

A fresh approach to hospital food

The Cornwall Food Programme,
pioneering tasty, healthier and
environmentally friendly hospital meals



Soil Association



CLARENCE HOUSE

In so many ways we are what we eat, which is one of the reasons I have long believed that there is an urgent need to improve the quality of food served to patients, and staff, in our hospitals.

I warmly welcome, therefore, this report describing the huge success of the Cornwall Food Programme. This shows what can be achieved within the very real constraints of NHS budgets and the rules governing public procurement contracts. It is immensely encouraging to see that good quality, local food, from Cornish ice-cream to locally and sustainably-caught fish, is now being enjoyed by patients and NHS staff alike.

Of course, those enjoying improved food are not the only beneficiaries of this approach. Cornwall is one of the most economically deprived areas of Europe and its economy is very reliant on food, farming and fishing. This report records the huge benefits that local procurement is delivering for local businesses, farmers and fishermen. Local, and increasingly also organic, food is delivering significant benefits for the environment, and helping to keep the Cornish countryside both beautiful and productive.

Contrary to what some believe, it is generally the case that what is good for the environment is also good for our health, and good for business. There could hardly be a clearer example of this than that provided by the Cornwall Food Programme.

This project is an excellent example of many parties working together for the common good. As Patron of the Soil Association, I am particularly pleased to see such an innovative example of the voluntary sector working in close collaboration with public bodies, such as Cornwall's NHS Trusts. It serves to demonstrate the power of these partnerships when they work. I am also aware that the support of NHS chief executives in Cornwall has been critical to the success of the project and I do congratulate them and everyone involved.

I hope the lessons of this remarkable and innovative project will soon come to influence the quality of food in every hospital in the land.



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*A young patient enjoying
an organic burger from
James Kittow, Butcher of
the Year 2006*

Contents

| | |
|----------------------------------------------------------------------------------|---------------|
| Executive summary | <i>page 7</i> |
| 1. Introduction | 11 |
| 1.1 Hospital food – a case for treatment | 12 |
| 1.2 The Better Hospital Food initiative | 12 |
| 1.3 Complementary agendas – better health, the environment and the local economy | 14 |
| 1.4 The environmental policy agenda | 15 |
| 1.5 The health policy agenda | 17 |
| 2. Getting started | 19 |
| 2.1 It started with a sandwich | 19 |
| 2.2 The feasibility study | 20 |
| 2.3 Fresh thinking | 20 |
| 3. Partnerships and key players | 23 |
| 3.1 How the Soil Association got involved | 23 |
| 3.2 Recruiting specialist staff | 24 |
| 3.3 Objective One funding | 25 |
| 4. Building support | 27 |
| 4.1 Trust chief executives | 27 |
| 4.2 Suppliers and policy makers | 28 |
| 4.3 Publicity and awards | 28 |
| 5. Putting it into practice | 29 |
| 5.1 Cheese – putting goat's cheese on the menu | 29 |
| 5.2 Ice cream – a new contract based on nutritional specification | 29 |
| 5.3 Fish – from frozen to fresh | 31 |
| 5.4 Yoghurt – live and fruity, not long life | 32 |



| | | |
|------------|------------------------------------------------------------------|-----------|
| 6. | Reaping rewards – local economic benefits | 33 |
| 6.1 | Increased local spending, reduced food miles | 33 |
| 6.2 | Knock-on benefits within the local economy | 34 |
| 6.3 | Organic food – more economically and environmentally sustainable | 35 |
| 7. | Developing supplier contracts | 37 |
| 7.1 | Reconciling efficiency and sustainability | 37 |
| 7.2 | Working with the national purchasing agency | 39 |
| 7.3 | Sourcing fruit, vegetables and meat | 39 |
| 7.4 | Tendering for a contract – be prepared | 41 |
| 7.5 | Milk – a David and Goliath contest | 41 |
| 8. | What's on the menu | 43 |
| 8.1 | Appealing to local tastes | 43 |
| 8.2 | Making menus practical | 43 |
| 8.3 | Sample menus – main meals | 44 |
| 8.4 | Sample menus – puddings | 44 |
| 8.5 | The menu book as marketing and education tool | 44 |
| 8.6 | Listening to the critics – patient feedback | 44 |
| 9. | The future | 47 |
| 9.1 | Taking it home – the farm shop and box scheme | 47 |
| 9.2 | The Cornwall Food Production Unit | 48 |
| 9.3 | Taking it wider – new customers, new markets | 48 |
| 10. | Conclusions | 49 |
| | References | 50 |

Executive summary

‘The quality of the food we are getting is so far above what we were getting from national contracts that it is helping patients get better more quickly’

Mike Pearson, head of hotel services, Cornwall Healthcare Estates and Support Services

Since 2001 the National Health Service in Cornwall has pioneered an innovative approach to buying and cooking food for its three flagship hospitals: the Royal Cornwall Hospital, St Michael’s and the West of Cornwall Hospital.

The Cornwall Food Programme, working in partnership with the Soil Association, has transformed menus by serving increasing amounts of fresh, locally produced and organic food to patients, visitors and staff.


This successful initiative is in line with government guidelines from both the Department of Health and the Department for the Environment, Food and Rural Affairs (Defra) that promote better food in hospitals and more environmentally sustainable procurement in the public sector. The success of the Cornwall Food Programme provides a blueprint that could enable NHS trusts throughout the UK to improve kitchen services in three important ways:

- Offering more nutritious food that is popular with both patients and staff
- Boosting the local economy by increasing local purchasing
- Cutting the pollution and carbon emissions from unsustainable farming and food production systems, and from transporting food over long distances.

There have been major changes in the food served in Cornish hospitals. These include the introduction of a local, clotted-cream ice cream which is higher in calories and less likely to melt before patients eat it. The new ice cream has proved very popular, and has cut the amount spent on expensive, powdered drink supplements previously given to elderly patients to maintain their calorie intake.

A locally made fish cake has replaced the nationally procured fish cake used previously, which was “as hard and as tasty as a hockey ball”, according to one patient. The new fish cake is made with locally caught fish coated in breadcrumbs. The fish content has increased from 30% frozen fish to





40% fresh fish, combined with locally grown potatoes. The contracts for fruit and vegetables, meat, fresh milk, eggs and dried goods are now all awarded to Cornish companies.

The Cornwall Food Programme has achieved all this without increasing costs – and within the Royal Cornwall Hospital’s food budget of £2.50 per patient per day.

The project’s successes include:

- Excellent patient feedback showing increased satisfaction with the quality and taste of the meals
- Spending 83% of the Royal Cornwall Hospitals Trust’s £975,000 food budget with companies based in Cornwall in 2006
- Spending over £402,000 of this – 41% of the budget – on Cornish produce
- A 67% cut in annual ‘food miles’ travelled by delivery vehicles, from 164,000 miles before the project to just under 54,000 miles in 2006
- Increased turnover and new customers for local producers, for whom NHS contracts have proved not only beneficial in their own right but also a trigger for other opportunities
- A new farm shop at the Royal Cornwall Hospital, enabling patients, staff and visitors to buy fresh, local and organic produce two days a week. There are also plans to develop a home-delivery box scheme using NHS courier services.

The Soil Association has been an active partner through its regional arm, Organic South West. Its support, in conjunction with the EU’s Objective One programme, enabled the employment of a sustainable food development manager, who has nurtured partnerships with small food businesses and farmers, helping them to tender successfully for NHS contracts.

The Cornwall Food Programme has adopted the Soil Association’s Food for Life targets, aiming to ensure that the ingredients used in its hospitals are at least 75% fresh and unprocessed, 50% locally produced and 30% organic. These targets have been successful in enabling schools throughout the UK to move towards more nutritious menus, and it is expected that Cornwall’s hospital kitchens will exceed all three targets as the programme matures.

