

Appendix I

Southern DHB Food Services Consultation Summary

Date: 29 April 2015

1. Executive Summary

Consultation on proposed changes to Food Services at Southern DHB concluded on 9 April 2015. Over 110 questions were answered during the consultation period, and 47 submissions were received from staff or their representatives.

This is not a service change in accordance with the New Zealand Public Health and Disability Act 2000 and does not require public consultation. However 22 submissions were received from members of the community prior to 9 April 2015 and these have also been incorporated in the feedback summary.

An alternative proposal for the provision of food services at Southern DHB was received from the Service and Food Workers Union. In addition, submissions from a number of food services staff also included suggestions for the improvement of current service delivery.

All feedback has been reviewed by DHB management, with support from Human Resources and Health Benefits Limited. Further information was sought from Compass Group on some of the feedback that was received.

The operational representatives reached the joint conclusion that – while there are some improvements that can be made to the proposals as a result of the feedback received – **there is nothing that would suggest that the DHB should not continue with the proposal to outsource food services at Southern DHB to Compass Group.**

55 themes emerged through the feedback. Key themes included:

- A preference to retain an in-house food service model
- Concern about the impact on jobs – both in terms of the potential job losses and the potential reduction in terms and conditions for employees working in the food service
- Identification of opportunities to further optimise current food service delivery as an alternative to the proposal
- Concern that the proposed food service delivery model does not take into account disruption of access into and within the Otago-Southland region
- Concern about the macro-economic impact of the proposal on local suppliers and the region as a whole, including a loss of jobs from the region
- Concerns about food safety
- Concerns about the environmental impact of additional waste, and ‘food miles’
- Concerns regarding the consultation process followed by the DHB, and the level of information provided

2. Background

At its December 2014 meeting, the Board approved the Business Case for the provision of Food Services, subject to a satisfactory outcome of consultation with affected staff and other interested parties. A satisfactory consultation outcome in this context relates to ensuring the consultative process meets the requirements of legislation and the relevant employment agreements relating to consultation and has provided the opportunity for all impacted parties and wider DHB stakeholders

to contribute to the feedback proposal, and provides a channel for feedback to the Board on the perspectives of the DHB stakeholders for consideration when the Board makes its final decision.

Consultation with staff and unions on the proposed changes to Food Services at Southern DHB commenced on 16 February 2015, for an initial four week period. At the request of the Board, this period was extended by a further four weeks to 9 April 2015 bringing consultation itself to a total of eight weeks.

The proposed changes were set out in a proposal document that was provided to affected staff and their representatives. The proposal document summarised the Business Cases for Food Services that was previously considered by the Southern DHB Board at its December 2014 meeting. The consultation process also included opportunities for input from wider DHB stakeholders, with specific briefing sessions for clinical groups.

Appendix II provides an overview of the feedback received from staff, unions and the wider community during the consultation period. The feedback has been reviewed by DHB management, with support from Health Benefits Limited, and discussions with Compass Group around the impact of the feedback on their commercial proposal to Southern DHB. Submissions received after the close of the consultation period have been provided, but were not reviewed.

This document has been prepared to enable the Southern DHB Board to make its final decision on whether to proceed with the changes set out in the proposal document, and if so, with which amendments, if any.

On balance, after proper and considered analysis of all feedback received, it is recommended that the Food Services Proposal be confirmed.

Summary of the proposal

There is a proposal to change the way food is prepared and delivered in public hospitals.

Under the proposal, Compass Group would become responsible for buying, cooking and delivering hospital food at Southern DHB, as part of a national arrangement.

Compass Group would become responsible for:

- Patient meals, including beverages
- Meals-on-Wheels
- Cafeteria services, including function catering
- Food supplies to wards and departments

Vending machine services would also be offered to the DHB as an optional service.

The key changes to the patient meal service would be:

- Introduction of common Nutrition and Menu Standards, developed by food and nutrition experts aligned for all DHB participants in the Food Service Agreement
- Increased focus on patient meal service experience reduced time between meal ordering and meal service, and assurance of service times, and direct interaction with Food Service staff in meal selection through the introduction of a spoken menu on most wards enabled by tablet technology
- Implementation of an updated Menu Management system to increase assurance on meal accuracy, production efficiencies and reduce time lags and potential risk associated with manual processes
- Increased use of pre-prepared meal components as part of the meal preparation process
- Implementation and alignment of all Meals on Wheels meals to the national Ministry of Health guidelines

Consultation approach

Consultation was initially scheduled to run for a four week period, which was subsequently extended to eight weeks by the Board. A range of events and meetings were held to assist with understanding of the proposed changes and to provide staff and unions with opportunities to ask questions and express views on the proposals.

