

Geoff Ogle  
Chief Executive  
Food Standards Scotland  
Pilgrim House  
Aberdeen  
AB11 5RL

Clare Haughey MSP  
Convener  
Health, Social Care and Sport Committee  
Scottish Parliament  
Edinburgh  
EH99 1SP

cc: [hscs.committee@parliament.scot](mailto:hscs.committee@parliament.scot)

Date: 03/03/2026

Dear Clare

Thank you for inviting Heather Kelman, Chair of Food Standards Scotland, and myself to give evidence to the Health, Social Care and Sport Committee on 17 February 2026 about the work of Food Standards Scotland, and the National Good Food Nation Plan. We hope that the members of the Committee found the evidence session as helpful as Heather and I did.

During the course of the evidence session I confirmed I would write to you further with additional information in relation to:

- ultra processed foods (UPF) and if there is any recent evidence that supports or refutes the NOVA classification system;
- meat and dairy intake modelling and impact on climate and protein requirements;
- projected obesity rates
- health impacts of chemicals added to food such as stabilisers, emulsifiers and flavourings;
- up to date data on Campylobacter infections; and
- the Food Hygiene information Scheme (FHIS)

The information is contained with the annex, which I hope provides clarification on certain issues raised by yourself and by other members of the Health, Social Care and Sport Committee.

Please do not hesitate to contact me on 0777 5821444 or by e-mail ([Geoff.ogle@fss.scot](mailto:Geoff.ogle@fss.scot)) if you require more information, or to discuss the issues in my letter further.

Kind regards



Geoff Ogle  
CEO  
Food Standards Scotland

## Annex A - FSS follow up response to Health, Sport and Social Care committee – 17 February 2026

**Emma Harper MSP asked a question about the definition of Ultra Processed Foods and if there is any recent evidence that supports or refutes the NOVA classification system.**

The paper Heather Kelman referred to can be found here: [Processed foods and health: SACN's rapid evidence update summary - GOV.UK](#)

Processed foods are those which have been prepared by a variety of methods and contain several ingredients. It defines foods by how much processing they have been through. There is no universally agreed definition of a processed food, but the NOVA classification is the most commonly used. This groups foods and food ingredients into four categories based on their level of processing **but not** their energy or nutrient content.

In April 2025, the Scientific Advisory Committee on Nutrition (SACN) published a rapid update on processed foods, considering new evidence on the topic and whether any further assessment is necessary. This rapid update supports and strengthens SACN's original conclusions made in July 2023, and included the following conclusions:

- On balance, most people are likely to benefit from reducing their consumption of processed foods high in energy, saturated fat, salt and free sugars, and low in fibre. This is consistent with previous SACN recommendations. It is based on the nutrient content of many UPFs and concerns raised about health.
- SACN reiterates its existing advice on processed foods, particularly on minimising intake of sugar-sweetened beverages and avoiding high intakes of red and processed meat.

SACN also concluded that, although there is evidence to suggest that high consumption of processed and ultra-processed foods is associated with poor health outcomes, there are also uncertainties around the quality of the evidence available. Additionally, it is currently unclear how much of this relationship may be explained by other nutritional risk factors, such as calorie, fat, sugar or salt content.

In comparison, there is strong and robust evidence that diets high in calories, fat and saturated fat, sugars and salt increase the risk of many chronic diseases, including heart disease, stroke, type 2 diabetes and many types of cancer. This risk could be mitigated through decreased consumption of high fat, sugar and/or salt (HFSS) foods, in line with existing dietary advice for a healthy diet. It is also important to note that processing is a vital part of ensuring food safety and standards are upheld.

