

# National Catering Strategy



**2022-2027**

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## Foreword

NHSS Catering Services provide around 17m patient meals each year (ref; benchmarking 2018/19) and employs over 2,000 WTE staff. Across NHS Scotland, there are 99 catering production units including Central Production Units producing food with a variety of food production methodologies i.e. traditional cook serves (conventional), cook freeze and cook chill operations that purchase food direct from the supply chain.

Since the publication of the original National Catering Production Strategy (NCPS) in November 2016, work has been underway across NHS Scotland (NHSS) to develop and transform NHSS Catering Services in line with the requirements of the NCPS. 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 NHS Scotland.

This work forms part of a National Programme for NHSS Catering Services overseen by the National Programme Board for Catering (NPBC) that has been running since April 2018 and aims to put in place systems and infrastructure to address the challenges outlined in the NCPS and to deliver the strategic outcomes.

The impact of Covid-19 on the delivery of NHSS services since March 2020 has been significant, where Boards have had to contend with new ways of delivering patient and staff catering and enduring the significant impact on non-patient catering income. During that period, however, Boards have continued to provide good quality catering services to patients and staff as well as making progress in trialling and implementing these new systems as summarised below.

- implementation of the National Catering Information System (NCIS) across 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 development and implementation of a Food in Hospitals Audit Tool that provides 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 is designed to support a robust review process of the Food in Hospitals specification and comprises an annual board peer reviewed assessment against the specification. The first audits have been completed in all Boards with local plans developed and the first National Report which is due in 2022.

- a new nutritional analysis tool is now available and will help Boards to show compliance with Food in Hospitals by providing nutritional analysis of recipes and menus.
- the setup of a new National Hospital Food Provision Group made up of catering, dietetic and procurement experts from across NHSS, that will bring together key elements of the NHS Scotland catering strategy to support the effective delivery of food provision in hospitals.

While this progress is to be acknowledged and welcomed, there is still much work to be done particularly in relation to eliminating an ageing catering estate.

Improvements since the publication of the original NCPS has seen much needed investment in facilities as a result of new hospitals in Orkney and Dumfries and Galloway however outside of this other investment has been modest at best and more work is required.

The North Region Strategy identified that there are no significant issues with kitchens evidenced by EHO reports however, the current East Region Catering IA describes the condition of catering facilities currently operating in Lothian, Fife, Tayside and Borders. It shows that in Lothian (4), Fife (1) and in Tayside (2), kitchens are in poor condition and some West Region Boards are yet to formally review the condition of their facilities. NHSGGC has recently carried out some upgrading of their CFPU's to support the board's own catering strategy.

To maximise the potential benefits from a revised food production system for NHSS it will be dependent upon suitable and adequate capital investment and future reasonable revenue stream funding. Therefore, we need to collectively continue to build on the progress made to date.

This strategy is now referred to as the National Catering Strategy (NCS) in recognition of the fact that the catering issues it needs to address in strategic terms are more than just food production and it now describes and sets out ways to tackle emerging changes and demands affecting Hospital Catering Services.

It has been developed following a robust assessment of the current NCPS undertaken through 2020/21 at the request of the National Programme Board for Catering (NPBC) by a short life-working group (SLWG) in collaboration with relevant stakeholders.

The SLWG was set up as a subgroup of the NPBC to assess progress of the NCPS against the strategic objectives, identify any benefits gained and provide recommendations to ensure it is future proofed and remains fit for purpose.

The review also investigated emerging challenges and what should be incorporated into any revised strategic plan.

The NCS provides an update to the NCPS and sets out the strategic objectives for the next 3-5 years for NHSS Catering Services. It outlines an ambition that will take forward the planning, delivery and in the case of non-patient catering, the recovery of catering services locally, regionally, and nationally. It sets out a vision for NHSS Catering Services that aims to deliver catering services of the highest quality and value.

The NCS will be reviewed regularly by the NPBC and reported on annually to ensure its actions and outcomes are delivered. We will also remain open to new ideas and initiatives that can help improve NHSS Catering Services and shape sustainable ways of delivering Catering Services in future.

*Robert Aitken*  
*Chair*  
*National Programme Board for Catering*

# 1. Executive Summary

At present, and notwithstanding the delays and impacts caused by the COVID-19 situation, the SLWG found that, where there is substantive evidence, generally NHSS Catering Services is making steady progress towards achieving the strategic outcomes particularly in relation to.

- providing safe food (e.g., utilisation of the Food Safety Manual, compliance with food safety regulations).
- managing resources (gradual reduction in food waste and effectively managing food purchasing costs. (PCPD))
- reducing variation (e.g., development of national recipes and Regional Catering Strategies).
- financial management (e.g., reducing non-patient catering subsidy pre-Covid).
- \*Technology investment (e.g., implementation of NCIS, Food in Hospitals Audit Tool and development of a new Nutritional Analysis Tool).

*\*While Boards continue to deliver safe and efficient catering services, it is too early to assess if the desired benefits are being achieved, however, this should be able to be determined once the technology investments are implemented and utilised by Boards from late 2021.*

However, there is also evidence to show that there is still a clear variation in terms of service models and approaches to delivering services to patients across NHSS.

Further details of where we are now, are outlined in Section 2 (Where are we now?) of the NCS.

