



All Wales Nutrition and Catering Principles and Standards for Food and Fluid Provision for Hospital Inpatients: Self-Assessment Tool - 2026

Identifying Areas of Quality and Areas for Improvement

This self-assessment tool provides NHS organisations across Wales with a means of reviewing current practice and identifying areas of quality and areas for improvement. It will provide a basis for monitoring improvements in the quality of nutrition and hydration provision over time. The self-assessment tool will also link to and inform an organisation's quality report or quality improvement plan, including adherence to the seven principles outlined in these standards. Not all principles have specific standards aligned with them, but organisations should be able to demonstrate that each principle has been considered.

NHS organisations in Wales are expected to undertake a local self-assessment review and assign a red, amber and green (RAG) rating to each of the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients.

1. Review each of the standards and identify the range of evidence available in relation to each standard, within the NHS organisation
2. Judge the strength of the evidence through a RAG rating:
 - a. **Red** – no or insufficient evidence – This should be escalated through the organisation's established governance arrangements, with the designated Executive Director informed as appropriate and mitigating actions identified.
 - b. **Amber** – evidence available but further improvements in quality have been identified and are being introduced
 - c. **Green** – sufficient relevant evidence to show quality of nutrition and hydration provision across the NHS organisation
3. Where the available evidence is rated **Red**, this should be treated as an area for escalation, development or further exploration and included in the organisation's quality improvement plan. **Amber** criteria should also be addressed. Where several criteria are rated **Red**, organisations should prioritise these within their quality improvement plans before addressing **Amber** criteria.

Principle	Standards		Local Evidence	RAG rating	How can further improvements be made against this standard over the next 12 months?
	Standard	Section	Evidence	Red Amber Green	
Principle 1: All health boards and NHS trusts in Wales must have a designated Executive Director responsible for food and drink for inpatients (nutrition and safety) and be responsible for reporting on compliance with these standards					
Principle 2: NHS organisations must proactively recognise and monitor the nutrition and hydration needs of the hospital population	A malnutrition screening tool must be completed within 24 hours of admission for all patients, including adults and children who are overweight or obese, and repeated at least weekly thereafter.	2.4.1			
	The All Wales Food Record Chart and Fluid Balance Charts, where indicated for a patient,	2.4.1			

	must be completed in a timely and accurate way.				
	The dietary needs of patients must be recorded and provided for, including any therapeutic, special or religious diets.	3.2.2			
	All patients must be asked about their dietary needs on admission. These needs must also be reviewed when patients transfer to or between wards to ensure that the correct diet can be ordered and provided, an appropriate menu is available and received by the patient, including suitable ward provisions and snacks.	3.3.1			
Principle 3: Organisations must invest in a high calibre workforce, sufficient staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.					

Principle 4: 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.					
Principle 5: Organisations must monitor, manage and work towards reducing the environmental impact of food production and waste, and improve access to, and the availability of, more sustainable options on hospital menus.					
Principle 6: NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision.	Where a patient in an emergency department requires a meal, the missed-meal or out-of-hours provision described in section 3.3.7 should be followed. Appropriate food and fluid provision must remain available throughout the patient's time in the department.	3.2.1			

	The catering service must be flexible, and consideration should be given to more flexible mealtimes, suitable meal replacements and snack availability.	3.3.2			
	Any adaptive crockery and/or cutlery must be identified in advance of mealtimes, to ensure there is no delay in feeding.	3.3.3			
	Consideration of patients' ability to easily access and open food packaging must be made during the procurement stage and easily opened packaging sourced, if available.	3.3.5			
	Assistance must be given to any patients who are unable to access or open packaging (e.g. sandwich cartons, butter/jam portions).	3.3.5			

	Assistance to eat must be given to all those who require it.	3.3.5			
	A missed meal service must be provided for all patients who did not have the opportunity to have a meal at the normal mealtime.	3.3.7			
	Ward provisions must be available to ensure patients have access to a range of different snacks and beverages.	4.5			
Principle 7: NHS organisations are required to provide food and beverages that meet the nutritional needs of the hospital population.	Hospital menus must be able to provide the nutrient specifications (Table 4.3 adults/Table 6.2 children) and the nutrient and food-based standards (Table 4.4 adults/Section 6.3 and 6.4 children) daily, through meals, snacks and on-ward milk allowance.	4.3 4.4 6.3 6.4			
	Water and beverages must be provided to ensure patients are able	4.3			

	to achieve minimum fluid requirements for their age and gender.	6.4			
	A large proportion of hospital patients.... require diets that are more energy and nutrient dense. This means that the same amount of energy (from fat and carbohydrate), protein, vitamins, minerals and trace elements must be provided in a smaller volume of food.	2.1			
	It is recommended that NHS organisations plan their menus in line with recognised menu planning principles and must use a multidisciplinary group to carry this out.	2.5			
	Standard recipes must be used for all dishes and there must be current and accurate nutritional analysis of the menus, and this level of	2.5			