FSS therefore continues to advise consumers to move towards a healthy and more environmentally sustainable diet, as depicted by the Eatwell Guide. Given that many ultra-processed foods are also HFSS, following existing consumer facing advice for a healthy diet as outlined within the Eatwell Guide will also reduce the amount of ultra processed foods in the diet. FSS' position statement on processed and ultra-processed foods can be found here: [Position paper: Processed and ultra-processed foods | Food Standards Scotland](#)

## FSS Evidence regarding meat and dairy intake modelling and impact on climate

On 7 March 2024, FSS published a [research report](#) outlining the impact of reductions in meat and dairy products on micronutrient intakes and long-term health in adults.

On 7 October, we published [further analysis](#) using data from our [DISH survey](#), to understand the impact of meat and dairy reductions in children in young people.

The research found that for many population groups it would be possible to mitigate the negative impact of a shift away from meat and dairy on micronutrient intakes, with careful consideration of replacements, such as vegetables, oily and white fish, eggs, pulses and legumes.

Both reports showed that in the Scottish diet is poor with many population sub-groups already at risk of low micronutrient intakes. Therefore, significant improvements are required overall to diets alongside to benefit both health and planet.

FSS completed this work to advise Scottish Ministers on how to respond to Climate Change Committee (CCC) recommendations within its Sixth Carbon Budget to "take low-cost, low-regret actions to encourage a 20% shift away from all meat by 2030, rising to 35% by 2050, and a 20% shift from dairy products by 2030". Since the research commenced, the CCC have published its Seventh Carbon Budget which contains slightly different recommendations.

In relation to adults, we recommended that advice to reduce meat intake is aimed at high consumers of red and red processed meat. There are existing recommendations to reduce red and red processed meat for those who currently consume more than 70g/day (currently 28% of the population in Scotland). Reducing red and red processed meat intakes to no more than 70g in high consumers (with no increase by other consumers), would contribute considerably to climate change mitigation goals. This change could also contribute to around a 5% reduction in new Type II diabetes cases in Scotland over 10 years.

Consuming a diet closer to the Eatwell Guide, including the existing goal for red and red processed meat, would allow consumers to achieve their required micronutrient intakes and contribute meaningfully towards climate change goals.

### Further information on protein

Protein requirements are determined by body weight, so they naturally vary between individuals. When current population intakes are compared with the average requirements for adults and children, they are generally sufficient and often exceed these benchmarks. For this reason, there is no Dietary Goal for protein intake at the population level in Scotland.

Modelling the impact of reducing meat and dairy intakes did not lead to protein intakes falling below recommended levels.

### Projected adult obesity in Scotland

Scotland continues to face one of the highest rates of adult excess weight in Europe, with around two thirds of adults currently living with overweight or obesity. [New modelling using 2003–2019 Scottish Health Survey](#) data projects a substantial rise in the absolute number of adults with excess weight by 2040, unless meaningful preventative action is taken.

By 2040, projections indicate:

- 3.2 million adults in Scotland will be living with overweight, including
- 1.5 million adults living with obesity.
- The rise is more pronounced for obesity, with an estimated 32,000 additional male and 133,000 additional female obesity cases compared with 2019.

The report estimates that 3.3 million adults with excess weight by 2040, with particularly sharp increases among women. There is not a similar projection available for levels of overweight and obesity in children in Scotland at this time, but analysis of data of children in England also projects an increase in prevalence.

A notable concern is the growing burden among adults aged 65+, whose share of overweight and obese cases has already increased since 2003 and is projected to grow further. This signals significant implications for future NHS and social care capacity, with increased multi morbidity and more complex care needs expected.

Critically, these projections are not inevitable but emphasise the urgent need to accelerate population level prevention measures, particularly through reshaping the food environment, alongside strengthening weight management and support services.

