

14 September 2016

Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee  
PAC(5)-03-16 P9

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Hospital Catering and Patient Nutrition, a Review of Progress

## Memorandum for the Public Accounts Committee



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU



I have prepared and published this Memorandum for the  
Public Accounts Committee in accordance with  
various statutory provisions.

The Wales Audit Office staff that assisted me in preparing  
this memorandum are Gabrielle Smith and Carol Moseley  
under the direction of David Thomas.

**Huw Vaughan Thomas**  
**Auditor General for Wales**  
**Wales Audit Office**  
**24 Cathedral Road**  
**Cardiff**  
**CF11 9LJ**

The Auditor General is independent of the National Assembly and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the National Assembly on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General, together with appointed auditors, also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

For further information please write to the Auditor General at the address above, telephone 029 2032 0500, email: [info@audit.wales](mailto:info@audit.wales), or see website [www.audit.wales](http://www.audit.wales)

© Auditor General for Wales 2016

You may re-use this publication (not including logos) free of charge in any format or medium. You must re-use it accurately and not in a misleading context. The material must be acknowledged as Auditor General for Wales copyright and you must give the title of this publication. Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

If you require any of our publications in an alternative format and/or language please contact us using the following details: Telephone 029 2032 0500, or email [info@audit.wales](mailto:info@audit.wales)

# Contents

	<b>Introduction</b>	<b>6</b>
	The audit	6
	Key findings	7
<b>1</b>	<b>The nutritional care pathway</b>	<b>8</b>
	Patients are screened for nutritional risks but slow progress in standardising nursing documentation means that the quality of nutritional screening and documentation still needs improvement	9
	Full compliance with e-learning training on the nutritional care pathway is yet to be achieved	13
	In general, all NHS bodies undertake some form of regular monitoring of the nutritional care pathway, although the nature and extent of the monitoring vary across Wales	15
<b>2</b>	<b>The mealtime experience</b>	<b>16</b>
	Patient menus are nutritionally assessed through the all-Wales Menu Framework with NHS bodies largely compliant with the recipes	18
	Arrangements to ensure 24-hour access to food and beverages are largely adequate and patients are generally positive about food services	19
	There is still scope to improve the help available to patients to prepare for mealtimes and with eating	21
	Protected mealtimes are more widely observed but more can be done to minimise mealtime interruptions	22
	Written information for hospital patients on what to expect is not always available, and if available it is not widely disseminated	23
	Arrangements for monitoring mealtime services and patient satisfaction are mostly in place	24
	Hospitals score highly against the food hygiene ratings	25

<b>3</b>	<b>Catering costs and food waste</b>	<b>26</b>
	NHS organisations are making better use of cost control mechanisms but few make use of IT catering systems	27
	Although wastage from un-served patient meals is within the target, the value of this waste is still too high	30
	Substantial reductions in the level of subsidy for non-patient catering services have been achieved	31
<b>4</b>	<b>Planning and reporting</b>	<b>34</b>
	National working groups support oversight of issues related to nutrition and catering	35
	Operational oversight and scrutiny are generally robust but reporting to the full board remains limited	37
	<b>Appendices</b>	
	Appendix 1 – Progress against my recommendations	40
	Appendix 2 – Progress against recommendations made by the National Assembly’s Public Accounts Committee	45

# Introduction

- 1 This memorandum provides the National Assembly's Public Accounts Committee (the Committee) with an update on the progress made by NHS Wales in responding to recommendations set out in mine and the Committee's reports<sup>1,2</sup> on hospital catering and patient nutrition.
- 2 In 2011, I reported that arrangements for catering and nutritional care provided to patients had generally improved since the Audit Commission in Wales last examined the topic in 2002. Patient satisfaction remained high. More work was needed, however, to ensure recognised good practice was more widely implemented in relation to nutritional screening and care planning, and to ensure that food wastage was minimised.
- 3 The Committee was disappointed in the wide variation in the costs, planning and delivery of catering services across NHS organisations in Wales, especially given the importance of good nutrition in supporting patients' recovery.
- 4 The memorandum summarises the findings from a follow-up audit undertaken in NHS bodies across Wales during 2015. It also draws upon relevant information from other sources, such as national patient surveys, nursing audits and other external review reports.

## The audit

- 5 During 2015, auditors carried out a follow-up review in all local health boards and Velindre NHS Trust to assess the extent to which the recommendations had been implemented to secure improvements in meeting patients' nutritional needs and mealtime experience, in controlling catering costs and planning and monitoring. Auditors carried out a number of activities at NHS hospitals providing catering services, including observing lunchtime meal services and reviewing case notes. In addition to these activities, auditors conducted interviews with key personnel from across NHS Wales, reviewed key documents and analysed catering facilities data derived from the Estates and Facilities Performance Management System (EFPMS).

<sup>1</sup> Auditor General for Wales, **Hospital Catering and Patient Nutrition**, March 2011

<sup>2</sup> National Assembly for Wales, **Hospital Catering and Patient Nutrition**, February 2012

## Key findings

- 6 NHS bodies have made good progress implementing the recommendations made by both myself and the Committee, as summarised in [Appendix 1](#) and [Appendix 2](#) respectively. Two-thirds of the recommendations were fully actioned with ongoing work to address those recommendations not yet complete.
- 7 NHS bodies usually screen patients for nutritional risks when admitted to hospital. However, the quality of nutritional screening and documentation still needs improvement. The development of standardised nursing documentation to promote consistent nutritional screening and to improve the quality of information has been too slow. Meanwhile, full compliance with the e-learning training has yet to be achieved. Most organisations undertake some form of regular monitoring of the nutritional care pathway and mealtime service but the nature and extent of monitoring vary across Wales.
- 8 There is still scope on some wards to improve the help available to patients: to prepare for mealtimes; with eating; and to minimise mealtime interruptions. Catering services are largely delivering against the all-Wales Menu Framework introduced in 2013 with patients generally satisfied with food services. Written information for patients is not widely available and where available is not always shared.
- 9 There is continued reliance on paper-based systems for planning and monitoring catering services with few NHS bodies making use of electronic systems. Catering costs are better controlled with reductions in both food waste and subsidies for non-patient catering services. Although food waste is within target, the cost of waste remains high.
- 10 NHS bodies have well-established arrangements for ensuring that national policies and standards related to nutrition and catering are implemented. Local and national oversight is made possible through groups convened by the Welsh Government. However, information is not routinely reported to Boards and most Boards are unsighted of the performance and quality of nutrition and catering services.
- 11 Detailed findings are presented thematically under the following four parts:
  - a Part 1: The nutritional care pathway
  - b Part 2: The mealtime experience
  - c Part 3: Catering costs and food waste
  - d Part 4: Planning and reporting

## Part 1

# The nutritional care pathway

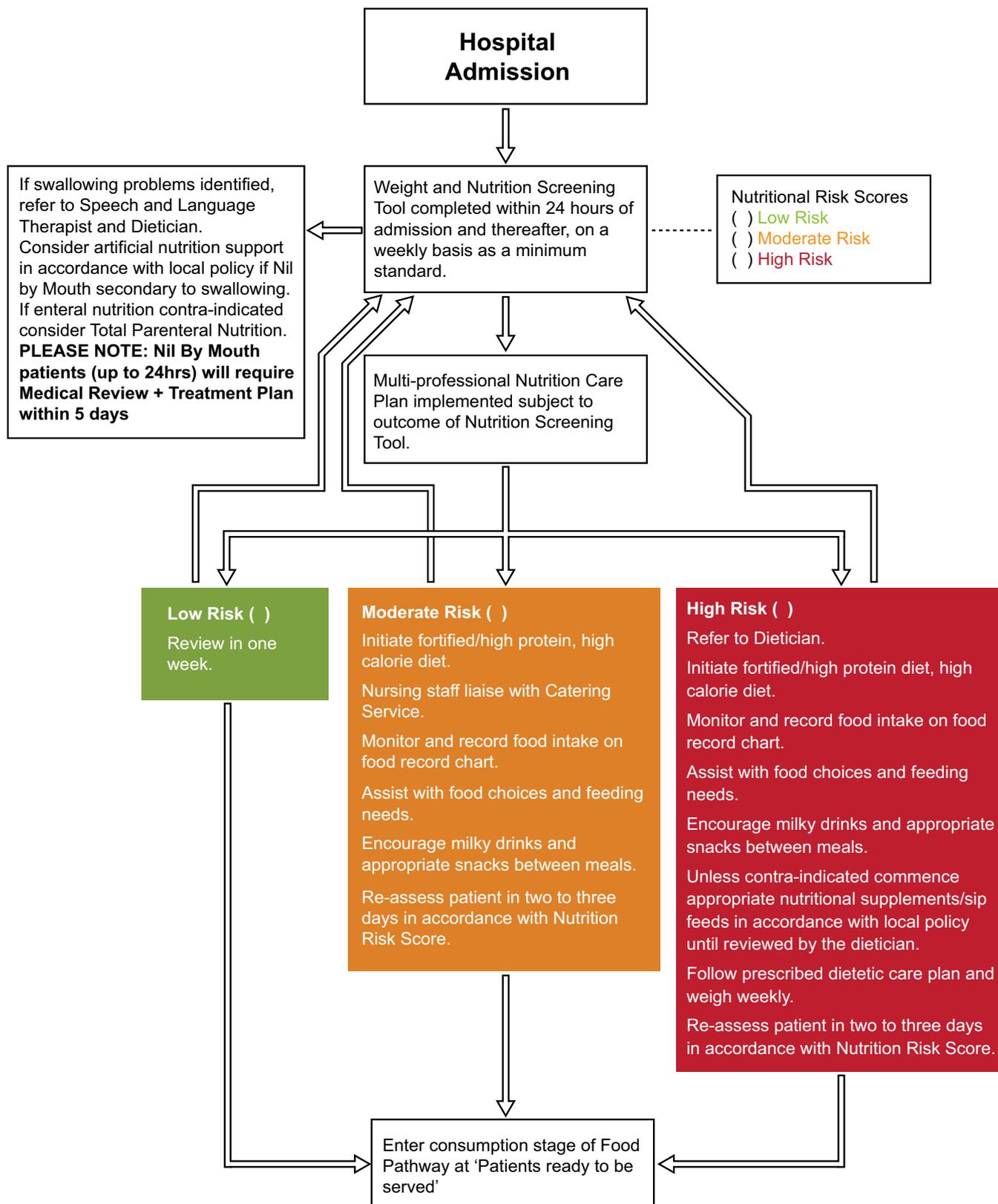
- 1.1 In 2011, I reported that many hospitals in Wales had improved their arrangements to ensure patients' nutritional needs were met. However, information was held in various different places and did not allow for a quick overview of patients' nutritional problems or for reviewing nutritional status easily. At that time, the lack of standardised nursing documentation to record key assessment information may have contributed to the variation in quality of the nursing records. Not all NHS bodies regularly monitored compliance with the nutritional care pathway. Meanwhile, information from nutritional screening was not collated to understand the scale of the problem and likely impact on services.
- 1.2 In 2015, I found that arrangements for meeting patients' dietary and nutritional needs continue to improve. However, nursing documentation has yet to be standardised and the quality of nutritional screening and documentation still needs improvement. My findings are summarised below under the following themes:
- nutritional assessment and screening;
  - training on the nutritional care pathway; and
  - monitoring arrangements.

