

The magic number for Hospital Catering

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Our philosophy is to provide good sound advice based on our experience as Contractors, Clients and Consultants. We develop bespoke solutions and add value. We are not afraid to challenge the status quo and have significant experience in developing and implementing solutions for our clients.

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Most people would agree that Hospital Catering is probably one of the most complex branches of the food service industry. It is the constant brunt of jokes and most would-be caterers place it in the 'too difficult' box and go and work at seemingly more attractive outlets. Granted that some hospitals have got it right and come up with and serve a palatable offer as they have accurately recognised the diverse needs and wants of patients, staff & visitors. They are the ones that listen to other experiences rather than perpetuating age old practices which have clearly passed their sell-by date.

It is interesting to compare to catering at a holiday resort as this is also dining on a mass scale and there are similar challenges. The main difference is that guests will invariably come to the restaurants and cafés to eat three meals a day (or more) although not all at the same time. On an all-inclusive package holiday there will be a fixed meal & drink budget per day for up to 1,000 guests morning, noon & night – similar to a hospital. There will be a good range of food prepared on site which meets the requirements of the diverse range of guests from all over the World staying from week to week.

Occupancy can vary quickly, sometimes as low as 45% and invariably to capacity during the peak season. A typical budget for food & drink (breakfast, lunch, dinner, snacks & drink) could be around a fiver a day for every man, woman and child. For that guests are able to eat and drink as much as they can consume. If you factored in labour and overhead this would effectively double the cost (assuming you had high occupancy). You would expect a 50:50 labour & food ratio - similar to a hospital conventional service.

The hotel is managed entirely by Food & Beverage focused teams who understand customer service; how to manage mass catering and delegate appropriate responsibilities to Chefs and Maitre d's who in turn manage teams of professional core and casual staff. The Hotel group are in the business to

please customers and stay in business. Accountants and other non-catering staff support the Food Service operation and contribute to the strategy.

On the plane home guests would be given a comprehensive questionnaire to complete and they would be asked to rate the quality of every aspect of the holiday – including the food & beverage offer. If the resort failed to achieve the required percentage we (Neller Davies) would be flown in to provide focus for the catering team and tackle the shortfalls through a series of seminars, coaching sessions and cooking demonstrations at their cost. The main aim was to get the resort scoring above 80% throughout the rest of the season - if they failed they could be removed from next year's brochure. This could be Turkey, Ibiza, Lanzarote, Jamaica – anywhere where the tour operator contracted with a hotel to provide accommodation, hospitality and entertainment to holidaymakers.

In addition there is Trip Advisor – an open-to-all blog where happy and disgruntled holidaymakers alike can simultaneously build and destroy a resorts reputation overnight. Believe me, hoteliers all over the world take this very seriously as they know that most web-savvy potential guests will read the postings before booking a holiday. Food is a major topic and from our research its importance ranks highly with the quality of accommodation, resort facilities and the reception desk in terms of guest satisfaction.

If you compare to a typical hospital with 500 – 700 patients (and thousands of staff and visitors) there are a myriad of approaches which lead quite frankly to a mixed bag of standards. In a hospital you effectively have a delivered hospitality service provided to around 20 to 30 wards of 25 – 30 patients. Average stay is 6.3 days and lower for many although there are also longer term patients particularly the chronically ill, mental health residents and the elderly.

In one hospital, food could be produced on site or bought in as a convenience product, then it could be plated by catering staff and then handed over to other hospital staff and served by another team and so on. Alternatively it can be placed into a heated trolley and transported to wards. Again service can be undertaken by catering or other staff. There is absolutely no consistency, although one could argue that patients are more of a constant in the equation. All too often emphasis is placed on the processes and procedures rather than patient satisfaction and dignity in dining.

If we take a conventional operation – as soon as the food is prepared it is critical to get from the kitchen to the patient in the shortest possible time. However, we have seen in a number of cases that there can be a time lag of over 2 hours. Throughout this period food is deteriorating rapidly. It can be transported over long distances and has to overcome many obstacles e.g. sticking wheels, failed lifts, ramps, dips, ward storage space etc.

At ward level there is a common practice that staff then boost the food temperature prior to service just to eliminate any remaining nutrition! On top of this housekeeping staff are invariably not ready to serve; patients orders have been taken so far in advance so by the time he or she gets the food it is not what they ordered, doesn't look good and so on. In a hotel you are well and want to eat - in hospital you are invariably not save for maternity and a couple of others.

If it goes wrong (i.e. incorrect order, patient doesn't fancy the meal ..) where does the food end up? In the bin. Typically hospitals throw away 10% of food before service (worth around £50m pa in the NHS) and probably the same or more from uneaten or left food.

There are challenges with chilled or frozen food also. In the central production plant the food can be fantastic, but there are so many critical control points to manage, it becomes an impossible task to control quality in every area. Where the hospital has been designed for a convenience service, it is better, but a retrofitted system is less successful. Steamed meals are also impressive and get a high patient satisfaction rating in many cases – but again these need to be managed effectively if quality is to be maintained. My view is that many convenience solutions are treating the symptoms - not dealing with the root cause.

We know that occupancy in hospitals is generally close to 100% and that the cost of catering per an in-patient is around £13 regardless of the system used. The decision for procuring catering invariably sits with Finance and Procurement – the less enlightened of whom just see catering as another line of cost.