**Emma Harper MSP asked if there was any research regarding health impacts of chemicals added to food such as stabilisers, emulsifiers and flavourings. Geoff Ogle agreed to provide the latest position on this and also up to date data on Campylobacter infections.**

All [regulated food products](#), (including food additives) are subject to strict food safety assessments before they are authorised to be placed on the market. These assessments are led jointly by the Food Standards Agency (FSA) and Food Standards Scotland (FSS), which have operated the GB system for the authorisation of regulated products since the UK left the EU. The authorisation of an additive in the UK requires the applicant company to submit a dossier of scientific data relating to its safety. This is then reviewed by a panel of experts from the relevant UK Scientific Advisory Committees (called the [Additives, Enzymes and other Regulated Products Joint Expert Group, or AEJEG](#)), who provide an opinion which is used by risk assessors in FSA and FSS to produce a full safety assessment. The safety assessment considers the following:

- Toxicology studies including any long-term effects
- Whether the additive has the potential to cause cancer, allergy, or other harmful biological effects
- How much of the additive people might consume
- How does the proposed use of the additive compare to established health-based guidance values (if available)
- Is there potential for the additive to present a particular risk for vulnerable groups

This assessment determines whether the additive is safe at the proposed use level. The outcome of the risk assessment, and information on any other factors which may be relevant to the application (including feedback from stakeholder consultation) is then used to develop recommendations to ministers on whether the additive should be legally authorised.

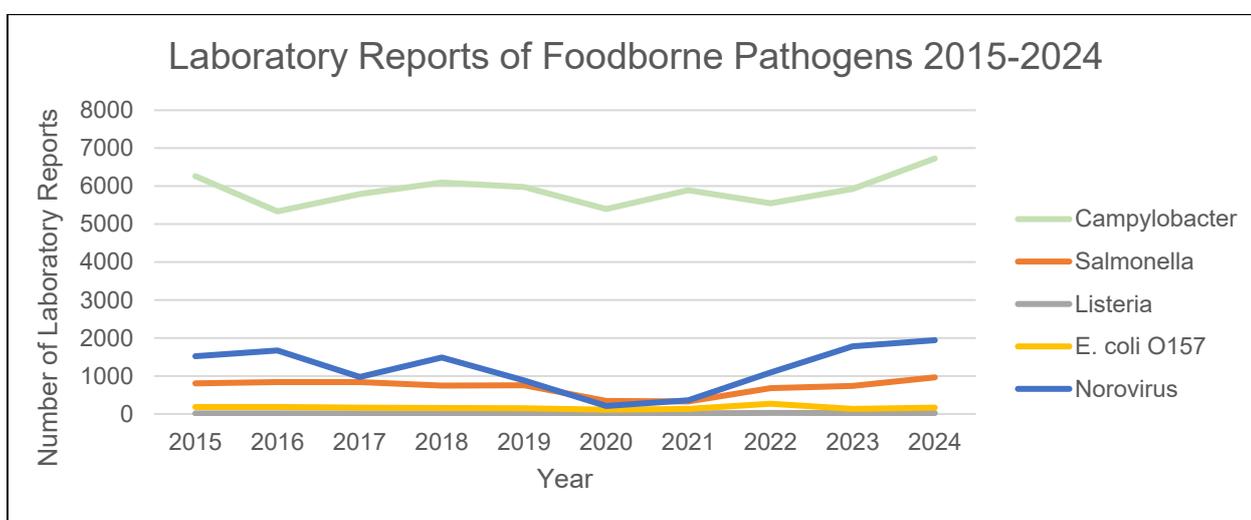
Out with our regulatory framework for assessing the safety of specific emulsifiers, stabilisers and flavourings, we also carry out targeted evidence reviews and risk assessments in areas where public health concerns have been identified for example during incidents or following

the publication of scientific or medical reports which point to an emerging risk. Examples include our [rapid risk assessment on glycerol in slushed ice drinks](#) which was commissioned following reports of illness in children and used to develop [age-based consumption advice](#) due to acute effects at high intakes, and a [rapid literature review](#) on nitrites/nitrates as food additives, which supported existing NHS advice on the consumption of processed meat.

The potential impacts of additives on health via consumption of Processed and Ultra Processed Foods (UPF) are outlined above.

