Food Matters
Our Food, Our Health, Our Care

NHS Lothian
Catering Strategy
2014 to 2024

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Executive Summary

The primary objective of the Catering Strategy is to outline how we will provide the highest quality and most nutritious meals to patients, carers, visitors and staff. It will be aligned to Our Health, Our Care, Our Future; NHS Lothian Strategic Plan 2014 – 2024 and will use the nutritional indicators specified within Food in Hospitals. Underpinning this strategy is an acknowledgement of the key role of procurement in contributing to health improvement, supporting economic growth and addressing national and local sustainability strategies. In this context “quality” is defined as meals which look great and taste delicious as well as being made from fresh, and where possible, locally sourced produce.

The elements which have been highlighted as critical to the success of the outcome and included within this strategy are:

- The critical importance of nutritional care towards good clinical outcomes for our patients.
- The importance of ensuring that we value our workforce and achieve excellent staff governance.
- The importance of considering the health, social, economic and environmental benefits in our decision making.
- The anticipated future capital investment for equipment replacement and suitable catering premises.
- Alignment with current and proposed clinical strategies and Scottish Government policies relating to food Recipe for Success, 2009 and sustainable procurement Catering for Change 2011.

This strategy and future service delivery is being proposed in a tight financial climate and our strategic plan demands a “maximum value for the public purse” approach to the work. As a result, there is an emerging need to adopt and include a much wider public sector approach to the planning and delivery of such services. A multidisciplinary group has been established to develop this work and monitor its implementation, reflecting the importance, profile and the range of stakeholders with an interest in this service. Our Strategic Plan “highlights an ambitious programme of change for NHS Lothian. To support delivery of such a change programme it is important that efficiency and innovation are recognised as core building blocks for a sustainable financial future. The focus will be on reducing waste and inefficiency and driving through productivity improvements.”

This strategy will cover the period 2014 to 2024 to reflect the strategic plan, but also the level of capital investment required and to give a firm base from which to support other organisational strategies.

The key objectives of this document are therefore that the Catering Service will:
1. Provide the highest quality and most appropriate meals for our patients to aid their recovery and ensure they receive the best possible nutrition for them.

2. Operate within a sound revenue framework ensuring that all agreed efficiency targets are achieved.

3. Be aligned with the Board’s strategic plan and all other relevant national and organisational strategies and developments where possible.

4. Develop the capital investment plans required to support and sustain the provision of suitable premises and equipment.

5. Establish a staff development plan which will ensure the availability of the necessary skills to deliver the agreed level of service.

6. Engage in relevant clinical research to improve our understanding of nutrition and thereby improve clinical outcomes.

For a list of references and other related strategies, see appendix 3.
Our vision for catering

Food impacts on almost every aspect of our lives. The importance of the correct food to aid patients’ recovery and continued well being is well documented. This strategy will provide an outline of how we will provide the highest quality and most nutritious meals to patients, carers, staff and visitors to NHS Lothian buying the freshest and most local produce available to us.

The strategy will cover the period 2014 to 2024. This timescale has been selected given the level of capital investment required and to align with the Strategic Plan – Our Health, Our Care, Our Future.

The key client groups will include all NHS Lothian patients, their carers, our staff and visitors. This strategy will act as a vehicle for the implementation of the Health Promoting Health Service Strategy by ensuring that Catering Services have the requirements of this initiative firmly embedded within their operational delivery plans. Units will achieve and be compliant with the Healthy Living Plus award for their staff and visitor services.

Working towards adopting a common public sector approach to the planning and delivery of catering services will also be fundamental to this strategy in order that it can maximise opportunities to achieve value for money.

The implementation of the strategy will extend to all parts of the service including retail and non patient catering.

Communication and Engagement – we are doing this together

A communication and engagement action plan will be developed to ensure stakeholders are informed and have an opportunity to shape the strategy. A two month public engagement process is proposed, providing patients, carers, staff and other stakeholders the opportunity to comment on the strategy. This will include a series of meetings with key stakeholders providing them with the opportunity to review the proposals in detail. At this stage the communication objectives are to:

- Promote understanding of why a strategy is needed
- Explain what the strategy aims to deliver by when
- Encourage involvement in the engagement process to gain the views and suggestions of service users.