While it is acknowledged that each Strategic objective is important, the recommendation of the SLWG is that objectives relating to Food Waste reduction/elimination, Food in Hospitals compliance and improving Catering infrastructure are deemed to be the top 3 priorities going forward (assuming systems investment achieves the original objectives e.g., food quality/consistency/patient centred/cost) over the next 3 years. In addition, Retail recovery is also deemed to be a priority.

As part of the assessment of the original Strategy, that is the NCPS, each strategic objective was reviewed and as a result the following changes to the current Strategic objectives are noted as follows.

- two of the previous strategic objectives are now merged (“consistency with Food in Hospitals compliance and legislation” and “providing patients with

good quality nutritious food”) to become one called “Providing patients with good quality nutritious food” as the aims are similar.

- the food waste objective be changed to become a Sustainability and Food Waste objective with reduction targets identified in line with national targets.
- the “meeting increasing recruitment pressures” objective now becomes “development and retention in the workforce”.

The revised NCS Objectives are as follows:

- Reduction variation in food quality and process.
- Achieving a reduction in highly variable costs.
- Eliminate ageing catering estate.
- Provide patients with good quality nutritious food.
- Achieve the development and retention of the workforce.
- Provide a patient centred service.
- Achieve sustainability and food waste targets.
- Reduce catering Subsidies.

Further information relating to the revised objectives are set out in Section 3 (Where do we want to be?) of the NCS.

The NCS also sets out how the Governance and management arrangements will support the NCS going forward, and this is set out in Section 4 (How do we get there?)

So clearly there is still work to be done to meet the aims and objectives of the NCS and the implementation plan described in Section 5 of the NCS describes how we will build on the work undertaken to date over the next 3-5 years to deliver these aims and objectives.

## 2. Where are we now?

At present, evidence would show that there is still a clear variation in terms of service models and approaches to delivering services to patients across NHSS.

However, and notwithstanding the delays and impacts caused by the COVID-19 situation, the SLWG found that, where there is substantive evidence, generally NHSS Catering Services is making steady progress towards meeting some of the challenges and achieving the strategic outcomes particularly in relation to.

- providing safe food (e.g., utilisation of the Food Safety Manual, compliance with food safety regulations).
- managing resources (gradual reduction in food waste and effectively managing food purchasing costs (PCPD)).
- reducing variation (e.g., development of national recipes and Regional Catering Strategies).
- financial management (e.g., food purchasing, reducing non-patient catering subsidy (pre-Covid-19)).
- technology investment (e.g., implementation of NCIS, Food in Hospitals Audit Tool and development of a new Nutritional Analysis Tool). It is recognised that while the Boards continue to deliver safe and efficient catering services, it is too early to assess if the desired benefits are being achieved however, this should be able to be determined once the technology investments are implemented and utilised by Boards during 21/22.

However, there has been modest or little progress against some key strategic objectives particularly relating to investment in ageing catering estate. To maximise the potential benefits from a revised food production system for NHSS it will be dependent upon suitable and adequate capital investment and future reasonable revenue stream funding.

A detailed assessment of where we are now against each of the strategic objectives listed in the Executive Summary above are provided in appendix 1.



### 3. Where do we want to be?

The original NCPS set out the case for: Delivering a safe, nutritious, compliant, high quality and consistent catering product across the whole of NHS Scotland.

- Delivering a national menu harmonisation structure across NHS Scotland.
- Developing cook freeze regionally based catering production units, operated by NHS Staff.
- Enhancing and promoting the image of patient catering services both within the NHS and to the wider population in Scotland.
- Caterers having greater responsibility for catering services, moving the service closer to the patient.
- Providing high quality, proportionate, effective and affordable catering services.
- Transformational change supported by investment in catering facilities and IT systems.
- This NCS will continue to work to deliver these aims and remains aligned to them with a set of strategic objectives as outlined below.

#### **Reduce Variation in Food Quality and Process.**

- NCIS implementation, Food in Hospitals Audit Tool and the use of standard recipes in place and being utilised by all boards to reduce variation and improve consistency.
- Use of standard recipes in place and being utilised by all boards to reduce variation and improve consistency.
- Hospitals Food Provision group in place to oversee nutrition standards in hospital food.

#### **Achieve a reduction in highly variable costs.**

- Reduction variation in costs and wastage across Scotland on a like for like basis.
- Share best practice.
- Manage resources effectively (via NCIS).

#### **Eliminate Ageing Catering Estate**

- Develop facilities that are modern, sustainable, greener, efficient, and safer.
- .All Regions have a Property and Asset Management Strategy (PAMS) that are related to local Boards' PAMS.
- This will provide an overall picture of the state of the NHSS catering estate.

## **Provide patients with good quality nutritious food**

- Food in Hospitals Audit and reviews completed: and National report published in late 22.
- Board Food in Hospitals action plans in place and being progressed in line with self-assessments.
- Nutritional Analysis Tool in place and available for all Boards to use from Autumn 22 and will assist boards in showing nutritional compliance with Food in Hospitals.
- Ensure that all food and fluid provided to patients in NHS Scotland hospitals meets the Food in Hospitals catering and nutrition specification.
- Evidence of compliance with Food in Hospitals is available.
- Good cooking skills will ensure consistency and quality of meals and therefore trained staff are essential.

