Hospital Restaurants and Retail Catering Outlets
Food Standards

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1. **FOREWORD**

As an Executive Board we are committed to improving the health and wellbeing of our staff as well as our local population. Whilst we are a large organisation with a significant number of employees, each staff member is important to us and is valued as an individual. It is therefore vital that every employee has the opportunity to improve their health, and we believe that our employees deserve easy access to healthy nutritious food whilst at the workplace. We are thus improving the availability, range and affordability of healthy options offered at our UHB-provided hospital restaurants and cafes in order to make the healthy choice the easy choice. We hope that you will help us make Cardiff and Vale UHB a healthier place to work and take the opportunity to make positive changes to improve your health.

Dr Sharon Hopkins  
Executive Director of Public Health  
Cardiff and Vale University Health Board  
December 2014
2. BACKGROUND

2.1 University Health Board Statutory responsibilities
Cardiff and Vale University Health Board (UHB) has a statutory responsibility to improve health and prevent ill-health in the local population, as well as providing individual patient centred care. Approximately a quarter of the Cardiff and Vale population attend a hospital based out-patient or in-patient service each year, with many more visiting UHB hospital sites with friends or relatives (Cardiff and Vale UHB 2010). These encounters provide significant opportunity to promote the health and wellbeing of the population, therefore it is important that such opportunities are used wisely, and that as an organisation the promotion of health and wellbeing is taken seriously.

2.2 Practising Public Health Organisation
A Practising Public Health Organisation is one which seeks to actively and visibly promote the health of its staff, patients and community at every available opportunity. In 2010 Cardiff and Vale UHB committed to become a Practising Public Health Organisation, essential components of which include the creation of healthy working environments, and the development of health improvement initiatives, including the provision of opportunities to access healthy food and drink within the workplace. The UHB therefore has a responsibility to positively contribute towards the health and wellbeing of the 14,500 staff that it employs (Cardiff and Vale UHB 2010). As a Practising Public Health Organisation, it is important that Cardiff and Vale UHB is an exemplar of best practice, and as such, all staff should be enabled and encouraged to purchase healthy, nutritious food within Cardiff and Vale UHB hospital sites. Whilst progress has already been made at University Hospital of Wales and University Hospital Llandough restaurants to increase the availability of healthy options, further work is needed to ensure that the majority of food available within Cardiff & Vale UHB restaurants is healthy, nutritious, and affordable.

The implementation of mandatory standards across UHB provided hospital restaurants and retail catering outlets will therefore contribute to ensuring that staff and visitors are encouraged and supported to eat well, through the wide provision and exclusive promotion of healthy options.

2.3 Health and Nutrition
The consumption of a healthy, balanced diet throughout the life-course is important in the prevention of malnutrition but also in the prevention of non-communicable disease such as diabetes mellitus, coronary heart disease, certain cancers and stroke (WHO 2014a).

A healthy adult diet is defined by NHS Choices as the following:

- Energy intake – The average man needs around 2,500 calories a day (10,500 kilojoules); the average woman needs 2,000 calories (8,400 kilojoules)(NHS Choices 2013a)
- At least five 80g portions of fruit and vegetables a day (or 400g)(NHS Choices 2013b)
- One third of total intake from starchy foods (potatoes, bread, rice, pasta, cereals), particularly wholegrain varieties (NHS Choices 2013c)
- Meat, fish, eggs, beans and other non-dairy sources of protein (NHS Choices 2013d) –
Meat – eat lean cuts of meat and skinless poultry whenever possible to cut down on fat. The Department of Health advises that a maximum of 70g of red and processed meat is eaten daily (NHS Choices 2013e)

Fish – Aim to eat at least two portions of fish a week, to include one portion of oily fish (NHS Choices 2013d)

Eggs are a good form of protein and there is currently no recommended limit regarding the number of eggs that should be eaten (NHS Choices 2013f)

Pulses, e.g. beans, lentils, peas, are a good source of protein, fibre, vitamins and minerals. 80g counts towards one of the recommended five portions of fruit and vegetables a day (NHS Choices 2013g)

- Eat nuts in moderation – whilst they are a good source of fibre they are high in fat (NHS Choices 2013d)
- Milk and dairy products are good sources of protein and calcium but can be high in fat. To reduce fat intake choose the following:
  - Semi-skimmed, 1% fat or skimmed milk
  - Limit cheese intake or choose reduced-fat hard cheese, reduced-fat cottage cheese or quark as alternatives
  - Use butter and cream sparingly
  - Lower fat yoghurts (NHS Choices 2013h)
- Eat less saturated fat:
  - The average man should eat no more than 30g of saturated fat a day
  - The average woman should eat no more than 20g of saturated fat a day (NHS Choices 2013i)
- Less than 10% of total daily energy intake from added sugars (NHS Choices 2013j)
- No more than 6g of salt a day (NHS Choices 2013k)

Education on Healthy eating is provided using the Eatwell Plate model that indicates the relevant proportions of each food group that make up a healthy diet (NHS Choices 2013l).

