

Annual Performance Report for NHSScotland Catering Services 2018/19



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Foreword

This report provides an overview of the current state of NHSScotland's Catering Service and provides an opportunity to review and compare each Board's Catering Service to ensure that their future plans are aligned with NHSScotland's National Catering Production Strategy, and that proposed transformation of their Catering Service will deliver tangible benefits to the delivery of health and care services whilst also improving the performance of the Service.

The intention is to gain an insight into the performance of the Catering Service against agreed National KPI's and in particular against the transformational outcomes of the National Catering Production Strategy and also to appreciate where opportunities lie for improving performance.

The data used within this report is based on that currently available and reported from the beginning of the financial year 2018/19 i.e. April 2018.

This includes:

- the latest performance information provided by NHS Boards from benchmarking data submitted during 2018/19 covering food waste and provision costs per patient day;
- the latest Catering Service costs published within the Scottish Health Service Cost Book (published in November 2018), covering NHS Boards' annual accounts for the reporting period 2017/18;
- information from NHSScotland's 2018 annual patient catering questionnaire survey;
- board Catering Trading Accounts for 2018/19;
- board Catering Review meetings held during 2018/19.

All territorial NHS Boards plus NWTHB, The State Hospital and NHS NSS (non-patient catering only) have contributed to this report by submitting performance data for 2018/19 and discussing their Catering Services at review meetings.

All costs reported in this document include the impact of inflation but exclude the cost of VAT or other on-costs, unless specifically noted.

1. Delivering for NHS Scotland

Since 2018, work has been underway across NHS Scotland to develop and transform Catering Services in line with the requirements of the NHSS National Catering Production Strategy. By working to a common set of objectives and operating principles, NHSS Boards aim to deliver a safe, nutritious, compliant, cost effective, high quality and consistent catering product across the whole of NHSScotland.

This annual performance report for the year 2018/19 provides evidence that good progress is being made to achieving this aim by Board Catering Services at local level and to a lesser degree at regional level.

The main achievements that are noted in the report include:

- food waste levels are reducing;
- overall patient satisfaction with hospital food is 94%;
- there has been a significant reduction in the non-patient Catering subsidy levels;
- the implementation a National Catering Information System;
- the development of a National Standard Recipe Database;
- the development of a new Nutritional Analysis Tool;
- the development of a new Food in Hospitals Audit Tool to assist Boards to demonstrate compliance with the Food, Fluid and Nutrition specification.

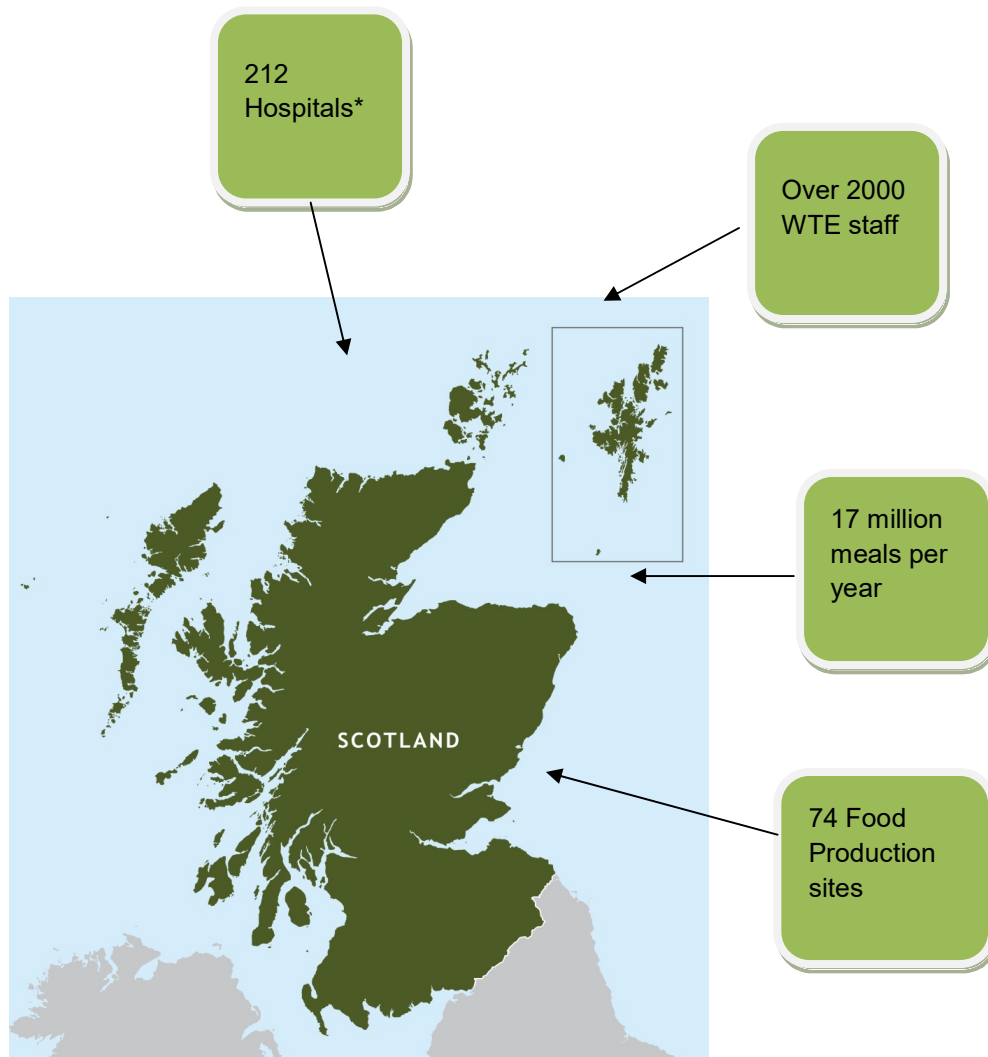
2. The Scope of NHSScotland’s Catering Services

NHSS Catering Services provide around 17m patient meals each year (ref benchmarking Q1-4 2018/19) and employ over 2,000 WTE staff.

Across NHSScotland, there are 74 catering production units including Central Production Units’ producing food with a variety of food production methodologies i.e. traditional cook serve (conventional), cook freeze, cook chill operating alongside other operations that purchase food direct from the supply chain.

This evolution over many years within NHSScotland has led to a wide selection of choice and quality across the country. In addition many of the older sites have catering production facilities that need to be upgraded and in some cases urgently e.g. NHS Lothian.

NHSScotland overview of catering production service models, 2018/19.



***Ref: ISD July 2019
(Excludes Day Hospitals and Resource Centres)**

3. Performance of NHSScotland's Catering Services

Appendix 1 provides an overview of the current performance of NHSScotland Board's Catering Services against key National objectives and performance indicators.

Safe and Compliant

- 3.1 The National Catering Production Strategy sets out the case for delivering a safe, nutritious, compliant, high quality and consistent catering product across the whole of NHSScotland.

All Boards have a legal obligation to comply with Food Safety legislation. As a part of this Boards must develop robust Hazard Analysis and Critical Control Points (HACCP) plans based on the guidance contained within the NHSS National Food Safety Manual tailored to meet their service needs to ensure that all possible Food Safety risks to patients and staff across NHSScotland are reduced. The Food Safety Act 1990 requires that any food preparation environment must prioritise hygiene and cleanliness, as well as safe storage environments for food, e.g. correct refrigeration temperatures, or stock rotation times.

These HACCP plans are regularly audited and verified by each Board's Local Authority during their food hygiene inspections.

National Food Safety Manual/HACCP

- 3.1.1 The NHSS Food safety manual is used to demonstrate a consistent approach to food safety and compliance with HACCP and Food Safety legislation within NHSS. It has been written for use as a guidance document, giving an understanding of a HACCP based system.

HACCP based procedures are used through all steps of the Catering process from the purchase of food – and the last step is serving to consumers (patients, staff and visitors).

Each Board HACCP system must have an appropriately reviewed, documented system to demonstrate it is working effectively.

Catering Cost £/consumer week

- 3.2 The national KPI that relates to Catering Services is based upon cost measures reported from Cost Book data.

NHSS catering services offer good value for money, with annual costs only increasing by 1% since 2013/14 despite increasing demands and pressures to increase patient choice, improve food quality, and meet staff and inflationary food cost increases.

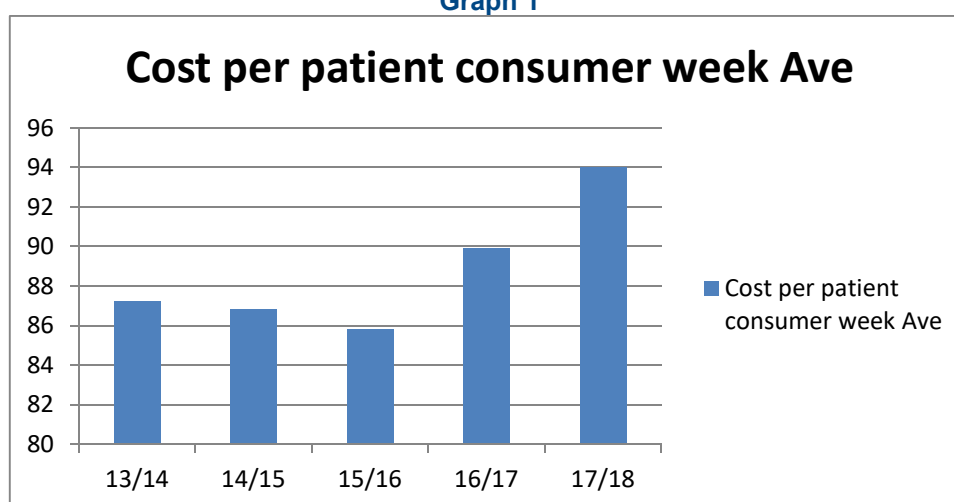
Table 1 below shows the last 5 years expenditure profile for Catering Services (ref: Cost Book)