The key activities during this period are set out in the table below. Please note this is not a comprehensive list of all activities that occurred during this period.

Date	Activity
December 2014	Board meeting provisional approves proposal Presentation by unions to Board prior to decision being made
January/February	Establishment of a Union Advisory group to enable joint planning for the consultation period.
13 February	Early release of the consultation materials to union officials
16 February	Consultation kick-off with briefings for affected staff and union officials on the proposed changes
	Communication to all current food service suppliers
	A communication from the CEO to all DHB staff
February, March and April	Continuation of two weekly meetings with staff and unions
16 February – ongoing until consultation closes	Website and email addresses activated for staff and others to put forward questions and make submissions. Responses to questions provided
18-20 February	Presentations to DHB staff (including food services staff, dietitians, charge nurse managers and other clinicians) by Compass Group to answer questions about the service delivery model.
5 March	Presentation by unions to the DHB Board
5 March	Memo to all staff outlining extended period of consultation
9 March	Meeting with union organisers and delegates to clarify information required for feedback or counter proposal
18 March	Meeting with unions and delegates to identify any outstanding information or other information required by unions.
24 March	Meeting with unions and Craig Soper, union representative, to answer questions about the financial information provided
8 April	Regular meeting with staff including release of report by Independent Reviewer
9 April	Consultation closed
14 April	Final day for feedback from unions related to report by Independent Reviewer

Throughout the consultation period, DHB Management held fortnightly meetings with staff and unions, and regular meetings of the Union Advisory group were held. Following each of the fortnightly meetings, staff and unions were able to continue to meet without management present.

Information provided

The following documents were issued at the commencement of consultation to support staff and unions in the preparation of their submissions:

- The consultation proposal document
- National Food Services Business Case for consultation

- The nutritional and menu specification for adult and paediatric inpatients, including therapeutic and special diet specifications
- Compass Group's Food Safety Management Programme
- Food Services service scope
- Food Services requirements
- Food Services end-to-end process scope
- Compass Group's Good Employer commitment
- Compass Group product sourcing information
- Independent nutrient analysis report conducted by Dr Heather Spence

As there were commercial confidentiality issues relating to the full disclosure of all financial information, and in particular that relating specifically to Compass Group's operation or other DHBs, Southern DHB arranged for an independent review of the Business Case. This was conducted by Pat Sneddon, former Chair of Auckland and Counties Manukau DHBs and honorary life member of the Service and Food Workers Union, who had conducted a similar review of the Auckland Metro business cases at the request of the unions. In conducting his review, Mr Sneddon was provided unfettered access to all information about the proposals – including information that was unable to be released more widely due to matters of commercial sensitivity. Due to the fact that Mr Sneddon's report could not be completed and was therefore not available any earlier than early April, an extension of one week from the date of receipt of the report was provided to unions to provide supplementary submissions with respect to matters raised in the report. This period extended to 14 April 2015.

A DHB-intranet site was set up as a central repository of all documents issued in the lead up to, and during the consultation period, to ensure all interested DHB stakeholders had access to them. In addition, copies of all documents were provided to the University through the Office of the Dean of the Dunedin Medical School.

69 separate submissions were received prior to close off of the consultation period, including 22 from the wider community. In addition, over 100 questions were received and answered during the consultation period. These questions, and the responses provided, are included as appendix IV.

Following a presentation by the union representatives to the Board's March meeting, an extension to the consultation period was provided to enable the unions to prepare an alternative proposal. To assist the unions with their proposal, the following further information was made available:

- Southern DHB FY13/14 food services baseline data
- The HBL Request for Binding Offer, which sets out the specifications that Compass Group has tendered to meet
- Financial planning assumptions, including implementation costs

Meetings were held with the Unions on 9 and 24 March 2015 to discuss the information they would require to prepare an alternative proposal. The Unions invited Mr Soper, a business adviser, to the 24 March meeting. Mr Soper's role was explained as assisting the union prepare an alternative proposal. The unions and Mr Soper were taken through the financial information provided to ensure they understood it, with any questions they had regarding the information answered.