FSS is aware that this is an emerging area of science, and links with research groups across the UK which are examining how chemicals in the diet affect the microbiome and the potential for impacts on chronic, long term health conditions.

**Reported cases of Foodborne Pathogens in Scotland including latest information on Campylobacter infections.**



**Figure 1: Data courtesy of Public Health Scotland Annual Report 2024.** [https://publichealthscotland.scot/media/35908/giz-annual-report-2024\\_full\\_final.pdf](https://publichealthscotland.scot/media/35908/giz-annual-report-2024_full_final.pdf)

- The data in Figure 1 provides national laboratory-confirmed foodborne pathogen trends in Scotland, however when interpreting the data the following needs to be considered:
  - Not all cases of illness are captured through national surveillance. This may be due to factors such as differences in health seeking behaviour across the population and whether the causative pathogen can be detected in the sample submitted to the laboratory.
  - The data captures all laboratory-confirmed cases of the pathogen but the source of infection is unknown. Not all cases will be acquired through handling or eating contaminated food, illness can result from environmental exposures, through contact with animals or person to person spread.
  - The data also does not differentiate between illnesses acquired in Scotland or those likely to have resulted from travelling abroad

- The Covid-19 pandemic had the biggest impact on the laboratory reports of Norovirus and Salmonella, where a decrease in cases was observed which likely reflects the interventions that were implemented at the time.
- Person to person spread has a big role in the transmission of norovirus and therefore social distancing will have prevented this spread.
- A significant proportion of Salmonella infection are reported following overseas travel. Therefore, the decrease in reported cases of Salmonella in 2020 and 2021 is likely due to the restrictions on foreign during this period.
- Listeria monocytogenes reported cases average around 20 cases per year but has a high mortality rate.
- Campylobacter remains the biggest bacterial cause of foodborne illness, with around 6,000 cases reported annually in Scotland, although research estimates that due to under reporting that the actual number of cases in the community is nine times this figure.

Previous work funded by Food Standards Scotland has shown that the majority of types of campylobacters seen in human cases of infection are the same as those seen in chickens. The remaining cases of human infection are more similar to strains that appear in cattle and sheep and found to circulate in the environment. Additionally, previous surveys of retail chicken across the UK have consistently found the presence of campylobacter, with the 2017/2018 survey<sup>1</sup> reporting that campylobacter was present on 56% of chickens, with 7% being highly contaminated, and therefore posing the greatest risk to consumers.

FSS previously funded a piece of work with Public Health Scotland to link and analyse clinical datasets to understand the population groups most at risk of campylobacter infection and severe illness<sup>2</sup>. The data showed older adults, typically over the age of 65 had a higher rate of illness that was more likely to require hospitalisation with a longer duration of stay. In light of these findings, and evidence for Scotland's ageing population, our work in this area has been focussing on the impact of underlying health issues on vulnerability to foodborne illness. Later this year we will be updating approaches for targeting our advice to older people and care givers to raise awareness of the risks and the steps that can be taken to prevent infection.

The graph in Figure 1 shows an increase in Campylobacter cases in Scotland from 2022 - 2024. A similar picture was seen across the UK and breached the thresholds for investigation developed by Food Standards Agency, in collaboration with FSS. Public health bodies across the UK have been working together to determine the potential reasons behind this increase to help identify appropriate interventions. The group were unable to identify any single reason for the increase and concluded that it was likely to be multifactorial.

Some of the potential hypotheses include:

- Increased detection of pathogens through the expanded use of new more sensitive methods within the labs.
- Increased imports of fresh chicken, which potentially introduces higher-risk products into the consumers homes.
- Changes in consumer food safety behaviours and chicken consumption patterns.

<sup>1</sup> [A microbiological survey of campylobacter contamination in fresh whole UK-produced chilled chickens at retail sale \(Y2/3/4\) | Food Standards Agency](#)

<sup>2</sup> [Campylobacter: Estimating the burden of gastrointestinal infection in Scotland using data linkage | Food Standards Scotland](#)

- Increase in pet ownership and handling of raw pet food.
- Seasonal increases may have been exacerbated by climate change.