Table 1

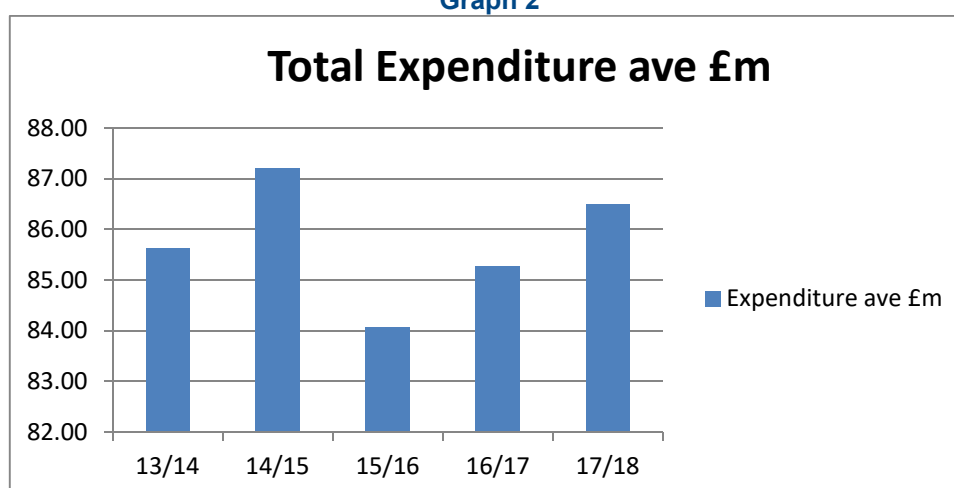
Year	Average Expenditure £	No of Consumer weeks	Cost per patient consumer week
13/14	85,620	981,595	87
14/15	87,205	1,004,399	87
15/16	84,063	979,486	86
16/17	85,265	948,286	90
17/18	86,497	919,786	94

Graph 1 and 2 below shows the average cost per consumer week and expenditure profiles respectively

Graph 1



Graph 2



Benchmarking

- 3.3 Benchmarking data is provided by Boards on a quarterly basis and while comparisons between Boards should be treated with some caution, it is intended to provide a useful “*national picture*” on a range of performance areas in Patient

Catering services. A review of the benchmarking data was undertaken during the year that will lead to more meaningful Key Performance Indicators being reported in future.

Further details on Board performance in these areas are provided later in this report.

Sustainability

- 3.4 The National Catering Production Strategy takes account of the relevant Sustainable policies in the delivery and development of Catering Services in particular, food waste and the environmental and social impacts of the food production strategies e.g. using local food suppliers.

Food Waste

- 3.4.1 The Audit Scotland report “*Catering for Patients*” November 2006 provided an assessment on progress against the recommendations reported in the 2003 baseline report. In particular, the study examined whether:

- processes are in place to provide quality nutritional care to patients;
- patients are receiving a good quality catering service;
- catering services have improved their control of costs and wastage;
- boards have strategies for catering services and are monitoring progress against these strategies.

One of their key recommendations was that:

“All boards should continue to monitor and control wastage. All hospitals should reduce or maintain ward wastage at below ten per cent.”

Food waste may occur at any or all of the following stages:

- production;
- un-served meals at ward level;
- un-eaten food left on patients/customers plates;
- food left at end of service in Dining Rooms;
- plated meal system normally has a lower ‘un-served meals rate than bulk systems’.

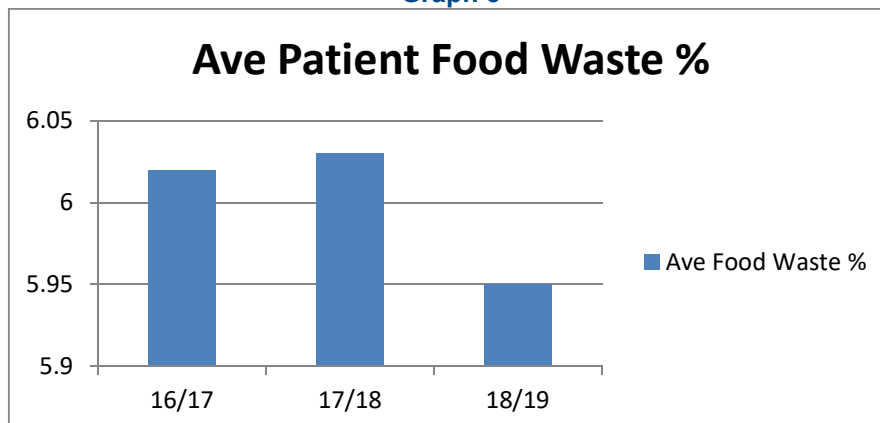
Over ordering of food by hospital wards is the main reason that food is wasted in NHSS and commonly the way that NHSS measures its food waste performance. However food left uneaten by patients (for various reasons) also accounts for a significant amount of food wasted.

NHSS Boards have been in the main successful in reducing food waste below the Audit Scotland recommended target of 10%.

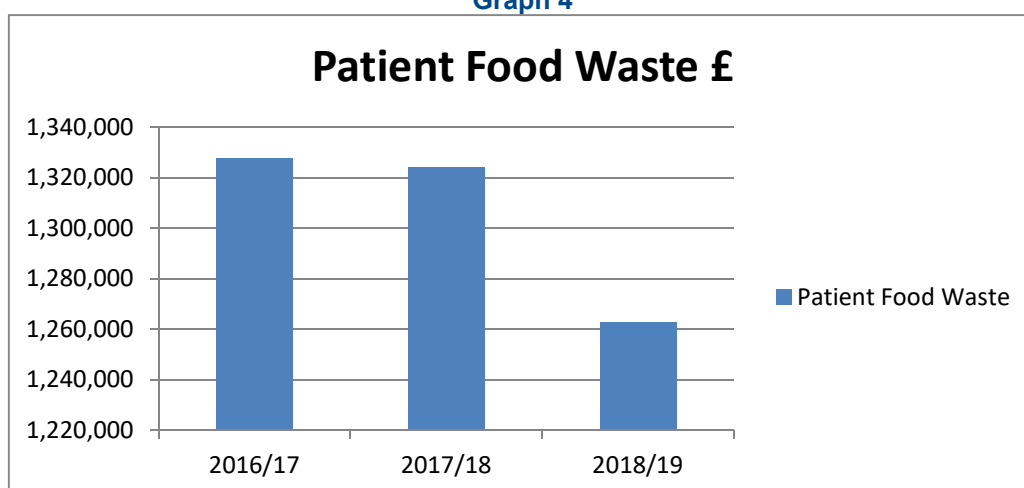
In 2018/19 patient food waste as a percentage of patient food expenditure across all Boards was on average 5.95% (ref: Benchmarking data 2018/19) that equates to

£1.26m of total patient food expenditure. This was a significant improvement on the previous year and is the lowest recorded for 3 years.

Graph 3



Graph 4



At a national level the Catering Services Expert Group (CSEG) have identified food waste reduction and compliance as a key priority and are working with HFS and Zero Waste Scotland to improve NHSS performance in this area.

Some NHSS Boards are currently operating successfully in achieving food waste reduction with examples from the Golden Jubilee National Hospital and NHS Tayside outlined in the Case Studies in Appendix 2.

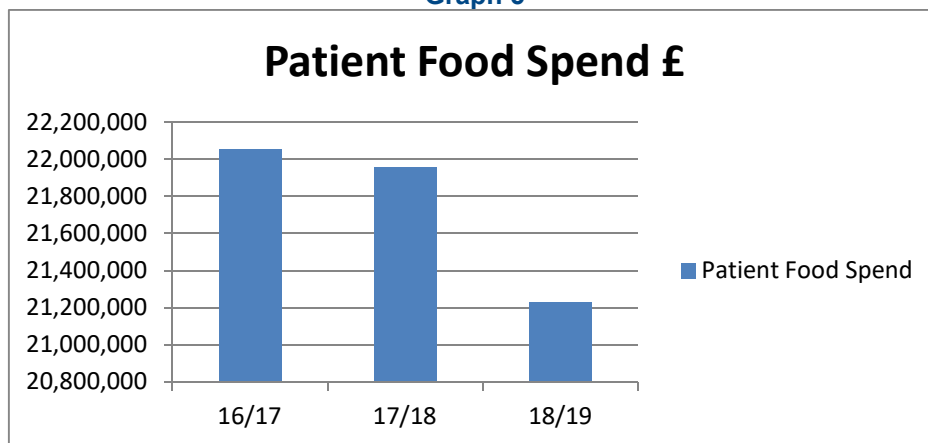
Note: currently NHSS Catering Services national average reported in 2018/19 is 5.95% (ref: Benchmarking 2018/19) which is a slight reduction from the previous year (6.03%). With the implementation of a national catering information system, a new target should be set to reduce unused food waste to around 4% (that meets the SG target of a 33% reduction by 2025) as part of the development of services.

Patient Food Expenditure

3.5 Patient food costs are effectively managed by Catering teams across NHSS with spending on patient food reducing over the last 3 years.

Graph 5 below shows the patient food spend trend since 2016/17.

