follow a vegetarian diet. These dishes must comply with other nutrient and food-based standards based on local population needs.
A minimum of two courses at the midday and evening meals	To provide a menu that will enable the range of energy and nutrient requirements and dietary preferences of the patient population to be met.
The smallest portion served must meet the minimum standard of nutrient provision. Larger portions should be available for those who need them.	To provide for the range of patients' appetites The standard portion (will be the based on the smallest available portion) and should meet the minimum nutrient requirement. Larger portions should be available for those patients who choose it. Larger portions can consist of any component of the main meal as indicated by patient choice.
A hot main meal option at midday and at the evening meal	To ensure the varying dietary needs and preferences of the patient population are met.
A variety of substantial snacks must be provided a minimum of twice per day. Two snacks must be capable of supplying a minimum of 300kcal in total Must include fruit as a snack option.	Provision of substantial snacks in addition to meals allows patients to maximise opportunities for patients to select foods enabling them to meet their energy and nutrient requirements. It would be considered good practice to offer snacks three times per day for those individuals with increased energy and nutrient requirements (Section 5.2). 3 , 12 Provision of fruit as a snack can enable individuals to meet the standard of 5 A Day.
On-ward provisions must provide the minimum food and beverage items (Table 13)	Increasing the choice, range and variety of food items and beverages available to patients in between meals will mean patients are more likely to eat something and meet their nutritional requirements.

<p>Mandatory use of Standard recipes for patient meals must be used in all locations.</p> <ul style="list-style-type: none"> • There must be an up-to-date nutritional analysis of each menu item. • In addition caterers must ensure the standard recipe includes up to date Allergy information 	<p>Standard recipes can help to ensure there is a consistent quality and nutritional content of dishes produced and ensure consistent budgetary control.</p> <p>There are significant patient health and safety risks associated with not following standard recipes.</p> <p>Up-to-date nutritional analysis of each menu item enables determination of whether the menu meets the nutrient and food-based standards set. Use of standard recipes is also good practice in non-patient catering</p> <p>A system must exist to ensure allergy information is available to access for all involved in ordering and delivery of meals to patients</p>
<p>Healthier eating, higher energy and vegetarian dishes must be identified as a minimum on the hospital menu</p> <p>(According to criteria provided in Section 5). *</p>	<p>This must be used to inform staff and patients of the suitability of menu items and guide patient choice.¹²</p> <p>This can be identified through a number of means including menu coding, ward manuals etc.</p>
<p>Food must be readily available for all patients who do not have the opportunity to have a meal at the normal mealtime (missed meals and out of hours).</p> <p>The food offered must provide the minimum 300kcal and 18 grams protein, assuming that patients will only have one missed meal. Systems should be in place to record and manage consecutive missed meals.</p>	<p>There needs to be a flexible service and recognised procedures that provides for the dietary and nutritional needs of patients who miss meals at normal meal-times.</p>

*National standards for children should apply. Local expertise and therefore local standards may vary.

Annex C

Food based criteria²¹

Breads, other cereals and potatoes

A selection of extra breads, including brown and wholemeal, must be available as an accompaniment to all meals.

A selection of wholegrain breakfast cereals must be available at breakfast time.

Bread is a good source of energy offering extra bread with every meal will allow those with higher energy requirements to increase energy intakes.

Wholegrain breakfast cereals are a good source of fibre and can be useful in managing individuals with constipation (>3g fibre/100g).

(Offering extra bread to „nutritionally vulnerable“ patients who are likely to have a small appetite may not be appropriate).

Fruit and vegetables

The menu must provide the opportunity for patients to **choose at least five servings of fruit and vegetables** across a day's menu providing as wide a variety as possible

There is increasing evidence that consuming >400g of fruit and vegetables every day may reduce the risk of developing chronic diseases such as coronary heart disease and some cancers.

It is also beneficial in the management of constipation.

Fruit and vegetables are generally a good source of vitamin C which has a role to play in wound healing and also immune function.

Meat, fish and alternatives

The menu must provide a choice of meat or meat alternatives at both midday and evening meals.

The menu must provide a choice of **fish a minimum of twice a week**, one choice of which should be an oily fish variety.

Meat and fish are key sources of protein, iron, zinc and vitamin B12 in the diet.

It is recommended that the maximum intake of processed red meat must not exceed 90g/day for an individual. This should be considered in menu planning. ⁴¹

Oily fish provides long-chain omega-3 fatty acids that are deficient in the Scottish diet. Appendix 4.

²¹ Health Facilities Scotland. 'Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland', 2016.

Milk and dairy foods

There must be provision for a minimum of **600 mls of milk for each patient every day.**

A choice of whole milk and lower fat milk (semi-skimmed) must be available.

Milk is a key source of protein, calcium, and vitamin B12 in the diet. 600ml allowance is based on provision for breakfast cereal (200ml) and drinks throughout the day (400ml). Providing a choice of both whole and lower fat milk and milk-products will enable the dietary needs of both those choosing a 'healthier diet' and 'higher energy and nutrient-dense' diet to be met.

Foods containing fats, foods and drinks containing sugar

Offer a choice of butter and spreads including those low in fat, at all meals where a spreading fat is offered.

