



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Food & Drink Strategy 2024-29



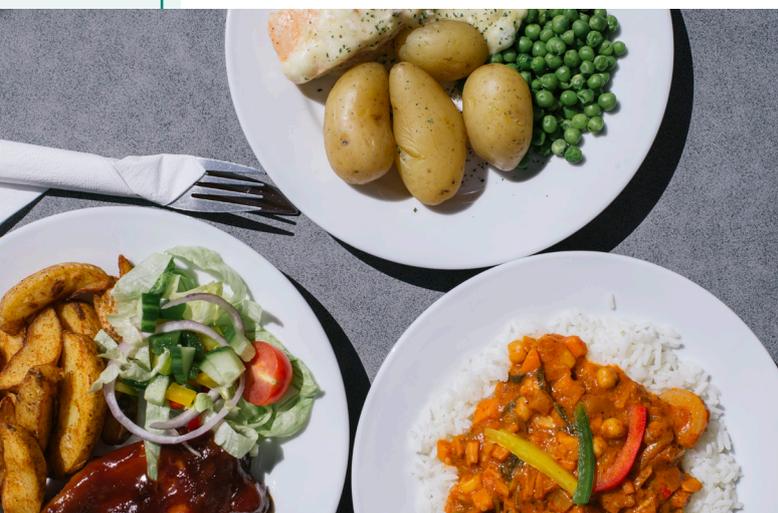
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We aim to provide a personalised experience for every patient and service user by ensuring that the food and drink we provide is of a high quality, and that the dining experience is of a consistently high standard.

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Foreword

Good nutrition and hydration are fundamental to the wellbeing of patients and staff. Our Nutrition and Hydration Strategy for The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust outlines how we will ensure that we provide high quality and nutritious food and drink to our patients, staff and our visitors.

Message from Executive Director Responsible for Food and Drink, Chief Nurse & Patient Safety Officer

Food and hydration is an essential part of a patient treatment, recovery and rehabilitation during a hospital admission. At RJAH, our priority is to consistently provide quality food that supports patients nutrition needs at each stage of their journey. Our skilled, multi-disciplinary team work together to ensure the nutrition and hydration requirements of all patients are met, regardless of the complexity of their needs. Furthermore, this strategy reinforces our focus on making mealtimes enjoyable as part of our commitment to a positive patient experience.



Message from Director of Estates and Facilities

This active strategy strengthens our commitment to ensure the Trust continues to deliver 'great food for good health' -high quality nutritional care, delivered with patient and staff experience at its core, and further our reputation as a leader, through NHS England's Exemplar Group to share best practice around food quality, sustainability, technology, processes, and procurement systems.

As an anchor institution, we recognise our role in the community, and through this strategy, commit ourselves to advocating for a sustainable future through our approach to food and nutrition.



Introduction

For most patients, their nutritional and hydration requirements whilst in hospital are met through the provision of regular food and drinks. Some patients also require oral nutritional supplement drinks, which can reduce complications and speed up recovery. Adequate hydration is also essential to help prevent and treat issues such as pressure ulcers, urinary tract infections and acute kidney injury.

In order to provide the highest quality and nutritional value of food for NHS patients, staff and visitors, The National Standards for Healthcare Food and Drink (2022), require organisations to meet eight standards. The standards are:

1. Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.

2. Organisations must have a food and drink strategy.

3. Organisations must consider the level of input from a named food service dietitian to ensure choices are appropriate.

4. Organisations must nominate a food safety specialist.

5. Organisations must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.

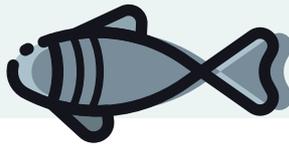
6. Organisations must be able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.

7. Organisations must monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.

8. NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic



We aim to provide a personalised experience for every patient and service user by ensuring that the food and drink we provide is of a high quality, and that the dining experience is of a consistently high standard.



We recognise that not all patients are able to eat and drink and that some patients require complex therapeutic treatments and plans of care, developed by specialist medical, nursing, and allied health professionals.



