

Yr Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health, Social Services and Children
Director General • Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair Public Accounts Committee
National Assembly Wales
Cardiff Bay
Cardiff
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Our Ref:DS/DCL

15 December 2011

Dear Mr Millar

Hospital Catering and Patient Nutrition

Further to the Public Accounts Committee session on Hospital Catering and Patient Nutrition on the 8 November 2011, you asked for some specific further information. I am writing to provide Committee members with responses on the following:

Hospitals compliance with the necessary food hygiene standards, including the number of general hospitals which have been marked below a satisfactory hygiene grade over the last five years.

The voluntary Food Hygiene Rating Scheme, which is run by local authorities in partnership with the Food Standards Agency (FSA), was adopted in Wales on 30 November 2010. Statistics on hospital ratings are therefore only available from that date. Prior to the introduction of this scheme Local Authority Environmental Health Officers would have undertaken routine inspections of hospital catering departments to ensure that they met food law requirements. If these were not met the hospitals would have undergone further inspections to ensure that any identified weaknesses were rectified and robust food safety management systems were in place.

FSA Wales has confirmed that due to the incremental approach to the adoption of the food hygiene rating scheme not all NHS hospitals have been rated as yet. The FSA website publishes the individual food hygiene rating of those hospitals in Wales that have been inspected and rated. To date 58 hospitals, approximately half of all NHS hospitals in Wales, have been given a Food Hygiene Rating by their respective local authority.



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The results are:

50% (29 hospitals) as “very good – rating 5”

36% (21 hospitals) as “good – rating 4”

9% (5 hospitals) were rated as “generally satisfactory – rating 3”

5% (3 hospitals) were rated as “improvement necessary – rating 1 or 2”

The hospitals receiving poorer ratings were Whitchurch Hospital (1), Cardiff; CAMHS at Princess of Wales Hospital, Bridgend (1); and H. M. Stanley Hospital, Denbighshire (2).

Following inspection and awarding of a food hygiene rating each hospital is provided with details of why it was rated as it was and, in cases where the top rating has not been achieved, what priority actions need to be taken forward by the hospital to enable it to improve its rating. Hospitals take this information on board and work to address the actions required before they apply for re-inspection and re-rating.

Update on the re-inspection and re-rating of hygiene standards at Whitchurch Hospital

Whitchurch Hospital underwent a full re-inspection on the 9th November and was awarded a new rating of 4 (Good).

In addition we have been informed that CAMHS at Princess of Wales Hospital, Bridgend have addressed the issues which led to their poor rating and are awaiting re-inspection in December. H. M. Stanley Hospital, Denbighshire is in the course of closing and patients have been, or are being, moved to Ysbyty Glan Clwyd and Abergelge Hospital. However, we are aware that a full re-inspection has been carried out and the hospital was awarded a new rating of 5 (very good).

Variations in expenditure on food and beverages

The Estates Facilities Performance Management System (EFPMS) report for 2009/10 details Local Health Board and Trust returns on catering services and other data. The cost to feed one patient per day for 2009/10 ranged from £6.32 to £14.50. Costs vary between Local Health Boards and Trusts and individual hospital sites. The variation is driven by a number of factors, including:

The catering model in use – e.g. the LHB’s own kitchen versus cook-chill;

Differential economies of scale of catering activities;

The number and proximity of points of distribution on each site;

Variation in detailed cost methodology and differences in the attribution of staff/overhead costs.

Underlying product cost – there may be some variation with fresh items “locally sourced”; and

Mix of patients/specialities being catered for on a site.

As you will be aware Welsh Government officials are working with the WAO and the NHS to develop a more robust costing model for catering services and this will be in place by the end of this month.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Sissling'. The signature is written in a cursive style with a large initial 'D'.

David Sissling