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Sir David Dalton
Chief Executive
Salford Royal Hospital NHS Trust
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5th April 2016

Dear Sir David Dalton,

We are writing to you about the decision taken to close the Salford Royal Hospital kitchen, and outsource the provision of patient meals to a private company that would provide ready-made, chilled/frozen meals.

We have concerns about this decision for two sets of reasons.

First, we feel that this decision fails to recognise the role that kitchens can play in the *holistic* therapeutic service provided by hospitals; it runs against the public service ethos of the NHS; and undermines the contribution that hospitals can make to the wider local economy.

The provision of fresh, nourishing and appetising food is an important part of treatment, care and recovery, particularly for long-stay and elderly patients. Ready-made, chilled/frozen meals (which are commercially mass-produced and then transported into the hospital) raise a number of concerns regarding patient welfare. These include provision of lower-quality food and removing the ability to provide a meal service that is flexible and responsive to patient varying needs.

Additionally, although the hospital may make a financial saving from the reduced refurbishment and other costs, it is likely to have a wider negative social and economic impact on the local community, through the loss of jobs and by precluding the opportunity to procure food locally. In our view, it is misguided and short-sighted to view the hospital as a discrete economic agent that is detached from the wider local economy. Hospitals should instead be seen as vital social, cultural and economic assets that have impacts beyond the NHS.

From an environmental perspective, this decision is likely to lead to increased waste, both in terms of packaging and food. In addition, it again removes the potential to move to more

local and seasonal food procurement practices, which could help reduce the environmental impact of the hospital.

Our second set of concerns relate to the process that informed the decision to outsource patient meals. Although we have seen the 'catering services' consultation document and a one-page financial breakdown of four alternative catering options that were evaluated, we have not been able to see the full report of the evaluation of these four options, including the methodology used to compare and contrast the strengths and weaknesses of each of the four options.

From the documents made available thus far, it would appear that the evaluation was conducted on the basis of very narrow financial criteria, excluding proper and full consideration of a number of social, environmental, economic and health impacts.¹

We believe that there should be greater public consultation (including with hospital clinicians and local GPs) and discussion, and would kindly request the following documents to be made available to us: a) the full report on the evaluation of the four catering options; b) a list of the public consultation events and activities that were conducted prior to the decision to close the hospital kitchens; and c) the tender document itself and details of the criteria that will be used to choose between alternative bids.

Given the timeframe set forth by the tendering process, we would be most grateful if you could respond to this letter within the next two weeks.

Yours Sincerely,



Dr David McCoy
Director, Medact



Ms Kath Dalmeny
Coordinator, Sustain



Miss Katherine Button
Project Officer, Campaign for Better Hospital Food



Cc
Mr Robert Jepson
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¹ The *Public Services (Social Value Act) 2012* requires those commissioning, or buying, public services to consider how they can also secure wider economic, environmental and social benefits for their local area.