We recognise that our longer stay patients require some specific consideration, to ensure mealtimes remain an enjoyable experience, which encourages patients to continue to make healthy, nutritious choices throughout their stay whilst also promoting patient individual choice and independence in their care pathway.¹

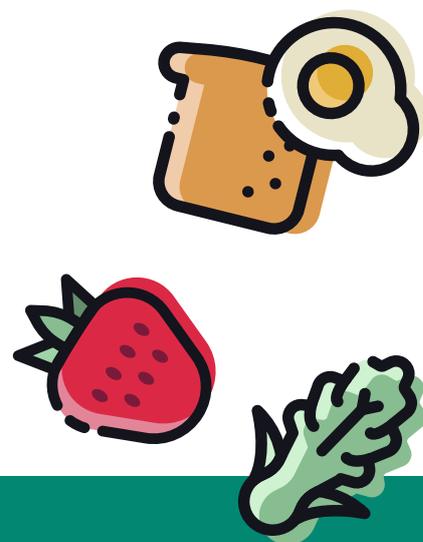
The Strategy will be published both internally, via the Trust intranet (Percy) and publicly via the Trust website.

Nutrition

A balanced diet is essential for health and wellbeing². Most patients, staff and visitors should aim, where medically appropriate, for a healthy balanced diet. There are a wide range of damaging effects caused by poor nutrition³. Malnutrition is a serious condition that can occur when a person's diet, does not contain the correct amount of nutrients or is caused by not having enough to eat⁴.

The Eatwell Guide⁵ is the Government's official guidance setting out the types of foods and the proportion of those foods people should eat to have a healthy, nutritious diet.

We will ensure that all patients who are nutritionally well are offered food to meet their dietary requirements, in line with the Eatwell Guide. For patients who are nutritionally vulnerable and require increased nutritional support the menu will be adapted to their meet their needs, taking into account differing patient groups, and therapeutic requirements.



We will/have:

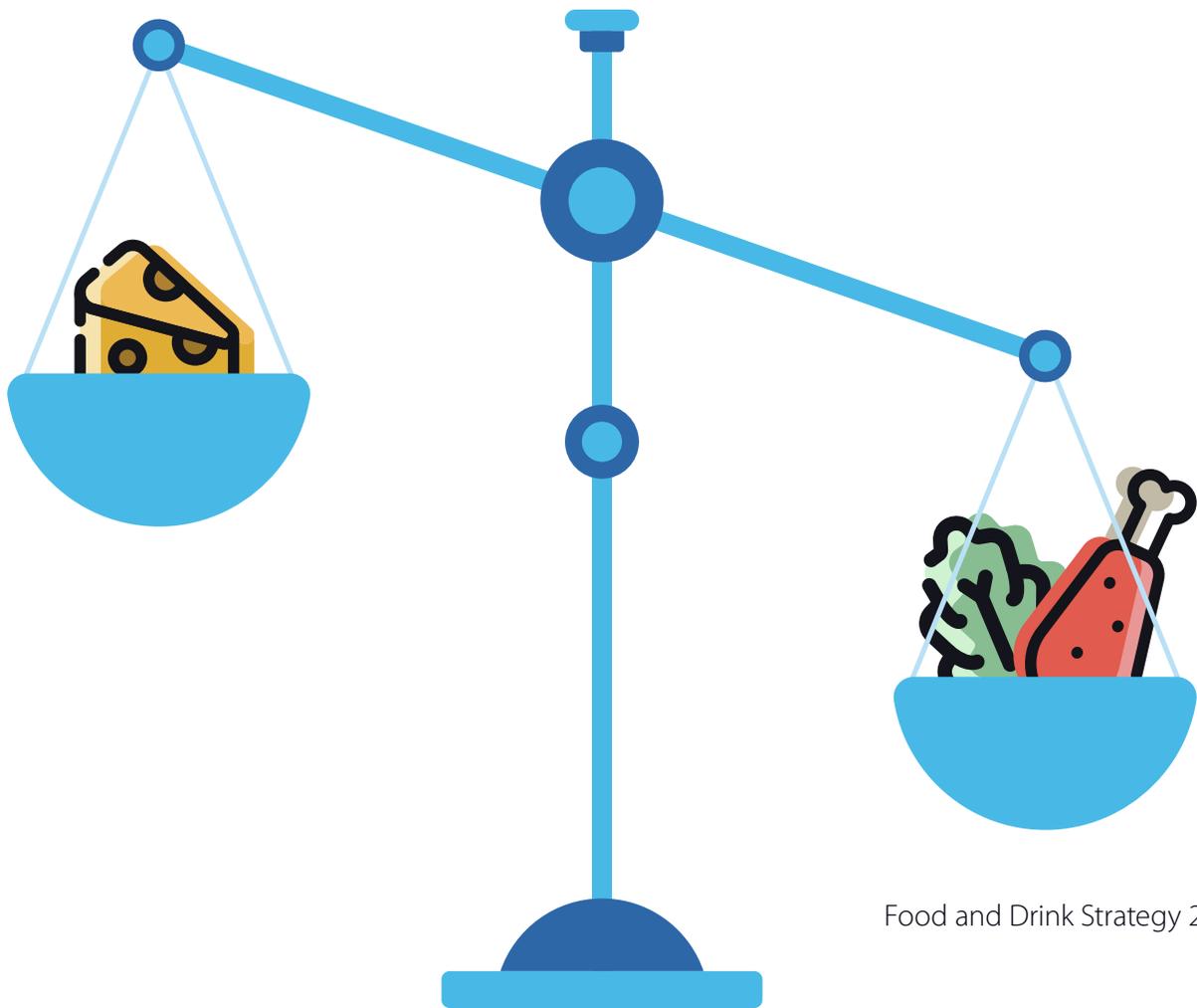
- Ensure all staff involved in the food service should be trained in food safety, meal ordering and customer care.
- Ensure all patients who are admitted undergo an evidence-based nutritional risk assessment.
- Provide an individualised nutritional care plan for all patients identified to be at risk of malnutrition.
- Ensure that any factors that affect patient's ability to eat and drink, such as supporting good oral care, provided with eating aids such as adapted cutlery, plates in dementia friendly colours are identified and addressed.
- Create an environment in which people can enjoy their meals and consume food and drink safely by taking the following actions:
 - Mealtimes will be protected in line with the Protected Mealtime Initiative (PMI)⁶ to allow nursing staff to be involved in the delivery of every meal service – the Trust brands these as 'Supported Mealtimes', highlighting the importance of relatives/visitors, in some cases to assist with feeding, and elsewhere encourage an enjoyable mealtime experience.
- Each area will have an identified Mealtime Co-ordinator/Nutrition Lead, who is responsible for promoting and monitoring the environment to ensure it is adequately prepared for mealtimes. This includes ensuring patients are ready to eat, and any required assistance is provided, and all meals are served in a manner which promotes an enjoyable dining experience – with appropriate crockery, condiments and napkins offered regardless of the meal type required.
- The meal delivery service should very much be led by the catering team, fully supported by the nursing and dietetic representation at ward level.

