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3 August 2016

Dear Mr Vaughan Thomas

Petition P-04-663 Food in Welsh Hospitals

The National Assembly for Wales's Petitions Committee has been considering the following petition from Rachel Flint since January this year:

Petition wording

We the undersigned call on the Welsh Government to examine the standards of food in hospitals in Wales. Each health board's provision must be investigated to ensure it is fit for purpose for patients, those with dietary needs and medical conditions, and impose standards across the whole of the Welsh NHS. Hospital food should be nutritious, fresh and be a major part of a patient's care package and road to recovery – not make things worse. Dietary needs must be catered for – such as gluten free, lactose intolerant, Celiac, vegetarian and vegan – experience shows this is not currently the case and patients are often made to feel awkward. Food tailored for medical conditions – including those who suffer from bowel conditions or have had surgery – must be standardised, to ensure patients are getting the right nutrition at all times. Currently patients on some wards are being fed all the same food regardless of their conditions, weight and dietary needs – this is not acceptable and can be upsetting and potentially damaging. Hospitals should not rely on relatives to bring in food, eat the same bland meal every day, or allow patients to waste away if they can't have any of the food on offer. Nutrition must be a key part of every patient's care package. We are not asking for Michelin Star quality, just meals that help rather than hinder.

Additional Information

My experiences of food in the NHS have shown that the standards vary across wards, hospitals and departments, as well as between England and Wales. The problem is not in Wales alone - as I find providing meals for those on low res or with dietary conditions is something the NHS as a whole struggles to deal with. But my experience in Wales recently



showed that the standards are not up to scratch. There were no menus (as in Chester and other English hospitals) and patients were all fed the same regardless of their condition, weight or dietary needs. On one ward people who had just had bowel surgery were offered curry, lentil soup and tuna sweetcorn sandwiches which was totally inappropriate - and potentially damaging. At times the situation was that if you couldn't eat anything on the trolley or were not at your bed, you simply didn't eat, unless a nurse made some toast. This has to change; without the right nutrition I believe people are in hospital longer.

Members considered the petition, including correspondence from the then Minister for Health and Social Services and each of the Local Health Boards, at our meeting on 12 July 2016. We agreed to send you the information we have received so far and also to ask you for an update on the work you are currently undertaking around the catering and nutrition in Welsh hospitals.

Responses will be published as part of our Committee papers and will be discussed at a future Committee meeting.

Further information on the Petitions Committee's consideration of this petition, including agreed actions and correspondence is available at the following hyperlink:

<http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?Id=14311>

If you would like any further information, please contact the Committee Clerking team at SeneddPetitions@assembly.wales or on 0300 200 6375/3. I would be grateful if any written response could be sent electronically to the email address above.

Yours sincerely



Mike Hedges AM
Chair/ Cadeirydd

Encs: Correspondence –

Minister for Health and Social Services to the Chair dated 29.3.16
Cwm Taf UHB to the Chair dated 8.3.16
Abertawe Bro Morgannwg UHB the Chair dated 24.3.16
Betsi Cadwaladr UHB to the Chair dated 29.3.16
Cardiff & Vale UHB to the Chair dated 18.3.16
Hywel Dda UHB to the Chair dated 14.3.16
Powys Teaching HB to the Chair dated 9.3.16
Minister for Health and Social Services to the Chair dated 18.12.15
Petitioner to the Chair dated 13.1.16

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Date: 31 August 2016
Our ref: HVT/2600/fgb
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Dear Mike

PETITION P-04-633 FOOD IN WELSH HOSPITALS

Thank you for your letter of 3 August 2016 regarding the petition from Rachel Flint in respect of standards of food in Welsh hospitals. I have noted the details of the petition and the various correspondence from the previous Minister for Health and Social Services, and from health board Chief Executives. It is helpful to have sight of these exchanges.

You asked for an update on my recent work on hospital catering and patient nutrition. You may recall from previous evidence sessions at the Public Accounts Committee (PAC) that I first published the findings from an all Wales review of hospital catering and patient nutrition in March 2011. Since then auditors have maintained an overview of the progress that is being made by NHS bodies in addressing my audit recommendations. During 2015 and into the early part of 2016 my staff undertook work at each health board in Wales and Velindre NHS Trust in order to provide a pan-Wales picture of the progress that is being made.

As a result of this work I have issued local audit reports to each of the NHS bodies my staff visited, and these are available to view on the Wales Audit Office website. I have also prepared a memorandum for the PAC that summarises the findings from the local audits, and includes a consideration of the progress that has been made against the recommendations made by the PAC following its inquiry.

The new PAC will have the opportunity to consider the memorandum when they meet on 19 September, and to decide whether they want to take any further evidence from Welsh Government or NHS bodies.

The main message that emerges from my recent audit work is that in overall terms there has been good progress in implementing previous audit and PAC recommendations. There is a clear commitment on the part of NHS bodies in Wales to deliver good quality patient catering services. This is supported by a clear set of standards, an all Wales nutritional care pathway and the all Wales menu framework. Moreover, patient satisfaction with the food they received in hospital is generally positive.

However, my local audit work did identify that there is still plenty of scope to continue to strengthen current arrangements and practice. The quality of nutritional screening that takes place on admission to hospital can vary, as can the way in which the results of the screening are recorded. A more consistent approach to nutritional screening would be facilitated by the development of standardised all Wales nursing documentation but there have been delays in progressing this. Similarly full compliance with e-learning training for nurses on implementation of the nutritional care pathway has yet to be achieved.

The launch of the all Wales menu framework should be viewed as a positive development in that it provides Welsh hospitals with a database of nutritionally assessed recipes and menus. My audit work found that compliance with the menu framework was good, and that arrangements to ensure 24 hour access to food and beverages were largely adequate.

The NHS captures patients' views on hospital food through periodic surveys. Whilst these show positive responses in terms of overall satisfaction with hospital food, they also highlight scope for further progress in terms of ensuring that food is appetising and that patients are given the necessary help and support to eat their meals.

Good progress has been secured in embedding the concept of the "protected mealtime" although the extent to which nursing staff engage with the meal time process varied across the wards that auditors visited.

The other key findings that emerged from my follow up work related to cost control and monitoring of compliance against standards within NHS bodies. My most recent work found that catering costs were better controlled than when I first reported in 2011. There have been reductions in the amount of food wasted and in the extent to which non patient catering services are subsidised. Although recorded waste is within target level, the overall cost of wasted food remains high. My original audit work in 2011 had highlighted the benefits of introducing computerised catering systems to replace the largely manual paper based recording of information that was in existence, however, little progress has been achieved in this area.

I was, however, pleased to note that arrangements for monitoring and reporting of patient nutrition and catering services are now well established at the operational level within NHS bodies with clear lines of accountability and good lines of reporting into Quality and Safety Committees or their equivalent. However, with a few notable exceptions, there is still scope to strengthen the extent of information that is presented to the full Board on the performance of catering and patient nutrition services.

I trust that the above is helpful by way of a summary of the work that I have recently completed and the key findings which have emerged. I should make it clear that I have not sought to make any additional recommendations either through my local audit reports or in the memorandum which I have prepared for the PAC. I believe the recommendations already made are sufficient to support the improvements which are necessary and I have therefore drawn attention to where further work is required to secure implementation of those recommendations.

The PAC will have the opportunity to consider my findings in more detail when they receive my memorandum, and in considering Ms Flint's submissions, the Petitions Committee may therefore wish to take account of any decisions that are taken by the PAC in respect of additional evidence gathering on this topic.



HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES