

Hospital Food Campaigning Toolkit

Making hospital food healthier
and more sustainable: a toolkit
for bringing about change

Acknowledgements

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All authors declare no conflicts of interest, other than a passion for bringing about provision of hospital food that promotes good health for people and planet.

About Medact

Medact educates, analyses and campaigns for global health on issues related to conflict, poverty and the environment. We aim to mobilise the health community to support policy change and shift public attitudes. Medact is now over 20 years old, and our remit has grown to cover four distinct but interconnected programme areas

- Peace and Security
- Climate and Ecology
- Economic Justice
- Health and Human Rights

Medact was formed by health professionals who sought to harness their expertise, mandate and ethical principles to raise awareness and speak out on health issues. Our members continue to be the cornerstone of Medact's activities through their active involvement in research and advocacy. Medact's members provide the bulk of our funding, which enables us to conduct independent research.

Medact is the UK affiliate of the Nobel Peace Prize winning organization International Physicians for the Prevention of Nuclear War (IPPNW).



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1. Background



DID YOU KNOW?

If people ate healthy and sustainable diets the NHS could save billions.

The NHS spends

£600

million

a year on food,
but food is widely
considered to be of

poor quality

and is not
environmentally
sustainable.

Researchers have
estimated that eating
meat no more than
three times a week
would prevent



45,000

deaths a year
and save the NHS

The global warming
impact of an average
vegetarian diet is

53%

that of a high meat
diet in the UK.

• **£1.2 billion**

Diet-related ill health
costs the NHS
approximately

£8 billion

a year, and

70,000

deaths could be avoided
if diets met nutritional
guidelines.

Malnourished patients
can stay in hospital
up to

3x

longer and this can also
play a role in their
re-admittance rates.
Improving patient
nutrition can create
significant cost savings.

If improved hospital
food environments reduced
staff sickness by a



third

It could translate into an
annual direct cost saving of

£555 million

Help us find a way to add a healthier, tastier and more sustainable hospital food environment. Go to [Medact.org/hospitalfood](https://www.medact.org/hospitalfood)

Poor diet is the number one driver of poor health in England. Most people know that eating a healthy diet is good for our physical and mental well-being.

Eating a healthy diet can help us maintain a healthy body weight, consume important nutrients, and reduce the risk of us developing a multitude of major health problems including high blood pressure, heart disease, diabetes, certain cancers and osteoporosis.

Eating a healthy diet also positively impacts our mental health. The risk of developing specific mental illnesses such as depression, schizophrenia, Alzheimer's disease and Parkinson's disease is reduced by following a healthy balanced diet.

Fewer people know that a healthy diet can also be a more sustainable diet. Plant-based diets have long been associated with health promotion and disease prevention while diets high in animal products have been linked to an increased risk of non-communicable diseases such as heart disease, diabetes, and several forms of cancer.

The production of meat also has significant environmental impacts and is a leading cause of eco-system degradation through deforestation, biodiversity loss, soil erosion and pollution. An average vegetarian diet is 53% that of a high meat diet in the UK, which has significant global warming impact. Beef production can also generate up to nineteen times the quantity of CO2 compared to protein-rich pulses.

Once in hospital, there is evidence that better nutrition leads to faster wound healing rates in patients and thus a shorter hospital stay. At the same time malnourished patients stay longer in hospital, and are more likely to develop complications and infections.

Hard-working staff also need to be well nourished to operate effectively. In 2009, the Department of Health estimated that of the 1.2 million staff in the NHS, over half were classified as obese or overweight, with all the conditions related to this.

Failure to tackle the issue of staff well-being may translate into poorer outcomes for patients.

The FCRN defines a healthy and sustainable diet as follows:

- Eat a varied balanced diet to maintain a healthy body weight.
- Eat more plant-based foods, including at least five portions of fruit and vegetables a day.
- Value your food. Ask about where it has come from and how it is produced. Don't waste it.
- Choose fish sourced from sustainable stocks, taking seasonality and capture methods into consideration.
- Moderate your meat consumption and enjoy more peas, beans, pulses, tofu, nuts and other plant sources of protein.
- Include milk and dairy products in your diet and/or seek out plant based alternatives, including those that are fortified with additional vitamins and minerals.
- Drink tap water.
- Eat fewer foods high in fat, sugar and salt.

There is an urgent need to improve the quality of hospital food for patients, visitors and staff to make it more healthy and sustainable.

The NHS spends £600 million a year on food, but food is widely considered to be of poor quality and is not environmentally sustainable.

Unappealing food leads to high wastage and higher levels of malnutrition. There is an urgent need to improve the quality of hospital food for patients, visitors and staff to make it more healthy and sustainable.

The NHS is in a unique position to create an environment that educates patients, staff and visitors on the broad benefits of healthy and sustainable diets.

Hospitals should be leading by example in providing healthy and sustainable food, and using their purchasing power to support environmentally and socially responsible suppliers. It is difficult to reconcile the paradox of hospitals that are administering life-prolonging operations and medications to patients whilst fuelling them, and their staff, with unhealthy food.

The NHS has an important role in promoting healthy and sustainable food, rather than food that is driving chronic diseases which are in turn burdening the NHS. We can't expect people to successfully transition into habits supporting better micronutrient intakes, if the spaces and environments which they operate in on a daily basis are riddled with barriers. Obesity and its related conditions can only be seriously tackled with lifestyle changes, and hospitals are in a prime position to set the example. As well as reducing the physical availability of unhealthy products, such action creates a significant public health message by publicly tackling factors which contribute to environments that tend to cause obesity.

Providing healthy and sustainable food in hospitals can have positive knock-on social impacts too. Local and seasonal food can have significant environmental benefits, while local procurement and employment provide social and economic benefits.



1.2 The current situation with hospital food

There are a complex array of mandatory food policies and legal obligations in the hospital environment, which further differ across England, Scotland, Wales and Northern Ireland.

At its simplest, hospital food procurement and provision is largely governed by the requirements set out in the NHS Standard Contract. This sets out five basic standards around nutrition and hydration, healthier eating and environmentally sustainable procurement.

In theory, Clinical Commissioning Groups (CCGs) have the power to enforce compliance with the five standards, but the monitoring mechanisms are unclear and no hospital has yet been rebuked for failing to adhere.

Taking the Pulse of Hospital Food, the Campaign for Better Hospital Food's report into the current state of hospital food, using London as a test case, found that half of all hospitals had not met all of the five basic standards required by the NHS Standard Contract. Staff were found by the report to be eating better food than patients but there is still very little healthy food available to them 24-hours, with high fat, sugar and salt (HFSS) snack foods (in vending machines) the main offer.

