

# NHS North of Scotland Regional Catering Strategy



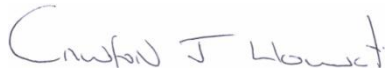
This strategy has been endorsed by:



Elinor McCann, Head of Catering

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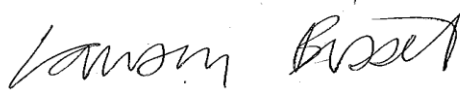
On behalf of NHS Grampian



Crawford Howat, Service Manager / Hotel Services

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On behalf of NHS Highland



Lawson Bisset, Head of Estates & Facilities

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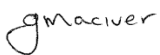
On behalf of NHS Shetland



Mandy Ward, Facilities Manager

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On behalf of NHS Orkney



George Maciver, Catering Manager

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On behalf of NHS Western Isles

# EXECUTIVE SUMMARY

NHSS Patient Catering Services in the North Region provide around 4m patient meals each year (ref benchmarking Q1-4 2018/19) and employ over 435 WTE staff. Across the North Region, there are 32 catering production units including Central Production Units, producing food for around 70 hospitals with over 4,500 beds. A variety of food production methodologies are utilised including traditional cook serve (conventional), cook chill and direct meal service from the supply chain.

This strategy has been prepared in full collaboration with the regional partners, comprising catering and other facilities professionals from NHS Grampian, Highland, Orkney, Shetland and Western Isles. It encompasses the catering for all patients included within the region and is also a component of Boards' separate non patient catering strategies. It is designed to address the period 2020 to 2025 and will be reviewed and measured for effectiveness on an annual basis using both qualitative and quantitative metrics such as national benchmarking analysis and patient satisfaction surveys.

The rationale for this strategy is based upon the PAMS approach responding to the following questions:

- Where are we now?
- Where do we want to be?
- How do we get there?

It sets out the principal aims and objectives for Catering Services in the North Region, identifying the associated risks and opportunities facing this, and using the outcome to support the investment in fit for purpose CPUs, where appropriate. The document will also identify any associated strategies for incorporation and thereby maximise the potential value and return on investment.

## **Where are we now?**

This section describes the current arrangements for patient and non-patient catering in each of the Boards in the North Region and highlights those areas where there is a need for investment and/or improvement.

## **Where do we want to be?**

This section describes the vision, aims and objectives of the North Region Boards to align to the National Strategic objectives and the investment needs to meet the current and future challenges for Catering Services in the Region.

## **How do we get there?**

This section describes the actions that will be taken by when and by whom and identifies the investment and resources required so that the North Region Boards can meet the challenges and future demands and achieve the aims and objectives of the Regional Strategy.

## NATIONAL DRIVERS

The national catering strategy sets out a framework for the development of catering services across Scotland for the next decade to which this strategy is aligned. It was commissioned to give an evidence-based, perspective of why change is needed and what direction change should take.

The NHS in Scotland is successful in making progress against many of the challenges to our nation's health and healthcare provision. The national catering strategy and this strategy support these key objectives in healthcare provision in Scotland. Despite this there are challenges that need to be addressed if we are to meet our aim of providing a first-class health service for the future. These challenges include:

- Recruitment and succession planning;
- Future funding, both capital and revenue;
- Further reduction in waste;
- Achieving a person centered approach to the delivery of services; and
- The need for enhanced data to be available for all aspects of the service.

The national specification for patient catering, 'Food in Hospitals' (revised March 2016,) clearly establishes the importance of high quality and appropriate food to improve clinical outcomes and patient wellbeing. It states that: 'it is implicit that providing appropriate food and fluid for the patient population can be effective in cutting the length of hospital stay'. It is therefore incongruent that in some local areas the development of catering services has remained largely static for a significant period of time. This has left the service without the consistent capability to provide the range of meals, including novel diets, required by patients as part of their treatment, e.g. neutropenic, allergen free and metabolic diets.

We know that recruitment in the NHS in Scotland is at present challenged by a number of factors. We also know that many of the current experienced catering staff in the service may retire in the next 10 years and that the skill set required to deliver the proposed service will change as we strive to make care more person centered. It is acknowledged that the quality of services is related to the quality of our workforce, the national catering strategy describes the development of skilled staff, working effectively in multidisciplinary and multi-organisational settings to deliver catering excellence as fundamental to success.

As a result of the current financial challenges, future resources are likely to be constrained and we must plan to maximise the value from those available to us. The national and regional catering strategies propose that the provision of catering services of continually improving quality and value is considered to be a more balanced and appropriate way of managing these scant resources and overall service performance than an isolated focus on finance. The national catering strategy articulates the rationale for a concentration of resources in centralised production facilities where appropriate, as releasing funds through the reduction in duplication and waste, which can be used to deliver improved person centered care.