3. Overview of feedback received

69 separate submissions in total were received from staff, unions and members of the community during the consultation period (included as Appendix IV). The Service and Food Workers Union also provided an alternative proposal. 47 of the submissions were from staff or their representatives; the remaining 22 submissions were from members of the community.

Of the DHB staff submissions received, the majority of submissions were received from staff working in Food Services.

Staff group	Submissions
Food service – kitchen	17
Dietitians	2
Nurses/Midwives	7
Doctors and dentists	11
Other allied health	4
Other/undefined	2
Unions	4

Submissions were received from the Service and Food Workers Union, Public Service Association, the Amalgamated Workers Union and the New Zealand Nurses Organisation.

The majority of submissions addressed the proposal directly. These are summarised in **section 4** below.

Seven of the submissions from DHB staff proposed changes to the way in which the service is currently delivered, which they asked be considered as an alternative to the Compass Group proposal. The Service and Food Workers Union also submitted an alternative proposal. These are outlined in **section 5** below.

4. Summary of feedback on the Proposal

All feedback was reviewed by DHB management, with support from Human Resources and Health Benefits Limited. In total, 55 themes were distilled from the feedback.

Key themes for **directly affected food services staff and their unions**, with direct quotes from submitters, were:

- General feeling that the current food service model is adequate and should not be changed for the sake of change.

“It is our belief that the SDHB have a fantastic model which should be retained in-house.”
– Service and Food Workers Union

- A general concern with respect to outsourcing Food Services to a third party provider and a preference for the service to remain in-house.

“In-house model should remain to have greater control of procurement of food due to the associated food safety, food quality and quality of services. Whereas Compass would have accountability from suppliers not directly to the Southern District Health Board who are directly responsible for patient care and recovery.”
– Food Services

- Concern that staff terms and conditions of employment will not be maintained.

“Of concern is that while Southern will transfer employees under Part 6A of the ERA which protects their terms and conditions of employment at the time of transfer, it does not guarantee that Compass will preserve these conditions going forward.”
– Public Service Association

Key themes for **clinical and other staff**, with direct quotes from submitters, were:

- General feeling that the current food service model is adequate and should not be changed for the sake of change.

"The food quality here is excellent and why change something that is working well."
– Third year House Officer

- Concern about the ability to transport food into Otago-Southland, and within the region (including Dunedin Hospital to Wakari Hospital) when access is disrupted.

"Adverse winter weather conditions in the lower South Island will have an effect on the safe and timely delivery of the cook and chilled meals if being sent from the North Island via air transport or road transport. It would not look particularly good if there were no meals for patients and staff."
Nurse

Key themes for **members of the community**, with direct quotes from submitters, were:

- Concern about the ability to transport food into Otago-Southland, and within the region (including Dunedin Hospital to Wakari Hospital) when access is disrupted.

"The presumption of normal conditions could prove to be naïve. The possibility of storms halting Cook Strait ferries, of road slips, prolonged periods of snow or ice making roads impassable, all spring to mind."
– Member of the community

- A general concern with respect to outsourcing Food Services to a third party provider and a preference for the service to remain in-house.

"Food Services should not be privatised. This is not simply a matter of jobs being lost locally and renovated kitchens standing idle. It is inhumane to talk about money-saving as a primary object, rather than about human beings who are unwell."
– Member of the community

- Concern that the food service delivery model will not draw on international best practice with respect to the sustainability - including food miles, energy use, water use - and seek to minimise transportation, fossil fuel consumption using commercial imperatives.

"Climate change is not a point for discussion, it is a reality. Any decisions should be made to ensure that we decrease carbon production, and plan for the effects of climate change. Having food travel around the country would do neither of these things."
– Member of the community

A full outline of the feedback themes within each category, together with the response to each theme, is set out in Appendix II.

5. Alternative Proposals

Eight submissions made suggestions for ways in which current food service delivery could be improved. This includes an alternative proposal submitted by the Service and Food Workers Union.

Suggestions for improvement

The following suggestions to reduce cost of service were received as part of the consultation process, together with the indicative savings where noted by the submitter. None of the suggestions received were accompanied by analysis or information as to how the cost reductions could be achieved; for example no proposed rosters were provided. Consequently the suggestions are not able to be verified or reviewed for accuracy or achievability.