## **Achieve the development and retention of the workforce**

- The rationale was for a concentration of resources in centralised production facilities while releasing resources to be utilised in front line patient catering delivering a more person-centred care.
- Consideration to be given to work force planning strategies on a regional basis.
- Good cooking skills will keep the food nutritious therefore, trained staff are critical.

## **Provide a patient Centred Service**

- To enhance the patient experience.
- To move the catering services as close to the patients as possible to enhance their catering requirements in terms of choice, timings and suitability are maximised.
- Compliance with the Food Fluid and Nutrition in respect of a multidisciplinary approach to providing food and fluid to patients.
- Recognition of the 'Power of 3' as well as recognition of the last nine yards.

## **Achieve Sustainability and food waste targets**

- To provide a catering production system that is efficient and removes as much wastage from the system as possible in terms of food and labour without having any negative impact of the quality of service provided to meet the 33% Food Waste reduction target by 2025.
- Collaboration between CSEG, ZWS and develop a wider sustainability agenda will help to deliver the changes required.

## **Reduce Catering Subsidies**

- Compliance with HDL (2005) 31.
- Compliance with Healthcare Retail Standard / Healthy Living Awards.
- National Retail recovery plan in place.

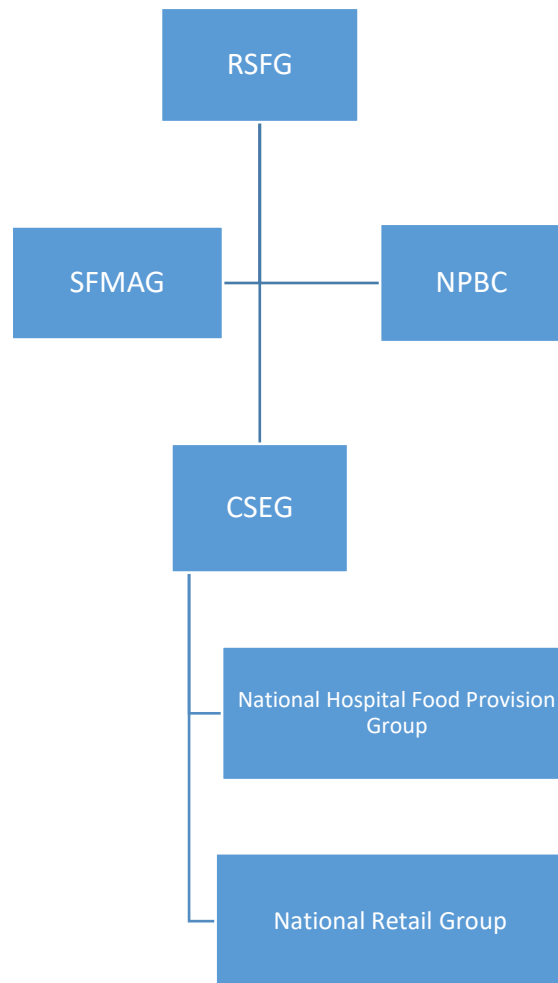
## 4. How do we get there?

Having stakeholder engagement from inception through delivery of the NCS will ensure the NHSS delivers Catering services that best meet the needs of the patients, staff, and visitors across NHSS hospital and healthcare facilities.

While good progress is being made with the investment in national systems, more work is required to transform NHSS Catering Services to meet the aims and strategic objectives of the NCS. The intention is to transform NHSS Catering Services by delivering the aims and strategic objectives of the NCS through the Implementation Plan (see next section) over the next 5 years.

Recognising that achieving this transformation is challenging the following describes the ways which we will drive and deliver the transformation:

- Regional Strategic Facilities Group (RSFG) meets monthly to drive forward regional and national facilities strategies and programmes and review progress.
- Soft Facilities Management Group (SFMAG) meets 6 times per year to receive regular updates on progress with the NCS Programme and provide support, advice and guidance as required.
- The National Programme Board for Catering (NPBC) will continue to meet 6 times per year to provide oversight and direction for the delivery of the NCS.
- Regional Catering Groups will continue to meet quarterly to plan future support arrangements and investment needs for catering services aligned to the NCS.
- The Catering Services Expert Group (CSEG) (and subgroups National Hospitals Food Provisions Group and National Retail Group) will continue to meet every 2 months to provide expert advice and operational delivery of activities through its annual work plans aligned to the NCS aims and strategic objectives.



**Fig 1; Governance structure overseeing the implementation of the Strategy**

The NCS Communications and Engagement Plan overseen by the NPBC will ensure that:

- There is effective and on-going engagement with relevant stakeholder groups including patient representatives.
- Inform all relevant stakeholders on regular progress with the implementation of the NCS activities in a way that is open, honest, and timely and is appropriate to their level of need and understanding.

## 5. Implementation Plan

The NCS will continue to progress the work undertaken to date and Health Boards will begin to utilise the data from the systems that are currently being implemented across NHSS to assist in achieving the aims and objectives of the NCS.

Some of the proposed activities are complex, and reflect changes to legislation, policy and guidance related to food production, patient, and staff catering; workforce skills and resources; potential outcomes and finance.

It will require continued contributions and collaboration from all stakeholders involved in the supply, delivery, and receipt of Catering Services to ensure these aims and objectives are met through conversations within NHS Scotland, external agencies, and suppliers, the public and their representatives.