Despite widespread knowledge regarding the benefits of maintaining such a healthy, balanced diet, increasing urbanisation, a more fast-paced way of life and increased production of processed foods has led to a gradual shift in the dietary habits of the UK population. As a result, individuals are eating less fruit and vegetables, oily fish and dietary fibre, but are instead consuming a greater proportion of energy-rich foods high in saturated fats, trans fats, salt and sugar (WHO 2014a).

According to the Welsh Health Survey, only 33% of adults in Cardiff and Vale report eating at least 5 portions of fruit and vegetables daily (Welsh Health Survey 2014). In addition to providing information regarding fruit and vegetable intake of the Cardiff and Vale population, as a proxy measure for general diet, this suggests that 67% of Cardiff and Vale residents are not eating a well-balanced diet and are thus at increased risk of malnutrition, obesity and the development of non-communicable disease.

2.4 Dental Health

Dental decay is one of the most widespread health problems in the UK (NHS Choices 2014a) and is preventable (Welsh Oral Health Information Unit 2012). Good oral health is fundamental to general health as oral disease can impact upon an individual’s physical and psychological wellbeing (Welsh Oral Health Information
Unit 2012), and according to the World Health Organisation is essential to quality of life (WHO 2014b). Dental decay occurs when the sugar ingested in food or drink reacts with bacterial plaque and forms acids. Repeated acid exposure can, over time, soften tooth enamel and dentine and lead to the development of a cavity (British Dental Health Foundation 2014a). Consuming sugary or acidic food and drink between meals increases the likelihood of dental decay, as this results in the teeth being constantly exposed to acid and insufficient recovery time between ‘acid attacks’ (British Dental Health Foundation 2014a).

The 2009 Adult Dental Health Survey revealed that of adults in Wales with natural teeth, 47% had dental caries, 56% had some bleeding of the gums, and 87% had some wear of their front teeth – an increase from 67% in 2008 (The Health and Social Care Information Centre 2011).

2011/12 child dental survey data revealed that 34.7% of 5 year olds in Cardiff and Vale UHB had at least one decayed, missing or filled tooth (DMFT), and that the average number of DMFT for 5 year olds with dental caries had increased to 4.2 from 3.7 in 2007/08 (Welsh Oral Health Information Unit 2013). Welsh dental survey data has also revealed that dental decay in 5 year olds is associated with social deprivation as illustrated in figure 1 (Welsh Oral Health Information Unit 2012).

Figure 1: Average number of DMFT in Welsh 5 year olds 2007-8 and 2011-12 according to quintiles of the Welsh Index of Multiple Deprivation. Illustrates the Welsh Government target of achieving a maximum average of 1.77 DMFT in the most deprived group by 2020 (Welsh Oral Health Information Unit 2013)
Dental erosion is the loss of enamel due to acid exposure following eating and drinking, and can result in changes to the appearance of teeth, toothache, and sensitivity (British Dental Health Foundation 2014b). Studies have shown that alongside sugary carbonated drinks, diet carbonated drinks also have the potential to cause dental erosion and demineralisation of enamel due to their acidic pH (Tahmassebi et al. 2006). In order to prevent dental decay and erosion, in addition to brushing teeth with fluoride toothpaste, it is advised that sugar consumption is reduced and that the consumption acidic food and drink is limited (Public Health England 2014). Therefore, in this document, diet and ‘sugar free’ drinks are not categorised as ‘healthier’ options.

