WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Hospital Catering – Follow-up of recommendations made in 2010

Betsi Cadwaladr University Health Board

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The team who delivered the work comprised Andrew Doughton and Mandy Townsend.

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Summary

1. Hospital catering services are an essential part of patient care, given that good quality, nutritious meals places a vital part in a patient's rehabilitation and recovery. Effective catering services are dependent on sound planning and co-ordination of a range of processes involving menu planning, procurement, food production and distribution of meals to patients. Good communication is required across the range of staff groups involved, including managers, catering staff, dieticians and porters.

2. The desired outcome should be a flexible, cost-effective catering service that provides a good choice of nutritious meals that can accommodate patients' specific dietary requirements. Patients' nutritional status needs to be properly assessed and monitored, and arrangements put in place to help patients enjoy their meals in an environment conducive to eating.

3. In 2010, we undertook a review of catering services across all of the Local Health Boards in Wales. We reported our findings nationally, and held a number of good practice events which were attended by staff across Wales. In Betsi Cadwaladr University Health Board (the Health Board), we reported our local findings in December 2010.

4. At that time, we concluded that while catering arrangements in the Health Board demonstrate many aspects of recognised good practice, there is a need to strengthen planning and scrutiny and to address variations in standards at ward level and between hospitals. We came to this conclusion because:

- a strategic planning framework is lacking and Board scrutiny of associated risks and challenges is not as strong as it could be;
- there are effective and safe food procurement arrangements in place although food production and cost control systems vary, suggesting potential to develop greater consistency and to improve efficiency;
- most wards receive food in reasonable condition although arrangements for the delivery of food vary across the Health Board and there is scope to improve the patient experience;
- generally, ward managers are focussed on the need to ensure appropriate catering and nutrition support, although ward practice varies and some aspects of patients' nutritional status were not recorded at all; and
- patient views on hospital food and the catering services are collected through a number of mechanisms and there is scope to make these activities more consistent and to share the results more widely.

5. We made a number of detailed recommendations at that time[1], which we also reflected in our national report[2] published in March 2011. Our recommendations were aimed at

[1] The recommendations can be found in *Hospital Catering* at http://www.wao.gov.uk/assets/Local_Reports/Betsi_Cadwaladr_HB_Hospital_Catering.pdf
[2] The recommendations can be found in *Hospital Catering and Patient Nutrition* at http://www.wao.gov.uk/assets/englishdocuments/HC_Report_ENG.pdf

improving compliance with nutritional screening and care planning and food safety procedures, as well as improving systems for controlling catering costs and improving the patient experience.

6. In autumn 2012, as part of our programme of audit work at the Health Board, we examined whether the Health Board had made progress against recommendations made in our local report. We have not assessed progress against national recommendations because the Health Board already reports progress against the national recommendations on its website. These can be found at the following link http://www.wales.nhs.uk/sitesplus/861/page/63292. The Health Board last updated this in April 2012.

7. In undertaking the follow-up work review to determine the Health Board's progress in delivering the local recommendations we:

- met with a number of operational and senior managers, as well as finance representatives; and
- reviewed updated documentation such as strategy, policy and procedure.

We did not repeat the in-depth fieldwork of the original review, nor did we undertake onsite observation, apart from our visit to the Wrexham Maelor site, which included observation of remedial and improvement works in the catering department.

8. Our findings from this follow-up report lead us to conclude that **the Health Board has taken action in a number of areas but the pace of response is not sufficient and a number of our recommendations remain outstanding.** Of the 20 recommendations that we reviewed in this follow-up, the Health Board has completed five in full, while 15 remain in progress. The table below, Exhibit 1 identifies the recommendations area together with a summary of progress.