Nutrition (cont'd)



We will/have:

- A Red Food Tray⁷ is used for patients who require extra support when eating, for patients who need food intake monitoring, and for patients who require their food intake to be monitored.
- A Nutritional Information Board/ward system is available/in use, as a communication aid, in all areas that serve food to patients. The board will be updated prior to each mealtime to identify any patients with special dietary requirements, patients who are nil by mouth and patients who require assistance to eat (identified by a red tray).
- Mealtime Volunteer/ Dining Companions will be available to support patients at mealtimes.
- Food delivery processes and menu choices will be reviewed regularly to ensure they deliver high quality and nutritionally balanced options, in line with The Government Buying Standards for Food and Catering Services (GBSF)⁸ and the BDA Digest⁹.
- We will actively engage and with patients, relatives and carers to seek their feedback on patient experience related to the available food and drink options.
- Focus on patient and staff education, nutritional improvement programmes and celebrating achievements.



Hydration

Water is a basic nutrient of the human body and is critical to human life; and good hydration is the process of maintaining a healthy water balance in the body¹⁰. It can also reduce the need for medication and prevent illness.

Timely and appropriate use of fluid balance observation and recording is an essential tool in determining adequate hydration.

We will ensure that all patients are supported to remain hydrated.



We will/have:

- Ensure that at the time of admission to an inpatient area, and as indicated thereafter, all adult patients undergo a hydration assessment and children undergo individual assessment of their fluid requirements, in order to identify factors influencing hydration.
- Ensure that patients at risk of dehydration are appropriately monitored.
- Provide patient information leaflets and urine colour charts in all areas, which will be used to educate patients and relatives about the importance of maintaining hydration and how they can monitor for signs of dehydration.
- Promote, where appropriate, patient independence in accessing drinks through hydration stations within the clinical environment.
- Offer patients who can consume drinks orally hot drinks or alternatives at least seven times a day where clinically appropriate, in addition to providing an accessible supply of chilled drinking water 24/day.
- Ensure hydration and fluid modifications are appropriately met, by appropriately trained staff, with Speech and Language Therapist advice, as required.
- Ensure that patients who need support with drinking, or need drinks that have a modified consistency (for example thickened drinks), are provided with appropriate drinking aids.
- Focus on patient and staff education, hydration improvement programmes and celebrating achievements.