The aim of NCS is to provide patients, visitors and staff with good quality, nutritionally appropriate meals consistently across NHS Scotland. The NCS is intended to reduce variation, improve upon current standards and in some cases offer a wider choice than currently available.

This section outlines the way we will deliver activities to meet the aims and objectives over the next 3-5 years with the anticipated benefits and any associated risks and mitigations.

## 5.1 Implementation Plan 2022-2027

### RAG Status Key:

	<b>No progress made</b>
	<b>Work in Progress / On schedule</b>
	<b>Good Progress Made / Completed</b>
	<b>Not yet commenced / TBA</b>

	Objective		Success criteria / Outcomes	Lead	Suggested Target Timescales	Status position. (As of December 2022)
1.	<b>Reduce Variation in Food Quality and Process</b>	1.1	A regional approach is taken to Food production based upon regional need. As a “proof of concept”, the Southeast Region Catering IA (shortly planning to move to OBC), led by NHS Lothian, outlines a regional approach to the delivery of cook freeze meals from one central production facility for Boards within the Region.	NHS Lothian / East Region.	TBA	
		1.2	All Boards implement NCIS, Food in Hospitals audit outcomes and use harmonised recipes when available*.  <i>(*Menu Harmonisation – Currently over 80 standard recipes are developed and are available (via NCIS and the knowledge hub) for Boards to use. These recipes</i>	NPBC / NHSS Boards.	By the end 2022.	

		<p><i>currently are suitable for conventional cook serve. Some further minor adjustments regarding ingredients / methods will be required for use in cook freeze/ cook chill.)</i></p> <p>Outsourcing of frozen meals should be reduced where possible and transferred back into NHSS.</p>			
	<b>1.3</b>	<p>A benefits impact assessment of the NCIS (including Nutritional Analysis Tool) will be undertaken possibly as a phased approach from late 2022. HFS will be working with boards and the supplier to develop a detailed benefits measurement plan to understand the impact of the new system both in terms of financial impact and in terms of service quality.</p>	<p>NHS Assure / NCIS Senior Support Group.</p>	TBA	
	<b>1.4</b>	<p>A national report will be published in 2022 following the completion of the first round of Food in Hospitals audits.</p>	<p>NHS Assure / National Hospital Food Provision s Group.</p>	June 2022	

<b>2. Achieve a reduction in highly variable costs.</b> (The catering cost produced by NHSS boards continue to show a significant variation in costs. The aim is to achieve a greater consistency in catering costs across Scotland.)	<b>2.1</b>	Boards implement the NCIS to assist Boards to gather meaningful and accurate catering data and manage their catering services in a more defined way. (Phase 1)	CSEG	By End of 2022.	The financial pressures and annual cost improvement targets for NHS Scotland Catering Managers continue to be challenging across majority of NHS Boards.
	<b>2.2</b>	Benchmarking should be set to reflect NCIS data to ensure a consistent approach for all Boards. (Phase 2)	CSEG / NHS Assure	TBA	(Grey cell)
	<b>2.3</b>	Reset the PCPD baseline (£4.60) through assessment of recent PCPD data	CSEG	TBC	(Grey cell)
<b>3. Eliminate Ageing Catering estate.</b>	<b>3.1</b>	A regional approach* should be adopted to best address ageing catering facilities. More work is required to find flexible solutions for remote areas. The East Region business case needs to be developed. (See also, objective 1.1 above)	All Regions	TBC	Overall National Status
			<b>North</b>	Ongoing No immediate issues	(Green cell)



					identified in strategy.	
				<b>East</b>	TBC OBC to be developed.	
				<b>West</b>	TBC Boards are developing their own local strategies, which will provide status of kitchen facilities.	
		<b>3.2</b>	National Asset Survey should be completed and run as a national resource. Every board needs to have a detailed asset register and include this in their PAMS report to ensure fabric and equipment requirements are identified for further discussion with the NPBC.	NPBC	2022/2023	
<b>4.</b>	<b>Provide patients with good quality nutritious food.</b>	<b>4.1</b>	The following activities are required:		.	

(i)	Food in Hospital's Tool to be developed.	National Hospital Food Provision s Group.	Complete	
(ii)	Food in Hospital's Audit Tool is now implemented and is being utilised by NHSS boards.	National Hospital Food Provision s Group.	Complete	
(iii)	Food in Hospital's National Report due to be published in 2022 - shall provide details of NHSS boards application of the guidance and identify good practice and where gaps exist. Boards develop appropriate action plans.	NHS Assure / National Hospital Food Provision s Group.	2022	
(iv)	Food in Hospital's (2016) Specification requires review.	NHS Assure / National Hospital Food Provision s Group.	TBC	

4.2	<p>NCIS, Food in Hospital's audit tool and the Nutritional Analysis Tool should become compulsory.</p> <p>Report on uptake and impact of NCIS, Nutritional Analysis Tool and Food in Hospitals self-assessment.</p>	National Hospital Food Provision s Group.	2022 / 2023 onwards	
4.3	<p>Menu Harmonisation i.e.: National standard recipes should be deemed as best practice and utilised when planning menus.</p> <p>Best practice should be demonstrated with collaboration among catering, dietetic and clinical colleagues who share the responsibility for the patient food pathway – from preparation to service delivery. (i.e.: Power of Three)</p>	National Hospital Food Provision s Group / NHSS Boards.	TBC	
4.4	<p>NHSS should take account of emerging legislation relevant standards and best practice (e.g., Pre-Packed for Direct Sale (FSA) from October 2021) and consider impacts on current processes and procedures.</p>	CSEG / National Hospital Food Provision Group.	Ongoing.	
4.5	<p>Set up the National Hospital Food Provision group. This group will oversee key elements of the NCS to support the effective delivery of food provision, providing effective advice and support at board level and take a lead role in providing advice and guidance.</p>	CSEG.	<p>Complete</p> <p><i>First meeting of the group took place 24/11/21</i></p>	