2.5 Overweight and Obesity
Overweight and obesity are linked to an energy-rich diet and are directly associated with a range of health effects such as joint and back problems, diabetes, depression and premature death (Swanton 2008). Globally, 44% of diabetes mellitus, 23% of ischaemic heart disease and 7-41% of certain cancers are attributable to overweight and obesity (WHO 2014c). In 2008/9 the associated cost to the Welsh NHS for obesity and its related problems was estimated to be £73 million for the obese population, and £86 million for the overweight and obese population combined (Phillips et al. 2011). This includes the cost to primary, secondary, and tertiary care, ranging from General Practice consultations to hospital admissions. However, the impact of obesity and its consequences goes beyond that of the NHS, with considerable costs to individuals and communities, costs to employers as a result of sickness absence, plus the costs associated with benefits and social care (Swanton 2008). Globally the prevalence of obesity has doubled since the 1980s, and has now reached epidemic proportions (WHO 2014c). According to the 2012-13 Welsh Health Survey 55% of adults in Cardiff and Vale are overweight or obese and 20% are obese (Welsh Health Survey 2014). The 2012/13 Public Health Wales Child Measurement Programme Report has also revealed that 31% of children age 4-5 years in Cardiff and Vale are overweight or obese (Public Health Wales 2014a). Therefore, if Cardiff and Vale UHB hospital visitors and staff are representative of the C&V population, 55% of adults visiting our hospital restaurants are likely to be overweight or obese.

Obesity prevalence is also linked to deprivation. Data from the Welsh Health Survey and Child Measurement Programme both reveal that the prevalence of obesity amongst Welsh adults and amongst 4-5 year olds increases with increasing deprivation (Public Heath Wales 2014a; Public Heath Wales 2014b). The association between deprivation and obesity has also been demonstrated at Cardiff and Vale UHB. Figure 2 displays adult obesity levels at Cardiff and Vale UHB according to degree of deprivation for 2004/2005-2008 and 2009-2012. It clearly shows that the percentage of adults reporting to be obese increases with increasing deprivation, but also that the prevalence of obesity has increased across all deprivation groups between 2004/5-08 and 2009-2012 (Public Heath Wales 2014b).
There is evidence to suggest that individuals living in areas with a high density of fast food outlets and convenience stores are statistically significantly more likely to be overweight or obese after adjusting for confounding factors such as gender, ethnicity, deprivation, age, etc (Fraser and Edwards 2010; Pruchno et al. 2014). There is also evidence to suggest that reducing energy density of the food available, and introducing energy and macronutrient food labelling at workplace cafeterias, is associated with an improvement in the dietary intake of staff (Lowe et al. 2010). Therefore, in order to maximise health through improving the dietary intake of staff and visitors at Cardiff and Vale UHB hospital sites, the UHB has a responsibility to ensure that the food and drink available for purchase is healthy and nutritious, that healthy options are affordable, and that hospital staff and visitors are actively encouraged to purchase the healthy choices available. Implementation of these standards will assist the UHB in achieving this, and support delivery of the Cardiff and Vale UHB Integrated Medium Term Plan 2014/15-2015/16: “Caring for people; Keeping people well” (Cardiff and Vale UHB 2013).

3. SCOPE

These standards are mandatory for all restaurants and retail catering outlets provided by Cardiff and Vale UHB, including hospital restaurants, cafes, trolley services etc.

These standards are also mandatory for all non-UHB provided restaurants and retail catering outlets located on Cardiff and Vale UHB hospital sites that have the necessity for compliance with these standards written into their contracts.
These standards do not apply to inpatient food provision which must currently comply with the Welsh Government All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients 2011 (Welsh Government 2011). The contents of all vending machines located within Cardiff and Vale UHB hospital restaurants and retail catering outlets must be 100% compliant with Welsh Government Health Promoting Hospital Vending Guidance 2012 (Welsh Government 2012).

4. AIMS

The aim of these standards is to ensure that all staff and visitors have easy access to healthy affordable nutritious food at all Cardiff and Vale UHB provided hospital restaurants and retail catering outlets. It is also to ensure that staff, visitors and patients utilising these services are both educated about, and encouraged to choose, healthy food and drink options.

5. OBJECTIVES

The objectives of these standards are to ensure that:

1) There are a greater proportion of healthier* options available for purchase at Cardiff and Vale UHB provided restaurants and retail catering outlets than other options
2) Healthier* options available for purchase at Cardiff and Vale UHB provided restaurants and retail catering outlets are more visible than other options
3) The fat and sugar content of all hot and cold meals served at Cardiff and Vale UHB provided restaurants and retail catering outlets are displayed to the customer. Meals will be displayed as being high (red), medium (amber) or low (green) for fat and sugar content as per the FSA traffic light system (Food Standards Agency 2007)
4) At all Cardiff and Vale UHB provided restaurants and retail catering outlets, only healthier* options are promoted, for example through special offers, meal deals, at till points, etc. No other food or drink items are promoted at Cardiff and Vale UHB provided restaurants and retail catering outlets
5) All Cardiff and Vale UHB provided restaurants and retail catering outlets adopt a pricing structure that favours healthier* options where possible
6) All Cardiff and Vale UHB provided restaurants and retail catering outlets comply with the EU Food Information for Consumers Regulation 1169/2011 (European Union 2011)
7) All vending machines located within Cardiff and Vale UHB hospital restaurants and retail catering outlets are 100% compliant with Welsh Government Health Promoting Hospital Vending Guidance 2012 (Welsh Government 2012) or with subsequent Welsh Government mandates relating to hospital vending