### Patients are screened for nutritional risks but slow progress in standardising nursing documentation means that the quality of nutritional screening and documentation still needs improvement

- 1.3 Patients' nutritional status needs to be properly assessed and monitored. The all-Wales nutritional care pathway, introduced in summer 2009, sets out the sequence of actions required when screening patients for nutritional problems (Exhibit 1).
- 1.4 My latest audit found that nursing staff routinely screen patients for nutritional risks on admission to hospital but documented information from the assessment process was often recorded across a number of different records or missing altogether.
- 1.5 The all-Wales Nutrition and Catering Standards make it clear that oral health and communication are part of nutritional care. An assessment of dietary need, such as physical difficulties eating and drinking, dietary preferences or food allergies, should form part of the nutritional care plan. Just over a third (37 per cent) of patients responding to the all-Wales menu framework survey, conducted in spring 2015, reported being asked about their dietary preferences or requirements.<sup>3</sup>

<sup>3</sup> Welsh Government, **Patient Survey Data**, 2015 (unpublished).

Exhibit 1 – All-Wales nutritional care pathway



Source: Welsh Government

1.6 **Exhibit 2** shows some of the key measures and information that auditors looked for when assessing the quality of the nutritional screening process. Although a greater proportion of patients had their weight, height and oral health needs recorded in 2015 compared with 2011, the gap in other key information, like usual appetite, appeared to worsen.

**Exhibit 2 – Percentage of assessment items recorded as part of the nutritional screening process in 2011 and 2015**

Assessment items	Percentage of assessment items	
	2011	2015
Weight on admission	75	91
Height on admission	37	94
Body mass index calculated	41	92
Unintentional weight loss	83	78
State of oral health	47	74
Usual or normal dietary intake	64	51
Specific dietary needs	75	66
Current appetite	91	77
Ability to eat unaided	88	87
Ability to swallow without difficulty	75	78

Source: Wales Audit Office review of case notes

1.7 It is important to monitor and to record the food and beverage intake of patients with nutritional problems. An all-Wales food chart and a revised fluid balance chart were introduced in 2009 to support implementation of the nutritional care pathway. These charts enable nursing staff to record the food and beverages consumed by patients throughout the day in a systematic and consistent way. In 2015, auditors found that on some wards, food and fluid intake for patients identified as ‘at risk’ was not always recorded.

- 1.8 In 2011, I recommended that the Welsh Government develop and issue standard all-Wales nursing documentation to promote consistent nutritional screening and care planning. However, little progress has been made to standardise nursing documentation despite the ongoing issues highlighted by inspections and spot checks carried out by other regulators or inspectors.
- 1.9 The Healthcare Inspectorate Wales' Dignity and Essential Care Inspections<sup>4</sup> also found poor standards of nursing documentation, particularly the completion of needs assessments, care plans and food and fluid charts with concerns expressed about the regularity of reviews within written care plans. The Trusted to Care unannounced spot checks in 2014<sup>5</sup> found that 'the quantity, quality and variation of documentation on wards within and between hospitals and health boards posed a significant challenge ...' with evidence of poorly photocopied documents and multiple duplicate patient-care assessments, which were not always complete.
- 1.10 The NHS Wales Informatics Service (NWIS) is now leading work to modernise nursing record keeping and ensure fitness for purpose on behalf of NHS organisations.<sup>6</sup> NWIS is looking at how nursing documentation can be rationalised and moved from a paper-based to an electronic system, although there are currently no definitive timescales for completion. Project oversight is provided by the National Informatics Management Board, which has been chaired by the Minister for Health and Social Services. NWIS has recruited a new nurse informaticist who is due to start in the autumn of 2016. This individual will support the development of the all Wales electronic documentation system.
- 1.11 Auditors found that several NHS organisations had introduced new nursing documentation in 2015 in the absence of standardised nursing documentation. For example:
- a Powys Teaching Health Board introduced new nursing documentation to ensure key patient information is captured. The new documentation prompts for information in relation to nutrition, communication, and swallowing, as well as current appetite, dietary preferences, special, therapeutic or cultural dietary need. Overall, auditors found that the quality of information recorded in patients' case notes had improved with nutrition screening generally well completed and the information easily accessible.

4 Healthcare Inspectorate Wales, **Dignity and Essential Care Inspections (DECI) 2014-15 Thematic Report**, published in September 2015.

5 Welsh Government, **Learning from Trusted to Care Ministerial Unannounced Spot Check Visits, All Wales Report**, November 2014.

6 Welsh Government, **Learning from Trusted to Care – One Year On**, 2015.

- b Betsi Cadwaladr University Health Board was standardising nursing documentation for adult inpatient areas to support record keeping. However, the documentation does not include prompts for information, such as food preferences. The Health Board had yet to roll out fully the new documentation, and this, along with the lack of prompts may account for the gaps found in the information recorded.
  - c At Velindre NHS Trust, nursing records are completed against the 12 Fundamental of Care standards helping to ensure information on oral health and hygiene, eating and drinking, and communication is recorded.
- 1.12 Abertawe Bro Morgannwg University Health Board has developed an integrated nursing assessment approach with supporting documentation to promote holistic nursing assessment and to address variation in standards of documentation. Arrangements are in place to monitor the standard of completion.
- 1.13 NHS organisations have yet to categorise systematically numbers of patients according to their nutritional risk score and to use the information for planning or monitoring patient outcomes. Existing IT systems, including the all-Wales nursing metric system, do not enable the capture of this detail. The move to standardised nursing documentation and an electronic nursing record should provide opportunities for including nutrition and other risk assessment scores within the nursing record.

### **Full compliance with e-learning training on the nutritional care pathway is yet to be achieved**

- 1.14 A lack of refresher training on how to use the screening tools or assessment documentation was one reason cited for the poor quality of nutrition screening when I reported in 2011. The Welsh Government introduced an e-learning training package in the use of the all-Wales nutritional care pathway and all-Wales food and fluid charts in September 2011. All ward-based nursing staff were required to complete the e-learning training package within 12 months of this date, while new staff should complete it within 12 months of appointment.
- 1.15 In July 2014, the e-learning modules on both the nutritional screening and food and fluid charts were placed on a new web platform. Information on an all-Wales basis on the number of nursing staff completing these modules prior to July 2014 is no longer available as data transfer was not possible from the old to the new system.

- 1.16 At the time of my audit work in 2015, NHS organisations had yet to achieve full compliance. Based on the information NHS organisations provided, compliance with the e-learning module ranged from 25 per cent to more than 80 per cent. A number of reasons cited for poor compliance included:
- too few ward-based computer terminals to enable staff to access the e-learning training package;
  - an inability to complete the training uninterrupted when at work because of the time needed to complete it;
  - difficulty navigating the e-learning web platform once online; and
  - out-of-date content that did not reflect the changes to practice that have been introduced, such as changes to the size of water jugs and glasses.
- 1.17 In addition to the e-learning modules, there are many examples of dietetic and nursing staff working collaboratively at the time of my audit to embed nutrition training within existing local training courses or developing bespoke training programmes. On some wards, auditors found that dietetic staff had established and were maintaining information boards with dietary and nutritional advice for patients. These information boards also acted as a learning resource for nursing staff.
- 1.18 An all-Wales education and training task and finish group had been established at the time of my audit work. The group's purpose is to ensure that all staff involved in the hospital food 'chain' have access to training to promote the all-Wales Menu Framework, encourage appropriate patient choice and promote healthy options. The group is comprised of one representative from each NHS body and drawn from either the dietetic, catering or training department. I am unable to comment on whether the group has achieved its objectives as it had met only once at the time of my audit.