Reduction in labour

1. Reduce number of managers by 1 FTE by streamlining duties (~\$80k per annum)
2. Reduce number of supervisors by 2 FTE by streamlining duties (~\$80k per annum)

3. Reduce number of kitchen assistants by 2 FTE by streamlining duties (~\$35k per annum)
4. Reduce number of cooks by 1 FTE by streamlining duties (~\$40k per annum)
5. Reduce number of Dietary Aides by 0.2 FTE by preparing Meals-on-Wheels in-house (~\$15k per annum)

Cost savings

6. Stop free meals for doctors
7. Reduce the range offered on the menu, including only providing soup in winter months, no longer providing fruit to patients or treat boxes to new mothers - as these items are often not consumed.
8. Give kitchen staff accountability to wash their own uniforms

Revenue generation opportunities

9. Supply catering to the Universities, Boarding hostels and other organisations
10. Provide public access into the Revive Staff Cafeteria (~\$250k per annum)
11. Hire a barista into the Dunedin Hospital Cafeteria (~\$133k per annum)
12. Require in-house catering to be purchased through food services
13. Offer a range of frozen meals in the cafeteria for purchase
14. Provide meals to Lakes Hospital, using a similar supply model to that used for Southland and Wakari Hospitals
15. Remove the DHB subsidy on cafeteria prices by increasing prices by 10%

In addition, the Service and Food Workers Union submitted an alternative proposal for the DHB to increase revenue by opening the Dunedin cafeteria to the public and by offering commercial catering services. The following is extracted from the alternative proposal and comprises the full savings component from that document which is included as Appendix V.

“The HBL Business case states that there will be saving \$7.26m over 15 years and \$870,000 saving in the first year. The alternative proposal estimates saving of \$2,200,000 in the first year alone which are significantly better than the HBL and Compass proposal with very little implementation costs.

Dunedin Cafeteria

The estimated savings will be in part achieved by replicating the Invercargill cafeteria model in Dunedin, meaning open to both staff and public. Based on the current revenue figures there is clear evidence this is obtainable with minimum implementation costs and risk as outlined in the Compass proposal.

Outside Catering

Expanding catering functions to outside of the hospital will also generate savings. The food sold in the Invercargill cafeteria is already popular amongst staff, public and patients, there is opportunity to maximise this further by offering catering outside of the hospital to businesses, community groups and the general public, this is just building on the existing model which would generate savings without radical change or disruption.”

Evaluation of Alternative Proposals

These alternative proposals have been evaluated against a two-part test of suitability:

- **1. Credibility** – is the proposal realistic and achievable?
 - Possible answers:
 - Credible: the proposal is achievable and offers a realistic estimate of savings,

- Uncosted: the proposal is conceptually credible. Indicative savings have not been provided.
 - Unsubstantiated: the proposal is conceptually credible and achievable. It is unlikely to generate the savings indicated by the submitter.
 - Unachievable: existing DHB commitments mean this proposal is not achievable at this time.
- **2. Desirability** – is the proposal aligned to the DHB’s strategic direction and meet business needs?
- Possible answers:
- Underway: the DHB has already implemented this suggestion or is in the process of investigating or implementing it.
 - To consider: the proposal is could be considered by the DHB.
 - Undesirable: the proposal does not align to the DHB’s strategic direction or meet business needs.
 - N/A: the proposal is unachievable and as such has not been evaluated for desirability.

In addition, consideration was given as to whether or not the proposal would reduce the meal cost, and hence reduce the impact of future price increases relating to the meal price, or would simply provide revenue. The proposal to outsource to Compass Group will reduce the meal cost, and does not rule out opportunities for revenue provision which will be shared on an agreed basis with the DHB.

The proposals have been considered against these tests of suitability on the following page.