Once the strategy has been agreed a communication plan for implementation will be developed.
Background

In creating this 10 year strategy, it is important to consider where the service has come from, where it is now and also where it might be without such a strategy.

In 2004 catering services in NHS Lothian were brought together within a single system Facilities Directorate. Capital development and investment in the 10 years until 2014 has been largely incremental and reactive. In operational budget terms successive programmes have improved operational efficiency year on year. Over the past three years the Catering Service in NHS Lothian has improved its financial efficiency by some £900k (equivalent to a circa 12% revenue reduction) approximately twice the level of the Board target at the time. In addition we have reduced the variation in quality and cost across our units by introducing a common patient menu supported by standard recipes.

Some more recent operational and organisational changes have been made through further incremental service review, whilst ensuring alignment with other work going on within the wider organisation.

- Findlay House – the local kitchen has been closed and the catering service is supplied from Liberton hospital with no extra resource required and revenue savings made.
- Royal Hospital for Sick Children - the catering service previously provided by the City of Edinburgh Council has returned in house. No extra resource required with meals supplied by Astley Ainslie Hospital Catering Department.
- Royal Victoria Hospital (winter beds/unscheduled care) – The reinstated wards are supplied by Western General Hospital Catering Department.

These initiatives have enabled us to improve our patient food costs which at the time of writing are among the most cost effective in Scotland. However, important as this work has been, it has made no provision for sustaining these services, taking advantage of new technology or improving the quality of catering in the longer term. A strategy for the delivery of catering in NHS Lothian is required if we are to remain in a position to support good standards of patient nutrition, prevent a gradual reduction in quality, and do so within an assured financial framework.

Operational developments/changes are regularly requested to meet clinical strategy needs, for example, the requirement for increased ward capacity to meet seasonal demands. It is apparent that incremental clinical service development has the potential to drive similarly incremental development of catering services. This is considered to be an inefficient and ineffective way of service planning and reinforces the need for a strategy which ensures the planning and delivery of catering in a manner which guarantees the required level of quality, safety and is financially sustainable.
The importance of quality

A number of propositions contained within the Strategic Plan such as the proposals for establishing care villages on the Royal Victoria and Liberton Hospital sites and the development of the new East Lothian Community Hospital, are scheduled within the term of this strategy. Therefore if the incremental development of catering services is to be avoided a catering strategy under the umbrella of the Strategic Plan is critical.

The implementation of the NHS Lothian patient menu and standard recipes has shown that comprehensive and consistent quality improvement is best achieved through standardisation, the removal of variation in the product, service or method. This also supports the overarching intention contained within the Strategic Plan that we reduce waste, remove duplication and use lean processes.

A recent survey of patient satisfaction, analysed in November 2014 showed that 90% were satisfied overall with their meal. 92% were satisfied with the appearance, taste, portion size, and religious / cultural options. This reduced to 75% satisfaction with choice and 89% satisfaction with temperature of their meal.

We must use a radical approach to create opportunities for “improving both our performance in quality terms and the value added by investment in facilities and services, identifying those which do not contribute to the health of the population, in order to generate the funds and capacity to deliver a higher quality, more modern, sustainable health and care service in line with this plan.” This direct quotation from the Strategic Plan can be considered as steering us to a complete re-organisation of the catering service from its current disjointed state where resources are duplicated and therefore wasted, to a comprehensively planned one where they are allocated to maximum effect.

Good food helps people get better

It is well documented that many patients who are ill in hospitals and have poor appetites or an impaired ability to eat are at risk of developing under-nutrition. 40% of patients admitted to a large Scottish teaching hospital were under-nourished on admission and of these 75% lost more weight during their stay. ¹

The largest prospective national survey² of the prevalence of malnutrition on admission to hospital and care in the UK was carried out in Scotland finding showed the risk of malnutrition was slightly below the national average. However, one in four adults (23%) admitted to general acute hospitals were at risk of malnutrition.

¹ McWhirter and Pennington 1994
Evidence shows older people are more likely to be undernourished when admitted to hospital and remain undernourished during their stay. They also have longer periods of hospital stay. The majority of patients depend on ordinary hospital food to improve or maintain their nutritional state in order to optimise their recovery from illness.