The Cornwall Food Programme is already above the 75% threshold for fresh ingredients and has reached 41% for local sourcing. The organic component is currently below 5%, but this is expected to change when the

new Cornwall Food Production Unit opens next year. It is hoped that the new unit will make it possible to buy in organic vegetables and prepare them on site at a total cost that is competitive with what is currently paid to purchase pre-prepared non-organic produce.

The new unit offers the potential to extend what has been achieved in the three hospitals involved so far to benefit the wider health community and the public sector throughout Cornwall. There will be scope for more long-term NHS supply contracts for some primary producers, including the organic red meat and vegetable sectors, with potential also to develop links with schools and other new customers.

Overall, the Cornwall Food Programme offers an exciting blueprint for NHS trusts looking to respond to demand from the public and the imperative from Defra and the Department of Health to deliver more healthy and sustainable food in the nation's hospitals. The programme has also successfully demonstrated that improvements in the quality of hospital food, improved service to patients, benefits to the local economy and greater environmental sustainability can all be achieved within the constraints of public sector procurement rules and tight NHS budgets.

'The food at Treliske is the best hospital food I have ever come across'

Female patient from Helston

'The food was exceptionally good, healthy and attractively cooked and presented, which hastened recovery'

Female heart patient from Truro

'The quality of the food and the menu options were good, arriving as ordered and hot where necessary'

Male angina patient from Cheshire admitted while on holiday





*Fishing boats in Newlyn supplying
Matthew Stephens, fish merchant*

1. Introduction

‘The public sector, including the NHS, has a Corporate Social Responsibility to offer healthy, nutritious food in its institutions and to lead by example in improving the diets of its staff and patients’

Choosing a Better Diet: a food and health action plan, Department of Health¹

The quality of food served in hospitals has come under increasing scrutiny as evidence has grown of the extent to which an unhealthy diet is contributing to a wide range of medical conditions, including coronary heart disease and some cancers.

The food we eat is a significant factor in our general health, with diet-related illness costing the economy up to £7.4 billion a year in medical care and working days lost.² Those who have the misfortune to need hospital treatment might reasonably expect the food on the wards to be appetising enough to help speed recovery. But they are also entitled to ask what hope there is for a healthier nation if the hospitals caring for them appear incapable of serving healthy and nutritious meals.

Simon Eccles, then chairman of the junior doctors’ committee of the British Medical Association, voiced the concerns of NHS professionals in 2005. “People are in hospital to get better, but a lot of the food the NHS serves up simply isn’t nutritious,” he said. “Patients aren’t getting enough fruit and vegetables and what they do get is often over boiled, soggy and nasty.”³

This report, *A fresh approach to hospital food*, describes how the NHS in Cornwall has pioneered an innovative approach to buying and cooking food for its three flagship hospitals: the Royal Cornwall Hospital, St Michael’s and the West of Cornwall Hospital. The Cornwall Food Programme, working in partnership with environmental charity and food watchdog the Soil Association, has transformed menus by serving increasing amounts of fresh, locally produced and organic food to patients, visitors and staff.

In so doing, it has created a model for how NHS trusts throughout the UK might offer more tasty and nutritious meals while also boosting the local economy and aiding environmental sustainability by switching to local and organic suppliers.





1.1 Hospital food – a case for treatment

Hospital food, long considered an object for ridicule, is now acknowledged as a case for serious treatment.

In 1998–99 a consultation during the development of a new NHS Action Plan identified better hospital food as one of the top five priorities of the public.⁴ It has since become an acknowledged issue of importance for ministers, not only in terms of healthier eating but also from the perspective of ensuring that public-sector food purchasing delivers wider social and environmental benefits.

In 2003 Lord Whitty, then Food and Farming Minister, issued a call to action at the launch of the Public Sector Food Procurement Initiative (PSFPI). “We must be sure that the food being served up in our hospitals, prisons, schools and canteens meets key government objectives on . . . nutrition and the environment,” he said.⁵

The NHS spends over £500 million on food every year, serving over 300 million meals in about 1,200 hospitals.⁶ Such expenditure may be modest in the context of the total NHS budget, but this does not reflect its importance in the wider context.

If hospitals were models of healthy eating, they could cut NHS costs directly by reducing patient stays and they could help encourage the kind of lifestyle change that might have a significant impact on both public health and the public purse. If hospitals were models of sustainable food sourcing, they could play a leading role in combating the considerable environmental costs associated with producing and distributing food. By cutting greenhouse gas emissions they would also help combat climate change, which threatens the health of our planet, and thus the health of all of us who depend on it.

1.2 The Better Hospital Food initiative

School dinners were not the first public-sector meals to be tackled by celebrity chefs. Four years before Jamie Oliver’s Feed Me Better campaign, the food critic and broadcaster Loyd Grossman was appointed by the government in 2001 to lead the Better Hospital Food initiative – an ambitious project to improve hospital meals.

The ten-year programme’s initial aims were “to produce a comprehensive range of tasty, nutritious and interesting recipes that every NHS hospital

could use; to redesign hospital menus to make them more accessible and easier to understand; to introduce 24-hour catering services to ensure food is available night and day; and to ensure hot food is available in hospitals at both midday and early evening mealtimes”.⁷

The new menus were developed with input from a number of celebrity chefs including Anton Edelman, Mark Hix and Michael Caines. The project also established a new Patient Environment Action Team (PEAT) to monitor and report on the meal services of 570 NHS hospitals in England.

PEAT’s figures suggest that the initiative has had a significant impact, with the percentage of hospitals rated as good or excellent rising from 58% in 2004 to 91% in 2006.⁸


Questions need to be asked, however, about the extent to which grassroots food provision and the food culture in hospitals have really changed. According to the scheme’s critics – including some hospital caterers – too little attention was paid to improving the food used in hospitals rather than just improving the recipes.

Despite the claims of success made by PEAT, a report published last year by the Commission for Patient and Public Involvement in Health (CPPIH)⁹ found that hospital patients were still being provided with food that was not what they wanted and served at the wrong temperature, with unappetising meals being left uneaten and supplemented by food brought in by family and friends. Based on a national survey of over 2,200 patients, the CPPIH reported that 37% of patients had left meals because they looked, smelled or tasted unappetising. Over a quarter had not received the help they needed to eat their meals.

Another 2006 report published by Age Concern¹⁰ stated that “one of the most frequent issues raised . . . by the relatives of older people who have been in hospital is the lack of appropriate food and the absence of help with eating and drinking for people who are unable to manage this for themselves”. Age Concern warned that six out of ten older people were at risk of becoming malnourished, or their situation getting worse, in hospital.

Research for a recent national newspaper feature also paints a bleak picture: “In the course of numerous interviews – not just with patients, but with nursing and medical staff too – we have been given hair-curling accounts of truly dismal hospital food: of toast prepared five floors below





the wards so that it is stone-cold and floppy by the time it reaches the bedside; of the worst kind of cheap sandwiches served up as an evening ‘meal’; of mashed potato made from concentrate, plated in domed shapes as if with an ice-cream scoop; of sticky packet gravies; meat as grey as a winter sky; vegetables boiled to extinction.”¹¹

There is clearly a long way to go in transforming hospital food – and an urgent need for successful new approaches such as that developed by the Cornwall Food Programme to be studied and extended.

1.3 Complementary agendas – better health, the environment and the local economy

Right from the start the Cornwall Food Programme team’s motivation was not only to serve better food but also to boost the local economy by using local suppliers. National reports published since the project began have vindicated this approach, underlining the potential for what has become known as ‘sustainable procurement’ to deliver a triple dose of health, environmental and economic benefits.