Access to Food – Patients

The Francis Report¹¹ highlighted that nutrition and hydration are basic requirements and, as such, must form a KEY and ESSENTIAL part of the patient's stay and recovery. All too often in hospitals nutritious food remains uneaten, resulting in patients being unable to meet their nutritional needs. The quality and choice of food provided in hospitals is important to patients¹².



We will/have:

- Plan all menus in line with the NHS Eatwell Guide¹³, BDA Digest Standards and Government Buying Standards for Food and Catering Services (GBSF) for nutritional content in conjunction with clinical staff and the Dietetic Department alongside patients and patient groups and ensure they are regularly reviewed.
- Provide varied menu options that meet patient's religious, cultural, and dietary needs and to enable personal choice, which reflect the diversity of the hospital population.
- Ensure that menus are designed with the involvement of patients and carers.
- Provide modified texture diets as required for patients who have particular medical needs including swallowing difficulties.
- Provide therapeutic diets such as a modified texture, renal suitable, meals for specific patient groups, including ensuring suitable menu choices for the nutritionally well as well as those who are nutritionally vulnerable are available.

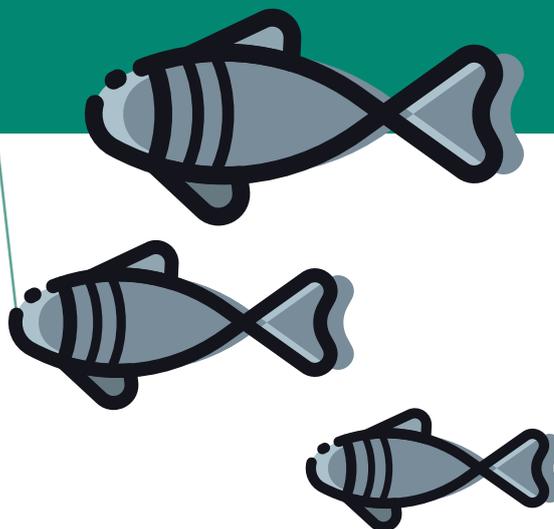
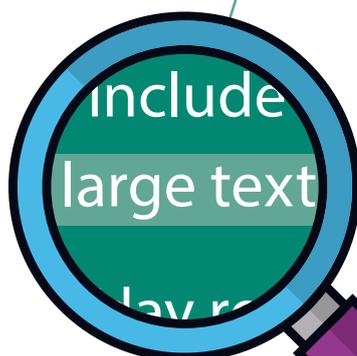


Access to Food – Patients (cont'd)



We will/have:

- Develop seasonal menus and special event menus (Valentine's Day etc.)
- Provide a **choice of large, standard and small portions**. Ensuring that portion sizes are flexible and able to meet the nutritional requirements of different patient groups' e.g. a small portion may be suited more too elderly patients however this may require a nutritional content that is energy dense.
- Ensure staff are trained be able to offer advice on menu choices, suitability of products for all special diets and ethical/ cultural requirements.
- Ensure an appropriate number of staff are available to serve meals promptly and efficiently.
- Ensure appropriate help is available for patients who require assistance, delivered with respect for independence where possible and promoting dignity at all times.
- Procure easy opening packaging, in accordance with International Standard ISO17480¹⁴.
- Ensure assistance is given with opening packets or removing lids when requested.
- Have condiments available to offer when serving meals to patients for example horseradish sauce with roast beef.
- Refer any patient, whose needs cannot be met by the available menus to the catering team who will try and provide suitable meal choices wherever possible and liaise with the dietetic team where needed.
- Provide an alternative meal or snack if a patient misses a meal.
- Provide suitable snacks 24 hours a day.
- Ensure snacks are offered at least twice a day to patients between meals, and especially in the evening to reduce the time from the evening meal to breakfast the next day. With an emphasis on higher energy snacks offered to the nutritionally vulnerable as and when required.
- Consider where snacks can be made available outside of drinks rounds, promoting patient independence as appropriate.
- Ensure menus are coded to support patients to choose their meals according to their needs, in accordance with the BDA Digest Coding e.g. higher energy, easy to chew, vegetarian, healthier choice.
- Provide written and pictorial information of the menus available and information of related to service provision, which will include a **variety of languages and formats (i.e. large text)**.
- Encourage the use of dining/day rooms at mealtimes, and/or ensuring the environment is conducive to eating and drinking.
- Offer longer stay patients, where appropriate, opportunity to eat in the Trust restaurant with friends or relatives.