It is generally understood that offering appropriate food and fluid to patients is a key component of work towards improving recovery, cutting length of hospital stay and the associated cost from in-patient admissions. The key recommendations from the British Dietetic Association, Mind the Hunger Gap policy supports this, appendix 1.

What does this mean for our patients?

Hospital catering and the food it provides, although viewed as a non-clinical service within the NHS, is now widely accepted to play an important clinical role in the treatment of hospital patients. Understanding of the importance of food and nutrition in the well being of patients has increased and multi-disciplinary working, education and training will be adopted within our workforce plan.

Four names have been chosen to represent four groups of patients. These groups have been identified because their current use of health services suggests that those services could be provided in a better and more person centred way. The four groups are represented by Callum, Hannah, Scott and Sophie who encompass the main patient groups who use our services.

In order to achieve a person centred approach, catering within hospitals and long-term care facilities need to provide for different patient profiles with differing dietary needs. Food service provision must therefore reflect the needs of the patient. We will design our catering service to be flexible enough to meet these varying needs.

Fundamental considerations that hospitals need to address in order to provide a service which is optimised to meet the dietary and nutritional needs of its patients are the ability to:

- maximise opportunities for patients to eat and drink through the provision of high quality meals, substantial snacks, out-of-hours service provision, on-ward provisions
- maximise the available choice of suitable foods and fluids
- ensure adequate quantity and quality of food and fluid is available in an environment conducive to eating and there is appropriate support, e.g. modified eating aids for people who can potentially chew and swallow but are unable to feed themselves.

The period from present to 2020 is likely to see a population increase in Lothian of some 9% to 10% with the largest proportion being in the over 75 age group. This particular change will place additional pressure on in-patient
beds. Looking further forward to 2030 it is predicted that the 0 to 15 age group will also increase by some 14%.

Future demographic changes ie an aging population, will lead to changes in dietary needs, this will increase the need for improved / adapted nutritional intake for the most vulnerable groups. We must build upon our understanding of the nutritional needs for the main cultural groups. Our menu cycle currently included provision of meals that are suitable for the main ethnic groups. Improving our understanding and knowledge will be critical to ensuring that catering is used to positively contribute to improving nutrition for the total population, reducing lengths of stay and readmission levels.

Engagement in research relating to nutrition must be a strategic objective for us if we are to improve clinical outcomes and sustain the health and well-being of the population beyond the end of the strategy period. Given the shift in the balance of care, it may be acknowledged that those people who are admitted to hospital are likely to be more unwell and vulnerable. Catering must respond to this by producing meals to meet such varied needs, available when needed and made in a way which is easy to eat.

The Scottish Government’s document, Becoming a Good Food Nation 2014, shows commitment to improving the diet of the Scottish people; part of this commitment relates to an increased availability of healthier food and encouraging individuals to make healthier choices.

The environment and the economy

Our Strategic Plan includes within its outcomes to be achieved, the requirement to “increase our investment in new innovations which increase quality of care, reduce costs and simultaneously provide growth in the Scottish economy.” The national food and drink policy for Scotland makes clear the objective, for the public sector and food producers to work together to achieve the health, economic and environmental benefits associated with food. The policy sees the adoption of sustainable food procurements arrangements as a corporate objective of all public sector organizations. It is through the most effective use of limited public resources that we will be able to sustain high quality services during this difficult financial period.

Understanding modern living and changing family dynamics is important when planning for recruitment. If the current public sector approach to delivery of their own services is maintained it is likely that there will be a shortfall in available skills in the labour market. We must therefore take a shared approach to recruitment, training and service delivery if we are to avoid unnecessary risks. It is well understood that we will better support and enable economic aspirations at individual/family level if we can provide employment opportunities which are more flexible, offering an enhanced work life balance.
Our money

The configuration of services within the main hospital sites in NHS Lothian is currently under consideration and master-plans have been commissioned for the Royal Edinburgh Hospital, Western General Hospital and St John’s Hospital. Buildings condition and infrastructure is being reviewed and as it develops, this work will support consideration of options for future development or reprovision of services. The master-plans are seen as a longer term framework, within which individual projects can be established and developed. It is critical for the success both of these and this strategy that all of these work-streams are undertaken in a collaborative manner, under the auspices of the NHS Lothian Strategic Plan.