Evaluation of Alternative Proposals

Category	Suggestion	Indicative saving	Credibility	Comment	Desirability	Comment
Labour reduction	Reduce number of managers by 1 FTE by streamlining duties	\$80k per annum	Unsubstantiated	No information has been provided by submitters regarding where and how this would occur, or what the impact would be in terms of other associated costs or efficiencies. Attempts by the GM to reduce personnel costs by way of agency use or overtime to cover gaps has been largely unsuccessful to date as all current staff positions have been deemed by the service as being essential to have covered at all times. Requests made to the service for prioritising workload and providing alternative processes has also been largely unsuccessful, although at times cover requested is now for fewer hours than the full hours of absent staff member.	Undesirable	Reducing the size of the labour force without making wider changes to process and technologies would not deliver a sustainable cost saving and risks a reduction in service quality. It is likely that the workforce size would increase again with time in the absence of commercial cost control mechanisms.
	Reduce number of supervisors by 2 FTE by streamlining duties	\$80k per annum	Unsubstantiated	See above	Undesirable	See above
	Reduce number of kitchen assistants by 2 FTE by streamlining duties	\$35k per annum	Unsubstantiated	See above	Undesirable	See above
	Reduce number of cooks by 1 FTE by streamlining duties	\$40k per annum	Unsubstantiated	See above	Undesirable	See above
	Reduce number of Dietary Aides by 0.2 FTE by preparing Meals-on-Wheels in house	\$15k per annum	Unsubstantiated	See above. Further, the calculation of a \$15k per annum saving appears to be overstated, as this would presuppose a Dietary Aide is paid \$75k per annum.	Undesirable	See above
Cost saving	Stop free meals for doctors	Uncosted	Unachievable	This is not possible, as the provision of free meals to junior doctors is a contractual entitlement under the RMO Multi-Employer Collective Agreement. The cost of RMO meals is not included as revenue for the cafeteria as they are debited against the provider arm cost centre the doctor works in.	N/A	
	Review the range offered on the menu, including only providing soup in	Uncosted	Uncosted		To consider	This could be looked at, irrespective of whether the Compass Group proposal is accepted or not.

Category	Suggestion	Indicative saving	Credibility	Comment	Desirability	Comment
	winter months, no longer providing fruit to patients or treat boxes to new mothers - as these items are often not consumed.					
	Give kitchen staff accountability to wash their own uniforms	Uncosted	Uncosted		Undesirable	This has been looked at in the past, however there were issues identified around infection control and food standard safety.
Revenue generation opportunities	Supply catering to the Universities, Boarding hostels and other organisations	\$2,200,000 per annum	Unsubstantiated	<p>In the submitted alternative proposals, there has been no information supplied by the submitters around the viability or feasibility of this proposal. There is an assumption that the DHB would be successful in taking over the contracts for service provision in the community. The University have their own catering services, including their halls of residences (colleges) and the DHB cannot take this off them. Nor could the DHB assume services that other providers currently provide without there being a formal tender process initiated by whoever requires the service provided.</p> <p>The suggested revenue gain has not been validated and includes no information on additional costs that would be incurred, including additional FTE, product costs, logistical costs including transport, utilities, procurement, invoicing and other administrative functions, or capital investment required to make this happen. Southland Hospital kitchen does limited cooking currently and Dunedin kitchen would require capital investment.</p> <p>One proposal suggests we could increase the revenue in the Dunedin cafeteria by \$2.1 million – going from current revenue of \$780k to \$2.8 million per annum. This was proposed by the submitter as part of a \$2.2 savings for the DHB. The submitter did not include any information or factor in any additional costs that would be incurred for personnel, consumables, food items, logistics, administrative processes or capital investment required to support the provision of an additional \$2.1 million worth of new services.</p>	Undesirable	This is not consistent with the DHB Strategic Plan where the focus is on core clinical service provision. The DHB is not in the business of providing retail services beyond supporting patients, staff, and visitors on the hospital sites. If the DHB was able to achieve external catering service provision, there would be an impact on the current service providers of these services, including the loss of businesses and jobs.

Category	Suggestion	Indicative saving	Credibility	Comment	Desirability	Comment
	Provide public access into the Revive Staff Cafeteria	\$250,000 per annum	Unsubstantiated	<p>It is unlikely that opening the Dunedin Hospital staff cafeteria to members of the public would generate a large revenue increase. In this regard, the context of the Dunedin café is different to the Southland and Wakari cafes as:</p> <p>a) in Southland and Wakari there are no other food providers on the hospital campus or within close vicinity of the hospitals. Therefore there is a captured market. In Dunedin there are 2 other food retail outlets on site as well as many other cafes, food outlets and a supermarket within close vicinity. Therefore there is not a captured market on the Dunedin site.</p> <p>b) the DHB receives revenue from the two retail outlets on site by way of rent and percentage of revenue. This would be at risk and would need to be factored into any benefit of this market changing to the hospital cafeteria. Revenue from these two retail outlets in the last 12 months equals \$168k which includes rent and revenue share.</p>	Underway	The DHB is currently looking at opening up access to the Dunedin cafeteria to the public based on the principle of the cafeteria is a publically funded facility and therefore they should have access. There is current opposition to this from many staff which has been reiterated in some submissions. This is being worked through currently.
	Hire a barista into the Dunedin Hospital Cafeteria	\$133,000 per annum	Unsubstantiated	The previous business case identified a revenue gain of \$95k, based on an assumption that there would be a specific number of people purchasing coffee each day, however the estimated figure was not substantiated. Based on the accurate volume of throughput of the cafeteria, the potential volume was identified at lower than 40% of the previous business case. This reduces the revenue gain down significantly. If staff purchase coffee instead of another drink that they currently purchase this will have an impact on revenue. The full impact on the other retailers as outlined above would also need to be factored into the net revenue.	To consider	This could be looked at, whether the Compass Group proposal is accepted or not.
	Require in-house catering to be purchased through food services	Uncosted	Uncosted		Underway	This is already the case and continues to be embedded. The DHB undertook a savings initiative in 2014 whereby the level of DHB funded catering was reduced significantly to reduce DHB expenditure.
	Offer a range of frozen	Uncosted	Uncosted	This proposal would likely require increased refrigerator	To consider	This could be looked at, whether the