Access to Food – Retail

Access to healthy and nutritious food can support staff to deliver high quality care and support their health and wellbeing.



Staff and visitors are both likely to benefit from food services that encourage them to make healthier choices.

We have not only considered the food served to patients in wards, but the whole food environment of the hospital, including shops, restaurants, cafés, canteens and vending machines, and spaces where staff can prepare their own meals. It is essential that these environments reinforce public health messages about healthy eating and make it possible, and easy, for staff and visitors to choose healthy options.

It is important to recognise that retail outlets are also another important option for patients. Where some patients may have menu fatigue, or where clinically safe to do so, patients may be able to go to a hospital retail outlet with family/ friends/ carers to eat together. This can be extremely important not only for the patient's nutrition and hydration requirements and recovery, but also the mental health and wellbeing of this social dining.

Meal vouchers are an additional option for patients who may be struggling to choose from the hospital menu and wish to choose items from the retail food outlets.

Criteria to support this facility can be implemented to use in circumstances where all hospital menus have been exhausted. It is important to acknowledge the financial impact of this service.

Retail food outlets are ever developing with new and different food solutions available, including hot automated vending options and the use of technology such as 'Apps' to view and order meals. They are also a helpful function in being able to support patients where a hot meal may have been missed due to a procedure, or "out of hours" for example when a hot meal would support the patient's recovery; these hot automated vending machines should be a consideration to supplement the patients catering service.

In circumstances where a patients loved ones may be with them for the duration of their hospital stay e.g: children's wards or end of life care, this often can add a financial burden and access to hot meals can be difficult. Meal vouchers, hot automated vending solutions, 24/7 access, technology are helpful tools to offer to support access to hot meals and beverages.

Access to Food – Retail (cont'd)



We will/have:

- Ensure that staff, visitors, and patients have access to a range of Food Outlets and access to vending purchases 24/7.
- Continue to review our restaurant range to improve the range of healthy eating, and alternative diet options available across all meal service types – hot food, salad bar and grab and go options.
- Continue to monitor the provision of low-sugar drinks to ensure the Food Outlets are working towards/achieving 100% provision of low-sugar drinks¹⁵. Every NHS hospital has agreed to cut sales of sugary drinks on their premises as part of NHS England action to curb rising levels of obesity.
- We will provide access to food and beverages 24/7, considering provision for patients and visitors alongside the specific needs of staff working out of hours.
- We will ensure the opening times of Food Outlets are clearly displayed at each outlet and on our website.
- We will work to ensure we use technology to provide access to information including nutritional information and allergens. Whilst supporting ease of access to food and beverages via methods of ordering, delivery and collection.
- We will assess the food and drink service against the principles of the BDA's 'One Blue Dot's environmentally sustainable diets nine-point plan'¹⁶.
- We will implement the GBSF Nutrition Standards to ensure healthier options are available to help staff and visitors meet dietary recommendations.



Sustainability – NHS Net Zero

As a major purchaser of food, the Organisation has a wider social responsibility¹⁷ to ensure that sustainability and support for the environment are considered as part of our Strategy.

In October 2020, the NHS became the world's first national health system to commit to become net zero carbon, in response to the health threat posed by climate change¹⁸.

The commitment has two overarching targets:

For the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and;

For the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039.

The commitment to tackle climate change was reinforced with the launch of the NHS "Healthier Planet, Healthier People", campaign to empower staff across the NHS to come together to help create a greener, more sustainable NHS.