*Healthier options: In order for a food or drink item to be defined as ‘healthier’ it must meet strict requirements regarding fat and sugar content. The definitions of high, medium and low fat and sugar content used in this document are based on the Food Standards Agency traffic light system (Food Standards Agency 2007) with
**Department of Health 2013 updates** (NHS Choices 2014b) and are outlined in table 2 of appendix 1. For the purpose of this document, ‘healthier’ food products are those that are not high in fat or sugar, and ‘healthier’ snacks are those that are not high in fat or sugar unless fat/sugar are naturally occurring in the product – see table 1 of appendix 1. ‘Healthier’ drinks are those that comply with the Welsh Government Health Promoting Hospital Vending Guidance 2012 (Welsh Government 2012) – see table 1 of appendix 1.

6. **MANDATORY STANDARDS FOR ALL CARDIFF AND VALE UHB HOSPITAL RESTAURANTS AND RETAIL CATERING OUTLETS**

**Key documents:**
- Food Standards Agency “Food using traffic lights to make healthier choices 2007” (Food Standards Agency 2007)
- NHS Choices “Reference intakes on food labels explained 2014” (NHS Choices 2014b)
- Welsh Government “Health Promoting Hospital Vending Guidance 2012” (Welsh Government 2012)
- EU Food Information for Consumers Regulation 1169/2011 (European Union 2011)

**Key requirements:**
- A minimum of 75% of both the quantity and range of items available for customers to purchase within each product category as listed in table 1 of appendix 1, must comply with the requirements shown in table 1 of appendix 1 – based on a combination of the Food Standards Agency traffic light system (Food Standards Agency 2007) and Welsh Government Health Promoting Hospital Vending Guidance 2012 (Welsh Government 2012)
- Only food and drink items that are compliant with the requirements listed in table 1 of appendix 1 can be promoted, e.g. at till point, in special offers/meal deals, in window displays and via other promotional activities
- Products that are not compliant with the requirements listed in table 1 of appendix 1 cannot be promoted, e.g. cannot be sited at till point, cannot be included in special offers/meal deals, cannot be displayed or promoted in windows or via other promotional activities
- A compliant hot meal must be available for purchase every lunch time as the cheapest hot meal option available and promoted as, for example, the ‘deal of the day’. Examples of such hot meals include jacket potato and beans, hot soup and a roll, etc.
- **Vended** snacks and drinks must be 100% compliant with the Welsh Government Health Promoting Hospital Vending Guidance 2012 (Welsh Government 2012)
- Drinking water must be freely available to all restaurant users and must be promoted, e.g. cups provided and location of drinking water highlighted to customers at till point
- Salt must not be provided at lunch tables – sachets must be available at service counter only
• Ensure that whole fresh fruit is available for purchase at all meal times, that it is cheaper for the customer to purchase than the majority of confectionary items, and that it is included as an option in all meal deals

7. MONITORING AND EVALUATION
Catering managers will provide an annual written report to the Cardiff and Vale Public Health Team healthy eating lead. Reports will detail how each restaurant is compliant with the standards outlined in this document. The Hospital Restaurants and Retail Catering Outlets Food Standards 2014 document will be reviewed one year after implementation, taking into account catering manager annual written reports.

8. REFERENCES

British Dental Health Foundation 2014a. Dental Decay [Online]. Available at: https://www.dentalhealth.org/tell-me-about/topic/mouth-conditions/dental-decay [Accessed 24th November 2014]

British Dental Health Foundation 2014b. Dental erosion [Online]. Available at: https://www.dentalhealth.org/tell-me-about/topic/mouth-conditions/dental-erosion [Accessed 24th November 2014]


The Health and Social Care Information Centre 2011. *Adult Dental Health Survey 2009 – Wales Key Findings* [Online]. Available at:


9. APPENDIX

Table 1: Requirements for the food and drink available for purchase at Cardiff and Vale UHB hospital restaurants and retail catering outlets