## In general, all NHS bodies undertake some form of regular monitoring of the nutritional care pathway, although the nature and extent of the monitoring vary across Wales

- 1.19 In 2011, I reported that not all NHS bodies monitored compliance with the nutritional care pathway. I recommended that NHS organisations regularly audit all aspects of the nutritional care pathway. Compliance with nutrition screening<sup>7</sup> is a core measure that is recorded monthly within the all-Wales nursing metrics system. Self-reported data indicate that compliance ranged from 90 to 95 per cent across individual health boards in 2015. However, auditors found that health board averages mask big variations within and between hospitals, which means that consistently poor performance is less visible.
- 1.20 The extent to which NHS organisations regularly assess the quality of nutritional screening and the wider nutritional care pathway varies between NHS organisations. In some organisations (Cardiff and Vale and Aneurin Bevan University Health Boards and Velindre NHS Trust), dietetic staff regularly assess the quality of nutritional screening, the accuracy of nutritional risk scores, whether appropriate nutritional care has been instigated and whether appropriate referrals for dietetic support have been made. Two health boards (Betsi Cadwaladr and Cwm Taf University Health Boards) introduced regular audits of nutritional screening, carried out by nursing staff, to improve compliance and raise the profile of nutritional assessment at ward level. Compliance with nutrition screening is included as part of the multidisciplinary mealtime audits introduced at Cwm Taf University Health Board and Powys Teaching Health Board (see [paragraph 2.28](#)).
- 1.21 Hywel Dda and Abertawe Bro Morgannwg University Health Boards last undertook comprehensive audits of the nutritional care pathway, including nutritional screening, in 2013. Although neither health board has repeated the audit, compliance with nutritional screening is monitored through the monthly nursing metrics, as well as spot checks of compliance with nutrition and hydration standards or nursing documentation audits. Since our audit work, Hywel Dda University Health Board has established Care Indicator Scrutiny and Improvement groups, which will be accountable for the detailed review of compliance with care indicators, including nutritional screening and record-keeping standards.

<sup>7</sup> Compliance with nutritional screening is defined as the percentage of nutritional scores completed and appropriate action taken within 24 hours of admission.

## Part 2

### The mealtime experience

- 2.1 In 2011, most hospitals provided an appropriate choice of meals. Although dieticians were involved in menu planning, not all hospital menus had been nutritionally assessed. Patients were generally satisfied with the food they received but many patients indicated that snacks were unavailable between meals. Not all patients got the help they needed at mealtimes and more could be done to embed protected mealtime principles.<sup>8</sup>
- 2.2 In 2011, the Welsh Government published new nutrition and catering standards.<sup>9</sup> These standards superseded the 2002 nutrition and catering framework and provide technical guidance for staff responsible for meeting patients' nutrition needs.<sup>10</sup> NHS bodies were required to be fully compliant with the standards by April 2013.
- 2.3 In 2015, I found that that mealtime experiences were improving but there was still more to do to ensure all patients get timely support and written information on what to expect and to further minimise lunchtime interruptions on some wards. My findings are summarised below under the following themes:
- patient menus;
  - food and beverage services;
  - preparing for mealtimes
  - protected mealtimes;
  - information for patients;
  - monitoring mealtime services; and
  - food hygiene ratings.

8 Protected mealtimes are periods when all non-urgent clinical activity stops on hospital wards to allow patients to eat their meals without unnecessary interruptions, and when nursing staff are able to provide assistance and support to people needing help with eating.

9 Welsh Government, **All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients**, October 2011

10 The nutrition and catering standards are aimed at meeting the nutritional needs of patients who are capable of eating and drinking. The standards do not apply to patients receiving parenteral or enteral nutrition, that is, nutrients delivered intravenously or directly into the gastro-intestinal system.

## Patient menus are nutritionally assessed through the all-Wales Menu Framework with NHS bodies largely compliant with the recipes

- 2.4 The 2011 all-Wales nutrition and catering standards specify the nutrient content needed to provide for the diverse needs of the hospital population. To support the implementation of these standards, caterers and dietitians across Wales worked together to produce the All Wales Hospital Menu Framework, which was launched at the end of January 2013. The framework consists of a database of 150 standardised, nutritionally assessed recipes and sample menus. The supporting Menu Framework website is populated with the ingredients, product specifications and allergen coding<sup>11</sup> to ensure accessible accurate information.
- 2.5 In 2015, I found that NHS bodies were nearly compliant with the Menu Framework, that is, they use only the nutritionally assessed recipes within the database. In some NHS bodies, local recipes that comply with the nutritional standards were still in use. There is a unified approach to recipe development and menu design is overseen by an all-Wales operational recipe review group. This group is chaired by the procurement dietician, who was appointed to the NHS Shared Services Partnership Procurement Service in 2013 to lead on the development of nutrition specifications for food contracts for the dishes within the menu framework.
- 2.6 In addition to leading on nutrition specifications, the procurement dietician has sourced high-quality energy-dense snacks as part of the 'food first' approach to improving a patient's nutritional status. Bespoke nutritious homemade style soups have also been procured or made in house to a standardised recipe, to replace the poor-quality powdered varieties previously served. Soup combined with a sandwich or cheese and biscuits now provides a high-energy, high-protein lighter option on patient menus. An all-Wales modified texture menu has also been developed to ensure an adequate choice of meals to meet the nutrient standards for patients with swallowing difficulties.

<sup>11</sup> The Food Information for Consumers Regulation (EU) No. 1169/2011 was implemented in December 2014. These regulations changed the allergen labelling rules to ensure allergen ingredients information is presented in a clear and consistent way.

## Arrangements to ensure 24-hour access to food and beverages are largely adequate and patients are generally positive about food services

- 2.7 In 2015, I found that arrangements for ensuring 24-hour access to food and beverages were largely adequate and patients were generally positive about the food and range of choice. However, in some hospitals, there is scope to improve meal choices for those patients on long-stay wards or for patients with special dietary requirements, which hospital catering services were working to address.
- 2.8 Following the launch of the all-Wales Menu Framework, a Strategic Monitoring and Evaluation Group was convened (see also [paragraph 4.6](#)) and it introduced a national survey to seek patients' views on food and beverage services. More than 1,700 patients – approximately 20 per cent of hospital inpatients – responded to the most recent survey in 2015. Nearly four-fifths of patients reported that they were 'always given a choice of foods' at breakfast, lunch or dinner and, for the most part, 'the number of choices were about right'.
- 2.9 Patients also reported on the appearance and taste of the meals, as well as overall satisfaction. Just over three-fifths (62 per cent) of patients rated the presentation and appearance of the food as good or very good, but one-third (34 per cent) reported being given a meal that they felt was unappetising. More than half (56 per cent) rated the flavour or taste as good or very good with three-fifths (60 per cent) rating the quality as good or very good. Patients were asked to rate their overall satisfaction on a scale of one to ten where one is extremely dissatisfied and ten is extremely satisfied. More than half the patients (55 per cent) rated their satisfaction between eight and ten.
- 2.10 The 2011 all-Wales nutrition and catering standards state that patients should be offered snacks two to three times a day with evening snacks offered to all patients because of the long gap between the evening meal and breakfast. Auditors found that snacks were generally available between meals and for patients who missed a meal, with snacks offered during the mid-morning and mid-afternoon beverage rounds. Ward staff told us that patients could request snacks any time of the day with a range of snacks, such as biscuits, fresh fruit, cheese and crackers, as well as staples like bread, cereal and milk, stored in ward kitchens.