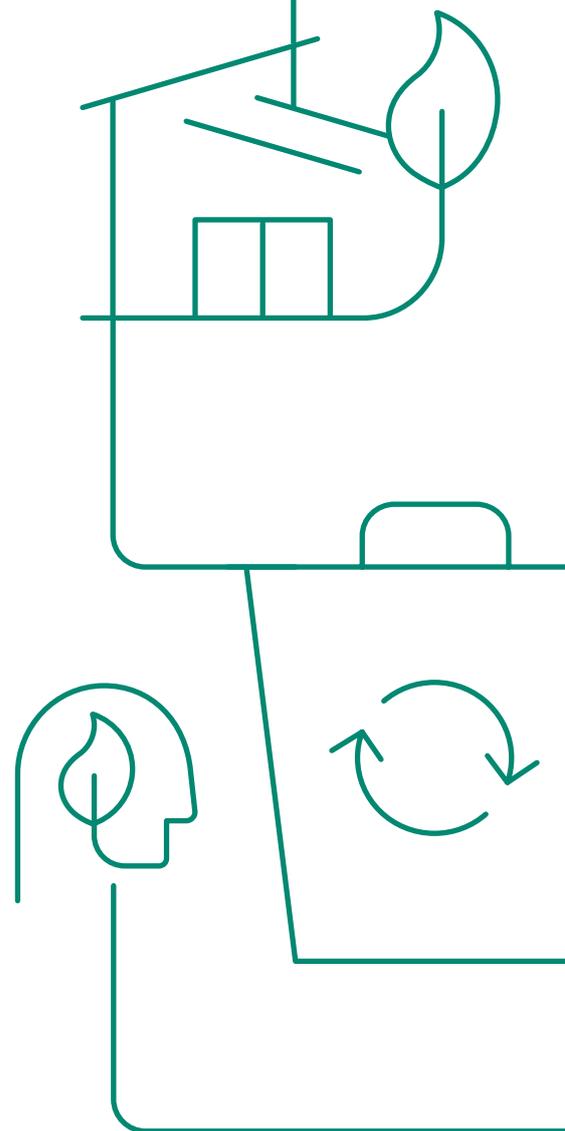
Great progress has been made in the UK, but food waste from households and businesses is still around 9.5 million tonnes (Mt), 70% of which was intended to be consumed by people (30% being the 'inedible' parts). This had a value of over £19 billion a year¹⁹.

Additionally, up to 30 per cent of Greenhouse Gas (GG) emissions globally are linked to agriculture and food production, and the environmental impact of the food we eat is one of the key changes we can make to tackle the issue of climate change. Our food system is also responsible for habitat loss, soil degradation, water usage and waste, all of which damage our environment.

A key aspect of delivering a 'Net Zero' National Health Service is switching to low-carbon alternatives where possible and reducing waste of consumable products.

Sustainable Ingredients

Healthier, locally sourced food can improve wellbeing while cutting emissions related to agriculture, transport, storage and waste across the supply chain and on NHS estate²⁰. A key part of a more sustainable diet is to consume more plant sources of protein in place of animal proteins.



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We will/have:

- Work collaboratively across nursing, catering, dietetics and procurement, with the Organisation's Sustainability Team to deliver objectives in Organisation's Green Plan.
- Use more sustainable products and produce environmentally sustainable diets, in line with the in line with the new Government's Buying Standards for Food Catering Services.
- Source, where possible, ingredients locally and seasonally²¹.
- Expand our plant based menu options.
- Work to ensure that our suppliers are decarbonising their own processes
- Identifying waste prevention strategies, by creating sustainable behaviour change, such as avoiding the 'over preparation of 'just in case meals'.



Recycling

Recycling is a fundamental aspect of the Waste Management Hierarchy²². The lack of education on recycling and how to recycle properly results in the misuse of recycling facilities.

We will/have:

- Educate staff about recycling and the 'Recycling Myth'.
- Providing suitable and well-labelled waste bins, that are colour coded.

Waste

The food and catering sector generates 11billion pieces of waste annually and it is estimated that packaging accounts for one-fifth of all waste in the UK²³. Specifically, the Healthcare Sector Produces 121,000 tonnes of food waste and 49,300 tonnes of associated packaging waste and sends 93% of this to landfill or disposed of down the drain using macerators, at a cost of £230 million.

"Food waste is defined as food purchased, prepared, delivered and intended to be eaten by patients but that remains un-served or uneaten". Food not eaten by patients in hospital not only represents an unnecessary cost, but may also imply that patients are not receiving sufficient nutritional support²⁴.

We will/have:

- Ensure food waste prevention is recognised through the Trusts Green Plan.
- Use good stock control and forecasting.