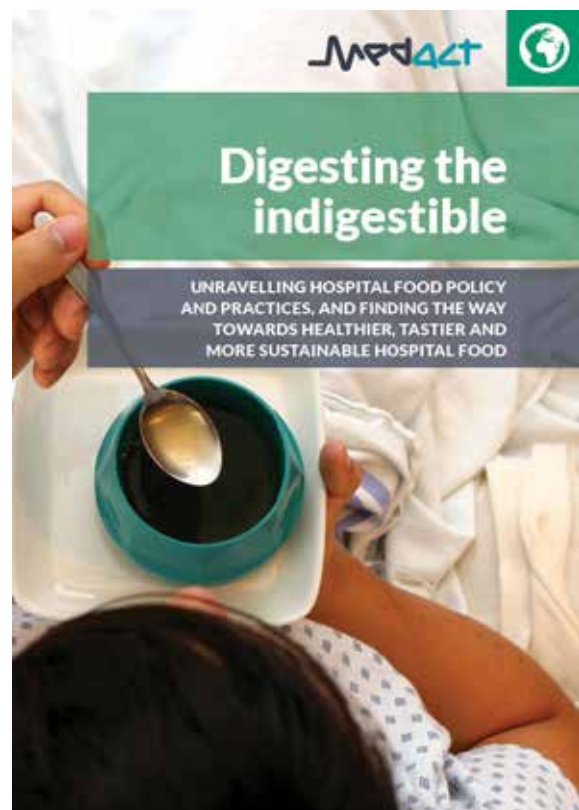
According to the Hospital Caterers Association, provision of food to patients, staff and visitors is currently split equally between in-house NHS caterers and external private providers (HCA, 2016), although the Taking the Pulse report found that in London there were differences between patient and staff catering, with 77% of hospitals cooking food fresh on site for staff, and 30% doing so for patients.

The simplest external arrangement involves hospitals renting out space to private companies who can then sell their products via canteens, vending machines or on-site shops to patients, staff and visitors.

There are however more complex arrangements with private companies and consortiums, where the provision of hospital food is fixed via long term contracts that may also cover the provision of other services to the hospital.

Please see the following accompanying report for a more detailed overview of the current influences and processes that shape the procurement and provision of food and drink in hospitals:

**“Digesting the indigestible:
Unravelling hospital food policy”.**



available at medact.org/reports

1.3 A toolkit for action

This toolkit aims to provide a simple guide to help the user identify the initial steps to setting up a campaign to improve hospital food procurement and provision for patients, staff and/or visitors. It is split into five key sections:



The basics for campaigning around hospital food

Promoting more plant-based nutrition



Improving patient food

Calling for a more supportive policy environment



Better staff and visitor food (including retail)

The first section sets out how to start the process, identify and develop your aims and goals, and engage and inspire stakeholders. Sections two to four offer guidance around specific campaign ideas including the policy levers, tools or resources that might help. The final section looks more holistically at ideas to strengthen overall hospital food standards.

If you make the decision to campaign to improve hospital food, there is a strong network of committed organisations and campaign groups at a regional and national level who can provide support and guidance. This network (including Medact, the Campaign for Better Hospital Food, Soil Association, UNISON, and the Hospital Caterers Association) can offer you free support and ideas, make connections, signpost, raise the media profile of a campaign, run workshops and so on.

The system is complex but that should not be a barrier to getting stuck in. You have experience and expertise to contribute that others do not. You might not know the exact date a procurement contract was signed, or by who, but if the food looks unappetising and you see patients not eating it, there is a value to that knowledge that cannot be undermined.

This document is by no means exhaustive – it is an iterative process. This toolkit will continue to grow and expand and we really welcome your feedback for further case studies.

2. The basics for campaigning around hospital food



2.1. Understand the food landscape in your hospital

As already touched upon, the hospital food environment is complex and varies from hospital to hospital and even within hospitals.

For example, patient food, staff food and retail may all be managed by different companies or under different contracts. Before trying to change anything it is important to fully understand the landscape of your hospital. Who the key stakeholders are in the decision-making and who is in charge of what? Do not be put off by this complexity. Change is possible and swift if you get it right at the outset.



CASE STUDY A

Campaign for Better Hospital Food

Change achieved quickly and effectively – CQUIN Campaign for Better Hospital food led a campaign (with support from Medact, UNISON, CASH and Soil Association) to put pressure on commercial retailers in hospitals to comply with NHS England's CQUIN targets around High Fat Salt and Sugar foods (which are not legally binding). CBHF met with NHS England in advance to discuss the tactic of putting behind the scenes pressure on retailers.

Letters were sent to the retailers raising the concerns. CBHF published a 'naming and shaming' league table, and the resulting rankings helped force retailers to further commit to meeting CQUIN targets in order to move up the ranking table.

The campaign received a significant amount of media coverage, including in the mainstream press (ITV, Times, Daily Mail).



As a first step, map out the hospital food environment and all the people involved. Here are some things to think about in this mapping exercise:

1. What is your Trust's food and drink strategy and what does it cover?
2. Who provides the food services?
3. Who manages these contracts? (N.B. It is often Estates and Facilities Professionals)
4. Are they in-house or private?
5. Who manages these contracts? (N.B. It is often Estates and Facilities Professionals)



Figure 1: Example mapping exercise 1 (Source: Medact, 2017)

2.2. Recruit your team

With a clear idea of the hospital landscape, build a small network of people that are interested in improving hospital food too – your campaign team. It may be beneficial to give people specific roles and responsibilities at this stage. While these are likely to be informal, here are some suggested roles that different individuals could take the lead on:

- Communications and social media
- Research
- Secretary and process
- Events
- Stakeholder engagement

In any timeline/action plan, think about dividing your goal into several smaller steps that may be more easily reached e.g. target one area at a time i.e. café or vending machines.

What might 'success' look like? In 1 year? In 5 years? In 10 years? Think of concrete criteria to measure your progress.

Do you want this to be a public campaign or more inward facing? Successful campaigns typically have both elements. A general golden rule is that if your engagement (inside track) is going well, your public actions (outside track) e.g. social media, should reflect this.

Look around, is there a hospital nearby that is doing things differently that you can learn from, and compare your food service provision to? From your developed idea, select some key messages you want to get across to stakeholders. You need to know the full plan but all your stakeholders don't. These messages should be very specific/focused on the 'asks'. There cannot be too many concerns and too many messages, so keep them simple. It may help you to put together a short 'elevator pitch'.

2.3. Identify and develop your goal / idea for change

With a clear idea of your hospital food landscape and a small team in place, identify what you are concerned about and the change you want to see. Set out your ask or concern very clearly and be precise about what you want. The more specifically a goal or idea is defined, the greater the chances of success.

Here are some things to think about:

What is it you want to accomplish?
Define the 'change' - how much or how many?
Why do you want to achieve this?
Who needs to be involved?
What constraints might you be up against?
When will you do it?