Spreads should be rich in Poly-Unsaturated Fatty Acid (PUFA) or Monounsaturated Fats (MUFA)

Only spreads and oils that are rich in polyunsaturated and monounsaturated fats should be used in cooking.

Increasing the intake of poly or monounsaturated fats in place of saturated fats may help reduce the risk of diseases such as cardiovascular disease and stroke.

Provision of additional spreading fats including butter at mealtimes can increase the energy density and palatability of the diet, which can assist those individuals with poor appetites and also those with increased energy requirements.

Fluids

There must be a provision of water and beverages to ensure patients are able to access a **minimum of:**

1.6L of fluid per day for woman

2L of fluid per day for men

Potable Water must be available at all times, (preferably this should be chilled mains water)

Sufficient fluids are needed to ensure optimal health, including digestion and absorption of nutrients, renal, cardiovascular and respiratory function.

Insufficient intakes can contribute to constipation, confusion and pressure ulcers. Mild dehydration often begins before the sensation of thirst is triggered; this is particularly the case in older people and children thus drinks should be offered and encouraged throughout the day.

Annex D

Legislation governing food safety

This consultation paper will not provide an exhaustive list of current food law applicable in Scotland, however it will aim to delineate the key legislation governing food standards in the UK and specific to Scotland²².

UK Legislation

The principal legislation in relation to food safety in Scotland, England and Wales is the Food Safety Act 1990 (c 16) (as amended) ("the Act"). The scope of the Act covers activities throughout the food distribution chain, from primary production through to distribution to retail and catering. The Act covers food preparation in a number of businesses including hospitals or, institutions (section 1(3)). The Act has been amended by the Food Safety Act 1990 (Amendments) Regulations 2004(SI 2004/2990) and the General Food Regulations 2004 (SI 2004/3279) and to implement the requirements of Regulation (EC) 178/2002 and to provide penalties for breaches of these requirements. Regulation (EC) 178/2002 lays down the general principles of food safety which include the requirement on food businesses to place safe food on the market and for the presentation of food.

Many of the key provisions in food law are contained in subordinate legislation (regulations) on more specific areas which may be made under the powers of the Act e.g. food labeling, food hygiene, food additives and packaging materials.

European

The term "food" is given a wide definition under Article 2(2) of Regulation (EC) 178/2002. "Food" means any substance or product, whether processed, partially processed or unprocessed, intended to be, or reasonably expected to be ingested by humans. „Food" includes drinks, chewing gum and any substance, including water, intentionally incorporated into the food during its manufacture, preparation or treatment. It includes drinking water after the point of compliance e.g. the tap.

Directive 2009/39/EC concerns foodstuffs for particular nutritional uses. It is due to be repealed on 20 July 2016 and replaced with Regulation (EU) 609/2013 of the European Parliament and of the Council - „On foods intended for young children, foods for special medical purposes, and total weight replacement control (Food for Specific Groups)". This regulation aims to protect specific vulnerable groups of consumers by regulating the content and marketing of these "special" food products. The regulation sets new general compositional and labeling rules and requires the Commission to adopt these rules through delegated acts. The Foods for Special Groups (Scotland) Regulations should be in force on 20 July 2016.

²² FSS, *Scottish Food and Feed Law* [FSS publication, 2012; available at <http://www.foodstandards.gov.scot/sites/default/files/scot-food-feed-law%20Oct%202014.pdf>]

There is a transitional provision in Article 21 of Regulation (EU) 609/2013 which provides that infant formula and follow-on formula, processed cereal-based food and baby food, food for special medical purposes and total diet replacement for weight control which is placed on the market or labeled before 20 July 2016 may continue to be marketed after that date until stocks of such food are exhausted.

In Resolution ResAP (2003), the Council of Europe produced national recommendations on „Food and Nutritional Care in Hospitals – How to prevent under-nutrition“. While the resolution established over 100 recommendations, these were summarised into 10 key characteristics of good nutritional care in hospitals²³. As a signatory, the recommendations apply across the UK.

Under European Directive 2009/39/EC, there are also regulations governing foods for particular nutritional uses. Foods for particular nutritional uses are foodstuffs which:

- are clearly distinguishable from foodstuffs for normal consumption, either owing to their special composition or manufacturing process;
- are suitable for their claimed nutritional purposes;
- and which are marketed in such a way as to indicate such suitability.

These foods are commonly referred to as PARNUTS, PNU or dietetic foods, and are often marketed to people with digestive or metabolic issues, people who have a physiological condition requiring certain substances in their food, and infants or young children in good health. Under the Directive, as the competent authority for Scotland, Food Standards Scotland (FSS) have to be notified when PARNUTS foods are first introduced to the market. The food manufacturers are required to submit to FSS any scientific data or information that shows the food fulfils nutritional requirements for the intended consumer²⁴.

²³ Full list of recommendations is available at <https://wcd.coe.int/ViewDoc.jsp?id=85747>. Summarised list is available at http://www.bapen.org.uk/pdfs/coe_leaflet.pdf

²⁴ Information available from FSS at <http://www.foodstandards.gov.scot/nutrition-healthy-eating/business-industry/foods-particular-nutritional-uses>



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78652-194-1 (web only)

Published by The Scottish Government, March 2016

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS66523 (03/16)