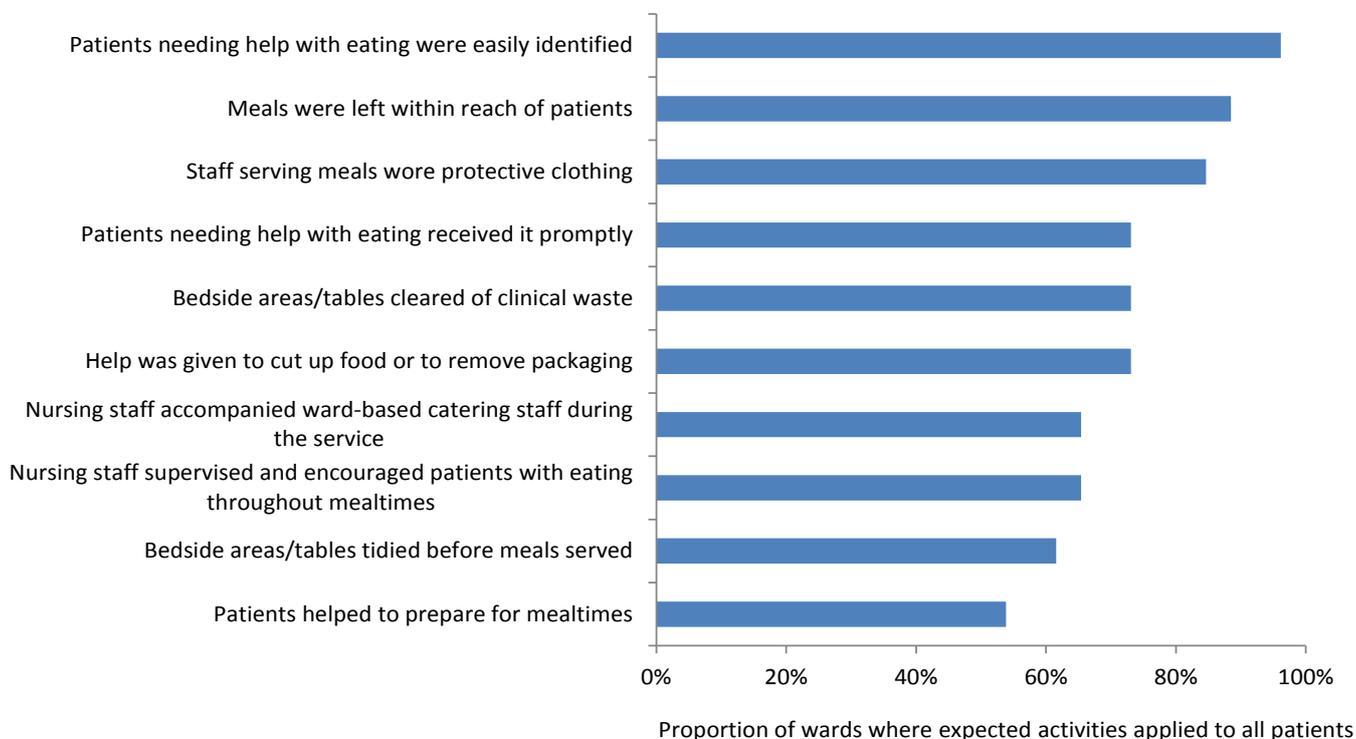
- 2.11 However, findings from the all-Wales Menu Framework survey show that not all patients have a positive experience. One in six patients (15 per cent) reported being advised to eat extra snacks but were not provided with them, while one in four patients (26 per cent) was never offered a snack after the evening meal. Where patients missed a meal, only one in eight patients (12 per cent) was offered a replacement.
- 2.12 The all-Wales nutrition and catering standards indicate that seven to eight beverages should be offered in any 24-hour period, with access to water at all times and water jugs changed three times a day. The 2014 Fundamentals of Care<sup>12</sup> audit found that drinking water was available and within patients' reach but water jugs were changed three times a day in only 60 per cent of clinical areas. Nursing and catering staff that we met as part of ward visits were committed to providing fresh water three times a day and seven to eight beverages. They did admit that this was sometimes challenging to deliver because of overall workload, particularly in the evening when ward-based catering staff or house keeping staff had finished their shift.
- 2.13 Most patients (97 per cent) surveyed as part of the Fundamentals of Care audit felt they were provided with water and beverages. Three-fifths of patients responding to the all-Wales Menu Framework survey reported that they were always offered drinks at mealtimes, in-between meals and at bedtime. However, just under one in ten patients (nine per cent) reported being thirsty because they were not given enough to drink.
- 2.14 The Trusted to Care report highlighted hydration as a major area of concern. Following a pilot study in 2015, NHS Wales launched the 'Water Keeps You Well' campaign in February 2016, to ensure patients stay hydrated while in hospital. The campaign aims to inform people about the role good hydration plays in managing and preventing many health conditions, and the harm caused by not drinking enough.

<sup>12</sup> Welsh Government, **All Wales Fundamentals of Care Audit, A Summary of the NHS Wales Organisations' Compliance with the Standards Based on the 2014 Annual Audit**, June 2015

## There is still scope to improve the help available to patients to prepare for mealtimes and with eating

2.15 The 2011 all-Wales nutrition and catering standards make it clear that patients' mealtimes should not be interrupted and help with eating given to all those who need it. As part of the 2015 audit, auditors visited 26 wards during the lunchtime meal service to observe whether arrangements were in place to help patients enjoy their meals in an environment conducive to eating, and that patients needing help with eating received it. Auditors also looked for evidence of patients being helped to prepare for meals, such as being helped to sit comfortably and to be given the chance to wash their hands. The observations show that there is still scope to do more to prepare some ward environments, to help patients prepare for mealtimes and to ensure all patients receive prompt support with eating and ensure adequate support and supervision for all patients (Exhibit 3).

Exhibit 3 – Proportion of wards where expected mealtime activities applied to all patients



Source: Wales Audit Office findings from mealtime observations

- 2.16 These findings largely mirror the results of the recent all-Wales Menu Framework survey, which found that:
- three-fifths (61 per cent) of patients able to leave their beds reported that they were always or usually encouraged to do so to eat their meals;
  - more than half (56 per cent) the patients reported that they were always able to wash or clean their hands before eating their meals, although one in eight patients (12 per cent) reported that they were never able to wash or clean their hands before meals; and
  - three-fifths (60 per cent) of patients needing help with eating reported receiving it compared with 17 per cent of patients who needed help reporting that they never received it.

### Protected mealtimes are more widely observed but more can be done to minimise mealtime interruptions

- 2.17 The Public Accounts Committee recommended that the Welsh Government issue supplementary guidance on protected meal times. In 2012, the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) for Wales issued a joint letter to remind health bodies that protected mealtimes are an integral part of the all-Wales Nutritional Care Pathway with which they have to comply. Furthermore, protected mealtimes should not be used to exclude relatives and carers who wish to help patients at mealtimes.
- 2.18 The 2014 annual Fundamentals of Care audit showed that 98 per cent of wards had systems in place to allow family and friends to assist with meal times. My audit work found this to be the case with nursing staff actively welcoming and encouraging family and friends to help patients at mealtimes.
- 2.19 Signage explaining the purpose of protected mealtimes and the times they operated was visible, for the most part, at the entrances to the wards visited. At Nevill Hall Hospital, signage goes further and includes information on 'quiet time' to encourage rest and recuperation.
- 2.20 My follow-up audit work found that protected mealtimes were more widely observed than previously with non-essential clinical activity 'winding down' just before meal services commenced. Healthcare professional staff for the most part left ward areas at the start of the meal service, and, if they remained, interactions with patients and nursing staff were minimised. Ward managers were confident that protected mealtimes worked well with professional colleagues supportive of the principles. Cleaning activity was generally complete prior to mealtimes and where it continued, it took place in areas away from patients' bedsides and did not impede the meal service.

- 2.21 Where mealtimes appeared to work well, the entire nursing team was engaged in the mealtime process. However, on some wards that we visited, not all registered nursing staff were focused on the mealtime service but engaged in other activities, such as medicine rounds, non-urgent administration or leaving the ward to take a meal break. The annual Fundamentals of Care audit routinely assesses whether a registered nurse co-ordinates every mealtime and whether all members of the nursing team are engaged in the mealtime service, and in 2014 compliance was 82 per cent and 93 per cent respectively.
- 2.22 Compliance with protected mealtimes is now regularly assessed as part of the comprehensive mealtime audits introduced by most NHS organisations with appropriate action taken to address poor compliance (see [paragraph 2.28](#)). However, one in six patients (15 per cent) responding to the 2015 all-Wales menu framework survey experienced interruptions on the ward that prevented them eating their meals, indicating that more can still be done to minimise mealtime interruptions.

### Written information for hospital patients on what to expect is not always available, and if available it is not widely disseminated

- 2.23 The 2011 All Wales Nutrition and Catering Standards make it clear that patients and their carers should be provided with information on what to expect in relation to meals and snacks while in hospital. The National Assembly's Public Accounts Committee recommended that the Welsh Government ensure NHS organisations provide hospital patients with my leaflet 'Eating Well in Hospital – What You Should Expect'.<sup>13</sup> The joint letter issued by the CMO and CNO in 2012 asked NHS bodies to provide patients with the information set out in my leaflet.
- 2.24 In 2015, auditors found that written information about what to expect in relation to food and drink services is still limited or, if available, it is not widely disseminated, and awareness of my leaflet amongst staff and board members was variable.
- 2.25 More positively, Powys Teaching Health Board and Velindre NHS Trust routinely gave patients a copy of the leaflet, and there is ongoing work by other NHS bodies to provide appropriate information about catering and nutrition services, for example:
- Cwm Taf University Health Board prominently displays its Dignity Pledge<sup>14</sup> on hospital wards and within bedside documentation;
  - Cardiff and Vale University Health Board had produced a patient laminated handbook for each ward that included information on food services;

<sup>13</sup> Wales Audit Office, [Eating Well in Hospital: What you should expect](#)

<sup>14</sup> The 'Dignity Pledge' lists 16 pledges, of which four relate to mealtimes. These are ensuring protected mealtimes are in place, providing opportunities for patients to wash their hands prior to meals, assisting patients to get into a comfortable position for eating, as well as ensuring meals and drinks are within reach and providing assistance for those who need help eating, including welcoming relatives and carers to assist.