Category	Suggestion	Indicative saving	Credibility	Comment	Desirability	Comment
	meals in the cafeteria for purchase			space for storage in the cafeteria, along with additional costs for food and labour.		Compass Group proposal is accepted or not.
	Provide meals to Lakes Hospital, using a similar supply model to that used for Southland and Wakari Hospitals	Uncosted	Unachievable	This is currently outsourced to a third party provider in the area as the small number of meals required is not cost effective balanced with the additional cost of delivery. This was excluded from scope. The annual cost is \$60kper year is very low and would not contribute significantly to revenue gain.	N/A	
	Remove the DHB subsidy on cafeteria prices by increasing prices by 10%	Uncosted	Uncosted		Undesirable	Prices were increased across cafeterias in 2013, with prices standardised and identified based on local pricing. For instance the price of sandwiches and scones/ muffins and such like were compared with prices for similar products at other retail outlets and supermarket within vicinity. A lot of feedback indicates that there is a current perception that the food in Dunedin cafeteria is over-priced compared to alternative providers within the vicinity.

When considered individually, a number of the suggestions submitted are potentially credible and could be desirable for the DHB to consider

However, when considered collectively, it is highly unlikely that they would deliver a significant reduction to the food cost and therefore the long term savings sought including a reduction in the forecast annual cost growth, nor would they provide the assurances of quality that the national arrangement would. In this regard, the proposed national arrangement would:

- Offer sustainable cost savings to the DHB, guaranteed through a price-per-meal cost structure that safeguards against cost creep in excess of funding increases;
- Provide assurances that patients will receive a high quality food service, through a single point of accountability and clear supplier performance objectives; and
- Allow the DHB to benefit from international best practice with respect to the delivery of food services.

6. Next Steps

On balance, considering the feedback received, the recommendation of those who reviewed the feedback is that the Food Services Proposal should be confirmed.

As has been the case for the Auckland Metro DHBs, the following matters that were raised by submitters will be addressed as part of the detailed planning period ('Mobilisation') that will occur immediately prior to Compass Group assuming responsibility for the food service:

- Confirm technical requirements for CBORD and Saffron, including the means by which clinicians will interact with Saffron
- Detailed planning for the way in which the relationship between dietitians and the food service will operate under the new model
- Confirm therapeutic diet variations that are specific to Southern DHB
- Clarification of the role of nursing staff and Health Care Assistants versus Catering Associates in patient meal delivery and collection for each ward
- Undertake on-site operational validation of the food service delivery model (eg time required to transport meal trollies to wards)

There is no impact on the financial projection for Southern DHB arising from the submissions received.

It is recommended that the Board agree that the consultation process has not resolved in any material change to the business case and the decision of 7 December 2014 to join the national Food Services arrangement with Compass Group via Health Benefits Limited is confirmed.

If the Board accepts the recommendation to proceed, the next steps are to:

1. Issue a 'Decision Document' to staff, unions and other submitters, setting out the Board's decision with respect to the proposed changes and rationale (a document that would be substantively similar in content to this one)
2. Enter into the Food Services Agreement with Compass Group and a Limited Agency Agreement with Health Benefits Limited (in accordance with the terms previously advised to the Board)
3. Convene an Implementation Steering Group and appoint an Implementation Manager
4. Engage with staff and unions regarding the Implementation process