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# Hospital Catering: Follow-up review

## **Cardiff & Vale University Health Board**

**Issued:** June 2013

**Document reference:** 279A2013

# Status of report

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The person who delivered the work was Sue Lloyd.

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# Summary report

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## Summary

1. In June 2011, the Wales Audit Office published a national report entitled *Hospital Catering and Patient Nutrition*<sup>1</sup>. That report was informed by our 2010 review of hospital catering and patient nutrition across Wales, from which we reported local audit findings to all health boards and Velindre NHS Trust.
2. Our national report concluded that catering arrangements and nutritional care provided to patients have generally improved since the Audit Commission in Wales study in 2002, and patient satisfaction remains high. However, more still needs to be done to ensure recognised good practice is more widely implemented, particularly in relation to nutritional screening and care planning, and to ensure that food wastage is minimised.
3. During 2010 we produced a local report on hospital catering and patient nutrition in Cardiff & Vale University Health Board (the UHB). Overall, we found that whilst catering arrangements demonstrated many aspects of good practice, these were not consistently applied within and across hospitals. We identified that the inconsistencies were as a result of poor communication between the different staff groups involved in the service, which could affect the quality of service provided. Many of the areas requiring improvement mirrored those identified within our national hospital catering and patient nutrition report. [Appendix 1](#) describes in more detail the conclusions from the 2010 local report, and [Appendix 2](#) gives the recommendations we made at that time.
4. In January and February 2013 we undertook follow-up work to examine whether the UHB can demonstrate improvements in the planning and delivery of hospital catering services and patient nutrition in response to the issues identified in our previous local and national reports<sup>2</sup>.
5. We have concluded that the UHB is addressing many of the issues we identified in 2010 but needs to progress outstanding issues, particularly monitoring the nutritional care pathway and training ward based staff. We reached this conclusion because:
  - arrangements to support greater board scrutiny and management of catering services are stronger but current structures do not support integrated management;
  - the UHB has established a Fundamentals of Care forum and mechanisms are in place to share good practice and innovation;
  - the UHB has reduced the non-patient food subsidy and food wastage;

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<sup>1</sup> The report can be accessed at:

[www.wao.gov.uk/assets/englishdocuments/HC\\_REPORT\\_ENG.pdf](http://www.wao.gov.uk/assets/englishdocuments/HC_REPORT_ENG.pdf)

<sup>2</sup> Our audit work consisted of interviews with a number of key personnel at the UHB, and the review of financial information and documents.

- arrangements for delivering food to wards have improved however sickness has delayed the full roll out of training and meal times are not always protected;
- the UHB is getting better at meeting nutritional needs, but is not yet making best use of the dietetic assistant role or adequately monitoring processes to support nutritional care; and
- the UHB has strengthened information sharing between catering and ward staff and patients are involved in developing services.

## Recommendations

6. The following recommendations have arisen from this follow-up review.

### **Strategic planning and management arrangements**

- R1 Following on from the recent committee review, the UHB should make sure the reporting lines for the key nutrition and catering groups, including the Restaurant Non-Patient Subsidy Group and Food Waste Reduction Task and Finish Group, bring all issues relating to nutrition and catering together and create a single reporting line to the Board.

### **Procurement production and cost control**

- R2 The Restaurant Non-Patient Subsidy Group should reinforce its strong focus on key performance indicators to achieve the target of zero subsidy for non-patient catering services.
- R3 As part of reducing food waste, the Food Waste Reduction Task and Finish Group should ensure its focus on quality is maintained so that reductions in waste do not have a detrimental impact on food quality.

### **Delivery of food to the ward**

- R4 To support the rollout of training for ward based catering staff, the UHB should develop a deputising arrangement to ensure the training schedule is maintained in the event of staff sickness.
- R5 The UHB needs to reinforce its focus on the Fundamentals of Care action plan arising from the mealtime audits, to ensure that protected meal times are fully embedded across all wards.

### **Meeting patients' nutritional needs and supporting recovery**

- R6 The Executive Director of Therapies should establish a continual assessment of the benefits of supporting patient feeding at meal times through a role such as dietetic assistant or healthcare assistant.
- R7 The Nutrition and Catering Steering group should consider the findings of the pilot audit tool as a matter of priority so that monitoring arrangements can be rolled out across wards in a timely manner.