An elevator pitch:

An elevator pitch is a brief, persuasive speech that you can use to spark interest in a project or idea. A good elevator pitch should last no longer than 20 or 30 seconds, hence the name. It should be interesting, memorable, succinct and persuasive. It can take some time to get your pitch right. You'll likely go through several versions before finding one that sounds compelling and natural. After you've clearly defined your big idea try to create a 20 to 30 second elevator pitch that clearly sets out the goal and gives people a reason to believe in it.

2.4. Engage and inspire your key stakeholders

Stakeholder engagement can take some time and should be started as soon as possible. Before you start, really try to think about how you're going to build constructive conversations with key decision-makers who are likely to be under significant amounts of pressure - with large waiting lists, reduced funding and low staff morale.

'Walk in their shoes' as much as possible before engaging them. Empathise with the pressures they may face and think about what their priorities might be. Where might you find common ground or give them 'reasons to believe'?

Reasons to believe:

- Healthy and sustainable diets could save the NHS billions (see accompanying 'Fact pack 1' for compelling statistics to leave with stakeholders).
- Hospitals should be leading by example in promoting healthy and sustainable food, rather than food that is driving chronic diseases which are in turn burdening the NHS.
- As well as significant financial incentives, healthy and sustainable diets have the potential to provide broader benefits; patient health, improved reputation of the hospital, boosting the local economy, reducing the environmental impact of the hospital.
- Other hospitals are doing similar things (the peer pressure ploy!)
- Suggested changes can be introduced incrementally.



Lobbying is an art and you should go into meetings with an open and approachable attitude.

Don't patronise stakeholders with ideology, overwhelm them with facts and quotes, or challenge their values. It is very important that the initial meeting is two-way and an attempt to find common ground.

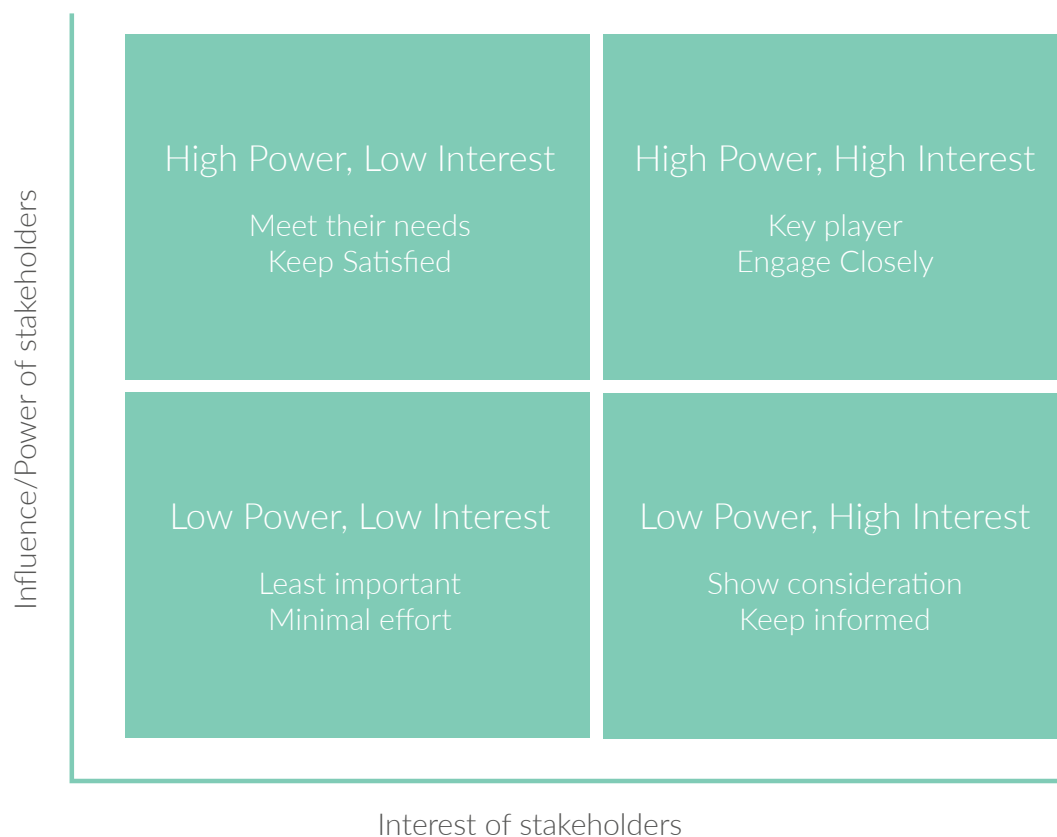
You should be actively listening and building rapport. Set out your idea clearly and succinctly (potentially with an elevator pitch), identify the stakeholder's levels of interest and commitment and then allow them to highlight any concerns.

Build up a picture of the barriers and facilitators to change and get their advice on how to approach the problem - this should keep them engaged and stop any negativity that you are 'parachuting' in.

After the initial meeting, it may help to do a little more analysis to better understand how to engage different groups of stakeholders on an on-going basis.