Graph 5



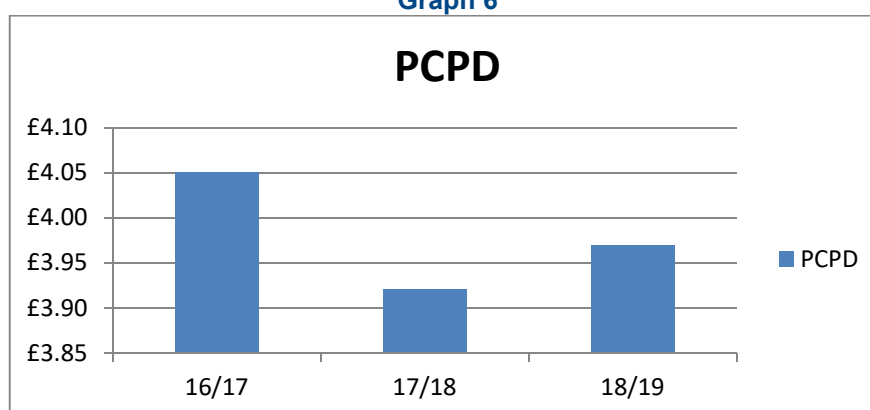
Provisions Costs per Patient Day (PCPD)

3.5.1 The catering food cost per patient per day can vary by hospital/Board mainly due to the meal delivery system operated, the number of meals produced and whether the catering team provide support at ward level for the meal service.

Boards are required to comply with the requirements outlined in the Food in Hospitals guidance and have been challenged by the increasing demands in meeting the current requirements of the FFNC Standards including, special, cultural and therapeutic diets and Allergen standards.

Food costs are being managed effectively by Boards despite inflationary cost increases and meeting the demands outlined above, the current national average PCPD (£3.97) is a significant improvement on the figure of £4.79 reported as part of a strategic review of Catering Services in 2014. Graph 6 below shows the PCPD performance for the last 3 years.

Graph 6



Notwithstanding the need to maintain quality and nutritional standards, key aspects of managing food expenditure include menu planning and food purchasing.

Menu Planning

3.5.2 Boards are required to comply with the guidance described in Food in Hospitals (FiH) and the menu planning guidance is detailed in Section 4 of FiH. This provides Boards with guidance on menu structure to ensure that hospital menus provide the nutrient and food criteria set within the catering specification.

Compliance with this guidance provides NHSS with assurance that patients' nutritional needs are being met and that Boards provide a minimum choice of any two courses and the menu must provide a "healthy eating" menu choice.

Food Purchasing

- 3.5.3 Food purchasing is undertaken by Boards utilising nationally procured contracts. These contracts are specified by commodity advisory panels (CAP) made up of subject matter experts from Boards and led by a commodity manager from National Procurement (NP). For each contract awarded, (NP) produce a report setting out the opportunities and benefits from the contract and how these can be delivered (CAREB). Most NHS boards have dedicated staff that makes sure the national contracts are implemented locally.

NHSS approach to food purchasing is based upon a centralised purchasing arrangement where National Procurement takes the lead on food purchasing through a commodity expert on behalf of the Boards.

Non-Patient Catering

Audit Scotland Report 2003, Catering for Patients

- 3.6 In 2003 Audit Scotland produced the report 'Catering for Patients' which provided guidance stating that non-patient catering activities should at least break even or NHS bodies should have a clear, written policy on the level and costs of subsidisation.

This led to the production of HDL (2005) 31 which gave guidance on the production of trading accounts including which costs should be included and how they should be attributed in the trading account.

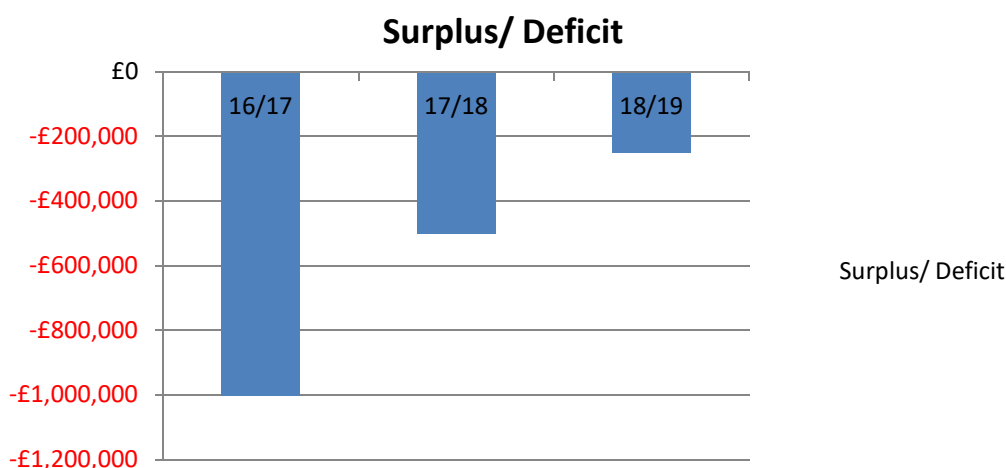
At the end of Financial Year 2018/19 Boards' reported a deficit of £250,876 in their non-patient catering trading accounts. This represents an improvement by £249,454 (50%) from the previous year.

Boards have performed well in reducing the levels of deficit over the last few years as shown in Table 2 and the Graphs 7 & 8 below

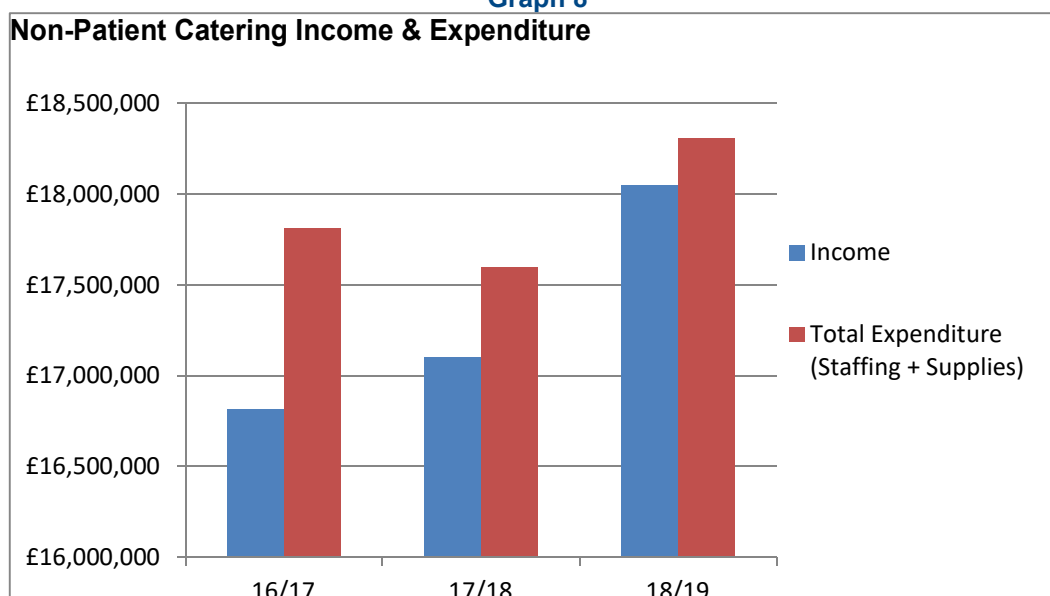
Table 2

Year	Income	Total Expenditure (Staffing + Supplies)	Surplus/ Deficit	Surplus / Deficit % of Income
16/17	£16,810,559	£17,811,914	-£1,001,355	-5.96%
17/18	£17,098,733	£17,599,244	-500,370	-2.90%
18/19	£18,048,114	£18,310,069	-250,876	-1.39%

Graph 7



Graph 8



To continue with this progress and develop non-patient catering services further, a new expert group was set up in 2018 to focus purely on retail services and will focus on the development of a visible strategy and related action plan (at both a national and local board level) to address the requirements of the Scottish Government mandate to increase the quality and profitability (removing the existing financial deficit) of retail services in NHSScotland. It also provides oversight of new and emerging initiatives and issues relating to retail services.

Patient Satisfaction

3.7 What do patients say about their meals?

Generally, Boards report that their patients are satisfied with the quality and choice of food being offered at breakfast, lunch and evening meal (Ref: annual Patient satisfaction survey 2017/8) with a national average score for 2018 reported as 88.93%. Specifically, overall satisfaction of meals was reported as 93.8%. The full survey results by Board are outlined in Appendix 3.

NHS Boards are active in relation to gaining patient feedback about catering services although currently there is no consistent approach to how feedback is received.

For example, patients at GJNH are visited by volunteers who ask them about their experience as a patient that covers all aspects of their stay including catering. This information is shared with senior managers within the Board as well as the catering service and action taken is thereafter reported through that route.

Boards routinely return patient satisfaction levels as part of annual benchmarking returns and generally high satisfaction rates are reported as shown in Table 3 and Graph 9 below.

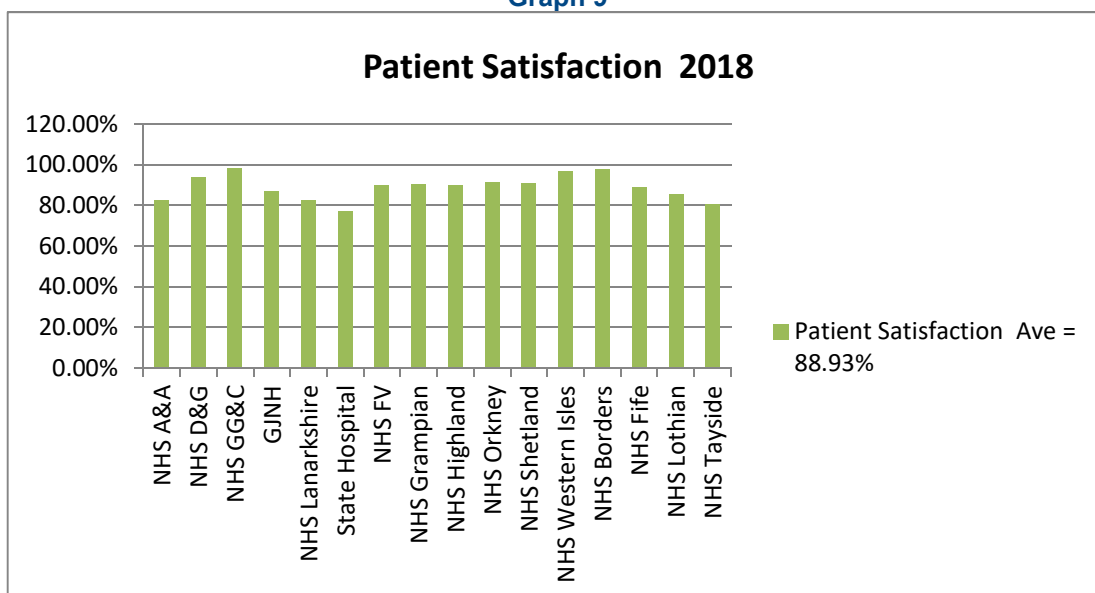
While Boards continue to deliver catering services with a strong focus on the patient experience, the figures in Graph 10 demonstrate that further work is required to maintain and improve upon patient satisfaction rates in all areas of the patient catering service experience.