- Regularly review food ordering, based on historical data.
- Review our Waste Management processes regularly, to ensure waste is managed in accordance with the Waste Management Hierarchy and The Hospitality and Food Service Agreement (HaFSA)²⁵.
- We have pledged to be a 'Guardian of Grub' and follow the Campaign's principles of Target Measure Act; by setting a food waste reduction Target, Measure and take Action to reduce food waste²⁶.
- Committed to NHS Plastics Reduction Pledge²⁷.
- Removing single use plastic and adopt 'reusables' as standard practice will vastly decrease disposable waste.
- Work towards 'The BDA Environmentally Sustainable Diet recommendations for the UK' for all menus.
- Optimise portion sizes to minimise plate waste²⁸, in liaison with Dietitians to ensure nutritional intake is optimised.
- Audit all food waste, at all stages of the food chain, with the aim of reducing food waste.
- Introduce plate waste audits examining 5% where does the 5% figure come from? of meals, served on each audit day, with the results subsequently analysed by the multi-disciplinary team.
- Increase the amount of food waste we recycle, by using on-site/off site aerobic digestion or composting facilities.

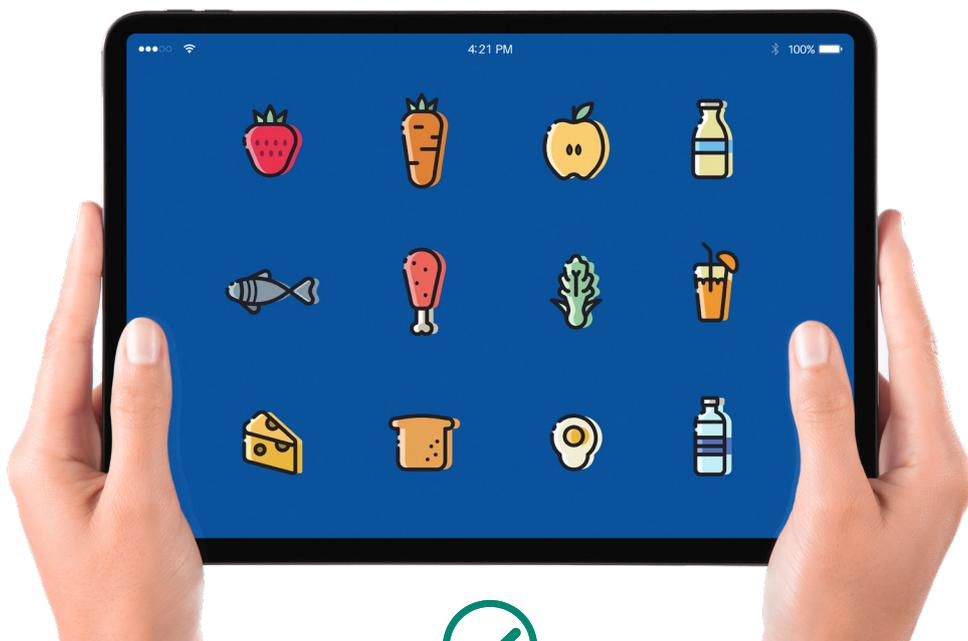
Technology

Technology can help catering and clinical teams to collate food choices, manage allergies and diets, and minimise waste.

Electronic food ordering systems can be linked to electronic patient records, so patients' nutrition becomes an integral part of their overall care. Menus can be tailored to individual needs and conditions. Smart ordering, supported by technology, minimises the risk that patients with food allergies will be offered food that is unsafe for them. It can also be used to store ingredient lists, nutritional information and real photos of the meals, to help patients make their choice.

Systems must also be flexible. Allowing minimum times between ordering and food service, affording the ability to move and deliver meals based on a named person as necessary will reduce food waste.

Digital solutions do not replace the need for assisted mealtimes, and some patients will need help to use the technology.



We will/have:

- Reduce food waste by implementing Electronic Meal Ordering – reducing the time between patients ordering and eating their meals and the likelihood of 'just in case' or missed meals being produced.
- Introduce technology to actively monitor and improve stock levels and production schedules.
- Ensure safe ordering that is mapped to patients' care plans.
- Develop menu offers tailored to patients' dietary needs and personal preferences.
- Develop an ordering system that creates minimum time between ordering and the meal service.
- A system that supports patient safety, that links to supplier data for allergens that is updated on result of any changes.
- Consider where technology could be used to improve the patients dining experience – at bedside access to menu's, restaurant opening times and other facilities.

Organisational Structure

The Trust fully recognises our role and legal obligations as a food business operator and the importance of having robust food safety procedures.