		<b>4.6</b>	Assess boards compliance with Food in Hospitals provision of therapeutic and special diets e.g., gluten free, food intolerances and allergies, renal modification, texture modification, metabolic diets, blended food for tube feeding etc.	CSEG / National Hospital Food Provision s Group.	TBC	
		<b>4.7</b>	Consideration of a standard design and guidance for a diet kitchen.	CSEG.	TBC	
		<b>4.8</b>	Continue informed dialogue with NHS Procurement as required to meet strategic objectives.	CSEG / National Procurement.	Ongoing	
<b>5</b>	<b>Achieve the development and retention of the workforce.</b>	<b>5.1</b>	Through CSEG, boards will continue to monitor recruitment pressures. Boards monitor recruitment status and support development of succession plans. Boards should be encouraged to utilise 'Grow your Own' Strategy/Modern Apprenticeship.	CSEG.	Ongoing	
		<b>5.2</b>	Review of lessons learned from Covid-19. Issue a new survey for updated position including age profile of catering staff.	CSEG.	2022 / 2023	
		<b>5.3</b>	Evidence of best practice training and development via board staff development plans. Boards are encouraged to utilise relevant current training and development frameworks such as: NHSS Facilities Workbook and Supervisors Workbook once available.	CSEG.	2022 / 2023	

6	Provide a patient centred service.	6.1	The following activities are required:			
		(i)	National Patient Satisfaction Questionnaire (PSQ) available to Boards in early 2022 to survey patients.	NHS Assure / CSEG.	From January 2022	
		(ii)	All boards complete survey returns as required. By end of April each year. (e.g., utilising daily Patient feedback information recorded via NCIS)	NHSS Boards.	From April 2022	
		(iii)	Final report to be drafted.	CSEG.	TBC	
		(iv)	All boards are required to develop an action plan from Autumn 2022.  <i>(Boards should have in place effective approaches for patient engagement and participation in catering services by complying with the guidance as outlined in the Food Fluid and Nutritional Care standards, Food in Hospitals and using the PSQ results. It is recommended that national patient engagement events occur annually for boards, ensuring public partners are involved to create a patient centred service in agreement with CSEG/ NPBC and HFS).</i>	CSEG.	From Autumn 2022.	

7	<b>Achieve Sustainability and food waste targets.</b>	7.1	The following activities are required:			
		(i)	Each Board should have its own Food Waste action plan to achieve the national agreed food waste reduction targets of 33% by 2025. Within food waste action plans there should be a multidisciplinary approach to food waste management, however, catering should lead. Boards should use NCIS to help achieve food waste targets.	NHSS boards	By 2025	
		(ii)	Ensure collaboration with NP commodity manager in relation to achieving sustainability targets	CSEG/NP	Ongoing	
		(iii)	Establish a network of green champion for catering. Ref: NHS Grampian – this could be used as a template to be used across NHSS.	CSEG	2023/2024	
		(iv)	KPI's to be developed locally in line with national targets.	HFS / NHSS boards / Zero Waste Scotland (ZWS)	2023/2024	

8		(v)	Set up collaboration with external bodies to assist with intelligence in this area e.g.: 'Good food nation', 'Vegan society' WRAP, Soil Association.	NPBC / CSEG / National Hospital Food Provision s Group	2023/2024	
		(vi)	Develop wider sustainability approach to include non-food items such as – introduction of Deposit Return Scheme (DRS), meet the new single use plastics regulations from 1 <sup>st</sup> June 2022, energy reduction and transport related activities.	CSEG	2022 onwards	
	<b>8.1</b>	National Retail Services Group (RSG) lead to assess the impact of COVID-19 on retail services and a national approach is currently being developed to minimize this impact.	RSG	From 2022		
	<b>8.2</b>	The following activities are required:				
	(i)	Review whether the HDL (2005) 31 'Guidance for charging for non-patient catering' is to continue, in light of changes to be maintained following Covid-19, and the need for the non-patient activity to provide well-being services, rather than being classed as a business.	SFG	2022/2023		
(ii)	Revised strategies for non-patient catering services will have to be considered by boards to take into consideration the changing environments and risks such as supporting boards' 24/7 requirements.	SFG	From 2022			

## 5.2 What this means for Consumers (Patients, staff, and visitors) and Providers (Caterers / dietitians and suppliers).