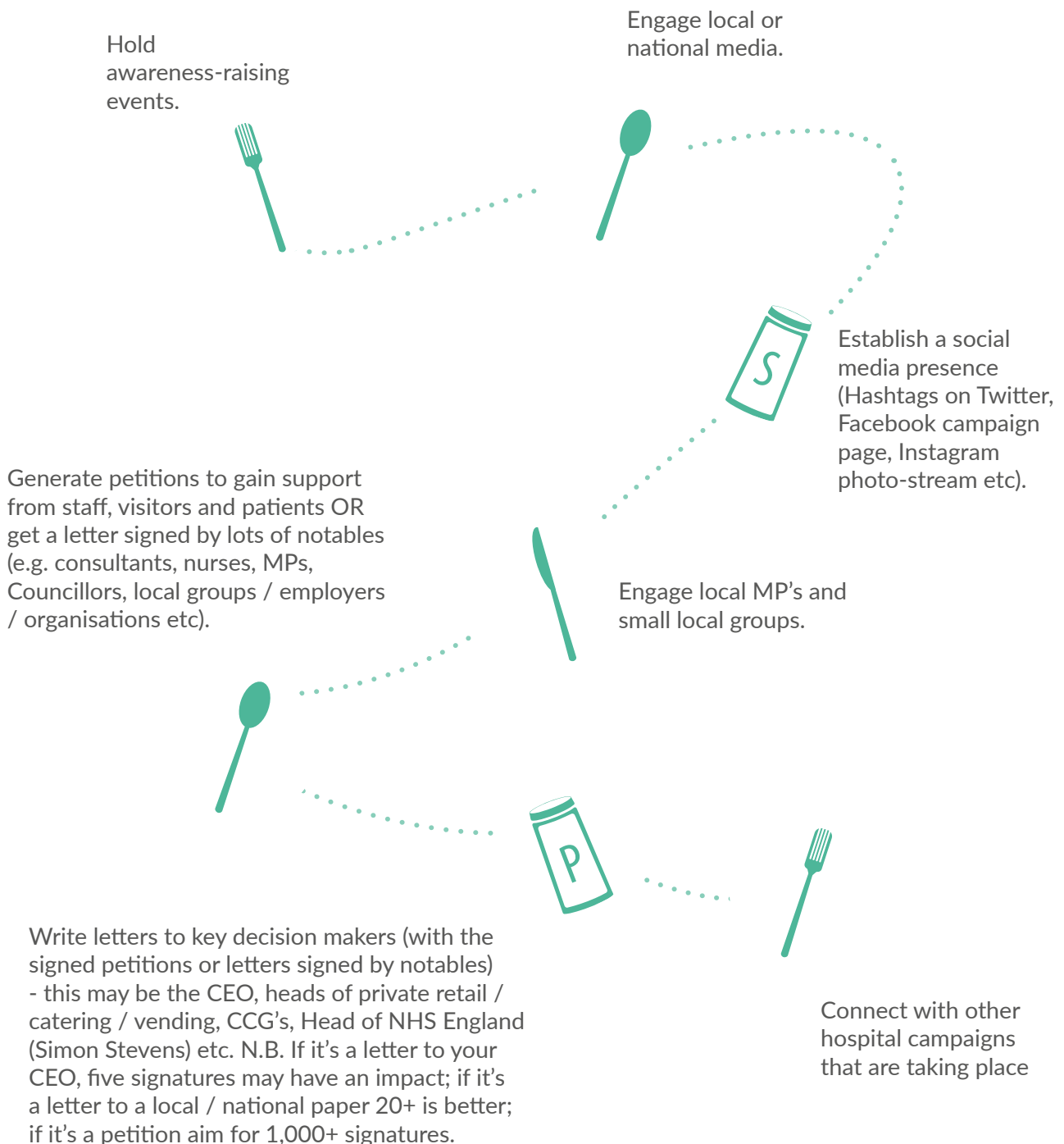
Stakeholder analysis:

- Power – How much influence will stakeholder X have over the project/idea?
- Can they help to move it forward or stop it in its tracks?
- Interest – How much interest did stakeholder X have in the project/idea. Will it be beneficial to them for example?
- For every stakeholder you have engaged, plot them on a power/interest grid like the one set out below. This should help you start thinking about the stakeholders in a slightly different way and the different ways you will need to engage them, as the project progresses, to build good and strong relationships.



2.5. Start acting!

Once you have started the engagement process you can also start acting. Here are some ideas of what you can do to get started:



3. Ideas for improving patient food



3.1. Calling for an improvement in patient food

This section looks in detail at how you might develop a campaign to improve patient food in your hospital. Problems could be: the quality of food, the choice available, portion sizes, the way the food is served, missed meal options, failure to provide for specific dietary requirements, the distance of the kitchen to the bedside, understaffing on wards, underfunded catering departments and so on.

Making the arguments:

- It is crucial that food is both nutritious and appealing. Malnutrition increases a patient's length of stay in hospital and can slow wound healing and recovery rates.
- Unappetising food and excessive portion size can lead to increased food waste, which has both financial and environmental implications.
- People will struggle to transition into habits supporting better micronutrient intakes, if the hospitals they are treated in are not setting an example.

3.1.1. Possible initial actions

Encourage patients to record their opinions: either through ward feedback forms, writing to Patient Advice and Liaison Services (PALS) or even writing to the CCG (if other measures are going unanswered). Consider a 'mystery shopper' survey – for example the Royal Liverpool University Hospital conducts random 'mystery shopper' surveys on patients every month to gauge how the food service is doing. Build an evidence base: set up a project to measure food waste and use this as a tool to demonstrate the financial argument for improving the food. Speak

to WRAP – Love Food Hate Waste - for ideas on how to engage front line staff.

Build a public campaign: if multiple attempts to improve the situation via the inside track have failed, take footage of the hospital food / create a forum where people can upload photos of their meals. This could be a very antagonistic move (and could put the decision-makers on the defensive) so this 'public shaming' should only come as a last resort. Set up a petition and ask patients and staff to sign it, write to the CCG, get in contact with the local media, create a social media presence and engage local / national charity and campaigning groups.

3.2. Campaigning to have food freshly prepared for patients (either preventing a kitchen from closing or arguing to reinstate a kitchen)

All over the country, hospital kitchens are closing or have closed. There is a growing trend to outsource catering for shortsighted cost-saving measures. For example, staff at Salford Royal have been told the trust would need to spend £2.8m refurbishing the kitchens if it they were to carry on preparing food on site, compared to a £1.5m modification to serve ready meals. There are many obvious benefits to keeping kitchens open to prepare fresh food on-site.

Making the arguments:

- Food prepared from scratch can improve patient satisfaction (and their health outcomes) by ensuring it is both nutritious and appealing to them.
- Freshly preparing food allows for a more flexible meal service that can cater to patients varying needs.
- Preparing food on site can have social and economic benefits through local procurement and employment

CASE STUDY B

Nottingham University Hospitals NHS Trust

Nottingham University Hospital (NUH) is the first NHS trust to achieve the Soil Association's Gold Food for Life Catering Mark for serving fresh, healthy meals - made with local, seasonal and organic ingredients.

The Gold Catering Mark means that at least 15% of total ingredient spend is on organic ingredients, and that menus make use of ingredients produced locally and in the UK. 77% of NUH's raw ingredient spend is now on local ingredients. Meat, fresh produce, bakery products and milk are all sourced locally, ensuring security for local suppliers and helping the local economy. Switching to local suppliers has been cost neutral and allowed the Trust to invest £2m per year in local sustainable businesses. For every £1 spent on food it is said to provide £3 in social value in return, largely due to generating new contracts and jobs for local food producers.

Sourcing organic and free-range produce also provides environmental benefits and ensures the highest possible standards of animal welfare.

Although there have been cost implications to these changes, the team have worked hard to mitigate these increases. For example; the cost increases of using organic milk have been offset by a new system to reduce food waste.

This means that NUH is able to supply patients, staff and visitors with high quality meals at an ingredient cost price of £4.53 per patient per day - this includes breakfast, lunch, supper, snacks and seven beverages each day. NUH operates below the national average for patient day costs (see Medact, 2017; Appendix 8 for more details).



CASE STUDY C

North Bristol NHS Trust

Catering managers across North Bristol NHS Trust worked with their existing wholesalers to source food within a 50-mile radius wherever possible.

The wholesalers were invaluable in finding local producers who were able to deal with many of the contract and accreditation requirements.