Work is being carried out in this area as part of a national review of Food in Hospitals audit arrangements particularly around what is being audited and how. The new arrangements will be rolled out to all Boards during 2019/20.

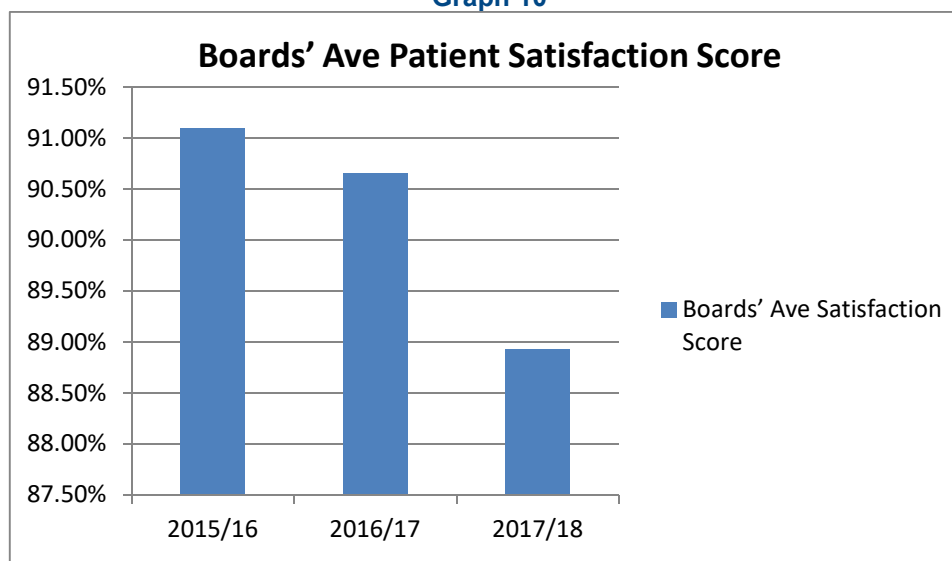
Table 3

	2015/16	2016/17	2017/18
Boards' Ave Satisfaction Score	91.10%	90.65%	88.93%

Graph 9



Graph 10



Patient Opinions

On Wednesday 7th November 2018, Health Facilities Scotland hosted an event at the Golden Jubilee Conference Centre with a focus on the NHS Scotland Catering Strategy. The aim of the event was to engage with patient representatives to share information about the changes in the delivery of catering services within NHS Scotland, and to gather views on both the strategy itself and on current and future methods of patient involvement in Strategy implementation.

Delegates at the event were invited to attend via existing patient Networks through the Scottish Health Council, in total 20 patient representatives and 14 representatives from NHS Scotland were in the audience (including caterers, dieticians, and representatives from the Scottish Health Council, Health Facilities Scotland, and the Scottish Government).

Patient Involvement in Catering Services

Patients agreed it was important that patients were involved in the quality assurance process for catering services. There should be opportunities for patients to be involved in recipe testing during the development of local hospital menus.

Patients could also be involved in the development of information that is made available to patients when they are admitted to hospital, to help them to understand the service they should be receiving, how to access more information, and how to feedback to the board with positive feedback and complaints.

It is important that any feedback patients give back to the board can be anonymised in order to protect the patient and build trust. Hospitals need to be pro-active in seeking feedback.

Patient representative responded positively on the range of patient involvement and feedback mechanisms in current use in boards. They were especially positive in the use of volunteers getting feedback from face-to-face conversations with patients in the wards (Golden Jubilee), while also recognising it can be difficult to complain face-to-face while continuing to receive a service in that setting.

Boards should aim to be explicit about what they are using feedback for, and report and communicate where changes are made as a result of feedback received from patients. Boards should consider responding to individual feedback where appropriate. The model of using volunteers in the Golden Jubilee hospital was held up as a good model for following up on feedback, where volunteers often re-visit wards to find out what has changed following feedback.

It would be helpful to consider the range of training available to patient volunteers, in areas such as policy and procedure, as well as in providing positive criticism, clear communication etc.

The use of public partners in inspection and audit activity was discussed, with examples of good practice highlighted from NHS GG&C and Healthcare Improvement Scotland.

Attendees felt it would be helpful to engage with public partners at future events, and to look in more detail at other models of involvement such as public reference groups, involvement in quality assurance processes, benchmarking patient opinions etc. Attendees felt more could be done to recruit volunteers to ensure there are sufficient people to support this quality assurance method.

Patient views on the National Catering Production Strategy are outlined in the next section.

National Catering Production Strategy

- 3.8 The National Catering Production Strategy (the Strategy) sets out a framework for the development of NHSS Catering Services for the next ten years or so.

Approved by the NHSS CEOs, it has been led by HFS since March 2018 via a Programme Director and Programme team with oversight by the National Programme Board for Catering.

Boards have made good progress against the key strategic objectives and an overview of progress is shown in Appendix 4.

However there are only 5 Boards across NHSScotland with a catering strategy covering their entire catering function; for the remaining Boards this inevitably leads to a lack of strategic direction and guidance to operational managers who are responsible for the performance and development of the service.

Local and Regional Catering Strategies

- 3.8.1 In order to align with the Strategy, the Strategic Facilities Group (SFG) agreed that each Board should develop a Catering Strategy for review each year and adopt Guidance based upon the PAMS format.

The guidance is designed to assist Boards prepare a local/regional Catering Strategy.

The guidance is based upon the main principles behind the Scottish Government's requirements for a quality Property and Asset Management Strategy (PAMS);

however the scope of some of these requirements has been amended to suit the development of a Catering Strategy.

A Catering Strategy is an important strategic document for a NHS Board as it sets out how its catering service is being used efficiently, coherently and strategically to support high quality healthcare provision.

Particular benefits of developing a Catering Strategy include:

- it highlights the importance of the Board's catering service in the promotion, development and improvement of standards of catering in healthcare;
- it provides an opportunity to prepare a coherent & integrated strategic plan for how the service needs to change to address current and emerging demands;
- it presents the case for a programme of change which responds to NHSScotland's strategic objectives and its local and regional service needs;
- it demonstrates that best value is being achieved from the service through annual performance monitoring and evaluation;
- it provides an opportunity to communicate to the Board's senior management team any catering management issues and concerns requiring their input or support.

Case Study

NHS Tayside: Developing a Catering Strategy

Why did we need a strategy?

-
- ageing buildings
 - 9 production kitchens
 - ageing workforce
 - compliance with Food in Hospitals
 - patient satisfaction
 - align to National Catering Production Strategy
 - food wastage
-

Who was involved?

-
- Catering staff
 - Finance
 - Human Resources
 - staff side
 - Public Involvement and Public Partners
 - AHP's
 - Communications Team
-

How?

-
- Project Team and the Strategic Hydration & Nutritional Care Group
 - Working groups – Technical Group/ Retail Group and Communications Group
 - Agreed a route to NHS Tayside Board
 - Project Initiation Document
-

Informing, Engagement and Communication Plan

NHS Tayside Catering Strategy Rollout

There is a need to develop a NHS Tayside Catering Strategy to address local issues and the National Catering Production Strategy.

These drop-in events will be of interest to:

- staff working within the catering service
- those who come in contact with the catering service including allied health professionals, public partners and staff
- staff serving patient meals
- those using dining rooms and cafes
- patients/public partners

Please come along for a few minutes to have your say and influence the NHS Tayside Catering Strategy.

When & Where:

Dumfries	Angus
Ninewells Hospital Out to Lunch, Level 2	Whitehills Health Care Centre
Mon 18 th Feb 11:45 – 13:45	Thu 21 st Feb

Save The Date: NHS Tayside Catering Strategy

There is a need to develop a NHS Tayside Catering Strategy to address local issues and the National Catering Production Strategy.

The events will be of interest to:

- staff working within the catering service
- staff serving patient meals
- customers
- patients/public partners

Please come along and have your say and influence the NHS Tayside Catering Strategy.

When & Where:

Consultation

- aiming for a draft strategy June 2019
- approval by Project Team and Strategic Hydration and Nutritional Care Group
- consultation expected autumn 2019 for a 3 month period
- then sign off by NHS Tayside Board

Lessons learned

- key personnel to deliver on the development of the strategy
- clear and effective communication is key
- focus on the strategy
- baseline information is key
- everything takes longer than you think
- governance route
- the value of partnership working
- take every opportunity to promote the work and use social media, but wisely

Patient Opinion on the National Catering Strategy

The overall opinion on the Strategy was positive, with attendees agreeing with the development of a standardised approach to service delivery.

Attendees felt it was crucial to utilise the strategy to positively impact on the health of the nation.