- c Dietetic staff at Aneurin Bevan University Health Board had developed a 'poor appetite' leaflet to provide ideas and practical tips on how to get extra nourishment while in hospital and following discharge from hospital; and
  - d The Princess of Wales Hospital had developed a new patient manual that included information on food, snacks, eating well and assistance with eating and drinking.
- 2.26 Patient information, including information about food services and help with eating and drinking if needed, is sometimes available on health boards' websites. Although useful, not all patients will access this information before coming into hospital and the information is not necessarily available in a printed format.
- 2.27 At the time of my audit work, the all-Wales Menu Framework Group was developing marketing materials to explain to patients the all-Wales approach to preparing hospital food. The Group planned to work with local health boards and their partners to publicise these materials in areas where patients might visit, like outpatient departments and GP surgeries.

## Arrangements for monitoring mealtime services and patient satisfaction are mostly in place

- 2.28 In 2015, auditors found that all health boards, with the exception of Hywel Dda University Health Board, have comprehensive systems in place to regularly assess mealtime services. These audits assess food hygiene practices, un-served meal waste, the support provided to patients at mealtimes, protected mealtimes and the availability of snacks and beverages. Compliance with nutritional screening is included as part of these mealtime audits at Cwm Taf University Health Board and Powys Teaching Health Board. Multidisciplinary teams comprising nursing, dietetic and facilities staff carry out these audits with feedback available immediately, enabling improvements to be made where necessary.
- 2.29 Satisfaction surveys remain the main mechanism for collecting patients' views on nutrition and catering services. Where health boards have introduced multidisciplinary mealtime audits, patients' experiences are captured in 'real time' helping to resolve problems quickly, for example:
- a At Cwm Taf University Health Board, formal patient satisfaction surveys are an established part of the mealtime audit process. The Health Board collates the survey findings to create a patient satisfaction score as a key performance indicator with overall findings reported quarterly to the Health Board's strategic nutrition and catering group and Corporate Risk Committee.
  - b In 2015, Powys Teaching Health Board was integrating a patient satisfaction survey within its mealtime audits.

2.30 Since 2012, Cardiff and Vale University Health Board has regularly invited ward patients to take part in its 'Two minutes of your time' survey, which includes questions about food services. Patients' views are shared with the strategic nutrition and catering group and reported to each meeting of the Board. Abertawe Bro Morgannwg University Health Board has introduced the friends and family test.<sup>15</sup> If patients or carers complete the friends and family test electronically, key trigger words, like nutrition, elicit an immediate response locally. Betsi Cadwaladr University Health Board is participating in independent surveys run by the Picker Institute,<sup>16</sup> which include a number of questions relating to food and mealtimes.

## Hospitals score highly against the food hygiene ratings

2.31 In its 2012 report, the Public Accounts Committee recommended that the Welsh Government take action to ensure that all Welsh hospitals displayed the food hygiene rating awarded by local authority environmental health services. The Food Hygiene Rating (Wales) Act 2013 came into force in November 2013. This Act makes it a mandatory requirement for all food businesses in Wales, including hospital catering services and commercial outlets located on hospital premises, to display their food hygiene rating. The ratings range between urgent improvement necessary (zero score) to very good (score of five).

2.32 The EFPMS data show that at the end of June 2015, 98 per cent of hospitals in Wales had a hygiene rating of four (good) or five (very good), while two hospitals had a hygiene rating of three (generally satisfactory). During my audit, auditors found varying approaches to the display of these ratings. Some hospitals displayed the ratings at the entrance to both the main hospital and the restaurant. In other hospitals, hygiene ratings were displayed only at the restaurant entrance to prevent giving the impression that commercial outlets operating on the site were also covered. Auditors also observed that commercial outlets, including those run by the Women's Royal Voluntary Service, displayed food hygiene ratings.

<sup>15</sup> The friends and family test asks patients and carers whether they would recommend the service to friends and family, and captures comments on aspects of care or service.

<sup>16</sup> The **Picker Institute** is an international charity working across health and social care to measure patient experience in order to improve the quality of care. <http://www.pickereurope.org/>

## Part 3

# Catering costs and food waste

- 3.1 My 2011 report indicated that financial information on catering services was typically poor. Where it existed, it showed significant variations in costs within and between NHS organisations. Few hospitals generated enough income to recover all non-patient catering service costs. NHS bodies were adopting measures to control the costs of catering services. However, there was scope to make more use of standard costed recipes, agreeing food and beverage allowances for patients, standardising local catering contracts and reducing food waste. Meanwhile, there had been little progress in computerising hospital catering systems with most catering services reliant on paper-based systems.
- 3.2 My follow-up review in 2015 found continued reliance on paper-based systems but did find that catering costs are better controlled with reductions in food waste and subsidies for non-patient catering services. Although food waste is within target, the cost of waste remains high. My findings are summarised below under the following themes:
- cost control mechanisms and information technology;
  - food waste; and
  - subsidies for non-patient catering services.

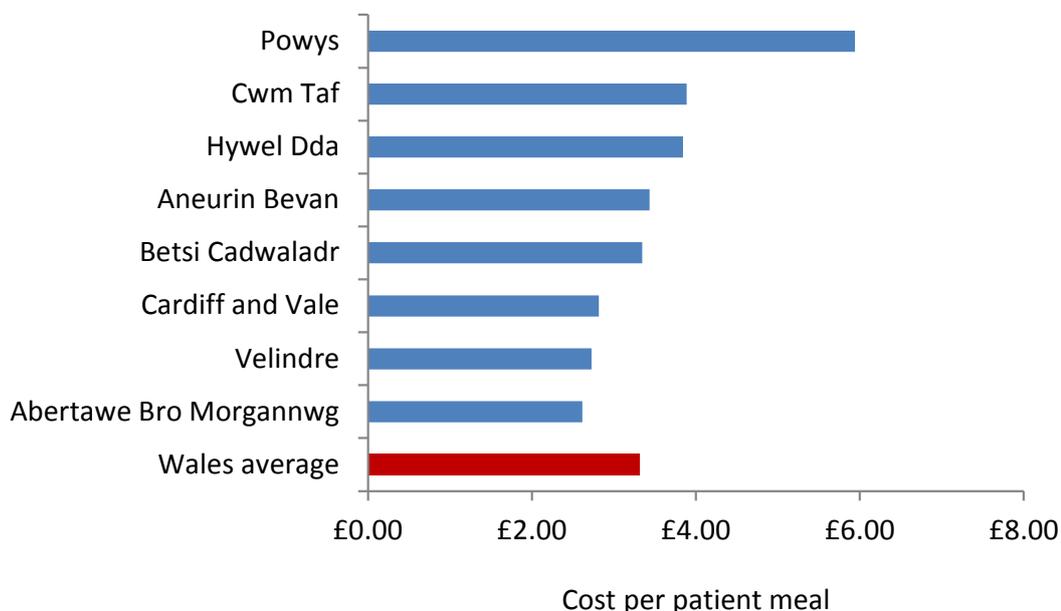
### **NHS organisations are making better use of cost control mechanisms but few make use of IT catering systems**

- 3.3 My latest audit found that in most NHS bodies, there was a clearer understanding of the cost of food production with most organisations making better use of the EFPMS data to monitor and benchmark catering services internally. Most organisations had standardised their food production and cost control systems with several changing the way they compile information to enable more reliable comparisons across sites.
- 3.4 The introduction of the all-Wales Hospital Menu Framework ensures standard costed recipes are available to catering services. The Menu Framework supporting website provides the ingredients, product specifications and costs per portion for each recipe. The procurement dietician at the NHS Shared Services Partnership Procurement Service was working to rationalise the number of product lines purchased by NHS bodies. This approach is reported to be helping improve stock control, the quality of food products purchased through the all-Wales contracts and generating savings.

- 3.5 Limited progress has been made in introducing IT catering systems across Wales. Only a few NHS bodies used such systems while those who did not were awaiting a decision on the procurement of an all-Wales system.
- 3.6 Aneurin Bevan, Cwm Taf and Betsi Cadwaladr University Health Boards had introduced the Menumark system. In Aneurin Bevan University Health Board this system is used to manage food production and the Health Board was piloting the use of computer tablets to take patient meal orders.
- 3.7 Aneurin Bevan University Health Board also uses the Menumark system to provide real-time information using the all-Wales costed recipes along with the commodity prices, which are updated in line with the all-Wales procurement contract price. This enables the Health Board to calculate and monitor average daily meal costs.
- 3.8 In 2012, the Welsh Government asked the NHS Wales Informatics Service (NWIS) to work with the NHS Shared Services Partnership Specialist Estates (formerly the Welsh Health Estates) to develop an outline business case (OBC) for procuring a national catering IT system. The OBC was prepared in 2013. However, there were delays in the OBC being shared more widely with NHS bodies. By the time it was considered by appropriate groups of NHS Directors in early 2015 the figures on costs and potential savings were out of date. NWIS and the NHS Shared Services Partnership Specialist Estates have updated the OBC using the latest cost data which became available at the end of December 2015. It is understood that the OBC has been submitted to the National Informatics Board by NWIS for a decision on whether to proceed with the procurement process.
- 3.9 In 2011, I reported wide variations in the costs of patient catering services across Welsh hospitals and within health boards, with differences not easily explained by the different catering models. At that time, the cost per patient meal day varied three-fold between acute hospitals and ranged from £6.00 to £18.00 per day. However, fully understanding these variations in cost was made difficult by inconsistencies in the ways the costs were calculated across NHS bodies.
- 3.10 NHS organisations in Wales jointly agreed in 2012 to implement a new costed model for patient and non-patient catering services as part of the EFPMS. The new costed model was supported by revised data definitions and new indicators like 'cost per patient meal', which replaced 'cost per patient meal day', and cost of waste from un-served patient meals.