<table>
<thead>
<tr>
<th>Product Category</th>
<th>Examples</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot food</td>
<td>Hot meals, cooked puddings, microwavable ready meals, etc.</td>
<td>Must <strong>NOT</strong> be high in fat or sugar as defined in table 2</td>
</tr>
<tr>
<td>Cold food</td>
<td>Sandwiches, salads, cold pasties/SAUSAGE rolls, cereals, etc.</td>
<td>Must <strong>NOT</strong> be high in fat or sugar as defined in table 2</td>
</tr>
<tr>
<td>Snacks and confectionary</td>
<td>Crisps, sweets, nuts/seeds, cereal bars, fresh fruit, fruit pots, cakes, biscuits, ice cream, etc.</td>
<td>Must <strong>NOT</strong> be high in fat or sugar as defined in table 2, unless fat or sugar is naturally occurring in the product*</td>
</tr>
</tbody>
</table>
| Drinks                 | Hot chocolate, coffee drinks (e.g. lattes, cappuccinos), flavoured water, CARBONATED drinks, fruit juice/juice drinks, milk based drinks, etc. | 1. Must **NOT** be high in fat, saturated fat **OR** salt – as defined in table 3 (Welsh Government 2012)  
2. Must **NOT** contain any 'added sugars', except for the following products provided there is no more than 5% 'added sugars' and the dairy based drinks are based on skimmed, 1% or semi-skimmed milk: - Flavoured milk - Milk based drinks, e.g. iced coffee drinks - Yoghurt drinks - Dairy smoothies (Welsh Government 2012)  
3. **No carbonated drinks are permitted** except: - Carbonated water - Carbonated pure fruit and vegetable juices - Pure fruit and vegetable juices diluted with carbonated water (if contains a minimum 50% fruit or vegetable juice) (Welsh Government 2012) |

*Products which are naturally high in sugar and/or fat are listed in table 4
Table 2: Food Standards Agency definitions of high, medium and low content of sugar, fat and salt per 100g (Food Standards Agency 2007) with Department of Health 2013 updates (NHS Choices 2014b)

<table>
<thead>
<tr>
<th></th>
<th>Low (amount per 100g)</th>
<th>Medium (amount per 100g)</th>
<th>High (amount per 100g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fat</td>
<td>≤ 3g</td>
<td>&gt; 3g and ≤ 17.5g</td>
<td>&gt; 17.5g</td>
</tr>
<tr>
<td>Saturated fat</td>
<td>≤ 1.5g</td>
<td>&gt; 1.5 g and ≤ 5g</td>
<td>&gt; 5g</td>
</tr>
<tr>
<td>Total sugar</td>
<td>≤ 5g</td>
<td>&gt; 5g and ≤ 22.5g</td>
<td>&gt; 22.5g</td>
</tr>
<tr>
<td>Salt*</td>
<td>≤ 0.3g</td>
<td>&gt; 0.3g and ≤ 1.5g</td>
<td>&gt; 1.5g</td>
</tr>
</tbody>
</table>

*To calculate total amount of salt per 100g determine the total sodium per 100g and multiply by 2.5 (NHS Choices 2014b)

Table 3: Welsh Government Health Promoting Hospital Vending criteria for high levels of fat, saturated fat, sugar and salt per 100ml of drinks (Welsh Government 2012)

<table>
<thead>
<tr>
<th></th>
<th>HIGH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per 100ml</td>
<td></td>
</tr>
<tr>
<td>Fat</td>
<td>&gt; 10g</td>
<td></td>
</tr>
<tr>
<td>Saturated fat</td>
<td>&gt; 2.5g</td>
<td></td>
</tr>
<tr>
<td>Added Sugars*</td>
<td>None permitted</td>
<td></td>
</tr>
<tr>
<td>Salt</td>
<td>&gt; 1.5g</td>
<td></td>
</tr>
</tbody>
</table>

*‘Added sugars’ are defined in the Welsh Government vending guidance as any mono- or disaccharide or any other food used for its sweetening properties. Drinks with ‘added sugars’ are not permitted apart from certain products which are outlined in the Welsh Government Health Promoting Hospital Vending Guidance 2012 (Welsh Government 2012) which can be accessed at: [http://wales.gov.uk/topics/health/improvement/index/vendingguidance2012/?lang=en](http://wales.gov.uk/topics/health/improvement/index/vendingguidance2012/?lang=en)

Table 4: Products that are naturally high in fat and/or sugar

<table>
<thead>
<tr>
<th>Product</th>
<th>Naturally high in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuts and seeds</td>
<td>Fat (NHS Choices 2013n)</td>
</tr>
<tr>
<td>Some fruit and fruit juice varieties</td>
<td>Sugar (NHS Choices 2013o)</td>
</tr>
</tbody>
</table>