Arising out of the population growth mentioned earlier, we must ensure the future capability of our services to operate within available funding, which in real terms means we need to plan for efficiencies over the next 10 years that as a minimum cover the likely increase in the costs of providing the service.

Operationally it will be important that we develop and utilise “lean” processes and scrutinise our activities to remove duplication, reduce waste and thereby improve efficiency and effectiveness. Our strategic plan challenges us to move from a “low tech” service delivery to one where technology enables choice and control. It also gives us the opportunity to adopt “a radical shift away from a traditional, incremental approach to development based on services and specialties to a patient-centred, whole-system, pathways approach.”

Capital availability to fund maintenance and development of services generally is currently very restricted and subject to multiple competing priorities. The revenue position is similarly challenging although the Catering Service has been able to contribute to the Local Reinvestment Programme over the past number of years. This is not sustainable and it is important that a robust financial framework is developed and agreed to support this strategy.

It is also considered important that we challenge any current service delivery within a Private Finance Initiative (PFI) environment and consider recommending contractual change where it is felt that this would positively contribute to the development and delivery of best value services and the achievement of our strategic aims in relation to catering. We are moving towards closer integration of services across the public sector, bringing discussions relating to support services under the banner of shared services into sharp focus.

Diet and health

The Royal Society For Public Health states in “Promoting Health and Wellbeing: Reducing Inequalities” that “Health promotion is about giving people information and tools to improve their own health. Health promotion is about improving the environments in which people live that often determine
their choices.” The link between good health and an individual’s personal circumstances is established.

Therefore, if this strategy has a positive impact on the local environment and economy by way of local procurement, employment, educational benefits as well as nutritional benefits, this will enhance living standards, improve choices in relation to food and therefore health. It is expected that coronary heart disease, stroke and diabetes will continue to be prevalent and the impact that the catering strategy can have within a wider public health agenda must not be underestimated. Through the continued implementation of the Healthy Living Award Programme, this strategy will support our work as a Health Promoting Health Service.

Risks (Reasons for Change)

There are 6 main in house food production units currently operating within NHS Lothian. A table detailing a snapshot of the current operational activity within these can be seen in appendix 2.

The critical issues associated with continued delivery of the catering service from the in house units are undernoted. Failure to address these will lead to an erosion of our capability to sustain the necessary level of quality:

- Poor quality environment needing constant maintenance;
- Poor and out of date equipment leading to regular breakdowns and risks to service provision, menu changes etc;
- Poor workflow arising out of inappropriately designed spaces leading to us managing food safety risks that a suitably designed unit would avoid;
- Inconsistent quality of output arising out of the above;
- A lack of strategic direction leading to incremental service and staff development with resources not deployed appropriately in the most effective manner;
- A need for a more robust agreed financial framework and a retail strategy which addresses the financial cross subsidy between patients and non patients;
- Raised levels of food waste arising out of a production and service style which is out-dated and in some areas unsuitable to the environment;
- Units working at or near capacity exposing the organisation to seasonal demand challenges.

Thus far the approach to the provision of catering facilities has been one of essential repair. If this situation remains unresolved it will quickly become difficult to comply with food hygiene legislation. Additionally, no planning has been undertaken to review future capacity needs.

Similarly our strategy for replacement of equipment has been based on a reliance on slippage from other capital projects rather than having a planned replacement programme in its own right. This has caused significant and increasing operational difficulties and has had a sustained impact on staff morale.
Our work to benchmark our service in a national context has identified that significant inefficiencies exist in relation to food waste. The opportunity to exercise effective control will remain unavailable to us while we continue to operate our current service styles and while we lack the most appropriate equipment. The knock on effect is that without a strategic approach resources will continue to be used inefficiently. In addition to this, changes in legislation regarding the disposal of food waste come into effective in January 2016. We are currently planning our response to this change and the implications will require capital investment.