- 3.11 During my latest audit, NHS staff reported that the quality of the data was improving, albeit slowly. My analysis of the latest EFPMS data showed that there was still more to do to improve the quality of data entry by NHS organisations and to eliminate discrepancies in the calculations used to derive the EFPMS indicators. Recent changes to the EFPMS data entry system now alert NHS organisations to possible problems with the quality of the information or errors in data entry by highlighting significant variances in data entry compared with the previous year. In addition, the NHS Shared Services Partnership Specialist Estates have commissioned the software provider to undertake all the data analysis necessary to derive the EFPMS National Dashboards.
- 3.12 Cost per patient meal (the new indicator) still continues to vary but the overall range has narrowed (Exhibit 4).<sup>17</sup> It should be noted that patient meal costs are likely to be overestimated for Powys Teaching Health Board. In 2015, responsibility for catering budgets at the Health Board was not centralised within the facilities management team but instead devolved at a locality level. This made it difficult for the Health Board to differentiate the overall cost of foods procured from the cost of food used to prepare patient meals. At the time of writing, the Health Board was consulting on a new centralised structure for facilities management with intended benefits being realised in mid-2016.

Exhibit 4 – Cost per patient meal



Source: Wales Audit Office analysis of NHS Estates in Wales Facilities Performance supplementary data, 2014-15

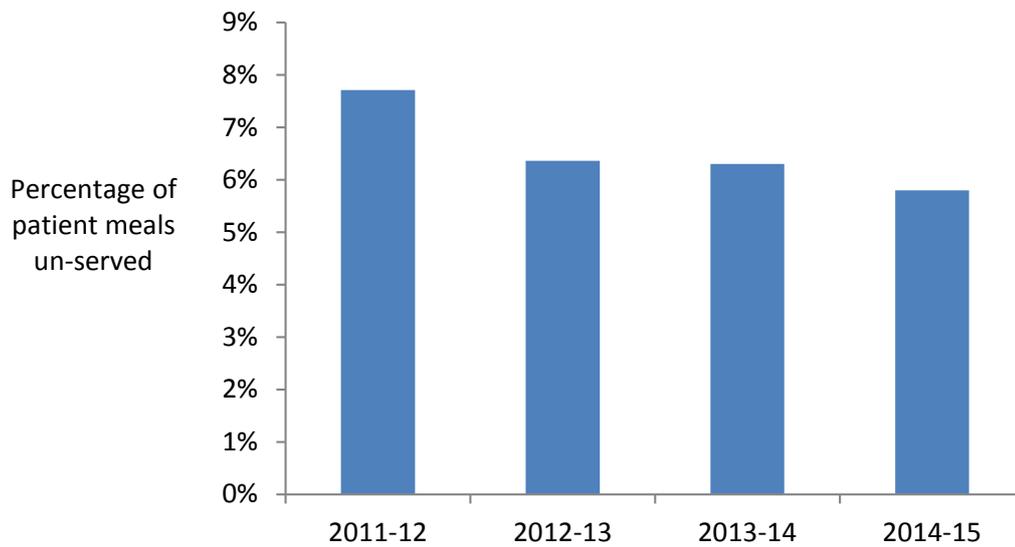
<sup>17</sup> Welsh hospitals prepared 11.3 million meals, that is breakfast, lunch, dinner and sandwiches, in 2014-15. It cost £37.4 million to prepare these meals with costs covering food products, staff and other non-consumables.

## Although wastage from un-served patient meals is within the target, the value of this waste is still too high

- 3.13 Reducing food waste remains an important part of controlling the cost of hospital catering services. Ideally, hospitals should be monitoring food waste routinely and regularly as part of effective day-to-day management. At the time of my original audit, all catering departments monitored and recorded the number of un-served patient meals at some time during the year. The frequency depended upon food production methods or the arrangements for serving patient meals but the level of food waste in some hospitals was unacceptably high. The EFPMS data at the time suggested that eight per cent of all patient meals produced were left untouched<sup>18</sup> in 2009-10. My audit findings suggested that wastage was much higher.
- 3.14 I recommended that NHS organisations should aim to ensure that wastage did not exceed 10 per cent while the National Assembly's Public Accounts Committee asked the Welsh Government to provide it with details of how and when waste reduction targets would be met. The Welsh Government subsequently set a 10 per cent food waste target for un-served meals, which NHS organisations had to achieve by the end of 2012-13.
- 3.15 My latest audit work found that NHS organisations had improved their systems for monitoring and recording wastage from un-served patient meals. Clearer guidelines about what constitutes un-served waste were in place at half these organisations.
- 3.16 Ward visits carried out in 2015 found that catering staff, for the most part, recorded the number of un-served meals at the end of the service. This information was regularly recorded and monitored by catering and facility managers. Wastage data provided by NHS organisations showed that monthly wastage was at, or below, target, ranging from two per cent to just under 10 per cent. In addition to the regular monitoring, un-served wastage was also assessed as part of the comprehensive mealtime audits. The multidisciplinary team approach to the mealtime audits allows catering and nursing staff to tackle issues around waste collectively.
- 3.17 The EFPMS data show that average wastage from un-served patient meals was just under eight per cent in 2011-12 and since then, has fluctuated at around six per cent (Exhibit 5). Whilst this is within the target level set by the Welsh Government, and the estimated cost of this wastage has reduced by three per cent between 2011-12 and 2014-15, the latest annual figures show that there is still a cost of £903,600 to the NHS in Wales from unserved meals.

<sup>18</sup> This is the number of untouched/un-served patient meals remaining at the end of the meal service period expressed as a percentage of the total number of meals provided.

### Exhibit 5 – Percentage of patient meals un-served



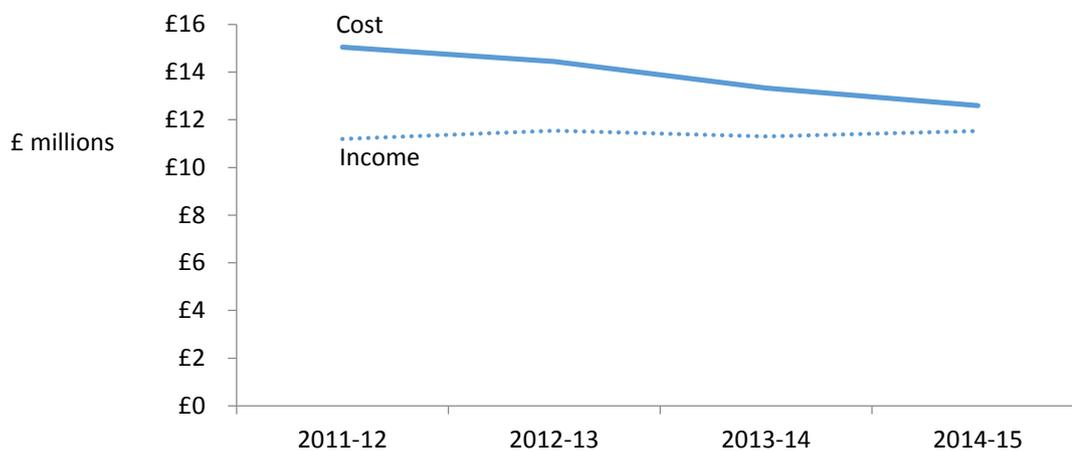
Source: Wales Audit Office analysis of NHS Estates in Wales Facilities Performance supplementary data, 2011-12 to 2014-15

### Substantial reductions in the level of subsidy for non-patient catering services have been achieved

3.18 In 2011, my report indicated that NHS organisations were subsidising non-patient catering services, in most cases unknowingly. My latest audit work found that NHS organisations now aim for non-patient catering services to break even with a number of mechanisms introduced to manage non-patient catering services more effectively. These mechanisms included clearer pricing policies and standardised prices across all hospitals within individual health boards. Electronic point of sales technology ensured prices were updated automatically, as well as helping with stock control, monitoring the number of transactions throughout the day and reviewing the most profitable products.

3.19 It is likely that these mechanisms are contributing to the overall reduction in the cost of non-patient catering services. Costs reduced by 16 per cent from £15 million in 2011-12 to £12.6 million in 2014-15. There were small fluctuations in the income generated by these services but the year-on-year cost reductions mean that the gap between cost and income is narrowing (Exhibit 6). The overall shortfall or subsidy reduced by 73 per cent from £3.85 million in 2011-12 to just over £1 million in 2014-15.