	detail needs to be readily available for staff and patients to assist in safe and appropriate meal choices for some therapeutic and specialist diets.				
	Hospital menus must meet the nutritional requirements of diverse patient population groups.	4.1			
	Underrepresented groups within the local population must be considered at the menu planning stage.	8.1			
	A menu that meets the nutritional requirements for hospital patients must also provide a choice of dishes that patients find appealing and enjoyable.	4.1			
	Where a menu must meet the needs of the nutritionally well and the nutritionally vulnerable, then ensuring that both 'healthy choices' and 'higher energy and	4.2			

	nutrient dense' choices are available at each eating occasion should enable all patients to choose a diet that meets their nutritional requirements.				
	Provision must be made for the increased requirements of pregnant (additional 6 g/day) and lactating females (an additional 11 g 0–6 months, 8 g/day over 6 months).	4.3			
	Water must always be available; preferably chilled mains water fed.	4.4			
	A range of milks including whole milk/semi-skimmed (depending on local need) and a range of calcium-fortified plant-based milks must be available in sufficient volumes at ward level to enable all patients to meet their needs and preferences.	4.4			

	A missed meal service must provide a minimum 300 kcal and 18 g protein per main course. Portion sizes may need to be adjusted to meet children's requirements.	3.3.7			
	Ward provisions must be available to ensure patients have access to a range of different snacks and beverages.	4.4			
	Local policies for ordering and managing ward provisions must be developed and form part of audit and monitoring processes.	4.5			
	The healthier eating options must make provision that maintains a normal nutritional status and meets the target nutrient specification for the hospital menu.	5.8			
	Artificial sweeteners must be available at ward level for those	5.8.1			

	patients choosing to use them.				
	Wholegrain or wholemeal bread varieties and cereals must be offered as a choice.	5.2.1			
	At least one wholegrain breakfast cereal must be offered at breakfast time, (containing a minimum of 6 g fibre per 100 g).	5.2.1			
	Bran must not be added to foods to increase fibre content.	5.2.1			
	The menu must provide the opportunity for patients to choose at least 5 servings of fruit and vegetables (minimum 400g uncooked weight) across each day, including as wide a variety as possible.	5.2.2			
	The menu must provide a choice of meat or meat alternative at both	5.2.3			

	midday and evening meals.				
	The menu must provide a choice of fish a minimum of twice per week, one choice of which should be an oily fish.	5.2.3			
	A minimum of 500 ml of milk must be provided (cow's milk or calcium-enriched plant-based milk depending on requirement) for each patient, every day at ward level. This is to be used for breakfast, cereals and drinks.	5.2.4			
	A choice of whole, semi-skimmed and skimmed cow's milk, together with suitable calcium-fortified plant-based alternatives, must be available at every meal.	5.2.4			
	Plant-based alternatives, such as oat, almond and soya drinks, must be fortified with calcium.	5.2.4			

	Where soup is offered as a main course alternative, it must be served with accompaniments to meet the standard for a main course i.e. 18 g protein.	5.5			
	While soup and sandwich options are fine to offer on a standard menu, a soup and sandwich meal must not be the only main meal choice available at a given meal service due to the inability of this option to meet the higher nutrition requirements of nutritionally vulnerable patients. An alternative option must always be available.	5.5			
	For any menu coding, it is important to consider; That there must be an up-to-date nutritional and content analysis of the menu item.	7.3			

	For any menu coding, it is important to consider; That nutrition education for nursing and catering staff must accompany dietetic codes.	7.3			
	For any menu coding, it is important to consider; That hospitals must have a robust system of safe provision and mechanisms in place to mitigate any risk of incorrect dietary codes being associated with a recipe/food item that has changed due to change of ingredient, even at short notice.	7.3			
	Any food which is fortified should clearly state the allergens which it may now contain as a result of fortification. This needs to be communicated easily and clearly to the patient and any staff involved in care and feeding. Hospitals must have	5.7			

	robust local protocols detailing how this is monitored and communicated safely.				
	All dishes which are produced in-house must use standard recipes (from the All-Wales Menu Framework if available) with ingredients from 'approved' suppliers.	7.5.3			
Principle 7: NHS organisations are required to provide food and beverages that meet the nutritional needs of the hospital population: SPECIFICALLY FOR ADULTS.	Routine snacks: These should be offered to all patients at least twice daily and provide a minimum of 150 kcal and 2 g protein per snack for nutritionally well patients. One of these snacks must be offered in the evening.	4.4			
	Snacks of a higher energy and protein density: To be offered at least twice daily to the nutritionally vulnerable (identified as at moderate and high risk of malnutrition from	4.4			