Objective	Consumer	Providers
Reduce Variation in Food Quality and Process	Should expect to receive safe, nutritious, compliant, high quality and consistent hospital catering service across the whole of Scotland. Will be able to see how Health Boards are doing against the Food in Hospital Standards through a national report.	Should expect to receive safe, nutritious, compliant, high quality and consistent hospital catering service across the whole of Scotland. Will be able to see how Health Boards are doing against the Food in Hospital Standards through a national report.
Achieve a reduction in highly variable costs	Should expect to receive safe, nutritious, compliant, high quality and consistent hospital catering service across the whole of Scotland	Caterers and dietitians will have access to the NCIS to assist in managing resources including food purchasing and food waste. Caterers and dietitians will have the opportunity to gather meaningful and accurate catering data to share and learn from best practice across NHS Scotland
Eliminate Ageing Catering estate	Should expect to receive safe, nutritious, compliant, high quality and consistent hospital catering service from modern, safe, and sustainable catering facilities	Caterers should be able to work in modern, safe, and sustainable catering facilities
Provide patients with good quality nutritious food	Should expect to receive safe, nutritious, compliant, high quality and consistent hospital catering service across the whole of Scotland.	Nutritional analysis tool will allow boards to carry out analysis on their recipes and menus. This resource will support the development of recipes



Objective	Consumer	Providers
	<p>Patients should expect to receive food choices from nutritionally analysed recipes from appropriate facilities to ensure high quality and consistency across Scotland.</p> <p>Patients should be able to order and receive their preferred food choices easily and as requested.</p>	<p>and menus to meet Food in Hospitals standards and to support boards in showing compliance with Food in Hospitals.</p> <p>It may help caterers to identify where catering staff require further training to meet nutritional standards and Food in Hospitals requirements.</p>
<p>Achieve the development and retention of the workforce</p>	<p>Should receive catering services from well trained and informed catering and dietetic staff</p>	<p>Caterers and dietitians where they have a specified role in the food service* should have received and have access to the necessary training and development to deliver safe, nutritious, compliant, high quality and consistent catering service.</p> <p>Caterers and dietitians should have relevant training identified in their PDP.</p> <p>Caterers should have the opportunity to advance their careers through education pathways.</p> <p>Boards should have succession planning arrangements in place to provide advancement opportunities for staff.</p> <p>* It is recognised that not all boards have specific dietician support.</p>

Objective	Consumer	Providers
<p>Provide a patient centred service</p>	<p>Patients should be able to enjoy a satisfactory catering experience that puts the patient first to meet their catering requirements in terms of choice, timings, and suitability.</p> <p>Patient representative groups should be able to attend annual patient engagement events to be informed about progress with the NCS and be able to provide feedback and comments to influence future service delivery.</p> <p>Patients will have the opportunity to provide meaningful feedback on catering services through the new Patient Satisfaction Questionnaire.</p>	<p>Caterers and other key staff involved in the food service should receive training to provide effective approaches for patient engagement and participation in Catering Services in line with the guidance as outlined in Food in Hospitals (2016) Specification and the Patient Satisfaction Questionnaire (PSQ) results.</p> <p>Caterers / Food service Dietitians should be able to access better PSQ data that can be utilised in providing improved catering services from April 2022.</p> <p>Boards should work to provide a service that complies with the Food Fluid and Nutritional Care standards.</p>
<p>Achieve Sustainability and food waste targets</p>	<p>Consumers will benefit from sustainable catering services that will provide seasonal offerings and sustainable menu choices i.e., produce ethically sourced and purchased from local suppliers.</p> <p>Consumers will benefit by being provided with food choices that they will enjoy and eat to avoid waste.</p>	<p>Caterers and other key staff involved in the food service have access to the NCIS that should assist them to manage resources and assist with menu planning and ordering that can have a positive impact on reducing food waste.</p> <p>Support for caterers from national procurement and suppliers to ensure that everyone is working towards relevant</p>

Objective	Consumer	Providers
		<p>Climate/Sustainability targets e.g.</p> <ul style="list-style-type: none"> <li>• Seasonal menu choices</li> <li>• Recycle/reuse materials for food delivery over the contract period</li> <li>• Work with suppliers/boards to ensure that “single use” packaging is recyclable.</li> </ul> <p>Introduce new opportunities for the Scottish supply chain to achieve enhanced social, economic and environmental outcomes through food.</p>
<p>Reduce Catering Subsidies</p>	<p>Consumers will receive food offerings in retail and staff facilities that consistently meet Healthcare Retail Standards / Health Living Awards.</p>	<p>Caterers will benefit from a National Retail Plan to assist with recovery in retail settings. The Retail Services Group will look at the implementation of legislative changes 6; Pre-Packed for Direct Sale (FSA) from October 2021. The group will also look at changes to the HDL if required.</p>

### 5.3 Assessing Risks and Mitigation.

Risk	Potential Impact	Mitigation
<p>There is a risk that there is no available Capital Funding.</p>	<p>“Proof of Concept “unable to be delivered. To maximise the potential benefits from a revised food production system for NHSS it will be dependent upon suitable and adequate capital investment and future reasonable revenue stream funding.</p>	<p>We will continue to support Health Boards to make the case through RSFG and dialogue with Scottish Government. We will ensure that the preferred option offers best value for money.</p>
<p>There is a risk that NHSS don't have adequate capabilities, resources, and support to deliver the strategic objectives.</p>	<p>This remains a significant concern particularly in relation to the delivery of the cook freeze project for the Southeast Boards. Expertise in the delivery of Cook freeze is limited to the operation delivered within the CPUs in NHS GGC as they are the only ones in the country at the moment.</p> <p>Some Boards have expressed concern relating to the implementation of the NCIS. A report is being developed by CSEG and national Retail Services Group to reflect concerns.</p> <p>There is currently a lack of dietetic resource to support catering services across Scotland.</p>	<p>A project team will be set up to lead the OBC for the East Region Boards. Technical support requirement is recognised by the Project Team. Options will be developed and considered.</p> <p>NCIS Implementation Programme is undertaken with expert supplier and resource being closely managed by the NCIS Senior Support Group. This group will provide senior management oversight and review the status in the future.</p> <p>A report is being developed by CSEG and national Retail Services Group to reflect concerns.</p> <p>The target completion date for NCIS</p>