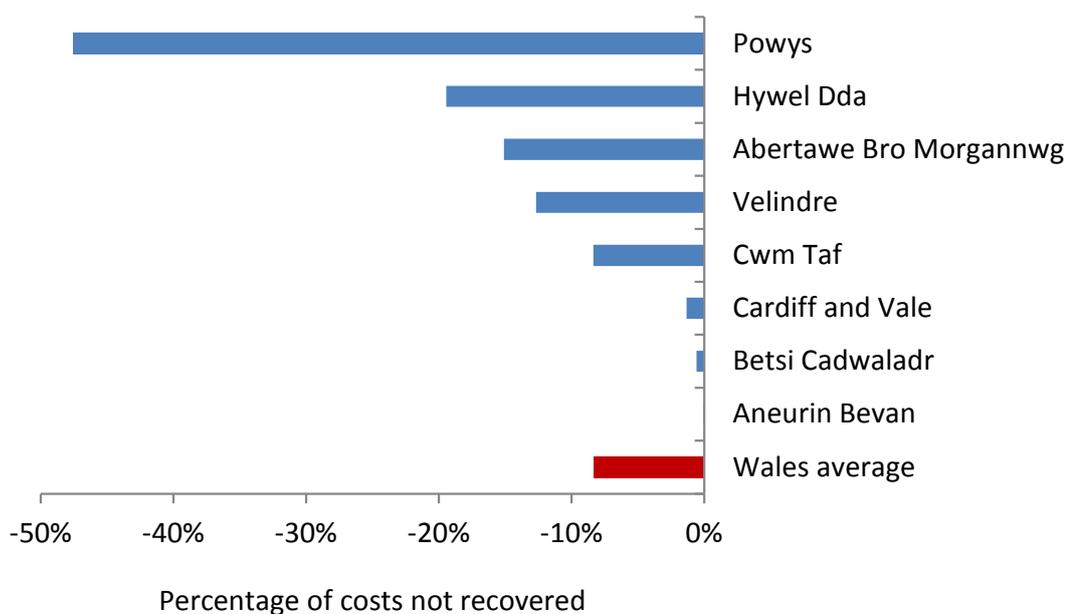
Exhibit 6 – Trend in the costs of non-patient catering services and income generated



Source: Wales Audit Office analysis of NHS Estates in Wales Facilities Performance supplementary data, 2011-12 to 2014-15

3.20 Although the overall level of subsidy is reducing, it may be some time before services break even everywhere. Only a few NHS organisations generated enough income to break even or nearly break even in 2014-15 ([Exhibit 7](#)). Powys Teaching Health Board had the biggest percentage shortfall in income compared with the cost of its non-patient catering services, which totalled £72,000. This accounts for only a small proportion of the £1 million shortfall across Wales while the shortfall at Abertawe Bro Morgannwg, Hywel Dda and Cwm Taf University Health Boards totalled £913,000.

**Exhibit 7 – Percentage of costs not recovered by income from non-patient catering services in 2014-15**



Source: Wales Audit Office analysis of NHS Estates in Wales Facilities Performance supplementary data, 2014-15

## Part 4

### Planning and reporting

- 4.1 In 2011, my report drew attention to a number of weaknesses with planning and reporting arrangements in relation to hospital catering and patient nutrition. I reported that the existence of up-to-date local strategies and plans to give effect to national policies was patchy. There was also scope to clarify executive accountabilities for catering and nutrition in some health boards where split responsibilities existed. A more comprehensive and co-ordinated approach was needed to seek the views of patients and families to inform plans and developments. In addition, I raised a concern that the boards of NHS bodies received limited information on the delivery and performance of catering services and issues relating to patient nutrition.
- 4.2 My 2015 work found that some of these arrangements have been strengthened. National working groups had been established to support oversight of nutrition and catering related issues. Whilst arrangements for operational oversight and scrutiny in NHS organisations were found to be generally robust, reporting on the performance of catering and patient nutrition services to the board is still limited. Findings are set out under the following themes:
- national oversight; and
  - local scrutiny and reporting.

### **National working groups support oversight of issues related to nutrition and catering**

- 4.3 In 2011, I recommended that the Welsh Government bring together all the relevant policy guidance in respect of hospital catering and patient nutrition into an updated national framework. Meanwhile, the National Assembly's Public Accounts Committee recommended that the Welsh Government monitor progress of NHS bodies in delivering its guidance.
- 4.4 The 2011 all-Wales nutrition and catering standards brought together a lot of the relevant policy guidance in relation to hospital catering and nutrition. The Welsh Government also brought together these standards and relevant information covering hospital catering and patient nutrition on the 'Hospital Nutrition and Catering Framework' website. This NHS intranet site is accessible on every hospital ward via the NHS nursing portal.

- 4.5 A number of national groups support Welsh Government oversight of policy implementation. The all Wales Hospital Nutrition and Catering Co-ordinators Forum, chaired by the Welsh Government, is comprised of senior nurses, dieticians, speech and language therapists, caterers from NHS bodies and other relevant Welsh Government officials.
- 4.6 The Welsh Government also established a national group to support the launch of the all-Wales Menu Framework. This group has evolved into the all-Wales Menu Framework Strategic Monitoring and Evaluation Group. The Group is comprised of a public health dietician, representatives from the NHS Shared Services Partnership Procurement Service and senior dietetic and catering staff from each health board. It meets three times a year. The Group has a number of objectives not least to ensure health boards meet the 2011 all-Wales nutrition and catering standards, comply with the all-Wales Menu Framework and to achieve high levels of patient satisfaction. The Group prepares an annual report for the Welsh Government's Public Health Division setting out achievements against a programme of work delivered through task and finish groups like the operational recipe review group and the education and training group.
- 4.7 At present, the all-Wales Menu Framework (AWMF) Group and the Hospital Nutrition and Catering Co-ordinators Forum work separately. The Welsh Government intends to make closer future links between the work of these groups. This will support better continuity and communication between nursing and catering professionals and enable more effective oversight of catering and nutrition policy implementation.
- 4.8 In 2012, the Welsh Government required NHS bodies to develop plans setting out the actions needed to address my recommendations. These action plans were publicly available on the websites of individual NHS organisations. Up until 2013, NHS bodies reported twice a year to the Welsh Government on progress against these actions. Since then, the responsibility for monitoring of progress has largely rested with board sub-committees of individual NHS organisations.

## Operational oversight and scrutiny are generally robust but reporting to the full board remains limited

- 4.9 In 2011, I reported that there was scope to clarify executive accountabilities for catering and nutrition given that in some health boards these portfolios were split between different executive directors. My latest audit found that NHS bodies are still unlikely to have a single board level director responsible for both nutrition and catering. Nonetheless, auditors were generally satisfied that where different executive directors were involved, accountabilities were clearly defined and understood.
- 4.10 Multidisciplinary strategic groups for nutrition and catering are now in place at each NHS organisation to provide assurance and oversight in relation to the implementation of national policies and standards. These groups (and sub-groups) have broad programmes of work. This work includes monitoring compliance with inpatient nutrition and catering standards and the all-Wales menu framework, leading on implementing the health and care standard on nutrition and hydration (Standard 2.5)<sup>19</sup>, reviewing findings from multidisciplinary mealtime audits and patient feedback and subsequent improvements. All groups have a wide and inclusive membership, including patient representatives. The Chairs of these strategic groups report to one or other of the executive directors responsible for nutrition and catering. At two health boards, these strategic groups are chaired by the responsible executive director.
- 4.11 In 2011, I recommended that NHS bodies develop a more comprehensive approach to board reporting that brought together information on compliance with the nutritional care pathway, performance data on catering services and patient feedback. My audit work in 2015 found that arrangements for monitoring and reporting on patient catering and nutrition are well established at an operational level with oversight and scrutiny provided by the multidisciplinary strategic groups. There are clear lines of accountability, including comprehensive reporting, from these groups to Boards' Quality and Safety Committees.
- 4.12 I found, however, that there is still scope to improve the flow of information from Quality and Safety Committees to the full Board. This means that performance information on catering and nutrition services is not routinely reported to the Board. Instead, there is a continued reliance on the annual self-assessment against the Health and Care Standards and the Fundamentals of Care audit. Consequently most Boards are unsighted of the work undertaken to ensure patients receive high-quality nutrition and catering services and to ensure compliance with the all-Wales Nutrition and Catering Standards and nutritional care pathway.

<sup>19</sup> Welsh Government, **Health and Care Standards**, April 2015.

4.13 There are exceptions, most notably at Cardiff and Vale University Health Board, where compliance with nutritional screening and patient experience, including satisfaction with food services, is reported at each board meeting. The Cwm Taf University Health Board also receives information on compliance with nutritional screening at each board meeting. Betsi Cadwaladr University Health Board receives periodic reports on compliance through its 'Ward to Board' metrics. Board reporting at Velindre NHS Trust is by exception, although work is now underway to integrate performance metrics on nutrition and catering within its quarterly performance storyboard.

## Appendices

Appendix 1 – Progress against my  
recommendations

Appendix 2 – Progress against  
recommendations made  
by the National Assembly's  
Public Accounts  
Committee

# Appendix 1 – Progress against my recommendations

The table below sets out the extent to which my recommendations have been implemented by both the Welsh Government and NHS organisations. My audit work found that 22 of the 32 recommendations were fully actioned while seven were on track but not yet complete, and that there was no or limited progress against three recommendations.