Some attendees felt that the Strategy may be too ambitious, while others felt that the influence of the strategy may need to be wider, bringing in services delivered through social care (including in patients' homes and in the community) and schools, as well as healthcare. Certainly, aspects of integration across all services were highlighted as important.

There was a lot of interest in issues of sustainability, including concerns over increased food mileage (if food production is to be more centralised, then there would be greater need to transport finished products around the country), and whether the strategy would have a negative impact on local food suppliers. Attendees were keen to understand how the strategy aimed to reduce food and energy waste.

Attendees discussed the development of menus, with some attendees feeling that a greater choice of food items would be better for patients, with other attendees agreeing that a wide choice can often result in higher costs. There was a wide

discussion of the provision of snacks in hospitals, with many attendees sharing that they did not know about the requirements around provision of snacks in hospital before this event.

Attendees discussed the cook-freeze production method at some length, with much of the feedback from the sample lunch being positive. However, there remains a negative perception that frozen food is inferior to freshly produced dishes. There were some concerns voiced about how a move to cook-freeze could negatively affect catering staff – would staff (especially the chefs) still feel able to use their skills and experience in preparing food.

Patient representatives were particularly interested in plans around the development of technological innovations to support catering services, particularly in the efficient and safe management of patient data around their food requirements (such as allergens and dietary needs). There was enthusiasm around the implementation of new systems, and interest in the roll out plans for boards across Scotland, patient did question why systems like these were not mandated, rather providing the systems to boards to opt in or out of using.

Patient Involvement in the development of Catering Strategies

Patient representatives felt that service and strategy leads needed to do more to raise awareness to patients on the Strategy and future plans to update catering services. We should look to using social media, and to link in with the public health agenda, as well as using the established routes to link in with patient groups etc.

Planned Investment in Catering Services

- 3.9 The Strategy sets out a vision for catering in NHSS. In order to achieve the aims and objectives, various projects are currently on going that will enable these aims and objectives to be delivered.

National Catering Information System (NCIS)

- 3.9.1 The National Catering Production Strategy describes the advances that can be made by harnessing technology – both in catering production and resource control, to support standardisation of processes where they should be standardised, and to enhance food safety.

NHSScotland will increasingly become an organisation that is driven by enhanced interpretation of data, and better use should be made of this data to support service improvement and performance management. The achievement of the key strategic objectives was based on the assumption that a National Catering Information System and Bedside Electronic Patient Meal Ordering System (NCIS/BEPMO) would be implemented in all A1 and A2 hospital locations to achieve maximum service efficiency.

From April 2018, funding of £1.3 million was allocated over 2 years to NHSS to develop and implement a NCIS across NHS Scotland that will provide functionality to support stock planning and management, production, recipe costing, financial management, retail sales information management and patient ordering and delivery.

The implementation programme commenced at the start of 2019 and will continue until end of March 2020. It is expected that all territorial Boards will invest in the NCIS.

What are the benefits of the NCIS?

The NCIS is designed to reduce variation in catering systems across NHS boards, reduce production and plated waste and increase patient safety by ensuring consistent, automated information regarding allergens.

Boards will acquire a system that will support the tracking and analysis of all aspects of catering production and service for both patient and non-patient catering services.

The catering service will also have a system that will allow them to develop their own bespoke reports, for example financial management reports, trend analysis, and benchmarking.

The system can manage individual patient menu choices, the collation of orders into a consolidated list for the production of the food, and split the resulting food order into individual wards for the delivery of the food, returning back to individual meal choices for the serving of the food.

Menu Harmonisation

3.9.2 The national catering strategy for NHS Scotland states that menu harmonisation is “*an essential element of catering services across Scotland*” and sets out the case for delivering a menu harmonisation structure that aims to reduce variation in quality cost and wastage. It will also underpin the implementation of the NCIS.

The Strategic Facilities Group requested that the recipes used by NHS Scotland be harmonised into one or two versions for any given dish.

The development of a national standard recipe database will comply with the National Catering Strategy aim to standardise patient food quality and provide an improved more consistent service to patients.

These recipes will provide Patients with meals that:

- meet carefully monitored nutritional requirements;
- are standardised to provide the appropriate balance of proteins and carbohydrates;
- include recipes that can be tailored for vegetarians, those requiring high density meals or where other dietary requirements are present.

All NHS Boards were asked to submit recipes for dishes that are currently used to feed patients. These recipes are being tested by NHSS caterers and dieticians and it is anticipated that national standard recipes will be available for use by Boards from April 2020.

Food in Hospitals Audit Tool

- 3.9.3 The Audit Tool will provide an audit framework for the Food in Hospitals National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (FiH) 2016.

The framework will be designed to support a robust review process of the Food in Hospitals specification and will comprise of an annual board assessment against the specification. The resources will assist boards to demonstrate compliance with the specification, and provide a flexible and adaptable mechanism for quality assurance to the local NHS board and other stakeholders. A short-life working group has been convened to support this project.

The benefits of this work will include:

- development of a question-set and associated evidence;
- development of an online tool to support board submission and assessment;
- development of a national mealtime observation tool;
- development of a national question-set for patient experience.

Food Production

- 3.10 The suggested strategic direction recommended by the National Catering Production Strategy is for NHS Boards to move to larger scale “Cook Freeze” Central Production Units with potentially four purpose built Regional units servicing the needs of NHS Scotland. This suggested transition would be phased as existing conventional catering production kitchens near the end of their life.

Production Model

- 3.10.1 At the moment, NHS Lothian is working on a “*proof of concept*” with its neighbouring Boards in the East of Scotland.

As the current NHS Lothian conventional production kitchens have reached the stage where substantial refurbishment and rationalisation is required in order for these sites to provide a safe and effective quality service. The possibility of NHS Lothian becoming a ‘proof of concept’ site for a purpose-built Central Production Unit (CPU) supplying hospital locations in South East Scotland would seem an ideal opportunity for NHS Lothian and other NHS Boards/Partners in South East Scotland.

This model will not only provide a resilient and sustainable food production operating model but will also bring social and economic benefits so taking a regional approach to a national project gives local companies and organisations the chance to be involved.

Absolutely key to the strategy is that regional CPUs will be staffed by NHS employees. This is not a programme for outsourcing; it is a programme for the NHS to maintain the long-term sustainability of its food service in-house. The aim is to ensure that the entire food production, delivery and service is provided for by NHSScotland employees, so the individual health Boards can focus on patient care and not have to worry about the logistics of the catering operation.

It is planned that a full business case will be prepared for early in 2020. This business case will establish a best practice regional system that unites independent Boards with one catering production system. Early indications are that this strategy will be financially viable and would even bring savings in staffing and overall spend. Funding permitting, 'go-live' would be about four years away.

The National Catering Strategy is a long-term project, but in the short term, health Boards across Scotland are exploring synergies with other Boards to maintain continuity of supply without having to move to a bought-in meal service. For instance, in some regions recruiting staff is a problem and for others, action is required to meet those changing patient needs.

The North Region Boards are working together to develop a proposed catering operating model that best suits the North Region and that can deliver cost efficient and safe catering services to hospitals across the Region. Work started recently with a workshop that developed a number of options to assist in identifying a direction of travel for a North Region food production strategy covering a period of the next 5-10 years.

In the West Region, the West Boards are looking at developing a cook-freeze infrastructure that will enable those Boards to source food from other production units already in place. For example, in Glasgow there are two CPUs and increasing production at those facilities could enable them to supply other Boards at reduced cost while achieving the required standards, thus maintaining control of food production within the NHS.

4. Where next for the National Catering Production Strategy?

A high level assessment of the impact of the NCS against the Strategic objectives undertaken as part of the preparation for this report, highlights a series of challenges that still need to be addressed some of which are described below.

Forward Planning

Only 5 Boards have Catering Strategies. While some Boards are working collaboratively to develop Regional strategies such as the East Region Boards, more needs to be done to develop plans that will deliver the aims and objectives of the National Catering Production Strategy and to meet the requirements of legislation and national food policies.

Regional working needs to begin to demonstrate benefits for its consumers (patients/staff/visitors) aligned to the NCS outcomes and from the investment in technology such as the NCIS.

As the Scottish Government considers possible legislation that will place a duty on NHSS to set out a statement of policy with regard to food and for the delivery of its vision for Scottish Food and Drink contained within the Good Food Nation Policy, NHSS has the opportunity to demonstrate leadership in delivering healthy and nutritious food to the population of Scotland that uses its hospitals, with the development of robust Catering Strategies.

Note: NHSS Catering Services have signed up to the Good Food Nation Policy aims and will be integral in the plans for the future development of its food offerings for patients, staff and visitors.

Also, the Scottish Government Diet and Healthy Weight Delivery Plan 2018 sets out outcomes to improve the dietary and weight issues facing Scotland and includes outcomes relevant for NHSS such as improving the provision of healthier choices in a variety of settings including the public sector, access to good food by those facing food insecurity, a whole system approach to diet and weight and promoting the health and well being of Scotland's workforce.

There are requirements set out in the Plan that we should take account of as we develop Catering Services for NHSS specifically relating to Outcome 2 - the Food Environment supports healthier choices.

Going forward, NHSS Catering Services not only requires continuing to being compliant with legislative food standards but will also need to demonstrate best practice through complying with and reviewing guidance such as Food in Hospitals and aim to provide exemplar hospital catering services.

Notwithstanding the multifarious pressures on public finances, spending in catering services is forecast to remain substantial over the long term and will thus present a significant opportunity to facilitate change and performance improvement in NHSS.

Inevitably, competing or conflicting requirements for funding must be reconciled and balanced to ensure the best level of service and use of public funding is delivered. Getting this right requires a strong evidence base to support strategic decisions on the future arrangement and investment needs of catering services. This is a key role of the catering strategy, which should form a notable component of Boards' Property and Asset Management Strategies (PAMS).