The main operational risks outlined at the beginning of this section, can be managed out of the service. This is achieved with an effective strategy which leads to an options appraisal process and the development of the necessary business plans for capital investment. Implemented properly, this approach will put catering on a sound financial, operational and food safe basis.

**Resource Implications**

Purpose designed facilities equipped with modern food production equipment would allow catering service managers to establish more effective and efficient systems of production service and overall control. Currently resources are being directed disproportionately towards managing consistency and reducing variation in quality which almost entirely make up the recurring themes in complaints. The design and equipment employed in catering service delivery directly dictates the quality and cost of the output.

The strategy for the provision of these services must focus on achieving high standards. The food produced would then be of a consistently high standard enabling us to help patient recovery, reduce average lengths of stay and exceed the nutritional standards.

We propose to appoint a dedicated dietician for the catering service so that nutrition can be at the heart of our planning and operations and to support close working with clinical colleagues.

A review of our non patient retail catering service has commenced, which will consider the views of staff and visitors as well as need to establish this on a commercial footing which can contribute to patient service.

The resource implications of this will emerge through the development and selection of the infrastructure and service model. A high level expectation of the financial efficiency target associated with this strategy is that it will deliver £1M of cost reductions over the first five years.

It is anticipated that significant capital expenditure will be required to support and enable improved capacity and workflow, to facilitate site moves and to replace ageing equipment that is no longer fit for purpose. It is also expected that, through potentially consolidated operational sites, standard working
arrangements and economies of scale, there will be a resulting reduction in staff and management requirement.

**Strategic Objectives**

The key objectives of this document are therefore that the Catering Service will:

1. Provide the highest quality and most nutritious meals for our patients, carers, staff and visitors within a cycle of continuous improvement.
2. Operate within a sound revenue framework ensuring that all agreed efficiency targets are achieved.
3. Be aligned with all other national and local strategies including health and sustainable food procurement where possible.
4. Develop capital investment plans required to support and sustain the provision of suitable premises and equipment.
5. Recognise the critical importance of a skilled and committed workforce to the success of this strategy and therefore establish a comprehensive staff development plan incorporating family friendly terms and conditions which will ensure the availability of the necessary skills to deliver the agreed level of service.
6. Engage in further clinical research around the links between food and health.

The establishment of a programme to achieve the above will be carried out with the full engagement of all the key internal and external stakeholders of the service. This will ensure that a whole system approach is achieved.
Appendices:

1. The key recommendations from the British Dietetic Association, Mind the Hunger Gap policy:

- Everyone should have access to a nutritious, high quality diet.
- Providing the right food at the right time should always be the first line of support. Anyone unable to meet their needs through food should have access to nutrition team services and oral nutritional supplements (ONS) as a matter of urgency.
- Commissioned services that allow all people that need nutrition support to be offered treatment that aims to provide them with complete nutritional requirements. Commissioners and regulators should recognise the value and potential cost savings of preventing malnutrition through high quality social care, clinical services and catering services.
- Systems should be in place in the community, care settings and hospitals to identify and support individuals/communities at risk of a poor diet and hydration.
- All public sector catering specifications, including NHS, should have a requirement to meet nutritional standards suitable for the setting, supported by appropriate expertise from caterers, procurement professionals and dieticians.
- Dietitians should lead the coordinated and integrated approach to addressing the nutritional care of vulnerable populations in the hospital and community as part of the nutrition team.

2. Benchmarking data 2013

3. Other relevant strategies

The key national and organisational strategies with which this document must find fit include:

- Our Health, Our Care Our Future, NHS Lothian Strategic Plan, 2014 – 2024
- The Food, Fluid and Nutritional Care Standards 2003
- Food in Hospitals National Catering and Nutrition Specification 2008;
- The NHS Lothian Nutritional Care Framework;
- The Health Promoting Health Service: Action In Hospitals Setting CEL 01 (2012)
- Mind The Hunger Gap, British Dietetic Association (BDA) 2012
- Catering for Change: Buying Food Sustainable In The Public Sector, 2011
- Recipe For Success: Scotland's National Food And Drink Policy 2009
• The Healthcare Quality Strategy For NHS Scotland 2010
• A Sustainable Development Strategy for NHS Scotland 2012
• Becoming a Good Food Nation 2014