Exhibit 1

Recommendation area	Number of recommendations made	Recommendation addressed in progress	Recommendation addressed in full
Strategic planning and management arrangements	5	5	0
Procurement, production and cost control	3	2	1
Delivery of food to the Ward	7	4	3
Meeting patient's nutritional needs and supporting recovery	3	2	1
Gathering views from patients and sharing information	2	2	0
Total	**20**	**15**	**5**

9. This follow-up highlights three main areas of concern which relate to timeliness and effectiveness of responding to recommendations:

- **Food temperature in Wrexham Maelor**: We specifically highlighted a significant patient safety concern relating to food temperature at wards not meeting guidelines[3] because of the use of old non-heated trolleys to transport food. This issue has the potential to increase the risk of food poisoning caused by food contaminated by bacteria such as salmonella or E. coli or a virus such as norovirus[4]. It took the Health Board two years to respond to this urgent issue. The recommendation was addressed in full in January 2013. The reason for the delay appears to include, but is not limited to the following:
  - project management arrangements that originally focussed on the capital element, rather than the wider service changes, both in catering and in the wards;
  - the time taken to decide on the food delivery approach (for example Bulk or Plated);
  - time taken to tender, test, select a provider, and procure trolleys; and
  - unforeseen works required to address power consumption requirements of the electronically heated trolleys.

  Irrespective of these reasons, it took the Health Board too long to address this risk area.
- **Pace of response to all recommendations**: Recommendations made by the Wales Audit Office do not always include deadlines. This enables a degree of flexibility for Health Boards to best respond in a way that integrates required actions into local business plans, so that ownership of actions rests fully with the departments and services. Nevertheless, it is two years since issuing the final report, and we would expect all remedial action to be taken within this time, whether these are high or medium risk recommendations.
- **Oversight and scrutiny of recommendations and actions**: Linked to the point above, the Health Board needs to strengthen the process of oversight, to ensure that it responds to regulators recommendations quickly and effectively.

10. Our findings are set out in our progress update table at Appendix 1. We have not made additional recommendations as part of this follow-up review. We require a written statement in October 2013 of additional progress made and any outstanding recommendations.

[3] Food Safety Agency http://www.food.gov.uk/multimedia/pdfs/tempcontrolguiduk.pdf
[4] NHS Choices http://www.nhs.uk/conditions/Food-poisoning/Pages/Introduction.aspx

Appendix 1

Recommendation	Responsibility as at January 2013	Progress by January 2013	Progress against original recommendation • Recommendation addressed • Action in Progress • Not started to address recommendation	Further suggested/planned action
Strategic planning and management arrangements				
R1 Strengthen strategic planning arrangements for catering to ensure clear and consistent agenda for the catering service across the Health Board.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The Health Board created a strategic group in 2011 whose agenda covers both catering and nutritional aspects of care. The group, called 'Strategic Improving Nutrition, Catering & Hydration Standards (INCHS)' meets every two months, has started to align planning arrangements, and has a focussed agenda. The group has terms of reference, and within this membership includes a patient representative (not yet appointed), Community Health Council, Primary Care and Public Health representation, as well as a number of internal service leads. The catering service is under-represented at this group. While there is a requirement for a catering service representative to attend, attendance is not consistent and there is little discussion on the strategic design of catering services in agenda or minutes.	Action in Progress	Catering group representation needs to continue to strengthen at the INCHS group. This should aim to ensure improved alignment between catering and nutritional plans. While strategic planning arrangements have been strengthened, they will need to develop further to ensure there is a clear and consistent agenda and consistent processes across the Health Board where required.

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		The Health Board has drafted a catering and nutrition strategy, but there is no associated costed or resourced strategy delivery plan. It is not clear what actions the Health Board require by the Catering Service to design its business/service model to meet strategic needs.		
R2 Establish planning structures for catering and nutrition services which are consistent across the Health Board.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	Planning structures are predominantly through the INCHS group and its sub-groups. These arrangements are starting to create some consistency across sites (menus), but there remains a good deal of variation in practice (funding allocation, staff costs versus provision costs, production method and delivery method). Work is ongoing to develop a Nutrition and Catering Strategy. In its current form, the strategy does not adequately consider catering service design. Irrespective of this, there have been a number of activities which would come within a strategy action plan:	Action in Progress	While there is evident improvement in nutritional service planning, catering service planning needs to strengthen further.