The national catering strategy describes the improvements that can be made by harnessing new technology both in catering production and resource control, to support the standardisation of processes where they should be controlled in a consistent manner, and to enhance food safety.

We are becoming increasingly driven by enhanced availability and interpretation of service data, and better use must be made of this data to support service improvement and performance management. This strategy assumes that a National Catering Information System and Bedside Electronic Patient Meal Ordering System (NCIS/BEPMO) will be implemented across the region in order to streamline process and data management. In addition, menu harmonisation will be an essential element of catering services across Scotland. As we become more able to draw conclusions from the management information generated by these systems, we should be able to enhance the production of food which is nutritionally compliant and consistent across NHSScotland.

A number of factors have been cited as negatively impacting on the delivery of both catering and wider services. These factors include:

- Duplication across multiple locations
- Inconsistent standards
- Variable costs
- Deteriorating environments
- Problems with compliance and increasing legislative requirements
- Recruitment pressures
- Fiscal pressures
- Public attention
- The need for sustainable procurement and
- The drive to enhance the relevance and use of accurate performance data.

Some of these are reported as being experienced to some extent across the North of Scotland regional Health Boards.

The proposed service model within this regional strategy aims to address these challenges and deliver safe, consistent, high quality food from a hybrid production model delivered from, where possible, central production units (CPUs) across the North Region and satellite units within the Island Boards operated by NHS staff. The service model for the North Region is based around a combination of a fresh and a delivered meals system and a cook-chill meals service. Where the cook-chill model is utilized, the meals produced centrally by NHS staff and regenerated and finished locally, also by NHS staff. This service will provide the necessary range of meal options to meet the needs of all patients and staff across the North of Scotland.

Given the regional scope of this strategy, many of the drivers for change are likely to be common to all of the partners and may have been captured in the national strategy. However, any Board specific details or aspirations are an important element of this work and therefore the sections will be structured to highlight these.



## WHERE ARE WE NOW? – LOCAL POSITIONS

NHSS Patient Catering Services in the North Region provide around 4m patient meals each year (ref benchmarking Q1-4 2018/19) and employ over 435 WTE staff. Across the North Region, there are 32 catering production units including Central Production Units, producing food for around 70 hospitals with over 4,500 beds. A variety of food production methodologies are utilised including traditional cook serve (conventional), cook chill and direct meal service from the supply chain.

This section describes the current arrangements in each of the Boards in the North Region and a statistical summary of these arrangements is outlined in the tables in Appendix 1.

### **NHS Grampian**

NHS Grampian provides around 1.7m patient meals each year from 3 production sites (originally 31). Menus and recipes are now harmonised across all NHS Grampian sites to better enable consumption analysis and best value production over a 3 week menu cycle (note: RACH has a menu set suitable for children).

A programme of service redesigns were carried out during 2016 and 2017 to facilitate a more focused and resource-efficient approach to both patient and retail catering management.

**Aberdeen Royal Infirmary (ARI)** produces conventional cook-serve meals for on-tray distribution to ARI and bespoke cart service for Royal Aberdeen Children's Hospital (RACH) – total capacity 841 beds.

**Royal Cornhill Hospital (RCH)** produces multi-portion cook-serve for RCH, Woodend Hospital, Aberdeen Maternity Hospital (AMH), Elmwood and Roxburghe House – total capacity 616 beds and for some other healthcare/public-sector locations in Aberdeen.

**Dr Gray's Hospital in Elgin (DGH)** produces cook-chill meals for DGH and for transport to 14 community hospitals and other public sector locations across Grampian – total capacity 548 beds plus local authority contracts. The community hospitals each have a small kitchen facility for the regeneration of the chilled meals and for the local preparation of other meal components (salads, soup, fried fish etc.)

Catering Services are well regarded by patients with surveys carried out quarterly and patient satisfaction rates for 2018 were 90.45% (against a National Average of 88.93%) which is a positive position.

The Board is working with Zero Waste Scotland providing a pilot site for the development of a National Food Waste Strategy and Action Plan Template for NHSS. Food waste is well managed in the Board and it has established a baseline for all food waste that will be used as a marker for reduction strategies over the next few years.

Food costs across the Board area are well managed and are currently sitting at £4.35



(PCPD) which is below the National target of £4.60. Labour costs are well below the regional average.