Auditor General's Recommendations		Progress rating <sup>1</sup>
<b>Ensuring patients' nutritional needs are met</b>		
R1a	We recommend that the <b>Welsh Government</b> develop and issue standard all-Wales nursing documentation to promote consistent nutritional screening and care planning, and to help ensure that important areas, such as oral health, are properly considered.	
R1b	We recommend that <b>NHS bodies</b> use the results presented in our local audit reports as a basis for ensuring that they are effectively implementing the all-Wales Nutritional Care Pathway, in particular, ensure that nutritional screening effectively identifies all patients who have nutritional problems, or are at risk of developing them, and that appropriate care plans and monitoring activities are instigated.	
R1c	We recommend that <b>NHS bodies</b> regularly audit compliance with all aspects of the nutritional care pathway across all their hospital sites and share the results of these monitoring exercises with all the relevant staff groups involved in catering and patient nutrition services.	
R1d	Where poor compliance with nutritional care pathway requirements is identified, we recommend that <b>NHS bodies</b> should establish the reasons for this, and implement clear plans of action to address the problem and include provision of necessary training to staff.	
R1e	We recommend that NHS bodies have arrangements in place to ensure that patients have access to food 24 hours a day; provision of snacks should be part of these arrangements and patients should be made aware of what snacks are available to them, and when.	
R2a	We recommend that <b>NHS bodies</b> take steps to ensure that all menus in use across hospital sites have been nutritionally assessed by dietitians.	
R2b	We recommend that the Assembly Government review the feasibility of introducing a national database of standard, nutritionally assessed menus as a means of avoiding duplication of effort across NHS organisations and making the best use of limited dietetic resources.	

Auditor General's Recommendations		Progress rating <sup>1</sup>
<b>Improving patients' mealtime experience</b>		
R3a	We recommend that <b>NHS bodies</b> ensure that their menus provide an appropriate choice of food and that the arrangements for ordering and serving food support adequate patient choice.	
R3b	We recommend that <b>NHS bodies</b> review their practices at ward level to make sure that patients are helped to get comfortable in readiness for their meals, and are given the opportunity to wash their hands before the meal is served.	
R3c	We recommend that <b>NHS bodies</b> continue to roll out the protected mealtime policy to as wide a range of wards as possible, communicating its importance to all the relevant staff groups working in the hospital, and regularly reviewing compliance with the policy.	
<b>Controlling the costs of the catering service</b>		
R4ba	We recommend that the <b>Welsh Government</b> , through Welsh Health Estates (now NHS Shared Services Partnership Specialist Estates), develop a clear model for costing patient and non-patient catering services, that is consistently applied across all NHS organisations to allow meaningful comparisons of hospital catering costs across Wales to be made.	
R4b	We recommend that <b>NHS bodies</b> introduce computerised catering information systems, supported by clear cost benefit analysis in comparison to existing manual based information systems.	
R5a	We recommend that <b>NHS bodies</b> review their current cost control mechanisms to ensure that they are making full use of standard costed recipes.	
R5b	We recommend that <b>NHS bodies</b> review their current cost control mechanisms to ensure that they are making full use of daily food and beverage allowances for patients.	
R5c	We recommend that <b>NHS bodies</b> review their current cost control mechanisms to ensure that they are making full use of standardised local catering contracts for the same or similar products across all their hospital sites.	

Auditor General's Recommendations		Progress rating <sup>1</sup>
<b>Controlling the costs of the catering service (cont.)</b>		
R6a	To improve performance in respect of hospital food wastage, we recommend that <b>local and national</b> targets are set for food wastage and as a guide NHS organisations should aim to ensure that wastage from un-served meals does not exceed 10 per cent.	
R6b	We recommend that <b>NHS bodies</b> routinely monitor food wastage according to clear guidelines of what constitutes an un-served meal, and that this information is used to generate meaningful comparisons locally and nationally.	
R6c	We recommend that monitoring of food waste should include identification of the reasons for the wastage that is observed, and this information should be used [by <b>NHS bodies</b> ] to identify priorities for improvements in systems and processes that are causing the waste.	
R6d	We recommend that <b>NHS bodies</b> emphasise to their staff that controlling food waste is a collective responsibility and that catering and ward-based staff should work together to tackle the problem.	
R7a	We recommend that <b>NHS bodies</b> set pricing policies and income generation targets that aim to ensure that non-patient catering services at least break even, or, if they do not, it is the result of a deliberate subsidy policy that is based on a detailed analysis of costs.	
R7b	We recommend that <b>NHS bodies</b> regularly monitor income and expenditure of non-patient catering services to ensure that the financial performance of these services is as expected and that unacceptable deficits are not being incurred.	

Auditor General's Recommendations		Progress rating <sup>1</sup>
<b>Effective service planning and monitoring</b>		
R8a	We recommend that the <b>Welsh Government</b> bring together all the relevant policy guidance in respect of hospital catering and patient nutrition into an updated national framework; the production of an updated national framework should be developed by a multidisciplinary policy group for catering and nutrition, which brings together staff from the various branches of the Assembly Government that have responsibilities for these services.	●
R8b	We recommend that <b>NHS bodies</b> ensure that they have up-to-date plans and procedures that set out the local arrangements for implementing national policy requirements and to ensure that as far as possible, catering and nutrition services are standardised, particularly where NHS re-organisation has brought together a number of different service models under one organisation.	●
R8c	We recommend that <b>NHS bodies</b> ensure that executive director accountabilities for catering and nutrition are clearly defined, and where two or more executive directors are involved, there are well defined arrangements for the co-ordinated planning and monitoring of services.	●
R9a	We recommend that the <b>Welsh Government</b> promote the importance of the EFPMS data as a tool for monitoring service delivery and ensure that sufficient guidance and training on data definitions are available to staff in NHS bodies who submit information.	●
R9b	We recommend that the <b>Welsh Government</b> staff involved in catering and nutrition should make more collective use of EFPMS data, alongside data collected from the annual Fundamentals of Care audits, as a mechanism for providing information on local implementation of national policy objectives.	●
R9c	We recommend that <b>NHS bodies</b> should ensure that they make full use of Estates and Facilities Performance Management System data as a tool in managing and monitoring their catering and nutrition services.	●

Auditor General's Recommendations		Progress rating <sup>1</sup>
<b>Effective service planning and monitoring (cont.)</b>		
R10a	We recommend that <b>NHS bodies</b> develop a more comprehensive approach to reporting performance on catering services and patient nutrition to the Board, which brings together information on implementation of the nutritional care pathway, performance data on the costs of patient and non-patient services, food wastage and patient and relative feedback and this information should be presented to the Board at least annually and should make appropriate use of the EFPMS data.	●
R10b	We recommend that <b>NHS bodies</b> systematically collate the information from nutritional screening on the number of patients identified with, or at risk of, nutritional problems to understand the scale of the problem and the likely impact on catering and nutrition services to meet these patients' needs.	●
R11a	We recommend that <b>NHS bodies</b> ensure that there are effective arrangements in place for sharing information on patients' views about catering services between ward sisters/charge nurses and the catering service.	●
R11b	We recommend that <b>NHS bodies</b> demonstrate how they have taken patients' views into account when developing catering and nutrition services.	●
R11c	We recommend that <b>NHS bodies</b> establish mechanisms to involve patients in activities that assess the quality of catering and nutrition services.	●

1 Most of my recommendations apply to the seven local health boards and Velindre NHS Trust. A small number of recommendations apply only to the Welsh Government. The performance rating is based on progress made by both NHS bodies and/or Welsh Government to address individual recommendations. Green (●) indicates that recommendations were fully actioned by a minimum of six NHS organisations with the other two judged to be on track. Yellow (●) indicates that organisations are on-track but actions are not yet complete across the majority of NHS bodies. Red (●) indicates that there has been no or limited progress in addressing the recommendations by all or up to half of the NHS organisations.

# Appendix 2 - Progress against recommendations made by the National Assembly's Public Accounts Committee

The table below sets out the extent to which the National Assembly's Public Accounts Committee recommendations have been implemented by the Welsh Government. My audit work found that six of the seven recommendations were fully actioned while one was on track but not yet complete.

National Assembly's Public Accounts Committee Recommendations		Progress rating <sup>1</sup>
<b>Ensuring patients' nutritional needs are met</b>		
R1	We recommend that the Welsh Government issues supplementary guidance to all NHS bodies in Wales clearly stating that the protected meal times policy should not be used to exclude relatives and carers from providing assistance with eating to patients, and that where relatives and carers wish to assist at mealtime, that they are actively encouraged to do so by ward staff.	
R2	We recommend that the Welsh Government ensures that local health boards provide the Wales Audit Office guidance note 'Eating Well in Hospital—What You Should Expect' to every hospital patient in Wales at the point of admission.	
R3	We recommend that the Welsh Government takes action to ensure that the progress of NHS organisations in delivering their own action plans is rigorously monitored and made publicly available.	
R4	We recommend that the Welsh Government monitors the progress of NHS bodies in delivering its guidance, including sourcing local food which contributes to a healthy balanced diet for patients where possible.	
R5	We recommend that the Welsh Government provides us with details of how and when we can expect waste reduction targets to be met.	
R6	We recommend that the Welsh Government takes action to ensure food hygiene ratings are displayed publicly in all hospitals in Wales.	
R7	We ask that the Accounting Officer provides us with a plan of how and when the Welsh Government and Local Health Boards will have made the improvements recommended by the Auditor General. <sup>20</sup>	

<sup>20</sup> This recommendation is rated 'green' in respect of the accounting officer providing the Public Accounts Committee with a plan. It is clear, however, that more action is needed by both the Welsh Government and individual NHS bodies to fully address all of my recommendations.

Wales Audit Office

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

Swyddfa Archwilio Cymru

24 Heol y Gadeirlan

Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

E-bost: [info@archwilio.cymru](mailto:info@archwilio.cymru)

Gwefan: [www.archwilio.cymru](http://www.archwilio.cymru)