Risk	Potential Impact	Mitigation
	<p>Additional dietetic catering specialist posts are required.</p>	<p>implementation is by March 2022.</p> <p>The National Hospital Food Provision Group will seek to identify gaps in this area.</p> <p>Project risks are being monitored by NPBC.</p>
<p>There is a risk that the impact of Covid-19 pandemic and external factors such as food prices, will lead to Boards' Catering Services being unable to provide resources to deliver the Strategy activity priorities.</p>	<p>Further delay to delivery of technology investments leading to return on investment (financial and non-financial benefits) unable to be delivered.</p>	<p>The NCIS senior support group has been set up to oversee the programme schedule and address any issues as they relate to NCIS, Nutritional Analysis Tool and Food in Hospitals.</p> <p>As a result, the technology programme timetable has been rescheduled with focus on implementation of NCIS and Nutritional Analysis Tool by late 2021.</p> <p>Training for the appropriate systems in progress summer 2021 onwards.</p>
<p>There is a risk that Brexit and Covid-19 recovery will lead to Boards re-provisioning catering services and resources and be unable to deliver the strategic outcomes</p>	<p>Availability of food stocks and food costs increase resulting in curtailed Catering Services and impact on PCPD and consistency of food quality.</p>	<p>Boards are required to comply with Food in Hospitals, and the new audit tool should help Boards to assess compliance.</p> <p>CSEG and Boards continue to work closely with NP to monitor Food Purchasing risks.</p>

## 6. Appendix 1

### Where are we now? – Assessment of current position against strategic objectives.

Strategic Outcome	Where are we now? (As at November 2022).
<p><b>Standardisation of Food Quality and Process</b></p> <p>It will likely be into 2022 before an assessment can be made of the impact of the NCIS against this strategic outcome. Food in Hospital's will provide evidence relating to nutritional compliance and will report late Summer 2021.</p>	<p>There are still multiple methods of catering production in use across Scotland and some new build hospitals are implementing a cook serve model e.g., Balfour Hospital, New Dumfries, and Galloway Hospital.</p> <p>NCIS implementation – Local implementation activity continues with local project teams in collaboration with the supplier, although some boards are experiencing some current delays while Covid-19 response activity continues to take priority.</p> <p>Training Programme – The first phase of the NCIS national training programme is now complete. Sessions have been recorded and then stored on the NCIS Training and Guidance Teams channel. Further drop-in sessions are being arranged for early 2022 with a focus on using functionality relating to waste measurement and reporting.</p> <p>Integration Activity – PECOS Integration Piloting in NHS Grampian. Testing is planned to take place in 2022/23 with a launch across the board thereafter.</p> <p>Once the integration is finalised and launched in NHS Grampian, we will share the findings with all boards and establish a rollout plan across Scotland.</p> <p>Menu Harmonisation - Over 80 standard recipes are developed and available to boards. Food in Hospital's audit tool is being used to help Boards assess compliance with nutritional guidelines. Board reports completed by end of 2021. National report due 2022.</p> <p>In general, the food standards are high and the choices comprehensive. It would enhance the patient catering service if there was increased</p>

Strategic Outcome	Where are we now? (As at November 2022).
	<p>menu harmonisation across the NHS in Scotland for all patient groups.</p>
<p><b>Reduction in Highly variable costs</b></p> <p>Note-The food cost target set for Scotland as part of the ASSP is £4.60</p>	<p>Variable costs remain though improvement is evident through benchmarking data.</p> <p>Meals provided by delivery type remain the same as the original IA. (see below)</p> <p>The overall average PCPD as at 21/22, is overall: £4.00 (ref; benchmarking 21/22),</p> <p>Patient food costs have been well managed by Boards since the Shared Service review identified a target ave food cost of £4.60.</p>
<p><b>Elimination of Ageing catering estate</b></p>	<p>Improvements are recognised, (new builds) however, more work is required.</p> <p>There are still multiple methods of catering production in use across Scotland and some new build hospitals are implementing a cook serve model e.g., Balfour Hospital, New Dumfries, and Galloway Hospital.</p> <p>East Region Strategy describes the condition of catering facilities currently operating Lothian, Fife, Tayside and Borders. It shows that in Lothian (4), Fife (1) and in Tayside (2), kitchens are in poor condition. The do nothing cost implication is £15.76m including backlog, while renovate existing build etc. is around £21.28m.</p> <p>North Region Strategy identified that there are no significant issues with kitchens evidenced by EHO reports.</p> <p>Some West boards have not provided information on the condition of their estate; however, NHSGGC CFPU's have recently received some investment and have upgraded current facilities.</p>