“Our patients now experience locally sourced food which is not only seasonal but is also very tasty, and has all the best nutrients to get them on the road to recovery. Our project shows that it is possible to make significant changes to

local food by commitment, careful planning and a bit of enthusiasm.”

Gary Wilkins, Catering Manager,
North Bristol NHS Trust.

Patient satisfaction with hospital food has increased so much that the Trust is now looking to progress from the Bronze to the Silver Award for the Food for Life Catering Mark.

For more information contact:
Gary Wilkins, Catering Manager,
North Bristol NHS Trust on
gary.wilkins@nbt.nhs.uk or on
0117 340 65 68



3.2.1 Policy levers that may help (see Appendix 1 for more details on these policies):

Social Value Act (2012)
Food for Life Catering Mark
Sustainable Development Management Plan

3.2.2 Possible actions for keeping a hospital kitchen open:

- Engage with the local UNISON group as well as Medact and the Campaign for Better Hospital Food.
- Get staff and patients to sign a petition.
- Use a template to write to the CCG and CEO – examples of letters can be found [here](#)
- Engage your local MP.
- Engage local media.
- Set up an event / panel discussion and invite speakers from both sides i.e. CEO or someone in favour of closing the kitchen and a person involved in campaigning against this.



3.2.3. Possible actions for reinstating a hospital kitchen or central cooking point:

- Identify when the contract is going to come to an end as this will give you an idea of the lead-in time. N.B. Nottingham University Hospital actually bought out their previous contract early.
- Identify dissatisfaction with the current meal service using the methods mentioned earlier in this section
- Put a case together and write to your CEO and CCG (get as many signatures together as possible).
- Set up an event to discuss the reasons for reinstating a kitchen. The Soil Association may be good to involve in this as they can help make the case for local procurement and provide a lever with the Food for Life Catering Mark. 40+ hospitals are already successfully involved with this framework – other hospitals are doing it (peer pressure ploy) and it is working.

3.2.4. Other ideas if neither of the above are possible:

Sometimes preventing closure or reinstating a hospital kitchen might not be an option. Under these circumstances, there are still positive changes that can be made to improve hospital food for patients, as is demonstrated at the Royal Liverpool Hospital.



CASE STUDY D

Royal Liverpool University Hospital

The RLUH does not have a kitchen for patient meals but operates a plated frozen-to-oven basis. While the food is not as fresh, it does mean a far wider choice of dishes are available (there are 20 menus to choose from) and there is significantly reduced food waste. The savings made means more expenditure goes on the ward host service, which ensures patients get a much better and more personal service with hosts interacting with patients, checking they've eaten, providing alternatives, helping more vulnerable patients to eat their meal etc.

These hosts are recruited locally so it maintains the social value aspect. Patient satisfaction levels are very high. Changes to the tendering contract also meant that a requirement was included to the contract caterers to actively source more local products



4. Ideas for better staff & visitor food (including retail)



4.1. Reducing or preventing the sale of high fat, salt and sugar (HFSS) foods

Generally, diets in the UK are too high in salt, fat, sugar. The sale of HFSS foods in hospitals can take place in vending machines, retail, canteens or cafes. When it comes to campaigning, the big issue here is that most retail / vending has been contracted out to external retailers, and very rarely have any specific guidelines been included in those very long-term contracts. This is where the value of having a Food and Drink Strategy comes in, as you can use the Food and Drink Strategy as a bargaining tool with onsite retailers.

Making the arguments:

- Poor diet is the number one driver of poor health in England. The NHS has an important role in promoting healthy and sustainable food, rather than food that is driving chronic diseases which are in turn burdening the NHS
- Hardworking staff need to be well nourished to operate effectively. Failure to tackle the issue of staff well-being may translate into poorer outcomes for patients.

4.1.1. Policy levers that may help (see Appendix 1 for more details on these policies):

CQUIN 2016/17

CQUIN 2017/19

Government Buying Standards (best practice) – not mandatory

Five Year Forward View

It is worth noting, whilst the latest CQUIN targets are an important first step, they only target part of the problem i.e. the promotion and positioning of HFSS and the sale of sugar sweetened drinks, confectionaries over 250kcal, and packaged meals. These guidelines still allow for the sale of most chocolate bars and savoury snacks albeit in reduced amounts.

4.1.2. Possible actions:

- If CQUIN targets are not being met – can you find out why? Perhaps via the CEO / Estates and Facilities (this may be due to private retail contracts). Given the nature of the CQUIN, the emphasis must be that the managers of hospital food are missing out on a financial opportunity.
- Put pressure on the private retailers - public shaming of a private retailer could be very effective in this context. Write a letter to the CEO of the company, the local franchise and Head of NHS England Simon Stevens. Obtain as many signatures as possible, including the hospital CEO. Involve local or even national media. Highlight that non-compliance can have financial implications for the hospital.

4.2. Further improvements to vending, retail and catering

If CQUIN requirements are being met, identify what you specifically want to target i.e. stopping the sale of 'grab bags' of crisps, improving healthy options in vending machines, changing positioning or availability of other HFSS foods etc. As with the previous point, the retail and vending in particular are likely to be under control of private companies and these are often franchise models – where the power is held at the top rather than in the individual chains. It is worth finding out when contracts are coming to an end – if it's soon you could build up a case to call for healthier alternatives.

Once your target has been identified, again gather support from other staff and visitors. Try and gather as much senior support as possible (as above re: writing to retailers etc).

4.2.1. Healthier vending machines:

For vending machines there are voluntary [guidelines](#) for healthier vending created by the

Sugar Smart Campaign in Brighton, but generally you will need to kick up a fuss to create change. Again you can petition, put up posters around the machines, find out when contracts are coming up and apply pressure, look for healthier alternatives in vending options that provide meals / real food / fresh fruit / healthy and organic snacks and drinks etc.

4.2.2. 'Nudges' at canteens / cafes:

Encourage and support canteens / cafes to make some simple / easy changes to 'nudge' people to make behavioural changes. Nudges and the psychology of behavioural change can be used to influence what people choose, and how much they eat, just by adjusting things like portion size, descriptions, presentation, and the way a food outlet is laid out. This research report ([Designed with health in mind](#)) pulls together the top psychological tools and nudges that can be used to promote healthier choices in foodservice to create a blueprint of best practice to guide and drive the industry.

Get participating canteens / cafes to monitor impacts or changes.



Figure 3: Example 'nudge' idea – Designed with Health in Mind

4.2.3. Ensuring there is 24-hour access to healthy food:

There is usually 24hr access of some kind in hospitals but it is rarely healthy. Most visitor / staff canteens shut early, leaving the retail operators and vending as the only choice. Why not ask for the installation of a soup dispenser (e.g. Covent Garden do one).