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		• development of Nutrition training approaches both in the acute and community settings; • development of more consistent nutritional screening and audit/spot check approaches • standardisation of menus across sites; • standardisation of non-patient menu pricing across sites; • participation in development of national catering framework discussion and approaches; • development of catering provision approaches (plated to bulk in Maelor only); and • invest to save scheme (re-modelling non-patient sales to a bistro style).		
Strategic planning and management arrangements				
R3 Address kitchen management and staffing issues at Wrexham Maelor	Paul Clarke, Head of Patient Services	The Health Board has started to address management and staffing issues. At present interim management arrangements remain in place. This delay in appointment of permanent	Action in Progress	

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Hospital as a matter of urgency.		position is due to restructuring of patient services that is currently ongoing.		
R4 Reduce the amount of time it takes to develop and establish new catering and nutrition processes.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	It is not clear that the time taken to develop and establish new catering and nutrition processes has improved since our original review in 2010. The replacement of the trolleys required new catering and nutrition processes (ward based plating). This entire project has taken two years to implement. The reasons for this may be linked to: • elapsed time to develop a strategy and associated strategy action plan; • the absence of clear structure in Patient Services (although this is in the process of development); • elapsed time for the INCHS group to clarify and operate fully and effectively under an agreed Terms of Reference; and • the absence of effective project management methodology in delivering change (non-capital) projects. The Health Board has made progress in these	Action in Progress	Complete by end of September 2013.

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		areas over the last six months, and pace of progress is likely to increase. There are clearer examples of increased pace of progress on development and implementation of nutritional processes, training, self-assessment and spot checks.		
R5 Improve the Board scrutiny arrangements for monitoring catering and nutrition risks and performance.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The Quality and Safety Committee receives reports from the Improving Service User Experience Group (ISUE). The Improving Nutrition, Catering & Hydration Standard Group reports into ISUE. Supporting this is the Nutritional Screening Group, The Artificial Nutrition Group, Human Rights Group, and Mealtimes/Menus patient experience group. The Catering Group and the Catering Commodities Group feed into the latter. At present, it appears that there is stronger Quality and Safety committee oversight of aspects of the nutritional services and associated arrangements, than there is of Catering Services risks.	Action in Progress	Strengthen Catering Services representation at the INCHS Group. The arrangement should seek a more direct link between Quality and Safety Committee oversight and how well the Catering Services are meeting patient's needs. There is also a potential risk of over-complexity in the group structure, which may result in lack of clear lines of accountability. Include nutrition and catering in quality reports - take quality reports to Board.

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Procurement, production and cost control				
R6 Introduce a clear subsidy policy to set the framework for delivering non-patient catering services.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The Health Board has introduced a standard priced menu for non-patient catering services across all sites. This has created standardisation in subsidy approaches and a reduction in the overall subsidy amount, but there still is no formal subsidy policy. The current estimate for non-patient meal subsidy is £180,000 per annum, which is a significant improvement over the £370,000 subsidy in 2010. The Health Board based the non-patient catering cost figures on a thorough one-week audit of activity and tangible costs (but did not include apportionment of estates and utilities costs).	Action in Progress	
R7 Develop consistent ledger arrangements across the Health Board to ensure that sufficient and	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient	There are now separate cost centres (trading accounts – patient and non-patient services). Management indicate that financial reporting at site level is now consistent and financial measures are now like for like. There is at present no service line reporting.	Action in Progress	The Health Board should aim to create consistent and comparable catering financial information reflecting true cost of provision and services. Alongside this, the

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robust catering business information is available.	Services)	The Health Board intends to roll out the Menumark[5] system in the future to help address this issue. The Menumark system is currently in use in Ysbyty Glan Clwyd. Last year's figures (11/12) submitted in the Estates and Facilities Performance Management System (EFPMS) were based on apportionment. There are outstanding budgetary anomalies between the three sites. For example, the cost of labour budget is lower in Wrexham than in other sites, which have more capacity. However, the provisions budget is greater in Wrexham than in other sites. This budgeting anomaly has encouraged different practices at different sites.		Health Board should aim to reduce variation in Catering funding approaches and actively pursue consistency in catering provision to ensure best possible patient mealtime experience.