Environmental Health Department reports are generally very good although some remedial backlog maintenance work (circa £300,000) has recently been carried out at RCH production kitchen to improve the fabric of the building. ARI production kitchen was completely overhauled about 11 years ago with expenditure in the region of £800,000 and the CPU for cook-chill meals was relocated 6 years to DGH at a cost of £1.4 million.

Non-patient catering operated by NHS Grampian comprises of 11 units made up of cafes for staff and public use, coffee shops and a convenience shop. In addition there are approximately 80 vending machines sited across the Estate. These are provided on a user-pays (retail) basis with an overall break-even cost target. The Royal Volunteer Service (RVS) also provide retail services from some locations across NHS Grampian including cafes/convenience shops and trolley services. In addition, M&S and WH Smith have retail shops in the main concourse at ARI. The Board currently meets the requirements of HDL (2005) 31, complies with Healthy Living Plus and Healthcare Retail Standard (HRS) returning a small surplus in its 2018/19 Trading Account.

## **NHS Highland**

NHS Highland provides around 800,000 patient meals each year from 16 production sites which is split into 4 areas as follows:

**Raigmore Hospital** produces conventional cook-serve meals for on-tray distribution throughout Raigmore and also provides meals via a hotline bulk system to RNI Community Hospital and Ross Memorial Hospital in Dingwall operating a 4 week menu cycle – total capacity 512 beds (463 at Raigmore). Currently the menu cycle is in the process of being reduced from 4 weeks to 2 which will require the menus to re-analysed nutritionally.

**South & Mid Operational Unit** comprises 6 Community Hospitals; Town and County Hospital, Nairn; Ian Charles Hospital, Grantown on Spey; St Vincents Hospital, Kingussie; County Community Hospital Invergordon; Ross Memorial Hospital Dingwall (RMH) and RNI Community Hospital, Inverness (RNI). 4 of the hospitals have their own production kitchens producing traditional meals for patients and staff and two receive delivered meals in hot line bulk from Raigmore Hospital (RMH & RNI) for patients only as per above. All operate a four week menu cycle currently.

Inspection reports from our local Environmental Health Department are generally very good but recruitment for catering staff in across South and Mid can be challenging.

**North & West Operational Unit** comprises of 8 hospitals including 2 Acute Hospitals and 6 Community Hospitals, Caithness General, Town & County, Dunbar Hospital are located within Caithness, Lawson Memorial & Migdale Hospital are located within Sutherland, Belford Hospital is located within Lochaber, Dr Mackinnon and Portree Hospital are located on Skye. All sites operate a 3 week inpatient menu cycle. With the exception of Dunbar, Dr Mackinnon and Portree Hospital which use a Direct Meals Service and Town/County



Hospital where meals are delivered from CGH, all other hospital sites have a traditional cook/fresh in house production kitchen.

**Argyll & Bute Health & Social Care Partnership** has 6 main Localities serving a diverse and rural area. Cowal Community Hospital in Dunoon, Victoria Hospital in Rothesay and Mid Argyll Community Hospital and Integrated Care Centre (MACHICC) in Lochgilphead all use Direct Meal Service for patient catering. Lorn and the Isles Hospital in Oban, Campbeltown and Islay Hospitals all have traditional production kitchens. Cowal and Bute have recently moved to an individual meals services with a view to waste reduction, Lochgilphead use the multi-pack system.

Across NHS Highland six monthly patient satisfaction surveys are carried out and Patient Council members also carry out ad hock meal observation checks in some areas with feedback being very positive. Patient satisfaction rates for 2018 were 90% (against a National Average of 88.93%).

Food costs across the Board area are well managed and are currently sitting at £3.55 (PCPD) which is well below the National target of £4.60. Labour costs at Raigmore are low however, in the outlying areas they are high, taking the overall Board cost above the regional average.

Recruitment is varied with Raigmore reporting a quite positive position, South & Mid find the situation challenging and North & West have had significant issues resulting in a move to a Hotel Services Band 2 position replacing the traditional Catering, Domestic and Laundry Assistant posts.

Inspection reports from the Environmental Health Departments across NHS Highland are generally very good with no significant issues highlighted at this time.

Non patient catering for NHS Highland as a whole is showing a significant surplus which is due to Raigmore, the other 3 areas are in deficit. Raigmore does not have competition from other retailers on site.

### **NHS Orkney**

NHS Orkney provides around 11,000 patient meals each year from 1 production site. Catering Services became operational in the new Balfour hospital facility on 14<sup>th</sup> 2019 June and continues to use a cook/serve bulk trolley patient meal service – total 49 beds.