Also ensure there is a space somewhere nearby for staff to make / heat up their own meals. This should already be in place, as part of the 2016/17 CQUIN target. If it is not, then as with the breaching of other CQUIN targets, it is worth identifying why not. Then obtain signatures to call for healthier options – this offers a good leverage point for improving vending / outlining what you would like to see on offer. Think about a water fountain too – can a water fountain be installed on each floor?

4.2.4. Challenging cake sales in hospitals:

Identify alternatives such as second-hand book sales, healthy salad / snack sales or non-sale alternatives of raising money. Write a blog to be circulated around in hospital internal comms highlighting why you want to challenge this culture. Also, suggest having a fruit and vegetable stall in the immediate vicinity if possible – these are available at several Liverpool hospitals and they are incredibly popular with staff and visitors.

4.2.5. Encouraging patients to provide a healthier “thankyou” to staff on wards:

Put up a poster on the ward / in the waiting room, asking patients to bring in alternative healthy snacks as a thank-you (i.e. fruit, dried fruit, nuts etc) instead of chocolate.





5. Ideas for promoting more plant-based nutrition

“Public health and climate change dietary goals are in broad alignment with the largest results in both domains occurring when consumption of meat and dairy products are reduced”

Scarborough et al. 2012

Generally, diets in the UK are too low in fruit and vegetables and fibre and too high in salt, fat, sugar and protein. Making hospital environments more promoting of plant-based diets can benefit immediate health, whilst also reducing environmental impact.

Making the arguments:

- In the UK, men exceed daily protein recommendations by 55% on average, and women by 45%.
- Hospitals can and should have an important role in promoting diets that are protective of both immediate health, but also the health of the environment, on which human health relies.
- Plant-based nutrition can lead to shiny hair, strong nails, nice skin etc! Keep the message positive and upbeat - people respond better to this than they do to finger-wagging.
- There is now evidence to show that the overuse of antibiotics in livestock farming is contributing to antibiotic resistance in humans. As such there is a strong argument for not just less meat, but also better quality meat, that has been produced using minimal quantities of antibiotics.

(See accompanying ‘Fact pack 2’ for compelling statistics to leave with stakeholders).

MYTHBUSTER!

Except for Vitamin B12 and Vitamin D, plant-based foods contain ALL the micronutrients your body requires to function optimally and remain healthy.

A study conducted by WWF and the Food Ethics Council looking at more sustainable catering showed that some caterers have successfully introduced menu changes like red-meat or wholly meat free Mondays and reformulated dishes to reduce the meat content. This kept contract costs down, enabled people to eat more healthily, and contributed to reduced greenhouse gas emissions.

There are currently no real policy levers to support this, however there are a number of supportive schemes and strong arguments for change. These schemes are:

- Forward Food is an initiative run by the Humane Society. They offer free courses for catering teams to help catering. The practical course helps caterers learn new plant-based recipes and think about how best to present and promote them. Caterers can pledge to reduce procurement of animal sourced foods by 20% over 12 months. This scheme is well established in hospitals in the USA and is now being trialled with caterers in the UK. Email: ctarry@hsi.org
- Meat Free Mondays is a campaign where one day a week no meat or fish are served by caterers. It can be run by organisations as a tool to raise awareness about the need to move to more plant-based diets. The campaign provides resources and support to set up the campaign. Email: suzanne@meatfreemondays.com

CASE STUDY E

Meat Free Mondays at University College London (UCL) – learnings and reflections from another institution

A motion was passed through the union council by two individuals mandating the promotion of Meat Free Monday's in UCL Union cafes, including the discounting of vegetarian food by 15%. It was agreed there would be a 4-month 'promotional phase' and then a trial period of 2 months when meat would not be served.

During the 'promotional period' a number of activities were carried out:

1. Articles were written for the student media
2. Stalls were set-up in the Union cafes every Monday - run by volunteers (recruited from other 'eco' groups on campus) giving free vegetarian food away
3. Door knocking was undertaken in halls of residence to talk about the concept of Meat Free Mondays
4. A talk was given in the canteen
5. Caterers made one of the sections permanently vegetarian



CASE STUDY E

Meat Free Mondays at University College London (UCL) – learnings and reflections from another institution

Meat Free Monday's then become a staple part of union policy, but campaigning stopped and the policy was eventually repealed around a year later.

The Learnings:

1. It is very important to have a solid campaigning period / build up before any tangible actions are undertaken – this worked really well in this case study. However, it is also pivotal the campaigning continues when the intervention is in place. It's really important to keep reminding and educating people about why the policy exists e.g. through film screenings, updating posters with new statistics, news articles, writing articles etc.
2. The free vegetarian food worked well – it allowed people to engage and try free food to help them overcome misconceptions about taste. The 15% subsidy also worked well with clear stickers / signage.
3. It is important to make really eye-catching posters / leaflets, particularly if there is a poster blindness culture. Potentially have staff hand them out as people buy a meal and make them really positive to make people feel good about choosing vegetarian options over meat options.



- Soil Association Food For Life Served Here Award (Silver and Gold) – This award is a more holistic scheme that looks at improving the wider health and sustainability of hospital food procurement. There are three award levels (Bronze, Silver and Gold). At the Silver and Gold level, caterers can gain points by having meat free days / reducing meat content etc. This scheme would require the hospital to first achieve Bronze and does incur a financial cost. See the policy lever / supportive schemes section for more information.
- IntoLife is an organisation working with catering companies to measure and reduce the carbon footprint of menus (again there would be a charge to bring this company in). N.B. if the hospital is using a large-scale catering company it may be better to build pressure back to the top of the company to bring in IntoLife (or Humane Society to look at supporting more plant-based alternatives).

5.1.1. Areas to target:

Staff and visitor catering is likely to be easier to change, especially if it is in-house and / or the cooking is from scratch on-site. An alternative could be targeting catering for events. For example working on setting up a policy where events have at least 50% plant-based options.

5.1.2. Persuasion points:

- Cost – plant based protein / meals are no more expensive than animal based protein / meals. Work by Sodexo / WWF

has proved that sustainable eating need not come at a premium, as the Green & Lean meals they developed cost no more to produce than the meals on which they were based.

- Health – increased fruit / vegetable intake and high fibre sources of protein e.g. beans / pulses aligns with national dietary guidelines (see the Eatwell Guide). With respect to environmental sustainability, The Eatwell Guide recommends alternative protein sources such as beans and pulses, which harbour markedly reduced environmental impacts when compared to the farming of meat. The Guide specifically recommends reduced consumption of red and processed meat (but not meat overall), a position informed by health and not sustainability reasons. The recommended proportion of dietary intake of dairy has almost halved from 15% to 8%, and this section also now includes non-dairy alternatives such as soya. Plant-based foods, including starchy foods and fruits and vegetables, are given greater prominence in the overall depiction of a balanced diet. Together, these revisions to the Eatwell Plate have resulted in the Carbon Trust stating that adhering to the diet outlined by the Eatwell Guide would result in appreciably lower environmental impacts than the current UK diet (The Carbon Trust, 2016).
- Antibiotic resistance – antibiotic use in livestock farming is driving up levels of antibiotic resistance, leading to new 'superbugs'. Farmers need to dramatically cut the amount of antibiotics used in farming livestock, because of the threat to human health and antimicrobial resistance. We should be buying more expensive but better quality meat from systems less reliant on antibiotics.