The Cornwall team were involved in consultations that informed the writing of *Claiming the Health Dividend*, a report published in 2002 by influential health think-tank the Kings Fund.¹² This publication spoke of the opportunity for the NHS to create a “virtuous circle” in which “patterns of behaviour that promote economic, social and environmental sustainability also have health benefits, while measures to improve health . . . contribute to sustainable development”.

On food purchasing specifically it argued: “By developing a more rounded and considered long-term strategy . . . the NHS can help patients recover faster and keep its staff healthy by serving nourishing meals; save money and reduce environmental damage by cutting waste; strengthen local economies by buying more food from local suppliers; help with regeneration by creating jobs in areas of need; and safeguard the environment by encouraging sustainable methods of farming and food processing.”

In 2004 the Chief Medical Officer threw his weight behind sustainable procurement in his annual report: “Public sector organisations are major employers, purchasers and service providers . . . public sector food procurement and provision policies as well as practices could make a real contribution to improving the health of our country and to sustainable development.”¹³

In 2005 the government's independent watchdog on sustainable development further reinforced this message. "The evidence is clear that sustainable consumption and better nutrition can and should go hand in hand," it said. "Seasonal produce, better quality meat in lower quantities, and a shift from white to oily fish are all changes that are desirable from a nutritional and a sustainability perspective."¹⁴

The same Sustainable Consumption Roundtable report underlines the potential for local organic food to deliver both nutritional and environmental benefits. It cites a 2005 research study that demonstrated that non-organic beef has the highest level of energy inputs of all foods and that one kilogram of this meat creates 65p of external environmental costs – more than 100 times the environmental cost of vegetable production. As well as reducing such environmental costs, using organic beef offers nutritional advantages because organic standards require that cattle are fed on predominantly forage-based diets. Such diets reduce saturated fatty acid concentrations in the meat, enhance omega-3 fatty acid content and deliver higher levels of conjugated linoleic acid, "known to help prevent cancer, reduce heart disease and help weight control".


The evidence in favour of organic food leads the Sustainable Consumption Roundtable to recommend that school meal providers serve organic milk only, at least one portion of organic meat per week and at least one portion of seasonal, local organic fruit and vegetables every day.

1.4 The environmental policy agenda

The Cornwall Food Programme was in the vanguard of sustainable procurement. When it began its work in 2001, there were no official policy guidelines directing food procurers to pay heed to the environmental and social impact of their purchasing. Now there is a global, European and national policy framework that has thrust the Cornish initiative into the limelight as a beacon of best practice.

Sustainable procurement is defined in the UK government's national procurement action plan as "a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment".¹⁵ The action plan identifies food as one of ten top priority areas for developing sustainable procurement among 174 areas of government spending.





Sustainable procurement is a concept that first surfaced seriously at a global policy level in 2002, when the plan of implementation from the UN's World Summit on Sustainable Development urged "relevant [procurement] authorities at all levels to take sustainable development considerations into account in decision making".¹⁶

At European level both Directive 2004/18/EC of the European Parliament and the Council of 31 March 2004 "specifically mention in their recitals and provisions the possibilities for adopting environmental considerations in technical specification selection and award criteria".¹⁷ In 2005 a report from the European Commission said that food accounts for 31% of the 'global warming potential' of products consumed within the EU and is therefore an area where more sustainable sourcing is particularly important.¹⁸

In the UK the initial impetus came from non-government organisations such as East Anglia Food Link and Somerset Food Links, who staged the first national conference on the issue in Reading in 2001. In 2003 Defra set up its Public Sector Food Procurement Initiative (PSFPI) and identified five key aims that very closely echo the goals and subsequent achievements of the Cornwall Food Programme:

- To raise production and processing standards
- To increase tenders from small and local producers
- To increase consumption of healthy and nutritious food
- To reduce the adverse environmental impacts of production and supply
- To increase the capacity of small and local suppliers to meet demand.¹⁹

Two key elements of the Cornish model are also applauded in a report by the National Audit Office (NAO) published in 2006:²⁰

- The NAO identifies "aggregating demand to reduce procurement costs and increase purchasing power" – the approach envisaged with the establishment of the Cornwall Food Production Unit (see section 2.3 below) – as one of six areas where there is "significant scope for improving efficiency". The Auditor General states that "just over half of public sector organisations do not engage in any joint buying with other public bodies, despite 44% of these organisations using at least two of the same major suppliers". He estimates that joint buying could deliver £80 million per annum in cost savings across the public sector by 2010–11.
- The NAO identifies "providing strategic support to bridge the gap between procurers and suppliers" as one of five areas where there is "significant scope for sustainability and nutritional quality to be increased". This is a central plank of the Cornish Food Programme's work.

1.5 The health policy agenda

Introducing change in the NHS often means coming up against a ‘chicken and egg’ challenge. To make changes to established systems you have to show that they are affordable and practical and that you are responding to patient feedback. But if what you are doing is new then there is often little or no evidence available. At some point interim approval must be granted for an untried system.

Since the pioneering work of the Cornwall Food Programme began in 2001, a helpful framework of national NHS standards has been developed – the main set of principles on which the success of health trusts is to be judged.²¹ Before these standards were in place, however, the Cornwall Food Programme team had to rely first on their own feasibility study (see sections 2.2 and 2.3 below) and then on their own experience – trying new products and carefully assessing how they were received by patients and how they affected costs.

As the national policy framework fell into place, the team were able to link what they were doing systematically to the Standards for Better Health, reinforcing the case for moving their initiative forward.

There are seven domains within these standards, the two critical ones that link to food being patient focus and public health. Standard C15 (patient focus) stipulates that where food is provided, health trusts should have systems in place to ensure that:

- Patients are provided with a choice and that it is prepared safely and provides a balanced diet
- Patients’ individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

The developmental standard D8 requires trusts to “continuously improve the patient experience, based on the feedback of patients, carers and relatives”.

Standard C22 (public health) requires trusts to “promote, protect and demonstrably improve the health of the community served and narrow health inequalities by co-operating with each other and with local authorities and other organisations”. Standard C23 demands that trusts have “systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise”.





2. Getting started

'We are fortunate to have a plethora of solid local producers who produce very good food and are prepared to be competitive because we can offer a three to five year contract and they can build a business around that. The quality of the food we are getting is so far above what we were getting from national contracts that it is helping patients get better more quickly'

Mike Pearson, head of hotel services, Cornwall Healthcare Estates and Support Services

Going against the national trend, a team of Cornwall's NHS caterers decided to buy and cook fresh, local and organic food for their patients, visitors and staff. The Cornish frontier spirit helped to ensure that the project was out of the blocks long before the rest of the country and national government were looking seriously at sustainable food procurement.

2.1 It started with a sandwich

It all began in 2001, when a patient at the West Cornwall Hospital – near Penzance – complained that the sandwiches were not local but brought in from a national supplier in Oxford. This got the catering manager thinking. Why transport food over 250 miles if you can serve up a fresher sandwich made locally? Why give the contract to a national caterer if you can use local ingredients and boost the local economy?

These thoughts were the starting point for what is now firmly established as the Cornwall Food Programme. A strategic decision was taken to investigate the potential to switch to local suppliers, providing patients and visitors with fresh, local food as far as possible. The aim was to make hospital meals more nutritious and more appetising and to support the economy of what is an economically disadvantaged and rural county, where most native residents can trace their roots to farming, food and fishing.

The first step was to find a new sandwich supplier, giving local companies the opportunity to tender. Vanity Fare won the contract in the first round and worked closely with the trust's catering team and the hospital's dieticians to provide the right selection and volume of freshly prepared sandwiches – including options for patients on special diets. They were soon able to add other bakery products such as pastries to the contract. Another local company, W Rowe, won the contract from 2003 onwards.

Opposite page: Catering staff at the Royal Cornwall Hospital prepare the new, healthy food





2.2 The feasibility study²²

The second step was to examine the feasibility of sourcing more food locally and using local ingredients to provide fresh and tasty hospital meals for a growing healthcare community throughout the county.