[5] Menumark Catering System provides hospital caterers with the information to manage stock control, menu collation and point of sale activity. Menumark reporting includes instant real time snap-shots of gross profit, patient feeding costs, nutritional content and recipe costing. http://www.datasym.co.uk/datasym-hospital-catering.php

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R8 Improve the current food wastage monitoring arrangements to accurately reflect production efficiency and help identify the potential to improve existing systems.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	Ward based food wastage monitoring has significantly improved with all Wards monitored at Breakfast, Lunch and Dinner. The monitoring considers only untouched meals rather than plate waste. This level of monitoring has identified patterns which are not particularly variable between sites, but there is variation related to the type of ward (e.g. MAU has more wastage than some other wards). At present, untouched meals information may provide a reasonable quality indicator relating to patients requiring assistance at mealtimes.	Recommendation addressed	The food waste monitoring approach will need to improve further to include plate waste and trolley waste when the Health Board moves to a bulk delivery service in Wrexham Maelor. This approach will then enable the Catering service to reduce unnecessary production waste and to help ensure patients receive the nutrition they require.
Delivery of food to the ward				
R9 Address the food quality and delivery deficiencies identified in this report which are affecting the quality of food patients	Paul Clarke, Head of Patient Services	The Wales Audit Office specifically made this recommendation to address risks related to food temperatures on the ward. The greatest risk was where the food had to travel the furthest (i.e. the rehab wards). As at March 2011, the interim catering manager immediately used the few hot trolleys that were	Recommendation addressed	

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receive at the Wrexham Maelor Hospital.		in service and moved these to the wards furthest away to ensure areas at greatest risk had hot food. The Health Board has now procured all the required hot trolleys and deployed these across wards in the Wrexham Maelor site in January 2013. This patient safety issue took two years to implement.		
R10 Address shortcomings identified in the catering environment at Wrexham Maelor Hospital as a matter of urgency.	Paul Clarke, Head of Patient Services	The issues identified in our original report have been resolved. The Health Board has undertaken a range of remedial actions, including capital works to address catering environment issues. Further estates work has now been completed to accommodate the new heated trolleys which are now in place in the Maelor.	Recommendation addressed	
R11 Implement improvements to ward food delivery arrangements to ensure that food temperature is	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient	The Health Board took immediate action to address the Wards furthest from the kitchens, using the small number of pre-existing heated trolleys. Other wards remained on non-heated trolleys since our original review, until January 2013. The delay in responding to this	Action in Progress	

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maintained at appropriate levels.	Services)	recommendation is due to: • project management arrangements that focussed on the capital element, rather than the wider service changes, both in catering and in the wards; • time taken to decide on delivery approach (for example Bulk or Plated); • time taken to tender, test, select provider and procure trolleys; and • unforeseen works required to address power consumption requirements of the electronically heated trolleys.		
R12 De-commission the damaged and unclean grey plastic trolleys in use by catering for minor catering deliveries at Wrexham Maelor Hospital.	Paul Clarke, Head of Patient Services	The Health Board has de-commissioned the grey plastic trolleys and replaced these with stainless steel trolleys.	Recommendation addressed	

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R13 Introduce protected mealtimes in all appropriate wards which meet the approach adopted in the best wards.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The protected mealtime policy is not yet in place. The Health Board is assessing protected mealtime requirements, good practice approaches and any required variation identified by its Plan Do Study Act learning approaches. The Health Board has introduced patient and family information and has developed a 'passport' to allow patient assistance by relatives.	Action in Progress	
R14 Reinforce the need for patient hand cleansing.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The Health Board identify that Matrons assess compliance as part of the fundamentals of care audit and Matron spot checks.	Action in progress	
R15 Introduce 'basic nutrition' into the training programme for ward based catering staff to improve their	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient	The Health Board has rolled out the National E-training for Nutrition and this is mandatory for all Nursing staff. Requirements were for all ward-based staff to complete the package by October 2012. 2050 Health Board nursing staff and students registered for training, of which	Action in progress	