CASE STUDY F

Sodexo / WWF

Sodexo is one of the world's largest contract caterers, with operations in over 80 countries across the globe. In the UK alone, Sodexo serves a million meals a day in places such as schools, hospitals, prisons, army barracks and workplace canteens.

Since 2010, Sodexo has partnered with the World Wildlife Fund (WWF) to reduce the impact of their business on the environment. One area of focus has been working to reformulate popular meat dishes (such as Beef Lasagne, Fishcakes and Chicken Curry) so that they are both healthier and more sustainable.

Sodexo are currently piloting a range of 'Green & Lean' meals with eight independent schools sector clients in the UK. The meals follow 10 simple principles that make them more nutritious and better for the environment. Meat still plays an important role in many of the dishes, but it is not always the star of the show. Instead, they have focused on substituting some of the meat with low-carbon, nutritious alternatives such as vegetables and pulses, as well as using wholegrains rather than refined grains, minimising levels of salt and sugar, and sourcing certified meat and fish.

One major obstacle to embedding sustainability within catering practices is cost. Companies are driven by profitability, and it is frequently assumed that sourcing food with a sustainable provenance will significantly drive up costs. However, the Sodexo-WWF partnership have demonstrated how it's possible to make a strong business case for sustainable meal choices based around revenue growth, profitability and supply chain resilience. Their work has proved that sustainable eating need not come at a premium, as the Green & Lean meals they developed cost no more to produce than the meals on which they were based.

For more information on what they did, see this [report](#).



CASE STUDY F

Meat Free Mondays at University College London (UCL) – learnings and reflections from another institution

KEY FACTS - The multiple benefits of sustainable purchasing:

Sourcing differently may reduce the environmental, economic and health impacts of the NHS's food supply network. Studies show that:

1. Conventional farming adds 12% in environmental costs to the price of an average British food basket, whereas organic, locally produced food adds only 1.3% (Pretty 2001; Pretty and Lang 2005)
2. If all farms in the UK became organic, then the environmental costs of agriculture would fall from £1.5bn to less than £400m, saving the country £1.1bn annually (Pretty 2001; Pretty and Lang 2005)
3. Local supply infrastructures dependent on diverse suppliers support stronger local economies. A New Economics Foundation (NEF) study found that every £10 spent with a Cornish vegetable box scheme was worth £25 for the local area compared with £14 when the same amount was spent in a supermarket (Jones 2001)
4. If UK consumers sourced all their food from within a 20km radius, then environmental and congestion costs would fall from over £2.3bn to under £230m, saving £2.1bn (Pretty 2001; Pretty and Lang 2005).

5.1.3. Options:

- Embed plant-based nutrition in the Food and Drink Strategy
- Put a compelling argument together and present it to the CEO / catering (again after gaining support from peers)
- Run an awareness-raising event / programme e.g. see if there's an opportunity to grow vegetables in the hospital or in connection with a local GP surgery. The Lambeth GP Food Co-operative is an inspiring example of a health care provider that has holistically linked together patient health, sustainable food production and community engagement, and the scheme has received a lot of media coverage.



The background of the slide is a photograph of a cafeteria food service line. In the foreground, there are black trays containing food. One tray on the left has bright yellow, sliced fruit, possibly mango. Another tray in the lower right contains a brown, crumbly mixture, likely oatmeal or a snack mix, with some dark spots. In the background, there are more trays, including one with a light green liquid, possibly a smoothie or soup. The overall scene is a typical school or institutional food service area.

6. Calling for a more supportive policy environment

6.1. Calling for a more supportive policy environment

Making the arguments:

So far the suggested campaigning areas have been targeted at improving specific narrow areas within the hospital. However for more sustained lasting change there needs to be an improvement and strengthening in hospital standards. There is also the option of looking at the whole hospital food environment.

Improving the overall hospital food environment
The Soil Association run a Hospital Leaders programme, which encourages innovation and a whole settings approach to improve hospital food. Their services will incur a large financial fee but it is still worth calling them to see how best to put together an argument for bringing them in.

There is no single path to sustainable catering and procurement, and there are many elements that create a sustainable food system in a hospital. Here are three possible models to use as start points.

The health protection model - This model really focuses on the purchasing. Contract specifications would rely on assurance schemes restricting pesticide and antibiotic use for crops and livestock as these are detrimental to human health. Seasonal menus could be developed to indirectly promote local procurement, with the aim of reducing food miles and air pollution and related respiratory disease. There could also be specifications for prepared and processed foods with low levels of saturated fat, salt, sugar, and specified levels and types of added water, proteins, starches and additives.

The healthy menu model – This model focuses on catering, and developing new menus for retail and patient services that offer a range of foods containing low levels of saturated fat, salt, sugar and additives.

It would integrate seasonality into menu design to encourage fruit and vegetable consumption, and to lower the cost of purchasing fresh ingredients.

It would open up vending machine contracts to offer customers healthy snack options. It would emphasise protected meal times for patients to ensure weak patients were fed, encourage staff to take meals, and make healthy food available to night staff. This model would not necessarily promote local procurement, or food grown in a more environmentally benign way, but it would encourage better diets.

A health-promoting supply chain model – This model would look at opening public sector contracts to a wider range of small and medium-sized businesses, and suppliers of organic, local or Fairtrade products. It would divide large contracts into lots or develop new second- and third-tier suppliers for existing distributors. Trusts may partner together, or with local authorities, or work through regional consortia, to develop new, secure, local supply chains. The model would include existing statutory or industry standards on environmental issues in the selection criteria for contract bidders. The model could promote local suppliers and particular assurance schemes, and could encourage environmentally responsible contractors, but would not affect menu choices and food quality.

Improving and strengthening the hospital food standards

- Gather opinions from those in charge of implementing the current standards (it is often reported that these are confusing and difficult to implement). Present the arguments to the CEO and encourage them to write to NHS England calling for more succinct / clearer guidelines.
- Ask the CEO to write to NHS England asking for more support in targeting the private retail environment in hospitals e.g. stronger CQUIN or policy asks to hold private retail to account.
- Involve your local NHS CCG in producing policies to use in the catering tenders as a lever to encourage best practice.