At the time there were five healthcare trusts in Cornwall, covering 20 hospitals between them. The largest, the Royal Cornwall Hospitals Trust (RCHT), was providing food for the main site at Treリスケ with 900 beds, and also for St Michael's in Hayle and the West Cornwall Hospital – a total of 1,035 beds. The RCHT operated a cook-serve system for 80% of its beds and the other 20% were provided with cook-freeze meals produced in their own kitchens.

This service was delivering 1,500 main meals each day, with an expectation that the number of patients, staff and visitors would increase by 25% within five years. In addition there were plans for a new Peninsula medical school, housing 600 students and staff.

Some of the smaller units in the county were also running a cook-serve system but were on such a small scale that they were unable to purchase much in bulk and therefore less able to negotiate competitive prices. There was considerable reliance on a national supplier of cook-freeze meals. At the time of the study the combined NHS trusts of Cornwall had an annual food budget of £1.5 million, of which 60% was spent out of county.

2.3 Fresh thinking

One of the main conclusions of the feasibility study was that the best option for the long term would be a new Cornwall Food Production Unit (CFPU) supplying a cluster of hospitals. This recommendation took into account the expanding demand for food across the county and the size and age of the existing RCHT kitchens.

It was decided that the new unit would be built on a brownfield site in a central location so it would be as accessible as possible to customers all over Cornwall and possibly further afield in the south west. This unit is scheduled to open in early 2008.

The study found that the NHS in Cornwall could do very little to support the local economy if it used national suppliers. National contracts allow little or no control over price, quality and food sourcing.

Patient surveys also reinforced the instinct to go local – they clearly showed that patients preferred meals freshly prepared in the hospital kitchens to those from a national supplier.

Setting up local purchasing and distribution not only improves the quality and freshness of the food offered within hospitals but also injects money directly into the local economy (see section 6). This was particularly important in Cornwall's case, as one of the most economically deprived areas of Europe and a county with a heavy reliance on its food, farming and fishing industries.





Tree of Life Organics, supplying organic fruit and vegetables to the hospital farm shop and box scheme

3. Partnerships and key players

‘The whole public procurement process is very bureaucratic but the innovative partnership between the Cornwall Food Programme and the Soil Association is a model for how things can be made to work on the ground. Together we have succeeded in getting increasing amounts of fresh, local and organic food from small-scale producers onto hospital menus’

Traci Lewis, project manager, Organic South West

A strategic partnership with the Soil Association, the recruitment of specialist staff and the support of Objective One funding have all contributed to the project’s success.

3.1 How the Soil Association got involved

The Soil Association has been working with partners throughout the UK to establish sustainable food procurement models for a number of years. It is in the arena of school meals that the organisation has made its most significant mark.

Hundreds of schools and education authorities are now working towards the Soil Association’s Food for Life targets – using 75% unprocessed, 50% locally produced and 30% organic food while ensuring that menus meet the nutritional standards devised by the Caroline Walker Trust. The Soil Association was represented on the government’s School Meals Review Panel as a result of Food for Life’s success, and was influential in shifting government policy towards quantified nutritional standards and the banning of junk food and confectionery in schools.²³

The Soil Association became a partner in the Cornish hospital food project through its regional arm, Organic South West (OSW). OSW approached the Cornwall Food Programme team to discuss opportunities for partnership, and soon discovered a synergy of aims and ideas. It was agreed that OSW would support the key role of sustainable food development manager through the EU Objective One programme (see 3.3 below), matched by Soil Association funding, and that the team would work towards achieving Food for Life targets in the Cornish hospitals.





3.2 Recruiting specialist staff

The feedback from patients tasting the first locally produced sandwiches was so positive that wider local procurement was soon being considered. Mike Pearson, head of hotel services, quickly recognised that the initiative would grow beyond his capacity and decided to bring in a project manager, Nathan Harrow.

As the two of them worked together, they began to see that an additional post to develop local procurement partnerships would also be needed – the post that was subsequently funded by the Soil Association's Organic South West.

This procurement post was to prove crucial to the success of the project. It became clear that many potential local suppliers were small enterprises that would need a lot of support and concerted effort to develop their operations to the point where they could meet the demands of a large public-sector contract.

Buying local food can become time-consuming and inefficient if there are too many small suppliers involved. But with a post focusing on developing supplier relationships, the team were able to identify enterprises that were already geared up to cope with the NHS contract process relatively easily. At the same time, they were also earmarking those with the potential to be coached and supported to develop the necessary skills and/or capacity over time.

Mike Pearson was the project leader, responsible as head of hotel services for the departments that provide cleaning, porters and laundry, as well as all hospital food.

Project manager Nathan Harrow was brought in to do the feasibility study and write the business plan, returning to his native Cornwall to take up the job.

Lisa Symons has been closely involved in the project in her role as head of procurement and supplies for the NHS in Cornwall. She has an encyclopaedic knowledge of tenders, contracts and procurement, and steered the team through the maze as they started to work with local suppliers.

Roy Heath was recruited in 2004 to fulfil the procurement role, working with suppliers to identify opportunities and build capacity. Both his background in catering and his personal style created an impact right from the start. As the project progressed, his role evolved to the point

where half his time is now spent on the hospital work and the remainder is spent with OSW to develop other market opportunities for Cornish organic producers.

3.3 Objective One funding

In recent years Cornwall has benefited from access to European Union Objective One funding to support the regeneration of its rural economy. In the case of this project, Objective One has provided financial support for the feasibility study and for some of the work of the Cornwall Food Programme, including support for building the new Cornwall Food Production Unit.

Another welcome benefit from Objective One funding is the way it has enabled the Cornwall Food Programme to galvanise local farmers and food companies, creating an energy and a willingness to work in partnership that have surpassed all expectations. The Government Office for the South West (GOSW) and Defra, who administered the grants, have both reported positively on the collaborative approach between food producers and the keen interest in new ways of working that the Cornwall Food Programme has generated.





*Newlyn fisherman with his catch of the day
providing fresh fish for hospital fishcakes*

4. Building support

'I was delighted that my first contribution on coming to Cornwall was to give the final seal of approval to the Cornwall Food Production Unit, which is a natural progression of the Cornwall Food Programme. It presents the opportunity to transform the way patient meal services are provided throughout the NHS in Cornwall, whilst maintaining the high standards that have been set and benefiting the local economy'

John Watkinson, chief executive, Royal Cornwall Hospitals Trust

In the experience of the Soil Association's Food for Life project the schools that adopt a 'whole school' approach – actively consulting and involving catering staff, pupils, parents and the wider community rather than imposing healthier menus – have the greatest success in transforming school meals.²⁴ The Cornwall Food Programme team has worked hard to get patients, staff and the wider community on board and to ensure that its efforts are supported at the highest levels of management.

4.1 Trust chief executives

By common consent, the support of NHS chief executives in Cornwall has been critical to the success of the project. Initially the programme was hosted by the Cornwall Partnership Trust, but in the second phase the capital project was taken over by the RCHT.

At a very early stage the team presented their ideas to the boards of all trusts and found widespread support and enthusiasm. The chief executives of both host trusts played a positive role, bringing key management figures from across the trusts together with outside stakeholders, including the Soil Association, to form a project board.

All five NHS trusts also made a financial commitment to the project, confirming that they would use the Cornwall Food Production Unit (CFPU) as a provider of some of their meals in the future. Reconfiguration of the health service has since put this commitment in doubt, as the three primary care trusts have been merged into one new organisation that is still at an early stage of development. To ensure fairness and comply with European procurement regulations, the CFPU will have to tender for a contract to supply food to other establishments run by the Cornwall Primary Care Trust (PCT) on a purely commercial basis.