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awareness of its importance and the need to follow ward procedures.	Services)	947 have attempted/completed this training. There is still some effort required to improve take-up, but it is worth noting that the Health Board is well ahead of other health boards in Wales. In addition, nutrition nurses provide training in the Acute sites (rolling programme across all Wards), community settings and nursing home sector. Primary care practice nurses are not yet covered. The training appears to cover all high-risk areas such as MUST[6] Screening, care planning, ethical decision making. There is also bespoke training on request based on need. The coverage of this training in the acute ward setting and community setting is not clear.		
Meeting patient's nutritional needs and supporting recovery				
R16 Reinforce the need	Heather Piggott,	Height, weight and BMI measurement has	Action in progress	

[6] The Malnutrition Universal Screening Tool (MUST) was designed by the Malnutrition Advisory Group of the British Association for Parenteral and Enteral Nutrition, as an effective way of identifying adults (particularly the elderly) who are malnourished, at risk of malnutrition, or obese. The tool also includes guidelines for introducing an effective and suitable treatment plan.

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to measure a patient's weight and height in order to calculate the associate patient Body Mass Index (BMI).	Deputy Director of Nursing (Infection Control and Patient Services)	been included as part of the training both e-learning and bespoke training. The Health Board has procured new standard seated scales, but has not yet deployed these across all wards. The Health Board has demonstrated compliance with the all-Wales nursing and midwifery dashboard and care metrics reporting requirements. The Health Board is using this tool to report effectiveness of nutritional screening at all sites, although some sites do not have data submitted, which may indicate further improvement is required.		
R17 Improve the format and types of nutrition-related information recorded in the nursing notes for patients.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The Health Board has standardised Nursing Care Plans across all sites. There are also more consistent forms to collect and assess nutritional information.	Recommendation addressed	
R18 Develop practical	Heather Piggott,	There are now simple processes and forms to	Action in Progress	

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methods to assist in the regular completion of food record chards and fluid intake/output charts.	Deputy Director of Nursing (Infection Control and Patient Services)	assist the regular completion of fluid and food update. These provide a longer-term record of nutritional intake (up to seven weeks), and are designed to be accessible on the bedside. The Health Board is also developing an audit tool to assess completion of the nutritional screening measurement. The Health Board has also developed a nutritional toolkit and is piloting different aspects of this at two wards from each acute hospital site.		
Gathering views from patients and sharing information				
R19 Introduce effective arrangements for sharing information on patient's views of the service between ward managers and the catering service.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	There are a number of tools to obtain patient views: • Picker Survey 2010 and 2012 • Fundamentals of Care Audit • Catering survey of patients. In some instances, it is clear how the Health Board use these tools to gain feedback, and develop improvement/remedial action. It is not clear how lessons learnt:	Action in Progress	The Health Board should undertake the Picker Survey or a comparable during 2013, to identify if progress has been made, particularly in regard of patient quality and safety.

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		• are transferred and applied across all sites; and • from Fundamentals of Care audits and the Picker survey are responded to by the catering service.		
R20 Involve patients fully in developing the catering service, building on the recent positive experiences of patient engagement.	Heather Piggott, Deputy Director of Nursing (Infection Control and Patient Services)	The INCHS terms of reference indicates the requirement for a patient representative, but Health Board has not yet recruited to this vacancy. The Human Rights Group has a patient representative and effectively supports and challenges the group from a patient perspective. The National Menu Planning (to develop an all-Wales Menu) has involved patient representatives. There is no patient representation in the Catering Group.	Action in Progress	Ensure patient representative on the INCHS group is recruited by April 2013.

WALES AUDIT OFFICE

SWYDDFA ARCHWILIO CYMRU

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@wao.gov.uk
Website: www.wao.gov.uk

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@wao.gov.uk
Gwefan: www.wao.gov.uk