We are awaiting the provisional figures for 2025, but mid-year estimates suggested there is no further increase in cases from 2024 figures.

FSS are working with FSA to collate the work that has been undertaken to date to tackle campylobacter in the food chain which will help any gaps be identified, and where to focus future research and interventions to have the greatest impact in reducing foodborne illness.

**Joe Fitzpatrick MSP posed a question on the Food Hygiene information Scheme (FHIS) which Geoff Ogle responded to, but further clarification has been included.**

In his answer to the question on the Food Hygiene Information Scheme (FHIS), Geoff indicated that a Local Authority would take appropriate enforcement action if there was a risk to consumer safety. He also said, a business that is rated Required Improvement should require a follow up. However, for clarity it is important to highlight that the scheme does not have an automatic requirement for a follow up and that the necessity for revisits depends on the type of contraventions and any associated enforcement actions. A more detailed summary of FHIS below.

**Summary of FHIS**

The Food Hygiene Information Scheme (FHIS) is a consumer information scheme to inform consumers about the hygiene standards in food business establishments. It is a two-tier scheme – ‘Pass’ and ‘Improvement Required’ (IR) with an ‘Awaiting Inspection’ status for those establishments that have not yet been inspected. Establishments are assessed at routine inspections, awarded a Pass or IR status, which can be displayed at the establishment and is displayed on the FHIS webpage. Businesses might choose not to display their rating at the establishment but cannot opt out of the information being available on the website.

In addition to FHIS, establishments that go beyond the minimum requirements of food law can apply for an Eatsafe award, as a demonstration of best practice.

FHIS is a voluntary scheme, that all 32 LAs are signed up to. There is no mandatory display of the window stickers or certificates in the establishments. This is the same situation as England. Wales and Northern Ireland have mandatory display schemes.

At a routine inspection, the officer identifies whether the establishment is:

- ‘Pass’ - ‘satisfactory compliance’ with the Hygiene Regulations. Satisfactory compliance allows for minor non-compliances provided that they are not critical to food safety and also that they are not recurring.
- ‘Improvement Required’ - significant non-compliances which are critical to food safety and/or recurring minor non-compliances are found,

LAs adopt a hierarchy of enforcement, using the least intrusive method that still achieves the required outcome. This ranges from verbal advice through warning letters, formal enforcement notices, powers to restrict operations or close establishments, detention and seizure of food, and reporting to the Procurator Fiscal.

Where there were concerns that non-compliance at an establishment was of a nature to pose an imminent or significant risk to health, then the appropriate enforcement action, including the option of closure, would be required. This would involve revisits as required to assess that the contraventions have been remedied.

Following the introduction of the Freedom of Information Act, Local Authorities received numerous requests for inspection reports, primarily from journalists. This led to LAs proactively publishing the inspection reports. It was a resource intensive activity to ensure that reports did not contain personal information and breach data protection requirements.

Subsequent to the implementation of FHIS, it is understood that there were very few visits to the web pages hosting inspection reports and consequently LAs ceased proactively publishing inspection reports. Very few Freedom of Information requests have been received subsequently. Inspection reports remain available on request from the Local Authorities. However, we recognise there is some confusion with the public information and will be writing to LAs to try and address it.

One issue with FHIS is that it relates to compliance at the time of the inspection (or revisit). Some LAs have very significant backlogs in their intervention programmes and therefore the FHIS status (both Pass, and Improvement Required) may be historic rather than reflecting a recent position. There is therefore currently limited consumer assurance provided by FHIS.

The lack of resources for the regulation of food businesses is the primary driver behind the SAFER programme. A revised Consumer Information Scheme is part of the programme. There is the potential for a reformed approach to food business regulation to involve automatic collection of granular data as part of the inspection process potentially offering the possibility for far greater information being available to inform consumer choice in the future.