4.2 Suppliers and policy makers

With the support of all the key Cornish NHS teams in place, attention turned to winning the support of a host of stakeholders, both in Cornwall and further afield. Roy Heath began to meet with farmers and food processors to find out what was available locally and what the barriers might be to supplying the NHS. At the same time, Mike Pearson and Nathan Harrow were meeting with policy makers, a wider group of NHS contacts and the media, spreading the news of what they were doing and drawing considerable interest and support.

By 2003, 18 months after the Cornwall Food Programme had got going, the political climate had changed and there was interest at national policy level in sustainable procurement. Lord Whitty, then Food and Farming Minister, made a speech in London exhorting the public sector to become more sustainable,²⁵ and by then the NHS Purchasing and Supply Agency (NHS PASA) was looking with increased interest at opportunities to increase local sourcing.²⁶ The Cornish project began to gain recognition as a positive pilot scheme, an exemplar of sustainable principles.

4.3 Publicity and awards

There's nothing like publicity to attract further publicity and sustain momentum. The team ensured that they kept their project in the spotlight through regular media releases and by entering relevant competitions. A steady stream of awards ensued, including a *Health Service Journal* accolade in 2004, Local Food Initiative of the Year 2006 in the Soil Association's Organic Food Awards and a silver award at Hotelympia 2006 for a menu designed around local and organic ingredients.

The effects of this success have been doubly positive. Winning awards has boosted the morale of the staff involved and has also bestowed influence on the team, who have found themselves being invited to many of the wider policy discussions about public procurement. In this way their experience is being shared and is helping in the development of similar schemes.

5. Putting it into practice

'It's important that our community has access to fresh, local fish. Patients in hospital should be eating the best quality food to speed their recovery'

Matthew Stevens, fish supplier, St Ives

What began with sandwiches and pastries soon branched into other areas, including dairy products and fish.

5.1 Cheese – putting goat's cheese on the menu

Lateral thinking and ingenuity created an opportunity to serve patients a high-quality local goat's cheese and improve margins for its producer, Cornish Country Larder (CCL).

Some of the smaller cheeses produced by cheese maker John Gaylard for CCL were going to waste because they did not meet the size specification for the mainstream market. The Cornwall Food Programme team saw the chance to offer a fresh, soft cheese to patients as an alternative to a pre-packed cheddar portion.

Served in halves, CCL's goat's cheeses have provided an ideal single portion for patients at a reasonable price. And because cheese was being supplied through a local wholesaler, Chaffins, there were no complicated contracts to unpick or re-specify.

The success of the goat's cheese has led to the purchase of a high-quality cheddar from the same supplier. Working with the NHS team, CCL installed a grating system at its factory so that it could provide pre-grated cheese made from cheddar off-cuts, for use in gratin products. The price was reasonable, and additional savings were made by reducing the labour costs associated with hospital chefs grating the cheese themselves.

5.2 Ice cream – a new contract based on nutritional specification

One of the keys to unlocking a new local contract can be looking at the quality of the product. The NHS is assisted in this by its dieticians, who look closely at all food served to patients and can include specifications





Cornish food champion – Matthew Stevens

There's not much Matthew Stevens doesn't know about fish. A merchant in St Ives for the past 46 years, he has seen his business grow from a small operation supplying the traditional fishmonger's slab of wet fish to a multimillion-pound business whose customers include top restaurateurs such as Cornwall's own Rick Stein.

Working with RCHT chefs and sustainable food development manager Roy Heath, Stevens has developed a custom-made fish cake for the hospitals. Replacing the nationally procured product used previously – “as hard and as tasty as a hockey ball”, according to one recipient – the new fish cake is made with locally caught fish coated in breadcrumbs. The fish content has increased from 30% frozen fish to 40% fresh fish, combined with locally grown potatoes.

The company is also supplying the hospitals with a tasty fish-pie mix, made mostly with ling – “a good firm fish which is caught in abundance and is not a threatened species,” Stevens says. The fish options on the menu have become increasingly popular, and patients now eat about 800 fish cakes a month and 350kg of fish-pie mix.

The contract may only be worth £70 a month to his business, but Stevens is strongly committed to it. “It's important that our community has access to fresh, local fish,” he explains. “Patients in hospital should be eating the best quality food to speed their recovery.” Through his work with the NHS, he has also taken on a contract with a local primary school, supplying fresh fish portions.

that might prompt a change in suppliers. The ice cream served by the RCHT is an example of nutritional quality becoming a deciding factor in awarding a contract.

The majority of hospitals include ice cream on their menus to tempt a jaded palate or as a recuperative food. It is a food that can help provide patients with concentrated calories – particularly the elderly. But it can also go to waste if it reaches the wards as an unappetising, watery, half-melted mess – a problem that can easily occur if it is served at some distance from the patient.

The Cornwall Food Programme team switched to a local ice-cream supplier, Callestick, because the company could offer a very dense, clotted cream product – not only higher in calories but also more resistant to melting than the aerated ice cream used previously. The new ice cream has proved very popular and has helped achieve a budget saving – fewer elderly patients at the RCHT now need powdered drink supplements to keep up their calorie intake. These supplements tend to be expensive and unpopular with patients, and they contain artificial additives.

5.3 Fish – from frozen to fresh

Before the Cornish Food Programme got to work, the fish on the menu was bought in on a national contract from Grimsby. Its provenance could not be specified, and there was no guarantee that it came from sustainable stocks. It was supplied as 10kg frozen blocks of white fish, or as fish cakes that were often left uneaten by patients.

The team decided to switch to fresh fish, inviting local merchants to tender for the contract. They were looking not only for a competitive tender overall but also for the right types of fish – reasonably priced and from sustainable stocks. Two suppliers were chosen: Seafayre Cuisine to provide 100g fish portions and Matthew Stevens (see box) to provide fish cakes and fish-pie mix.

Ling and pollack are now used extensively on the menu. The fresh fish offers better value kilo for kilo, as the frozen 10kg blocks were only providing 9–9.2kg of fish after defrosting. The new fish cakes are also of superior quality, made from fresh fish flakes with a 40% fish content compared with 30% in the frozen product (see box).





5.4 Yoghurt – live and fruity, not long life

The yoghurt formerly offered to patients was a large pot of a long-life product. Much of it was wasted, as patients would typically eat a few spoonfuls and leave the rest.

Working through a local wholesaler, Chaffins, the team were able to buy a fresh yoghurt made from Channel Island milk by an enthusiastic young farmer – Will Bowman of Gwavas Farm on the Lizard Peninsula. Again contractual problems were avoided, as the yoghurt was sourced through a wholesaler. Roy Heath suggests this can be a good starting point for new suppliers as initial quantities can be small and the wholesaler can manage the contract arrangements with the NHS.

Savings were achieved by buying custom-sized 80g pots at a price of 16p rather than 115g pots of long-life product for 16.5p. The team found that patients were happily eating the smaller pots, with rave reviews and little wastage.

Gwavas Farm has expanded to accommodate the NHS contract and is also receiving large numbers of enquiries from former patients who want to buy the yoghurts when they return home.

6. Reaping rewards – local economic benefits

‘Being selected to supply local hospitals with our cheeses is an opportunity not only to help sustain the local economy by way of increased business, but also to improve the overall hospital food experience by using our restaurant standard ingredients’

John Gaylard, Cornish Country Larder

The contracts for fruit and vegetables, meat, fresh milk, eggs and dried goods are now all awarded to Cornish companies. This not only directly benefits the suppliers involved but also ensures positive knock-on benefits throughout the local economy.

6.1 Increased local spending, reduced food miles

In 2006, total spending by the Cornwall Food Programme on food produced in Cornwall was around £402,000 – 41% of the £975,000 budget. When produce ordered through Cornish companies (though not necessarily produced in Cornwall) is included, this figure rises to 83% of the budget – £812,000.