Future Demands

The ambition for NHSS Catering Services is outlined in the National Catering Strategy (NCS). It outlines an ambition that will take forward the planning and delivery of catering services locally, regionally and nationally. It sets out a vision for a food production and service model that will aim to deliver catering services of the highest quality and value.

NHSS Catering Services need to align to the NCS and deliver an approach to service development that will deliver a safe, nutritious, compliant, high quality and consistent catering product across the whole of NHSScotland in line with the NCS ambition and taking account of challenging internal and external demands described above.

Note: In order to achieve this aim, NHSS catering services need to adopt a more radical approach to its food offering and experience to its consumers (patients, staff and visitors) that will meet consumer needs and maximise the potential of NHSS catering services.

NHSS catering services need to plan to respond to meet changes and demands in the following key operating areas:

- **Food Purchasing:** in order to plan its food offering that meets consumer (patients/staff and visitors) needs NHSS Catering Services should take account of national and global food preferences and developments. For example reference should be made to a study undertaken in February 2016 on behalf of the Food Standards Agency and Food Standards Scotland called "*Our Food Future*" that focused on consumer needs and core values and what they want to see from our food future. Working for and with Caterers, Procurement plays a key role however in future their role will also be vital to:
 - assist with analytics such as spend analysis/performance and quality reporting;
 - assist with national food purchasing strategy;
 - assist with market intelligence to develop innovative approaches through market analysis and trend reporting on new products etc.
- **Menu Planning and Transparency:** responding to food trends and the demand for "*better for you*" foods and enhancing the patient food experience. NHSS Catering Services should consider how it can be more transparent in letting its food consumers know about the food they are being served.

FiH stipulates that dishes placed on a menu require a brief description which enables patients to make a more informed choice. Boards should consider how this can be further improved to achieve more transparency.

It is recommended that the development of menus is deemed to be a priority for NHS Boards and should feature as part of Boards (local and regional) catering strategies. Due to the likely benefits in terms of enhancing patient experience and potential cost saving, by ensuring that this activity is within their Catering strategy should enable Boards' investment requirements in menu development be prioritised by Board Executive Management support, Facilities local delivery planning and staff training planning.

- **Managing Food Waste:** notwithstanding the food waste reduction action it takes already, NHSS should consider how it can communicate the message more widely to reduce food waste in hospitals by engaging with suppliers, caterers and consumers.
- **Food Education:** NHSS Catering Services should consider how it can improve information about the food it serves to its patients including the health and nutritional benefits and environmental impact. This however should not be done in isolation and therefore should take account of its consumers' (patients, staff and visitors) views.
- **Innovation, Research and Technology:** while NHSS Catering Services receives advice and guidance from nutritional and dietetic experts, as it develops its offering to patients, acknowledging ongoing research and development of food as medication should be integral to its menu planning processes.
- **Sustainability:** for example promoting sustainable diets. NHSS Catering Services should promote a sustainable diet approach in its patient and non-patient menus by for example fully adopting the WWF Live Well principles as part of its approach to menu planning. There is an opportunity for NHSS Catering Services to not only provide its consumers with a healthy balanced diet when they are in hospital either as a patient or visiting but also to influence choices through choice, transparency and education.
- **Children and Young People:** about 8% (140,000) of patients treated in Scottish hospitals each year are 18 years and under, (ref ISD statistics 2016/17). A 2013 study by the Centre for Population for Health Sciences at Edinburgh University found that avoiding "kids" food leads to healthy kids who appreciate healthy foods. According to the study authors, *"Eating the same food as parents is the aspect of family meals most strongly linked to better diets in children, highlighting the detrimental effect in the rise of 'children's food.'"*

In reviewing its menus, NHSS Catering Services and menu planners should seek to take a National approach to take account of young peoples' food requirements by not only applying the guidance in Food in Hospitals but also aligning to school meals and the demands and needs of the young person as a patient as part of their recovery and understand what will help them to feel better physically and emotionally.

Governance

As progress is made through implementation of the various work streams, the NCS should set out future Governance arrangements for Patient and Non-Patient Catering for the next five years that will deliver the NCS outcomes and take a more holistic view of food provided in hospitals. There should be stronger focus nationally on compliance with nutritional standards for example.

New Governance arrangements should be developed by the National Programme Board for Catering through external review and a proposal presented to SFG in the first instance for wider consultation.

Development of National Quality Assurance Standards

The implementation of new food production service models will have a likely impact for the Catering workforce where there would be the requirement for less production staff “*in the kitchen*” and a higher proportion of staff being placed in Hospital sites to provide services closer to the patient. In anticipation of this a stronger focus is needed on verification of food safety and service delivery processes that includes both clinical and catering teams.

Enhancing the Patient Experience

The NCS Programme activity needs to remain focussed on delivering activities to meet its aims and objectives. An impact assessment needs to be undertaken in 2020 to show where a positive difference has been made especially to enhancing the patient experience of Catering Services.

The new Food in Hospitals Assessment Tool should be a core tool for measuring effectiveness and this should be used as a benchmark for Board improvement plans in future.

Patient Engagement is carried out at Board level but is currently undertaken in an inconsistent way with variable outcomes that don't necessarily lead to better Catering Services. A national approach to patient engagement should be developed that enables patients to be involved in the quality assurance process for catering services. There should be opportunities for patients to be involved in recipe testing during the development of local hospital menus.

Patients could also be involved in the development of information that is made available to patients when they are admitted to hospital, to help them to understand the service they should be receiving, how to access more information, and how to feedback to the board with positive feedback and complaints.

We should look to using social media, and to link in with the public health agenda, as well as using the established routes to link in with patient groups etc.

Workforce Planning

Boards need to focus on workforce development as part of local and Regional strategies. These mainly relate to shift patterns and structures to ensure there are adequate structures, succession planning and training leading to

- defined standard roles;
- minimum core skills including skills analysis;
- career pathway;
- training requirements;

- recruitment opportunities.

Implementation

At its meeting on 29th May 2019, SFG agreed that in order to address these issues and challenges that a review of the NCS should be undertaken in conjunction with the NHSS Catering Community.

The Review will be undertaken during 2019 and a series of recommendations will be presented to SFG later in 2019. This is likely to include a National Action Plan for Catering Services focusing on the priorities described above. As an illustration, Appendix 5 attached outlines a potential action plan that covers the next 1-5 years.

Appendix 1: Board Review 2018/19

Board by Region @ June 2019	Food Waste Nat Ave = 5.95%	PCPD Nat Ave = £3.97	Patient Satisfaction/FiH Nat Ave = 88.93%	Non-Patient Catering Target = Nil subsidy	Catering Strategy Y/N	Regional Working Y/N	NCIS Prog	National Recipes
West								
NHS A&A			82.27%	26,536	N	N	Don't know	Don't know
NHS D&G			93.94%	£31,900	N	N	Y	Y
NHS GG&C			98.12%	£82,519	N	N	Intent	In place
GJNH			86.93%	£156,531.00		N		Y
NHS Lanarkshire			82.33%	£45,923.00	N	N	Intent	Intent
State Hospital			77.16%	£11,461.00	N	N	Intent	Don't know
NHS FV	N/A	N/A	90.01%	N/A	Part	Y East FM Planning Group	TBA	TBA
North								
NHS Grampian			90.45%	£18,591.00	Y Not in PAMS Format	Y	Y	Y
NHS Highland			90.00%	£348,025.00	Y Not in PAMS format	Y	Intent	Don't know
NHS Orkney			91.58%	£59,262.00		Y	Y	Don't know
NHS Shetland			90.80%	£66,871.00	N	Y	Y	Don't know
NHS Western Isles			96.57%	£180,891.00	N	Y	Intent	Don't know
East								
NHS Borders			97.50%	£6,106.00	Y but in draft	Y	Intent	Y
NHS Fife			89.13%	£98,884.00	N part of East Region Plan	Y	Intent	Don't know
NHS Lothian			85.36%	£62,535.00	Y part of Regional Plan	Y	Y	Don't know
NHS Tayside			80.67%	£133,792.00	Y in development	Y also with North	Intent	Y

Nationals								
NHS NSS (non-patient only)	Don't record	N/A	N/A	-34,925	Action Plan in place for some aspects	N/A	N/A	N/A

Appendix 2: Food Waste Case Studies

Case Study 1: Golden Jubilee National Hospital – Managing food waste and improving the patient experience

Meal time monitor

Food wastage levels at the hospital are less than 1%. This is achieved by close working between the catering and nursing staff.

One of the ways in which the Board keep food waste to such a low level is through the role of the meal time monitor. With their own uniform, so to be clearly recognised in the role that they play, the mealtime monitor works closely with the kitchen galley staff and have clear responsibilities set down to support the patient during meal times. Some of the important roles they undertake include:

- advise both staff and visitors that meals will be served as per 'Protected Mealtimes';
- prepare and clear patient's tables in advance of meal delivery;
- check that the patient is ready to eat e.g. are in a comfortable upright position and mouth care has been offered;
- offer to open milk and orange juice cartons if necessary. Check trays for temperature at lunch/dinner (as they can be extremely hot) and assist patients to remove lids/packaging;
- if patient requires assistance with eating and drinking, someone should be allocated to help while the patient's meal remains hot;
- be aware of patients on food charts, informing both kitchen galley and nursing staff to ensure completion. Dietary intake should be checked after each meal and fed back to the named nurse by the Mealtime Monitor. Patients on food record charts should be highlighted at ward census.

Case Study 2: Reduction in Food Waste – using a Catering Information System to reduce Food Waste

NHS Tayside

NHS Tayside piloted the prodPlan+ catering information system at the Ninewells Hospital in 2016/17 with a view to reduce food waste and provisions spend. The annualised results showed a reduction of food waste of 60 tonnes per annum (equivalent to a 26% reduction). The estimated annual financial savings associated with this reduction were in the region of £113.9k and the carbon reductions were calculated as 217 tonnes of CO2 equivalent units.