Strategic Outcome	Where are we now? (As at November 2022).
<p><b>Providing patients with good nutritious food</b></p> <p><b>[Name of merged objective (4&amp;5)]</b></p>	<p>There appears to be general compliance across the catering services in NHS Scotland however, there is concern from some Boards that there is limited compliance with nutritional analysis due to the delay in the launch of the new analysis package.</p> <p>National Food Safety Manual in place and regularly updated.</p> <p>Food in Hospitals Audit Tool in place and reviews completed. Outcome of the National report due to be published 2022.</p> <p>Review of the audit process to be considered by SLWG 2022. Review of the Food in Hospitals (2016) Specification required to be undertaken 2022/2023.</p> <p>Caterers are finding that the Nutritional Analysis Tool is not intuitive to use whilst integrating with the NCIS therefore compliance may take time to achieve but should be a priority.</p> <p>Training for the Nutritional Analysis Tool commenced late September 2021. End user support and appropriate resources available via the NCIS/ Nutritional Training Microsoft Teams Channel and HFS direct support</p> <p>NCIS, Food in Hospitals Audit and Menu Harmonisation shall provide evidence and clarity of progression.</p> <p>The main national nutritional training session are now complete, with some boards now opting to take the supplier up on an offer for more tailored board-by-board support to get their nutritional data added to the system and ready for analysis.</p> <p>There remain some outstanding issues around information/data governance and data management relating to the system that are still to be agreed</p> <ul style="list-style-type: none"> <li>• the new National Hospital Food Provision Group discussed this at their first meeting in November and we are supporting discussions between NP and Synbiotix and key leads from the group to establish the way forward – a meeting is planned for later in December to discuss and agree next steps.</li> </ul>



Strategic Outcome	Where are we now? (As at November 2022).
	<p>The introduction of the Nutritional Analysis Tool shall also impact positively.</p> <p>Food purchasing agreements in place and aligned with strategic outcomes.</p>
<p><b>Development and retention of workforce</b></p> <p>New name for objective 6. -Meeting increasing recruitment pressures.</p>	<p>The recruiting pressures for catering production staff seemed to have eased and whilst Brexit may have a role to play, the general trend across Scotland is that there is currently no difficulty in recruiting production staff.</p> <p>Recent feedback (2020) from Boards shows that at present there is no evidence to support this driver for change.</p>
<p><b>Patient Centred Service (Objective previously numbered 7)</b></p>	<p>Generally, Boards report that their patients are satisfied with the quality and choice of food being offered at breakfast, lunch, and evening meal The most recent PSQ (Oct 19) reported an overall meal satisfaction rate of 92% and a general PS rate of 89%.</p> <p>NHS Boards are active in relation to gaining patient feedback about catering services although currently there is no consistent approach to how feedback is gathered.</p> <p>Previously in November 2018, Health Facilities Scotland hosted a Patient Engagement event at the Golden Jubilee Conference Centre with a focus on the NHS Scotland Catering Strategy. 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 local recipe testing during the development of hospital menus.</p> <p>Patient Satisfaction Questionnaire – Best Practice Guidance on the collection of Patient Experience data due to be circulated to all boards by Jan 2022. The final measures and questions have already been agreed and circulated. A reminder also that we are delaying the national collation and reporting</p>

Strategic Outcome	Where are we now? (As at November 2022).
	<p>of patient satisfaction from October 2021 to April 2022.</p> <p>Recently agreed that the PSQ will be deferred until April 2022 under the new question set.</p>
<p><b>Development of Sustainability and Waste objective</b></p> <p>(A new strategic outcome relating to Sustainability relevant to catering services should be developed supported by a Sustainable Catering Plan.)</p>	<p>Food waste is currently measured via benchmarking but is limited to unserved meals only. Boards are currently working to create Food Waste action plans that will take account of other sources of food waste for example plate waste.</p> <p>Food waste levels in mainland territorial Boards (i.e., excluding GJNH and State H) range from 3.6% to 22.1% (ref: benchmarking Q4 21/22).</p> <p>For 21/22 all Boards cumulative average food waste (unserved meals) = 5.97%. That is an improvement from the baseline year 2017/18 (6.43%) Full year patient food waste cost is £0.82m which is a reduction of £450k from the baseline year.</p> <p>For 20/21 Q1-Q4 patient food spend has reduced by £1.32m (6%) * from same period in previous year. Food waste reduced slightly by £350k on same period previous year. *Possibly due to the pandemic</p> <p>While we are currently making improvements, it should be noted that all food waste is not at this point captured. CSEG is working with ZWS to develop a National Food Waste action plan from agreed baselines to measure and monitor all food waste. SLWG has agreed to a wider sustainable approach is required for Catering Services.</p>
<p><b>Reduce catering subsidies.</b></p>	<p>The IA reported an annual National Retail deficit of £2.1m. However, it should be noted, that since the IA there has been a significant reduction in subsidies year on year reaching a low of 251k in 18/19.</p>

Strategic Outcome	Where are we now? (As at November 2022).
	<p>Retail subsidy level at FY 19/20 = 804k thus negating any cash benefit for 2019/20.</p> <p>Q1-Q4 20/21 cumulative Retail Subsidy is £5.2m due to the impact of COVID-19 on patient visitor numbers to retail outlets. The deficit had been improving prior, however the pandemic has severely disrupted that programme of work, to the extent the forecasted deficit for 2020-21 could be around £6m.</p>