The team has studied the effects this change has had on transport and found that the new contracts have trimmed 110,000 road miles off a year’s deliveries. This calculation was made by identifying the number of deliveries of each product before and after contracts were switched to local suppliers and the distance travelled each trip.

When national supply contracts were at their peak, there were 936 deliveries a year by vehicles travelling 164,042 miles in total. By the end of 2006, switching to local suppliers had increased the number of deliveries to 1,664 per year but reduced the miles travelled to 53,596 – a 67% cut.

The biggest food miles savings have been in the transportation of dairy products. Under the old national contract each of the six weekly deliveries of fresh milk involved a trip of 227 miles. With a more local supplier each delivery is 74 miles, a 67% cut. Under the old national contract there was one weekly delivery of ice cream involving a 340-mile trip. Now there are three deliveries a week but the delivery vehicle travels only ten miles each time – a mileage cut of 85% overall.



The hospitals are paying almost twice as much for the high-quality clotted-cream ice cream favoured by dieticians and patients (10.5p per 85ml pot) as they were for the old variety (5.5p per pot). But this is the only product where there has been a significant price increase. In other cases buying locally has either cost little or no more or has produced cost savings. Overall the changes to contracts have been made without adding to costs, keeping within the budget of £2.50 per patient per day.

6.2 Knock-on benefits within the local economy

It is not easy to estimate accurately how far the benefit of using local suppliers spreads through the local economy. For this project, however, a study by Bradford University indicates substantial impacts.²⁷

Using the LM3 (local multiplier effect) model developed by the New Economics Foundation, researchers surveyed local suppliers in 2004 and found that the Cornwall Food Programme had a LM3 score of 1.81. This means that direct spending of £1,131,000 with Cornish suppliers had generated additional spending of £910,624 in the local economy.

Reduction in food miles and carbon emissions using local suppliers:

| Category | Under previous suppliers | | | | |
|----------------------|--------------------------|-------------------------------|-------------------|--------------------------------------------------------|--|
| | Weekly deliveries | Distance per delivery (miles) | Annual road miles | Annual CO ₂ emissions (tonnes) ¹ | |
| Milk and cream | 6 | 227 | 70824 | 2009.35 | |
| Butter and cheese | 1 | 97 | 5044 | 4.88 | |
| Yoghurts | 3 | 6 | 936 | 0.24 | |
| Ice cream | 1 | 340 | 10200 | 12.52 | |
| Fish | 1 | 160 | 8320 | 3.65 | |
| Bakery | 3 | 246 | 38376 | 239.12 | |
| Frozen and dry foods | 1 | 63.5 | 3302 | Not available | |
| Miscellaneous | 2 | 260 | 27040 | Not available | |
| Totals | 18 | | 164042 | 2269.76 ³ | |

^{1,2} Emissions figures provided in this table are indicative only. Sustain suggests that the amount of CO₂ emitted in transporting a tonne of food one kilometre is 63 grams using a large truck, 85 grams using a medium truck and 97 grams using a transit van. We do not have data on the precise types of vehicles used for delivering various categories of food and drink to the Cornish hospitals under previous and current suppliers. But because large, medium and small vehicles have all been used under both the current and previous supply regimes, we have made our calculations on the basis of emissions created by a medium-sized truck – the figure likely to be closest to an average delivery.

In a simpler evaluation known as LM2, where only two rounds of spending are considered to identify how much money leaves a local economy, a comparison between the Cornwall Food Programme and St Austell-based NHS trust the Cornwall Partnership Trust (CPT) revealed significant benefits. Using the LM2 model, the CPT and the Cornwall Food Programme scored 1.05 and 1.52 respectively, as the Cornwall Food Programme spends more than 50% of its budget locally compared to only 5% for the CPT.²⁸

6.3 Organic food – more economically and environmentally sustainable

‘In a recent survey patients, nursing staff and kitchen workers at a Norwegian hospital were all more interested in having organic food than is the case for the general population. Researchers suggest that this is the case because of critical views on the use of pesticides and additives and “the expected effects of meals on health and wellbeing”.’

Organic Hospital Food is Desired by Patients and Engages the Kitchen; Koesling M, Bikeland L, Behrens G; Proceedings of the 3rd International Congress of the European Integrated Project on quality low input food (QLIF); 2007

| | Under current suppliers | | | | Change in road miles | Change in emissions |
|--|-------------------------|-------------------------------|-------------------|--------------------------------------------------------|----------------------|---------------------|
| | Weekly deliveries | Distance per delivery (miles) | Annual road miles | Annual CO ₂ emissions (tonnes) ² | | |
| | 6 | 74 | 23088 | 655.02 | - 67% | -67% |
| | 3 | 6 | 936 | 1.15 | - 84% | -87% |
| | 3 | 6 | | | | |
| | 3 | 10 | 1560 | 1.92 | - 84% | -84% |
| | 2 | 37 (frozen) 32 (fresh) | 3588 | 1.57 | - 56% | -56% |
| | 6 | 10.7 | 3338.4 | 20.80 | - 91% | -91% |
| | 3 | 7 | 1092 | Not available | - 67% | Not available |
| | 6 | 50 | 15600 | Not available | - 42% | Not available |
| | 32 | | 53596.4 | 680.46 ⁴ | - 67% | -70% |

^{3,4} Excludes frozen and dry foods and miscellaneous categories. Emissions cannot be calculated for these categories because data are only available for the weights of burgers, sausages and eggs transported.



So far the organic food on offer in the three hospitals has been confined to the popular burgers and sausages served on the children's wards. This means there is a long way to go to reach the Soil Association's Food for Life target of 30% organic food. But 30% is a target to which the team are committed because of the additional environmental and local economic benefits associated with organic production.

Research by the University of Essex and the Soil Association, published in 2006, found that organic farming in the UK provides 32% more jobs per farm than equivalent non-organic farms – a particularly important consideration in a relatively rural and economically disadvantaged county such as Cornwall. This research is outlined in a report called *Organic Works*, which concludes: "If all farming in the UK became organic over 93,000 new jobs directly employed on farms would be created."²⁹

Organic Works lists those elements of organic production that generate additional employment by making it a more labour-intensive farming system: "small, more diverse farms with mixed systems (crops and livestock); varied crop rotations; careful soil management; maintaining the positive health of plants and animals; rearing farm animals outdoors to high welfare standards; and maintaining habitats for natural predators and other wildlife".

As well as boosting employment, organic farming delivers a range of environmental benefits that are acknowledged by government and are important in the Cornish context. Defra's organic action plan for England states that "government financial support for organic farming is justified by the environmental public good which organic farming delivers".³⁰ It asserts that organic farming results in higher levels of biodiversity, lower pollution from pesticides, less waste and a reduction in carbon dioxide emissions through lower energy use. All of these are positive considerations for a county that is renowned for its unspoilt landscapes, heavily reliant on tourism and keen to protect the natural beauty that is such a draw for visitors.

The next phase of the Cornwall Food Programme initiative will include a new Cornwall Food Production Unit scheduled to open in early 2008, and the team hope this will enable them to increase organic sourcing significantly. It will make it possible, for example, to buy in organic vegetables and prepare them on site at a total cost that is competitive with what is currently paid to purchase pre-prepared non-organic produce.

7. Developing supplier contracts

‘Through its nationally negotiated framework agreements, the NHS Purchasing and Supply Agency and subsequently the NHS Supply Chain have been keen to promote opportunities for sustainable development within the supply of food into the NHS. The Cornwall Food Programme has been a leading example in developing some of these initiatives’

Alan Glover, lead category manager for utilities, telecoms, food and nutrition, NHS PASA

The rules of the NHS stipulate that the tendering process and the awarding of contracts should be fair, reasonable and non-discriminatory. A switch to local and/or organic suppliers can only be made if managers can clearly demonstrate value for money, as the Cornwall Food Programme has done.