The NHS Food Review advises 'There are four things that all successful hospitals have in common:

1. They adopt a 'whole-hospital approach'. This means integrating food into the life of the hospital – treating the restaurant as the hub of the hospital, where staff and visitors eat together; the chef and catering team are as important as other staff members; and food is considered as part of a patient's care and treatment.
2. They have a chief executive who leads the change and understands the value of food and nutrition.
3. They concentrate on the things patients and staff care about; good food, attractive environment, and a belief that the hospital they are in serves nutritious food at the best available quality.
4. They have integrated multi-disciplinary working; bringing together catering, dietetics and nursing to help improve nutritional outcomes for patients, and to ensure that staff well-being is prioritised with nutritious food and drink available on-site at all times'.



We will/have:

- An Executive Director, our Chief Nursing Officer who is the designated lead for food.
- Food and Drink Standards is a standing agenda item on the Board of Directors.
- Created a governance structure to support the 'Power of Three' approach, which empowers dietitians, caterers and nurses to join up their decision-making for patient care.
- A designated group for Nutrition, Hydration and Food Safety. The group is attended by the Catering Team, Nursing and Dietetics, Speech & Language Therapist, Patient Representatives and all other relevant members of the multi-disciplinary team, provides organisational assurance on the optimal provision of Safe Nutrition and Hydration to patients within. To achieve this the committee examines all aspects of nutrition food and drink provision and food safety. The group are responsible for the review and implementation of Food and Drink Strategy. The Group will upwardly report through the Patient Safety Meeting, to Quality and Safety Committee and ultimately, as appropriate, Trust Board.
- Mealtimes will be observed and audited by an identified member of the Multi-Disciplinary Team, with reporting systems in place to address improvements, compliments, concerns.
- Patient, visitor and staff involvement and feedback is regularly sought both through existing feedback routes and through specific, informal feedback sessions.
- All staff involved in the food process attend appropriate Mandatory Food Safety and Allergy training, and through training have a clear understanding of their role and responsibilities relating to food safety.
- A designated learning and development programme for all staff involved in food and drink services.
- The Trust have a Food Safety Specialist who is responsible for ensuring the food and drink supply chain is safe.
- Ensure the Trust has access to appropriate catering dietetic advice and support responsible for overseeing patient, staff and visitor catering.
- A dedicated area on the Trust Intra/ Internet as a resource for patients, visitors and staff.
- Our Chefs are supported to enter the annual NHS Chef competition.
- Our restaurants welcome, staff visitors and if clinically appropriate our patients and serve food based on the needs and preferences of our customers.

Governance



The Strategy will be launched in May 2024.

The Nutrition and Hydration group will oversee implementation of the Strategy enabling services across the Organisation to update on their progress and share best practice. The group will look for themes where work programmes can be developed to drive continuous improvement.

The Trust's Annual Business Plan will reflect the actions required to deliver the Strategy.

The objectives and commitments set out in the Strategy will be reviewed annually by the group to ensure that they remain responsive to issues that matter to patients.

Performance Measures/Metrics and Reporting Process

Locally, impact will be measured by the Trust through analysis of quality, patient experience and staff survey data and the findings of annual Patient-led Assessments of the Care Environment (PLACE)²⁹.

Improvement will be measured against the National Healthcare Food Standards, through the Maturity Matrix.

National patient and staff survey results will also be used to monitor the impact of the Strategy on patient and staff experience.

Mealtimes observational audits will be carried out by a designated member of the Multi-Disciplinary Team on an agreed frequency with clear lines of feedback, both compliments and concerns and recommendations and lines of accountability.

The Strategy will form part of the annual returns required by our Organisation to evidence compliance with each section of the Food Standards and provide evidence and form Part of the Premises Assurance Model (PAM) and Estates Returns Information Collection (ERIC).

Progress will be reported to the Board of Directors as part of the Quality and Safety Committee governance route.

Mealtimes observational audits will be carried out by a designated member of the Multi-Disciplinary Team



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Glossary

BAPEN	British Association for Parenteral and Enteral Nutrition
BDA	British Dietetic Association
DOH	Department of Health
DEFRA	Department for Environment, Food and Rural Affairs
ERIC	Estates Returns Information Collection
GBSF	Government Buying Standards for Food
HACCP	Hazard Analysis Critical Control Points
HaFSA	Hospitality and Food Service Agreement
HCA	Hospital Caterers Association
IDDSI	International Dysphagia Diet Standardisation Initiative
NHS	National Health Service
PAM	Part of the Premises Assurance Model
PLACE	Patient Led Assessments of the Care Environment
PMI	Protected Mealtime Initiative
UK	United Kingdom