The high volume of food waste at Ninewells Hospital was having a negative effect both financially and environmentally on the organisation and had to be reduced to a manageable level.

Working within the Transformation Programme, several initiatives to reduce the volume of food waste were introduced:

- Reduce from 3 to 2 courses for inpatient meals
- Reduction of inpatient snack waste
- Reduction in patient milk waste
- Reduction in Direct Issues waste
- Introduction of a Catering Information System (prodPlan+)

The prodPlan+ system is a catering production management tool that automates production, stock management and product ordering. It also provides portion specific standard recipes for all menu items, ensuring consistency in quality, nutrition and portion size for patient and non patient catering. The auto Order section ensures that over ordering is avoided.

The project in NHS Tayside was supported by Zero Waste Scotland who awarded the board a grant to partially fund the trial at Ninewells Hospital. The key objectives of the pilot were to:

Reduce Food Waste

- Food waste during production in the kitchen
- Plate waste returned from the wards
- Plate waste returned from the restaurants
- End of service food waste for patient and non patient areas

Reduce Provision Spend

Using a financial and production planning system which provides up to date costs and savings with the ability to monitor and challenge

The food waste was weighed in 2014 as part of another exercise and used as the baseline data for the pilot. It was weighed again at the end of the trial in March 2017, using the same methodology. It showed an annual estimated reduction in food waste of 60,225kg which equates to 217.11 tonnes of CO2 equivalent units, or the burning of 70 tonnes of coal.

Since the introduction of the food waste driers at Ninewells Hospital in 2016, the dried waste volume has been reduced from 20 tubs per day to 8/10 tubs per day. Due to a reduction in the machines operating time, the energy consumption required to run the machinery and the number of bins required to house the

dried waste will have reduced.

Work is continuing to reduce food waste and provision spend. The patient menu and the patient meal ordering system are under review as are the non patient services.

Conversations are to be organised with clinical groups to see what efficiencies can be introduced to reduce meal and ward issue waste further and there are initiatives within the Catering Service Delivery Plan to explore a more efficient ways of providing ward stock (food and fluid).

It is therefore hoped that NHS Tayside is well on its way to meeting the Scottish Government Food Waste Reduction Targets of 33% by 2025.

Appendix 3: Patient Satisfaction October 2018

	Board	A&A	Borders	TSH	GJNH	Fife	GG&C	Highland	Lanark	Grampian	Orkney	Lothian	Tayside	WI	D&G	Shetland	FV
	MEALS																
1	Quality of patient meals - appearance	91	95.5	85.4	97	94	99.7	87	88	94.8	100	84	83	100	99.9	98	94.7
2	Quality of patient meals - taste	82	100	75.6	100	92	98.6	82	90	94.8	100	78	80	100	99.9	98	92.5
3	Quality of patient meals - temperature	91	90.5	70.7	97	92	99.9	93	92	89.5	100	85	87	95	99.9	91	92.7
4	Quality of patient meals - portion sizes	82	100	65.8	100	95	96.5	94	87	86.8	83	87	87	85	99.9	97	94
5	Quality of patient meals - choice	92	100	61	77	87	95.9	88	73	92	100	76	93	100	99.9	95	92.1
6	Patients given a menu from which to choose	89	95.5	97.6	66	96	94.4	99	73	92	100	77	67	100	98.7	100	93.4
7	Patients aware that they can choose small or large portions	77	90.5	N/A	86	83	97.5	92	47	78.1	n/a	92	70	90	73.2	100	63.3
8	Patients receiving meal they ordered	81	90.5	90.2	71	75	98	85	97	93	83	90	77	100	97.5	95	85.9
9	Patients had menu ordering explained on or prior to admission	54	100	N/A	26	80	93.6	56	78	77.1	33	72	67	80	47.1	93	77.2*

10	Patient offered replacement if missed meal	59	100	N/A	100	89	100	93	83	88.9	n/a	85	63	100	96.1	96	85.9
11	Patients had adequate time to eat meals	88	100	85.4	100	97	99.5	98	97	94	100	96	97	100	97.4	89	97.9
12	If required, religious or cultural menu	85	100	50	N/A	68	100	89	70	94.8	n/a	n/a	66	100	99.9	14	89.9
13	Overall satisfaction of meal	92	100	73.2	97	96	99	98	94	92.9	100	82	87	100	99.9	97	93.9
	Beverages																
14	Patients offered a choice of drinks	82	100	75.9	100	97	99.2	96	83	93	100	95	93	100	99.9	99	97.4
15	Patients had access to fresh drinking water	89	100	95.1	100	96	100	100	83	95.1	100	96	93	100	99.9	100	99.4
	Average	82.27	97.5	77.16	86.93	89.13	98.12	90	82.33	90.45	91.58	85.36	80.67	96.67	93.94	90.8	90.01

****This is not always a Catering Services responsibility and satisfaction rates could be improved if Catering Services were responsible.***

Appendix 4: Board Progress v. National Strategic Objectives - June 2019

Strategic Outcome	How we are getting there	RAG
Standardisation of food quality and an improved more consistent service to patients, staff and visitors.	National standard recipes due 2020 Standard Operating Procedures due by Dec 19	Green
The elimination of an ageing catering estate in a number of NHS Boards.	East Boards Production Strategy Investment planning by Boards via PAMS	Red
A reduction in the wide variations in service modelling, quality and choice.	East Boards Production Strategy Food in Hospitals Audit tool NCIS implementation during 2019/20 Board menu review and catering strategies	Yellow
The reduction in highly variable costs per patient (food and labour).	Ave PCPD (Provisions) = £3.97 (18/19) (range from £3.14 (A&A) to £5.84 (Shetland)) Ave staff cost per PD = £11.34 (range from £5.41 (Lanark) to £16.83 (W Isles) to £26.91 (D&G))	Green
The reduction in high volumes of food wastage in some NHS Boards.	For Q1 – Q4 2018/19 all Boards cumulative average food waste (unserved meals) = 5.95%.	Yellow
Compliance with increasingly onerous food safety and standards legislation e.g. Hazard Analysis Critical Control Point System (HACCP) and food labelling/allergen regulations.	All Boards have food safety management systems in place and the new FiH audit tool will support Boards further to achieve compliance with FiH.	Green
Managing potential future skill shortage resulting from changing demographics of catering production staff and recruitment pressures.	As the Food Production Strategies develop, Boards within the Regions will be able to assess workforce requirements through workforce planning based upon the service models they develop. It is anticipated that there will be a need to determine skills gaps and identify training needs.	Red
Releasing resources for frontline patient care.	The reduction in non patient catering subsidies since 2015/16 = £1.5m Cost avoidance in patient food expenditure over the last 3 years = £2.93m The potential annual savings from the East Region BC = £3.4m pa There may be further annual savings realised as the North and West Region Production Strategies develop.	Green
Eliminating catering subsidies for non-patient catering.	The forecast is to achieve nil subsidy in the Boards' 2018/19 Trading Accounts	Yellow

Appendix 5: Catering for the Future Recommendations

Proposed 3-5 years Action Plan

Theme	Doc ref	Recommendation and benefits	Proposed Action	Timescale
National Catering Programme	National Catering Production Strategy	<p>The National Catering Production Strategy sets out a vision for catering in NHSS. In order to achieve the aims and objectives, various projects are currently on going that will enable these aims and objectives to be delivered.</p> <p>Benefits include: a National Catering Information System leading to reduction in service costs and consistency;</p> <ul style="list-style-type: none"> • a suite of National Standard Recipes leading to quality consistency and cost efficiency; • Cook Freeze Production Proof of Concept leading to better patient experience/safe/compliant/consistent quality and cost savings; • Food Production Regional Trials – as above; • Standard Operating Procedures leading to consistency and reduce variation; • National Retail Strategy leading to subsidy reduction and increased surpluses if Boards choose to. 	The Catering Programme Board will oversee the projects within the Programme and will continue to be reported to various key stakeholders at regular intervals	Implementation by 31 March 2020
Clinical Strategy	Catering for the Future Section 2 Context	<p>In developing Catering Services for the future, menu planning and service provision needs to be developed to ensure it responds to the future needs and demands of patients.</p> <p>Benefits: Help to tackle the big health challenges associated particularly with ageing (e.g. dementia) and obesity (e.g. diabetes)</p>	Should form part of local/Regional Catering Strategies. Food in Hospitals assessment process will assist Boards to identify gaps.	<p>Trials in Boards from Aug 2019</p> <p>Aim to roll out through 2020</p>
Food Policy	Catering for the Future Section 2 Context	NHSS Catering Services should be mindful of potential emerging requirements relating to food policy in the development of its food offerings for patients, staff and visitors.	Should form part of local/Regional Catering Strategies. Particularly Good Food Nation/FiH and NCS. Board engagement meetings will	Board Catering Strategies should be developed by April 2020.