7.1 Reconciling efficiency and sustainability

Cornwall’s emphasis on sustainability and supporting local suppliers might appear to run counter to the government’s Gershon Efficiency Review, which placed a primary emphasis on public sector bodies achieving efficiency savings in their procurement purchasing.³¹ But there is reassurance in the clarification provided by the Office of Government Commerce (OGC) – the agency responsible for improving the efficiency and effectiveness of procurement in the public sector.

According to Martin Sykes, who heads the OGC’s Supplier and Government Marketplace Development Directorate: “Efficiency does not mean a return to mindless aggregation and lowest price as the basis for decision making . . . buyers need to harness the public-sector spending power to support delivery of sustainability objectives . . . cost and affordability are issues that need to be addressed. But a ‘sustainable’ solution may offer better value for money by virtue of energy savings, recyclability or from a reduction in disposal costs, as well as providing wider benefits such as job creation or encouraging ideas with growth potential.”³²

Despite this positive clarification, some confusion remains among public-sector procurers because the government is trying to get two messages across. The first is that all buyers must comply with European procurement regulations. The second is that these regulations should not





be used as any form of barrier or constraint to sourcing more sustainable, environmentally friendly products. It is to be hoped that the Cornwall Food Programme's work on specification criteria for its supply contracts will help and encourage more procurers to abandon "mindless aggregation and lowest price" in favour of responsible, best-practice procurement.

The inclusion of external costs is not permitted in the awarding of contracts but the government suggests these are considered in the specification criteria. The majority of cases in which contracts have been awarded locally in the UK have followed careful specification of what is wanted. If clear criteria such as nutritional quality, freshness and frequency of delivery are included in contracts, it is often the smaller or local suppliers that have the advantage.

The tendering documents for the Cornwall Food Programme's fish contract, which make two main references to local product sourcing, are a good example of this. They highlight potential advantages that local companies might be able to exploit, but they do not contravene the public procurement regulations by excluding suppliers from further afield:

- The main tender document states that the contract will be awarded "on the basis of the most economically advantageous offer, judged on price, quality of product and service, delivery performance and overall cost effectiveness factors," adding that, "in considering offers the Trust will give special account to those which give added value to the local community through the use of local products and services"
- The more detailed specification document stipulates that offers should include "documentary evidence detailing any arrangements which are in place, or which will be put in place should the bid be successful, to facilitate the purchase and use of local foodstuffs and other appropriate products". It adds: "In particular, offerors will be required to identify the ports of landing; to specify 'local' will not be sufficient, without further clarification. Offerors will also be required to identify the anticipated lead time from landing of the product to delivery to the Trust at the specified addresses."

"Any supplier could put these arrangements in place if they so wished, wherever they were based," explains Lisa Symons, head of procurement and supplies for the Cornwall Supplies Service. "But the fact that we are specifying fresh fish does mean that the source would have to be reasonably local. And while local companies still have to compete for the business, they do tend to have lower transport costs."

7.2 Working with the national purchasing agency

Lisa Symons is the team's contract expert, and has helped guide them through the labyrinthine process of tenders. The approach they have taken is to look at one product or food group at a time, avoiding the complexity of putting all contracts out to tender at once.

Lisa's good relationships within the NHS Purchasing and Supply Agency (NHS PASA) have been a help to the project, keeping them fully informed and involved in the programme. Some contracts have remained as national contracts, while others have been re-assigned locally.

NHS PASA has been a leading agency in Defra's drive to promote sustainable development across the public sector, and working practice with food contracts has consequently changed. Companies across the UK now have the opportunity to bid to supply one area with produce, operating under the terms of a national contract.

The NHS Supply Chain – created through a joint venture between DHL and Novation – recently took over the procurement of some categories, including food, from NHS PASA. This will mean some changes to some working practices, but it is hoped that there will still be a mix of local and national contracts in NHS procurement.

7.3 Sourcing fruit, vegetables and meat

Fruit and vegetables offer a good example of the new approach instigated by NHS PASA. The specifications and conditions for supplying fruit and vegetables to Cornwall's hospitals are still set nationally but contracts are now awarded on a regional basis, enabling smaller companies to bid to cover smaller areas such as a single county.

In Cornwall the contract for fruit and vegetables is supplied by two local companies, Westcountry Fruit and Newquay Fruit. They are working to a national contract but operating as local suppliers. The meat contract is run on similar lines. Scorse, a Cornish company, provides the regional meat supply under the terms of a contract drawn up by NHS PASA.

The Cornwall Food Programme team helped to persuade NHS PASA to implement a system for alerting local suppliers when contracts are being put out to tender. All contracts have to be advertised in the Official Journal of the European Union (OJEU), but it is questionable how many small food and farming companies read this publication regularly. Smaller suppliers on lists across the country are now notified of imminent contracts.





Cornish food champion – James Kittow

James Kittow has built his business in south-east Cornwall on the back of strong local loyalty to Cornish food. Moving from a small abattoir and basic cutting plant into a more sophisticated meat processing unit, he has developed a range of sausages and other butchery products that are becoming an increasingly familiar sight on Cornwall's shows and events circuit.

Kittow and his brother were finalists in the Butcher of the Year 2006. All their products are traceable, with the opportunity to label individual packs with farm details. "You could pick up a pack of our meat and see exactly where it has come from," he explains. "We pack and label for individual customers so they can add in the information they require."

It's a business built on the personal touch and the kind of service that is hard to achieve in larger operations. When approached to supply the children's ward at the RCHT with organic burgers and sausages, Kittow was delighted. A six-month trial was set up, offering children beef burgers and beef sausages. Patient surveys have shown the new food to be highly popular, and parents are happy to see children offered an organic meat option.

The beef comes through local livestock co-operative OLFCD, a group set up by organic farmers who could see the opportunities to supply larger contracts such as the public sector if they worked together. It is a group that has benefited from the support and advice of Organic South West, the Soil Association's regional arm.

7.4 Tendering for a contract – be prepared

Preparing companies is an area where the role of sustainable food development manager has been vital. By working with local suppliers such as Matthew Stevens (fish), Will Bowman (yoghurt) and John Gaylard (cheese), Roy Heath has helped them to increase their chances of winning contracts.

Another useful service in Cornwall has been the internet-based Tenders in Cornwall service.³³ Run by Cornwall County Council's commercial arm, Cornwall Enterprise, it guides businesses through the process and updates them on opportunities relevant to their products.

There is no obvious formula that has worked for all the local suppliers involved in the Cornwall Food Programme. The ability to look at each situation and work out tailor-made solutions seems to be the route to success. This inevitably takes time and effort and so has been helped by the funding of Roy Heath's specialist development role.

Among the current contracts, some have required investment in specialist equipment or major changes to production lines to accommodate NHS needs. For some it was possible to go it alone, while others supplied one product to a wholesaler who could handle the contract for them. For example, local distribution company Chaffins has a contract for all dried goods and has supplied locally produced cheese and yoghurt as part of that contract.

7.5 Milk – a David and Goliath contest

Winning the fresh milk contract to supply the NHS was an important moment for Trewithen Dairies, a family-run business in mid-Cornwall. Milk had always been supplied by one of the giant national firms, with local suppliers finding it hard to match prices in a highly competitive commodity market.

When the national contract came up for renewal, the Cornwall team requested of NHS PASA that it should be allowed to put out a contract for tender locally, in the interests of fairness. It duly did and found that some of the main national players did not apply. The Trewithen bid was competitive on a product mix that included cream, butter and milk – even though the price of the milk was not as low as some others. This contract was seen as an important example of money being put into the local economy and directly benefiting Cornwall.