	Nutrition Risk Screening) to meet a minimum total in a day of 600 kcals and 14 g protein. One of these must be the evening				
Principle 7: NHS organisations are required to provide food and beverages that meet the nutritional needs of the hospital population: SPECIFICALLY FOR CHILDREN & YOUNG PEOPLE.	Menus must be tailored to suit young children's nutritional and energy needs and their stage of development.	6.1			
	For infants who require weaning, suitable provision should be made to account for the stages of weaning. Food safety must form part of the decision regarding the most appropriate choice provided.	6.3			
	Wholegrain or wholemeal bread varieties and cereals must be offered as a choice, not the only choice and not at the expense of more energy-dense foods for children <2 years old. Such a choice must be available	6.3.1			

	for gluten-free and allergen-free breads also.				
	Semi-skimmed milk must be available only on request for children 1 year and older.	6.3.4			
	Honey must not be added to foods prepared for infants <12 months old.	6.3.5			
	Snacks and drinks must be provided at specific, regular times.	6.5			
	A range of suitable snacks including high-calorie and high-protein snacks and drinks must be provided between each meal.	6.5			
	Whenever a patient has a therapeutic diet prescribed by a dietitian or medical staff, or, in case of texture modified diets by a Speech and Language therapist, all hospitals and NHS	7.1			

Principle 7: NHS organisations are required to provide food and beverages that meet the nutritional needs of the hospital population: SPECIFICALLY FOR THERAPEUTIC, SPECIALIST & RELIGIOUS DIETS.	organisations must be able to provide this.				
	There must be a hospital protocol for the provision of all therapeutic diets, including processes for any substitutions and how this is managed and communicated to ensure safe and appropriate provision.	7.2			
	Patients must be given choice for all food and fluid options provided.	7.2			
	Hospitals whose populations require certain therapeutic diets irregularly and in minimal numbers must include in their policy a formal contingency for the provision of these diets in the event they are required, for example, by using an a la carte menu.	7.2			
	Therapeutic diets must meet the requirements of the clinical treatment and	7.2			

	appropriate nutritional standards.				
	Caterers must work with dietitians, and other HCPs as appropriate, for example Speech and Language Therapists, in developing systems for planning, ordering and delivery of therapeutic diets which are appetising and suit the preferences of the patient.	7.2			
	Where relevant, catering service contracts must be sufficiently detailed and cover the provision of both therapeutic and special diets.	7.2			
	Catering provision for allergen-free diets must meet all the aspects of the nutritional standards requirements as well as recommendation for variety and availability of meals, snacks and ward provisions.	7.5.3			

	If on-site catering is not possible then pre-packed meals can be used as an alternative. These must still meet the regulations for 'gluten-free' claim and the minimum nutritional requirements as well as the variety of choice as outlined in this document.	7.5.4			
	Gluten free bread must be toasted using a clean grill or toaster bags due to the risk of cross-contamination.	7.5.4			
	If bulk multi-portion dishes are used, any meals from a supplier labelled as gluten-free must be served in a way that avoids cross-contamination with other gluten containing foods.	7.5.4			
	Patients on texture-modified diets have been shown to have a lower intake of energy and protein than those	7.5.5			

	consuming a normal hospital diet, and therefore the menu for patients requiring such a diet must be able to meet all the nutrient specifications detailed in this document.				
	Dietitians, Speech and Language Therapists and Caterers must work together to develop and adapt suitable recipes, or to choose appropriate texture-modified foods from a specialist supplier, which meet nutrient needs and IDDSI Descriptors.	7.5.5			
	Diets for kidney disease: Menus (including breakfast and snack options) must be able to meet energy and protein requirements, and, if needed, support electrolyte and fluid restrictions in accordance with individual patient needs.	7.5.6			

	Diets for kidney disease: Caterers must work with dietitians to provide and maintain a nutritionally balanced and clinically safe menu which meets local patient needs.	7.5.6			
	Many patients will need to continue carbohydrate counting or restricting carbohydrates whilst admitted to hospital so must have information on carbohydrate content of meals and snacks made readily available.	7.5.14			
	Hospitals must provide easy access to a variety of appropriate foods and drinks that enable patients with diabetes to manage their blood glucose levels whilst admitted to hospital.	7.5.14			
	For halal menus, meat must be produced by halal methods.	8.2			
	Where kosher meals cannot be prepared within an appropriately	8.3			

	certified local facility, individually packaged meals should be obtained from a certified kosher provider. Appropriate arrangements must be in place to maintain compliance with Jewish dietary requirements.				
	Special meals suitable for the eight-day festival of Passover must be provided, for those patients who wish to observe the Jewish celebration of Passover.	8.3			