Food costs (PCPD) for 2018/19 sit at £4.60 which is the National Target and labour costs were below the regional average.

Patient satisfaction rates for 2018 were 91.58% (against a National Average of 88.93%) which is a positive position.

Since the opening of the new facility, non-patient production and income has almost doubled which is promising however, for 2018/19 NHS Orkney had a significant deficit for a small Board.

## **NHS Shetland**

Shetland has a population of 23,000 serviced by one hospital, The Gilbert Bain Hospital, providing just over 16,000 patient meals per year – total 49 beds and has a range of healthcare specialities.

Patient, staff and visitor meals are prepared fresh on site from one production kitchen. Reports from the local Environmental Health Department are very good. Patient meals are distributed, plated and served at ward level by the chefs and kitchen staff, this service is supported by nursing staff who then deliver the meals to the patients.

Food costs (PCPD) for 2018/19 sit at £2.72 which is well below the National Target of £4.60 and labour costs were also below the regional average.

Monthly patient satisfaction questionnaires are distributed and come back with good feedback. Patient satisfaction rates for 2018 were 90.80% (against a National Average of 88.93%) which is a positive position.

Shetland has a very low unemployment rate sitting at 0.7% which makes it difficult to recruit, particularly catering staff and chefs. Working closely together with the local Collage has allowed us to up skill staff.

Non Patient meals are freshly produced in the main production kitchen and served from the onsite cafeteria. Breakfast and other snack items are batch cooked in the cafeteria to reduce food waste. Non patient catering is showing a significant deficit for 2018/19 for a small Board.

## **NHS Western Isles**

NHS Western Isles provides around 85,000 patient meals each year from 2 production sites comprising of Western Isles Hospital and Uist & Barra Hospital servicing at population of 27,000. The islands are also known as the Outer Hebrides or long Island and span 130 miles from the Butt of Lewis to Barra Head.

**Western Isles Hospital** or Ospadal nan Eilean Siar is located in the town of Stornoway on the Isle of Lewis was opened in 1992. It currently has 80 beds within this rural hospital setting. The production kitchen operates a traditional cook-serve model on a plated meals system. The department is well maintained and is in a good state of repair.

It has a 70 seat dining room which is open to the public and has an excellent reputation for the quality of the food provided. The dining room offers a take away service which is available to all customers. A vending service offers an 'out of hours' service option and internal / external hospitality services with delivery throughout the island of Lewis and Harris are also available.

There is one small privately operated shop on site and a 'League of Friends' Café.

**Uist & Barra Hospital** or Ospadal Uibhist agus Bharraigh is located in Benbecula, and was opened in 2001. It has 24 beds and there is a production kitchen which operates a traditional cook / serve on a plated meals system. The department is well maintained and is in a good state of repair. It has a 24 Seat dining room that is open to the public and also offers a take away service to all customers. The dining room has excellent reviews on the quality of the service provided.

A 3 week menu cycle is in operation on both sites.

Inspection reports from the local Environmental Health Department are generally very good.

Recruitment for catering staff in at both sites can be challenging with chefs being particularly difficult to recruit.

Annual patient satisfaction surveys are carried out and with the feedback being very positive. Patient satisfaction rates for 2018 were 96.57% (against a National Average of 88.93%) which is a very good position.

### **St Brendan's Hospital**

St Brendan's Hospital, with 5 beds, is located in Castlebay on the Isle of Barra and is in a shared building with a local authority care home facility that provides the catering service. Planning for the replacement hospital is underway where the Board will provide its own catering service for patients on completion.

### **NHS Tayside**

NHS Tayside are currently working with colleagues within the East Region looking at the potential development of a central production unit (CPU) within NHS Lothian. This CPU would potentially provide frozen food to NHS Lothian, NHS Tayside, NHS Fife and NHS Borders. The development of CPU is now at the stage of Outline Business Case and there is no commitment from NHS Tayside at this stage to receive this model. Given that NHS Scotland Boards in the North are looking to retain a cook chill/ cook serve model NHS Tayside feel that to meet the aims of the National Catering Production Strategy (2016) it is important to align with the work within the East Region at this time.

# WHERE DO WE WANT TO BE?

This section outlines a vision for Catering Services within the Boards in the North Region to align with the National Catering Strategy and describes the aims and objectives of the North Region Boards Catering Services.

## **Mission Statement**

Boards in the North Region will continue to develop management and governance structures within catering to allow us to make sound decisions in relation to the quality of food prepared and provided for patients, staff and visitors focusing on menu design, food purchasing and production.