7. CQUIN

A system for hospitals to demonstrate improvements in quality and innovation

7.1.1. CQUIN

A system for hospitals to demonstrate improvements in quality and innovation

Commissioning for Quality and Innovation (CQUIN) is a system that was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of the health care service. There are both national and local CQUIN's.

A staff health and wellbeing national CQUIN has been running since 2016 and will continue until 2019. The below table specifies what must be achieved (and then maintained) and by when.

Target	April 2017	April 2018	April 2019
Sale of HFSS foods at till point	Complete ban	Ongoing	Ongoing
Price promotion of HFSS foods	Complete ban	Ongoing	Ongoing
Advertising HFSS	Complete ban	Ongoing	Ongoing
24 hour access to healthy food for staff	Must be available	Ongoing	Ongoing
Sugary drinks		70% drinks must be sugar free <5g/100ml (<10g/100ml for milk based drinks)	Increases to 80%
Confectionary & Sweets		60% do not exceed 250kcal	Increases to 80%
Pre-packaged meals		60% do not exceed 400kcal per serving & 5g saturated fat/100g	Increases to 75%

7.1.2. Five Years Forward View

This paper was published in 2014 and sets out how the NHS needs to evolve to cope with increasing pressures and widening gaps in health and wellbeing; and the quality of care and finances. It had a major focus on prevention and in particular making the NHS a health promoting exemplar. A good overview by the Soil Association can be found [here](#). This paper can provide strength to any arguments calling for improvements in the hospital food environment.

7.1.3. Food for Life Served Here award

The Food for Life Served Here Award is an independent endorsement, backed by annual inspections, for food providers who are taking steps to improve the food they serve.

The aim of the scheme is to encourage and reward caterers who:

- serve fresh food
- source environmentally sustainable and ethical food
- make healthy eating easy
- champion local food producers

How can it be used to help support in-house catering and local sourcing?

To get an award food must be prepared on site or in a Central Production Unit (CPU) – by putting into a tender or persuading the CEO / Estates and Facilities that you should be going for an award, this can help protect hospital kitchens.

The Food for Life awards require a certain percentage of food to be sourced locally – which can provide social value and make a strong argument for having an award.

How can it be used to support more plant based eating?

With Silver and Gold - Caterers can select this option as a way to gain points on Making Healthy Eating Easy

The options are:

- Reducing meat
- Having one or more meat-free day each week of a menu cycle (meat cannot be replaced with fish or cheese)
- A non-meat dish being the main option for >20% of the menu (excluding the dessert). This must be above the normal vegetarian offering
- Serving meat in moderation (at least two of the following are required)
 - Reduce the meat used in some dishes (cannot be replaced with cheese or fish)
 - Reduce the total amount of meat and meat products used each week
 - Actively promote non-meat dishes

7.1.4. Government Buying Standards (Best Practice)

All hospitals must comply with the mandatory Government Buying Standards when procuring food. These provide basic standards around health, sustainability and ethics. The mandatory Government Buying Standards do not have any standards that relate to / limit the provision of HFSS.

The Best Practice standards are optional, for those hospitals wishing to further improve the health and sustainability of their procurement. These provide guidance on HFSS. Although much of this is similar to the new 2017/18 CQUIN these standards still go further. Below are the criteria, which are highlighted in bold where they go beyond the CQUIN.

- Savoury snacks are only available in packet sizes of 30g or less.
- Confectionery and packet sweet snacks are in the smallest standard single serve portion size available within the market and do not exceed 250kcal – (NB better than the CQUIN as it applies to all confectionary not just a proportion).
- All sugar-sweetened beverages to be no more than 330ml pack size and no more than 20% of beverages (procured by volume) may be sugar sweetened. No less than 80% of beverages (procured by volume) may be low calorie/no added

7.1.5. Public Services (Social Value Act)

This act came into force in 2013. It requires those who commission public services to consider how their procurement could secure wider social, economic and environmental benefits. In particular, to the community that they serve. This act can be used to make the argument for in-house catering and local procurement, in order to provide social and economic gains.

7.1.6. Sustainable Development Management Plans

All NHS Trusts must develop and regularly update a SDMP to demonstrate how they are improving the sustainability of their services and reducing their carbon footprint.

The SDMP's offer a good opportunity to improve food. For example targets can be set around reducing food waste or sourcing food locally, in order to reduce transport.

A good example, where food has been integrated is in [North Bristol NHS Trust](#).



8. Other Useful Links



8. Other Useful Links

<https://www.sustainweb.org/hospitalfood/>
The Campaign for Better Hospital Food is campaigning for higher standards to hospital food. You can join the mailing list via the main website, and their Taking the Pulse report can be found here.

<https://www.ciwf.org.uk>
Compassion in World Farming works with companies to improve their animal welfare-friendly sourcing.

<https://www.carbontrust.com>
Carbon Trust provides services to companies and the public sector to help reduce their environmental footprint.

www.eatingbetter.org
has articles and information from a range of partners working towards a fair, healthy, green future. See the list of supporting organisations for more useful sites. The Future of Eating is Flexitarian is a particularly good report.

www.eaternity.org
Eaternity's software allows restaurants to track and measure the carbon footprint of all their meals and purchases.

www.eatseasonably.co.uk
has information on what to eat and grow through the year.

<http://theflexitarian.co.uk>
has the latest about flexitarianism, plus some useful foraging tips.

www.food.gov.uk
is the Food Standards Agency website.

www.localfoodadvisor.com
has an interactive map which you can use to find out about top local suppliers.

www.lovefoodhatewaste.com
has lots of useful tips and recipes to help you make the most of your food. Get your hands on a free money-saving app.

<http://www.foodforlife.org.uk/>
Food for Life brings schools, nurseries, hospitals and care homes, and their surrounding communities together around the core ethos of healthy, tasty and sustainable food.

www.parttimecarnivore.org
is an online space where you can join or start a part-time carnivore (flexitarian) team in your local area.

www.peas.org
is an engaging site dedicated to the humble garden pea.

www.sustainablefoodcities.org
is a network of urban projects working toward sustainable food.

www.sustainweb.org
Sustain works with local and government institutions to campaign for a better food future.

<http://berkana.org/wp-content/uploads/2011/09/tastingthefuture.pdf>
is the Collaborative Innovation for One Planet Food which is an initiative by WWF, Food Ethics Council, Food and Drink Federation and ADAS to try to build a community around food issues.

<http://urbivore.org.uk>
is for urban growers.

www.wwf.org.uk/livewell
WWF's Livewell Plate resource includes a menu and shopping list for a family of four.

<https://www.unison.org.uk/.../04/Better-Hospital-Food.-Survey-findings-report.docx>
UNISON's report into hospital food.

Help us find a way to add a healthier, tastier and more sustainable hospital food environment. Go to Medact.org/hospitalfood

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