		<p>Benefits:</p> <p>NHSS has opportunity to be an exemplar in achieving the SG vision of a good food nation and benefit its patient's staff and visitors as a result.</p>	<p>assess Board alignment with this recommendation. Feed back to Catering Programme Board.</p>	<p>Monitoring and review by HFS thereafter</p>
Food Costs	Catering for the Future Section 2 Context	<p>This combined with the continuing revenue and capital pressures on the wider NHSS will demand that services such as Catering are run as efficiently as possible without compromising quality standards and patient safety.</p> <p>Benefits: Driving efficiency can release funds for developing menu choice e.g. more availability of quality healthier options</p>	<p>Roll out of NCIS to Boards will help to manage costs, wastage and menu planning (menu uptakes). Monitoring via Implementation Group and Benchmarking. Work with Procurement to develop reporting format for CSEG e.g. price fluctuations/risks etc.</p>	<p>NCIS roll out by 31 March 2020. NCIS User Group in place from July 2019. Annual review of NCIS benefits</p>
Sustainable Development	Catering for the Future Section 2 Context	<p>In developing catering services for the future NHSS should take account of the relevant SDGs in its menu and food provision planning including food purchasing, menu choices, food delivery processes and food waste management and be seen to be an exemplar to ensure that it demonstrates leadership in developing a sustainable approach to its food service offerings.</p> <p>Benefit: Is contained within the recommendation</p>	<p>Development of sustainable approaches to Catering Services such as -menu and food provision planning -food purchasing, -menu choices, -food delivery processes and -food waste management</p>	<p>From April 2020</p>
Food Waste	Catering for the Future Section 2 Context	<p>NHSS Boards Catering Services need to ensure services continue to work towards the target of 33% reduction by 2025 reflected as a Scottish government priority in 'Making Things Last'.</p> <p>Benefits: as set out in "<i>Making things last</i>"</p>	<p>CSEG with support of ZWS developing a Food Waste Action Plan to achieve targets</p>	<p>From September 2019</p>
Food Waste	Catering for the Future Section 2 Context	<p>NHSS Catering Service development should reflect HCWH good practice in its own practices and policies.</p> <p>Benefits: The principles outlined in the HCWH guidance will provide a best practice platform for Boards approach to reducing food waste</p>	<p>CSEG with support of ZWS developing a food waste action plan that should include the HCWH principles.</p>	<p>From September 2019</p>
Food Waste	Catering for the Future Section 2	<p>Currently NHSS Catering Services national average reported in 2018/19 (ref: Benchmarking 2018/19) is 5.95%</p>	<p>Nationally agreed Food Waste target in place - NCIS roll out. Catering</p>	<p>NCIS implemented from April 2020</p>

	Context	<p>(£1.26m). With the implementation of a national catering information system, a new target should be set to reduce unused food waste to around 4% (that meets the SG target of a 33% reduction by 2025) as part of the development of services.</p> <p>Benefits: Aside from the environmental benefits there may be benefits to the health and well being of patients as well as a potential reduction on costs of unused food by around £500,000 each year</p>	Programme Board to discuss and advise SFG.	Assess impact on food waste and agree target by April 2021
Food Waste	Catering for the Future Section 4 Where do we want/need to be	<p>Notwithstanding the food waste reduction action it takes already, NHSS should consider how it can communicate the message more widely to reduce food waste in hospitals by engaging with suppliers, caterers and consumers.</p> <p>Benefits: Aside from the environmental benefits there may be benefits to the health and well being of patients as well as a potential reduction on costs of unused food by around £500,000 each year</p>	CSEG with support of ZWS developing a food waste action plan that should include the HCWH principles.	From Sept 2019
Service Development	Catering for the Future Section 4 Where do we want/need to be	<p>In order to achieve this aim (NCS – safe, nutritious, compliant, high quality, consistent), NHSS catering services need to adopt a more radical approach to its food offering and experience to its consumers (patients, staff and visitors) that will meet consumer needs and maximise the potential of NHSS catering services.</p> <p>Benefits: Achieve the aims of the NCS</p>	<p>Radical approach relates to developing key operating areas</p> <ul style="list-style-type: none"> • Food Purchasing • Menu planning & Transparency – enhancing the patient experience • Managing Food Waste • Food education • Innovation, Research and Technology • Sustainability • Children and Young People 	Review of NCS from September 2019 and develop action plan for implementation including new Governance arrangements-new processes in place by 2022
Food supply and demand (Purchasing)	Catering for the Future Section 4 Where do we want /need to be	NHSS should continue to take a global view to its food purchasing strategy and consider links between the food producing system (supply and demand) and climate change. It can do this for example by changing its menus to offer less meat and only offer seasonal produce	We need to develop a national food purchasing strategy in order to meet this recommendation that responds to the consumer demands and concerns outlined in the our food	From Sept 2019 and have in place by 31 March 2020.

		(availability permitting). Benefits: Change to poor eating habits by food purchasing aligning to supply and demand so that good quality and tasty food choices are provided at an affordable price all year round	future report.	
Information & transparency	Catering for the Future Section 4 Where do we want/need to be	Boards should consider how this can be further improved to achieve more transparency. Benefits: Enables patients to make a more informed choice	NCIS roll out will enable Boards to national standard menus and recipe information including allergens, calories etc	from 31 March 2020
Food education	Catering for the Future Section 4 Where do we want /need to be	NHSS should consider how it can improve information about the food it serves to its patients including the health and nutritional benefits and environmental impact. This however should not been done in isolation and therefore should take account of its consumers' (patients, staff and visitors) views. Benefits: Encourage better dietary habits and keeping up with developments on both the food as medication agenda and emerging changing eating habits and trends	National approach approved by Catering Programme Board from recommendations by FiH group.	By April 2020
Menu Review/Food choices	Catering for the Future Section 5 How do we get there	Undertaking regular menu review that takes account of the points raised in this report will enable Boards to consider how they can continue to provide their consumers (patients, staff and visitors) with food choices that will not only meet their nutritional requirements but also may lead to aid their recovery and minimise food waste and cost. Benefits: Enables Boards to take a consistent approach to menu review and on a regular basis - analyse feedback from patients, analysis of uptake and that choices meet needs, opportunity to adjust menus with better value and quality seasonal produce.	Initial analysis via NCIS will determine current status. Standard Governance arrangements re FF&N at Board level and National level. Catering Programme Board will approve National Standard Operating Procedures for undertaking Menu Review.	from March 2020
Menu Review/Food Education/	Catering for the Future Section 4 Where do we	There is an opportunity for NHSS Catering Services to not only provide its consumers with a healthy balanced diet when they are in hospital either as a patient or visiting but	Catering Programme Board will approve National Standard Operating Procedures for undertaking Menu	From April 2020

Sustainable Diet	want/need to be	also to influence choices through choice, transparency and education. Benefits: Access to healthier food that may otherwise be unaffordable/unavailable and/or not promoted	Review.	
Menu Review/ Innovation	Catering for the Future Section 4 Where do we want/need to be	It is important that Catering Services develop a stronger focus on the latest trends and innovations in the food industry and keep up with new policy approaches in the UK and globally. Regular review of menu offerings should be a minimum requirement in continuing to meet patient needs in future. Benefits: As described within the recommendation	Catering Programme Board will approve National Standard Operating Procedures for undertaking Menu Review.	From April 2020
Menu review/Food as medication	Catering for the Future Section 4 Where do we want/need to be	While NHSS Catering Services receives advice and guidance from nutritional and dietetic experts, as it develops its offering to patients, acknowledging ongoing research and development of food as medication should be integral to its menu planning processes. Benefits: Encourage better dietary habits that might have an impact on conditions such as obesity, diabetes and asthma.	Catering Programme Board will approve National Standard Operating Procedures for undertaking Menu Review.	From April 2020
Menu Review Sustainable Diet	Catering for the Future Section 4 Where do we want/need to be	NHSS Catering Services should fully adopt the WWF Live well principles such as eat more plants (fruit & veg) and eat less meat as part of its approach to menu planning. Benefits: Promotes food sustainability and provide diets that are protective and respectful of biodiversity and ecosystems, culturally acceptable, accessible, economically fair and affordable, nutritionally adequate, safe and healthy and in line with FiH and food preferences in Scotland.	Some already in place via FiH guidance but should be part of a national menu review process. Catering Programme Board will approve National Standard Operating Procedures for undertaking Menu Review.	From April 2020
Menu Review/Children & Young People	Catering for the Future Section 4 Where do we want/need to be	In reviewing its menus, NHSS Catering Services and menu planners should take account of young peoples' food requirements by not only applying the guidance in Food in Hospitals but also aligning to school meals and the demands and needs of the young person as a patient	Should form part of local/Regional Catering Strategies. Board engagement meetings will assess Board alignment with this recommendation.	Review of NCS from September 2019 and develop action plan for implementation

		<p>as part of their recovery and understand what will help them to feel better physically and emotionally.</p> <p>Benefits: Consistent approach across schools and hospitals to feeding children and young people and lead to better diets in children that lead to healthy children and healthy adults</p>	Feedback with recommendations to Catering Programme Board and N4P Group.	including new Governance arrangements-new processes in place by 2022 Board Catering Strategies should be developed by April 2020. Monitoring and review by HFS thereafter
Catering Strategies	Catering for the Future Section 5 How do we get there	<p>It is recommended that the development of menus is deemed to be a priority for NHS Boards and should feature as part of Boards (local and regional) catering strategies. Due to the likely benefits in terms of enhancing patient experience and potential cost saving, by ensuring that this activity is within their Catering strategy should enable Boards' investment requirements in menu development be prioritised be it by Board executive management support, Facilities local delivery planning and staff training planning.</p> <p>Benefits: As described within the recommendation</p>	Should form part of local/Regional Catering Strategies. Board engagement meetings will assess Board alignment with this recommendation.	Board Catering Strategies should be developed by April 2020. Monitoring and review by HFS thereafter
Working Collaboratively	Catering for the Future Section 5 How do we get there	<p>Aligning to National Food Policy, strategy and best practice should enable Public Sector bodies (and private sector organisations that supply catering services to the Public Sector) to work to a common aim that makes a positive difference to the health of the population of Scotland. Therefore working with colleagues across the Public Sector such as the Scottish Government Local Authorities, Zero Waste Scotland, and Hospital Caterers Association could enable a National approach to action planning in such areas as food standards, consumer engagement, menu planning and review, research and development and sharing best practice.</p> <p>Benefits: As described within the recommendation</p>	Develop a communications plan for next 3 years including regular patient engagement activity	By April 2020