Menu booklet giving patients information about the benefits of the new, local menu

8. What's on the menu

'The food at Treliske is the best hospital food I have ever come across'

Female patient from Helston

'The food was exceptionally good, healthy and attractively cooked and presented, which hastened recovery'

Female heart patient from Truro

'The quality of the food and the menu options were good, arriving as ordered and hot where necessary'

Male angina patient from Cheshire admitted while on holiday

The patients in Cornwall are offered a wide-ranging selection of meals, run on a two-week cycle. The food is interesting but fairly traditional, and includes local produce as part of the daily mix.

8.1 Appealing to local tastes

One of the criticisms of the government's much heralded Better Hospital Food campaign was that some of the menus designed by Loyd Grossman and his team of chefs were not to the taste of a lot of patients, including patients in Cornwall.³⁴

Roy Heath and the Cornwall Food Programme team have taken care to choose meals that they feel will appeal to the palates of the local community. "You have to know whom you are cooking for," he says.

8.2 Making menus practical

It is also important to choose meals that can be cooked on a large scale, as the Cornish team has done. Some recipes that work well when cooking ten portions do not scale up easily, and can lose their texture and character in the process. This was a criticism of some of the Loyd Grossman recipes for the Better Hospital Food programme, which was quietly scaled down in 2006.





8.3 Sample menus – main meals

The main courses on offer in Cornwall's hospitals now include:

- Cornish fish pie – fresh local fish in a white sauce with mushrooms, topped with potato
- Chicken in mustard, leek and coriander sauce
- Creamy cauliflower and broccoli pasta
- Vegetable balti

8.4 Sample menus – puddings

The menus for desserts include:

- Bread and butter pudding
- Stewed plums
- Cornish soft cheese and biscuits
- Seasonal fresh fruit
- Cornish ice cream

8.5 Using the menu as a marketing and education tool

The Cornwall Food Programme team decided to provide information about what it was trying to achieve within the menus handed out on the wards. It invited its local suppliers to take advertising space in a glossy menu booklet and added some lively editorial explaining the aims of the project, the reasons for using local food and the benefits for health and the local economy.

It also included contact details for the Soil Association, the directory of local farmers markets and the online directory run by Taste of the West.³⁵ The booklet has had very positive feedback from patients and, as it is laminated, has a reasonably long shelf-life. Support from sponsors and advertisers to the tune of £6,500 financed a second printing of the menu booklet when copies ran out.

8.6 Listening to the critics – patient feedback

As with any restaurant, the reputation of the kitchen is only as good as its last review. Patients can be stern critics, and their feedback has been an integral part of the project.

All patients are asked to complete a questionnaire at the end of their stay in the hospitals, answering questions about the quality, appearance, taste and choice of the food. In 2006 the trust also took part in the Commission for Patient and Public Involvement in Health's Food Watch, one of the largest surveys of hospital food ever undertaken. The Royal Cornwall Hospitals Trust's Patient and Public Involvement in Health Forum found high levels of satisfaction among the 62 patients they interviewed locally.

The hotel services team at the Royal Cornwall Hospitals Trust regularly asks for feedback from patients as part of its programme of improvements and canvassing of patient opinion. The latest survey in 2006, of 235 patients, showed that 85% said the menu served food that they liked, 92% of respondents said they felt the menu choice at lunchtime was good to excellent, while 89% had a similar view of the supper choice. Only 8% of the survey group said they felt that the food service had areas that required improvement.





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How far has your food travelled?

How healthy is your lunch?

Roots & Shoots

TOMATOES

£2.15 Kg

9. The future

'The Cornwall Food Programme not only gives us the opportunity to grow our business, but also gives patients, staff and visitors a chance to find out about and sample organic products'

Marie Welsh, Tree of Life Organics

9.1 Taking it home – the farm shop and box scheme

Promoting organic food has always been an important part of the project. Although initially confined to burgers and sausages made from organic beef on the hospital menu, it is now being sold on site at the RCHT through its own farm shop.

Roy Heath saw that there was much passing trade for such a shop in the form of the hospital's many visitors and staff. After a host of planning issues had been tackled, the shop was built in a car park, with £10,000 funding from the Improving Working Lives programme and donations of fixtures and fittings from supportive local businesses. It now takes £1,000 per month and is open on Thursdays and Fridays each week.

The shop offers fresh, seasonal, organic produce from local growers and a limited range of frozen local and organic meat, dairy products and preserves. It is staffed by some of the Cornwall Partnership Trust's service users who live in residential units or attend its care centres – an opportunity so popular that there is a waiting list for those wishing to participate.

The service users involved are given lunch and may also take a box of produce to cook at home, with some guidance from the sustainable food development manager as to how to make the best of what is available. These volunteers are gaining valuable experience in customer relations, handling money and other skills, while the shop has a very willing workforce without whom it could not operate.

It is hoped to develop an organic box scheme from the shop in the near future, using existing NHS courier services to deliver across the county. This would enable the public throughout Cornwall to buy organic food through their local NHS outlets.

Opposite page: Royal Cornwall Hospital farm shop offers staff and visitors fresh, seasonal, organic produce from local growers





9.2 The Cornwall Food Production Unit

Funding for the Cornwall Food Production Unit has been agreed, and the building should be up and running early in 2008. There have been mixed opinions on whether a unit that relies on freezing meals is the ideal way forward for public sector catering. But the fast freezing process will mean that fresh ingredients can be preserved rapidly, making it possible to ensure that more local food is used throughout the year.

The team has identified many opportunities to buy seasonal produce at reasonable prices and then process some of them for use later. Over-sized Cornish cauliflowers, for example, can be bought cheaply and then used to produce cauliflower cheese or soups that can be served over a longer period.

One of the early frustrations for a large buyer such as the NHS has been the limited or sporadic supply of particular organic products, and the new unit should help to address this problem.

9.3 Taking it wider – new customers, new markets

Once the Cornwall Food Production Unit is fully operational, the team is confident that it will become a revenue provider for the RCHT. Producing high-quality local meals, it will tender to the other health community outlets in Cornwall, such as hospitals run by the primary care trusts and local authority residential units.

The aim is to operate on a commercial basis, competing with the large national companies from which many currently buy their frozen ready meals. Local schools could also benefit, either by buying a full meals service where they don't have cooking facilities, or by purchasing individual products such as organic burgers and sausages. There are plans to complement the unit with facilities for a sandwich-making operation and vegetable preparation service.

10. Conclusions

The Cornwall Food Programme offers an exciting blueprint for NHS trusts looking to respond to demand from the public and the imperative from Defra and Department of Health to deliver more healthy and sustainable food in the nation's hospitals.

In the high proportion of food purchased from local producers and suppliers, the dramatic cuts in 'food miles' travelled by delivery vehicles, and the nutritious and popular meals being served to patients, NHS trusts in Cornwall are pointing the way to a more healthy and sustainable future for hospital food.

All this has been achieved within the constraints of an existing food budget of £2.50 per patient per day. Cost efficiency will remain a fundamental goal in the face of spiralling costs across the National Health Service. However, the Cornwall Food Programme has demonstrated that better, more sustainable food can be successfully delivered within these constraints.



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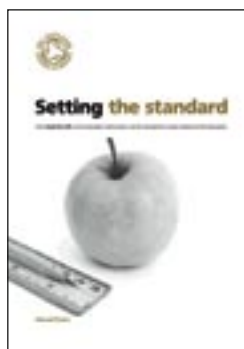
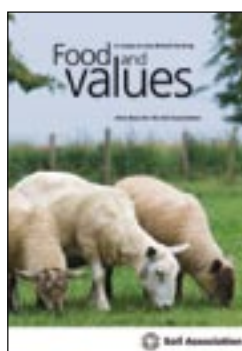
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