Caterers get very little say in the Catering Strategy whether they are work for the in-house organisation or for contractors. They all seem to be treated with equal contempt. Any cost savings required by a particular Trust are usually foisted on Catering or Facilities who are expected to produce more for less.

When we were researching for Channel 4's Despatches programme on what was wrong with Hospital Food earlier this year, we discovered that just under half of all English NHS Trusts had reduced their food cost in 2009/10 - some by 10%. Little wonder why 8-year old Johnny doesn't announce he's going to become a Hospital Catering Manager when he grows up. He might want to be a Chef – in a high profile restaurant not the local Trust. Interestingly this has also influenced Trusts to go down the convenience route because the skills are just not there despite rising levels of youth unemployment. It's just not cool to work in a hospital kitchen.

But I come back to this magic number 13. How come a 3 or 4 star resort hotel can feed and water guests for less than £10 overall (food & overhead) per day? What stops hospitals doing the same? Well the hospitals are too big, too varied and poorly designed for one thing. Staff receive generous pay, terms and conditions under the NHS Agenda for Change employment framework not commensurate with private catering operations. There is no real ownership of the food particularly when it is handed over to ward staff who would rather be doing something else - it is a Cinderella service. There's too much box ticking - what with the endless statutory requirements, the Care Quality Commission, the PEAT audits along with penalty driven payment mechanisms – it's all become CYA (cover your a***) management rather than catering.

Our experience is that Hospital Caterers are a very passionate bunch of people and have a real desire to sort it out, but they are shut out of the decision making process. No wonder they are frustrated and have become resigned to the fact that nothing will really change.

Let's be radical - if you eliminated the catering department and instead gave a £13 food allowance to each patient imagine the food they could get. That's easily more than double what we typically spend per head at home in a day. Obviously it is impractical as the ambulance bay would be clogged with pizza delivery vans and how would special diets be managed?

Why not take the food closer to the wards? Steamed meals, like Compass' Steamplivity and Anglia Crown's Crown Cuisine, achieve this as service staff can 'cook' individual meals in dedicated microwave

ovens to order. Alternatively you can go down the individual chilled and frozen route, again with microwave ovens, with a system called iWave. These systems work better in short stay situation, so aren't we still missing a trick?

In my role as the BBC's Head of Catering we aimed at revolutionising the service of food to over 30,000 staff in the UK. Some of it revolved around retail and brands, because it was instantly recognisable to customers who wanted those products. For example we implemented a branded coffee offer which generated 6 times the revenue as compared to an unknown bean. Other initiatives required technology. The café adjacent to the newsroom served grab n go chilled food and take away coffee. It already turned over a pretty impressive £750k pa. But customers wanted hot food – although not products transported the 0.5km from the kitchen. So we invested in Turbo Chef ovens and induction hobs so that the caterer could cook fresh items there and then. They could cook any meat dish in a fraction of the time as well as provide fresh pizza or a panini in seconds. Turnover doubled to £1.5m and all out of 1,500 sq ft. One well known High Street retailer said that the revenue per square foot was 25% above their busiest store and wanted to bid for the franchise.

It is not impossible to consider converting a zonal regeneration area into a kitchen and kitting out with this effective finishing equipment. Not only does the food get closer to the patient, they can order as they go and get a freshly prepared meal. Each zonal kitchen can be focused on the area they are serving – so if there were general wards, their menu could differ to that if there are surgical or specialist wards. In some hospitals you could split the kitchens on cultural grounds so that Halal, Kosher and other diet patients don't have to receive a second rate meal.

In this model, you could still retain a smaller preparation kitchen or buy the raw prepared ingredients in. There may be a bespoke requirement to produce accompanying sauces as a chilled product to amalgamate with the freshly cooked product. It fully facilitates local produce and the Chefs will be at the point of service. Hospital management will be challenged in deciding what is best for their patients – high wastage, increasing malnutrition or a decent plate of food (as Gregg Wallace would say).

The question is, can it be done for £13? In broad terms it can as we know around £3 - 4 per patient per day is spent on running a ward hostess service; around £3 (depending on menu) on fresh ingredients leaving around £6 - 7 for staff, overhead and the wastage cost per person per day. If hotels can do it for less than £10 – it can be done in a hospital.

The next thing is to implement a hospital Trip Advisor blog. We have seen various Government and local initiatives which have come and gone – but nothing like this effective holiday website. Now we know that people don't go to hospital for the food, but if they have a choice they will want to go to the one that offers the best treatments and environment. If the stay is comfortable and food is well rated, their inclination will be to plump for the seemingly better facility. If patients vote the hospital down then this will force change.

In conclusion there are four messages we are trying to get across:

1. Patient Care is paramount and the Caterers must fully control the food service from start to finish
2. Use modern technology to bring the food closer to the patients
3. Hospital Trip Advisor to get instant feedback on your service

4. You can do it every day for £13 per patient or less!

Hospital Catering has changed little in the last 20 years and standards are patchy. Any new solution seems to be a slight tweak on the last. This paper is designed to make people think that there are other ways to crack the nut. Caterers must unite and be trusted by the Health Service leadership to deliver a great food service to patients and be attractive, cool or funky to start attracting more interest from aspirant caterers.