Catering finances will be effectively governed and retail services effectively managed allowing; catering spend to be targeted to the delivery of high quality, nutritious food choices that are warmly appreciated by our patients and residents. Inefficiencies will be reduced and the use of resources maximized, so all possible finance can be directed towards frontline patient care in line with *HDL (2005) 31*.

Through sound management decisions and professional leadership the continued production of quality meals will become a justifiable, sustainable option across the North Region.

## **Vision**

### **Governance and Leadership**

Guided by a clear strategy, Boards in the North Region will govern catering services where strong catering leadership supports staff to efficiently manage; patient food production, retail services, catering premises and workforce decisions, guided by accurate operational and financial information.

### **Patient/Resident Catering**

Through the sound management of food production, food costs and catering premises, catering service staff will work in partnership with medical staff to ensure Food Fluid and Nutritional care standards are met.

### **Retail Catering**

Retail units will be designed to provide nutritious and appetising meals and snacks throughout the day for visitors and staff. Retail units will at a minimum break even and in some cases provide a surplus that can be reinvested into North Region services.

All retail units within the North Region will meet the Healthy Living Award Plus and Healthcare Retail Standards (HRS).

## **North Region Strategic Outcomes:**

- Standardisation of food quality processes.
- Reduction in highly variable costs.
- Elimination of ageing catering estate.
- Consistency with Food in Hospitals compliance and legislation.
- Providing patients with good nutritious food.
- Meeting increasing recruitment pressures.
- Patient centered service.
- Elimination of all possible wastage in the system.
- Elimination of all catering subsidies.

Purchase of provisions will be managed in relation to quality and cost and that moving forward the national and local contracts used will continue support Scottish businesses and food will be sourced from sustainable food sources.

## **Food Production**

The North Region Boards are following the proof of concept introduction to cook-freeze in NHS Lothian but at this stage we are not looking to adopt this model unless that it can be proven that it will enhance the delivery of our strategic goals but we are keen to look at opportunities to assist our partner Boards, where appropriate. Any future potential strategic change would require to be planned in consideration of the expectation to realise the remaining value of investment in our existing facilities and equipment.

## HOW WILL WE GET THERE?

In order to achieve the strategic objectives and meet the challenges and emerging demands outlined in the 'Where do we want to be?' the North Regional Catering Group has established a suitable terms of reference, membership and governance arrangements. To do this it is important that we gain the agreement and commitment of the regional Boards

<b>Strategic Objective</b>	<b>The Way Forward</b>
Standardisation of food quality and processes	Menu harmonisation and compliance with Food in Hospitals.
Reduction in highly variable costs	Implementation of NCIS to provide real-time data allowing a proactive approach to rationalization of services, where appropriate.
Elimination of ageing catering estate	Consideration of removal of duplication of food production capacity across the regions and thereby being able to focus investment and improve cost benefit ratios. A 5 year replacement and maintenance programme is to be included within the North Regional Asset Management Plan (RAMP).
Consistency with Food in Hospitals (FiH) compliance and Legislation	Introduction of the new FiH Audit toolkit, providing evidence of compliance across the North Region. Development of new nutritional analysis tool to support recipe / menu analysis. Maintaining and auditing Food Safety Management systems tailored to individual service needs.
Providing patients with good nutritious food	Effective training and development of catering staff on a regional basis where appropriate. Introduction of the new FiH Audit toolkit, providing evidence of compliance across the North Region. Development of new nutritional analysis tool to support recipe / menu analysis. Maintaining and auditing Food Safety Management systems tailored to individual service needs.
Meeting increasing recruitment pressures	Focusing on developing and sustaining career opportunities and pathways to attract and develop individuals with the necessary skills. Being proactive in the management of staff.
Providing a patient centered service	Through offering the public and our staff the opportunity to influence all aspects of the design of the existing and any new services, enabling a truly person centered, high quality, and well controlled catering service which provides for the needs of all service users.
Elimination of all possible wastage in the system	Development of Board level food waste reduction plans through regional collaboration and in conjunction with ZWS to achieve the Scottish Government 33% reduction target by the year 2025. Compliance with the NHSScotland Sustainability Strategy.
Elimination of catering subsidies	Regional collaboration to identify opportunities for each Board to reduce subsidies.

Table 2 Delivering the objectives

## **Risks to Achievement of the North Region Catering Strategy**

- Lack of capital investment for backlog maintenance and new equipment
- Lack of revenue budget
- Lack of key personnel
- Lack of time to develop and implement strategic objectives
- Implementation of savings targets and competing priorities

## **Monitoring and Review**

Monitored through bi-monthly North Region Catering Group meetings and reviewed annually.