# Detailed report

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## Arrangements to support greater Board scrutiny and management of catering services are stronger but current structures do not support integrated management

7. In our 2010 audit we recommended that the Board receive more meaningful information on catering services to support effective scrutiny, management of risks and monitoring of performance.
8. Between 2010 and this follow-up audit the Executive Director of Nursing Services (EDNS) has led the development of key performance indicators to measure progress in catering and nutrition services. The key performance indicators cover:
  - food wastage on a hospital by hospital basis with a target of five per cent waste and a target meal cost of no more than £2.93 per patient;
  - financial performance on all non-patient catering service outlets with a target of cost neutral non-patient food provision; and
  - compliance with the Fundamentals of Care Standards, particularly in relation to Standard 9 which refers to eating and drinking.
9. The reporting mechanism for these key performance indicators varies with each indicator.
10. The UHB introduced two new groups to take forward improvements in the efficiency and effectiveness of catering and nutrition services. These groups are the Food Waste Reduction Task and Finish Group which addresses food wastage on a hospital by hospital basis, and the Restaurant Non-Patient Subsidy Group which addresses financial performance on all non-patient catering outlets. Both these groups report to the Operational Management Group (OMG) which provides assurance to the Board.
11. The Nursing Division leads on audits of protected mealtimes and performance against Fundamentals of Care standards (including Standard 9 – Eating and Drinking). A Fundamentals of Care Steering Group (discussed later in this report) refers all actions related to eating and drinking to the Nutrition and Catering Steering Group which continues to be in place. A Fundamentals of Care audit is undertaken annually as required by Welsh Government. The outcomes of this audit and action plan are reported directly to the Board in January each year.
12. Until January 2013 the Nutrition and Catering Steering Group reported to the Quality and Safety sub-committee of the Board. This arrangement has been revised as a result of a recent review of committee structures. The Nutrition and Catering Steering Group now reports and provides assurance directly to the EDNS, who then in turn reports directly to the Board on this matter. This mechanism is in the process of being finalised.

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13. The different reporting mechanisms for the current groups present an element of fragmentation. Although the common factor is the EDNS, many issues are managed through the Nutrition and Catering Steering Group whilst others are through the Food Waste Reduction Task and Finish Group which reports directly through to OMG. The UHB should give consideration to the group structures in place to support the management of nutrition and catering issues, particularly following the changes to the reporting arrangements for the Nutrition and Catering Steering Group. This would ensure that key messages are brought together to inform the EDNS and subsequently the Board.

## The UHB has established a Fundamentals of Care forum and mechanisms are in place to share good practice and innovation

14. As part of the process of empowering ward managers under Free to Lead, Free to Care<sup>3</sup> arrangements, we recommended in 2010 that the UHB establish a fundamentals of care forum to ensure nutrition management issues are effectively managed and the many examples of good practice and innovation are shared.
15. The EDNS is the Board member with responsibility for catering and nutrition services and she has delegated responsibility for aspects of the catering and nutrition services to her team. Delegated responsibilities include chairing the Nutrition and Catering Steering Group, management of compliance with the Fundamentals of Care standards, and patient experience.
16. A Fundamentals of Care Steering Group has now been established within the UHB. This group has representation from the wards through the divisional nurse leads. It undertakes a Fundamentals of Care Audit annually across all wards and a report and action plan is presented to the Board in January each year. The nutritional aspects of Fundamentals of Care, particularly in relation to Standard 9, are also reported to and managed by the Nutrition and Catering Steering Group which reports to the EDNS.
17. Each year, the UHB identifies good practice and innovation in nutritional management and shares the experience among key stakeholders through national networks and conferences, as well as internal mechanisms such as the Nutrition and Catering Steering Group and internal training. Representatives from the UHB also participated in the Wales Audit Office's 'Food for Thought' good practice seminar which was held in September 2012.

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<sup>3</sup> *Free to Lead, Free to Care*, a report that aimed to build on the principles of effective nursing care and give more power to ward sisters/charge nurses in hospitals published in 2008.

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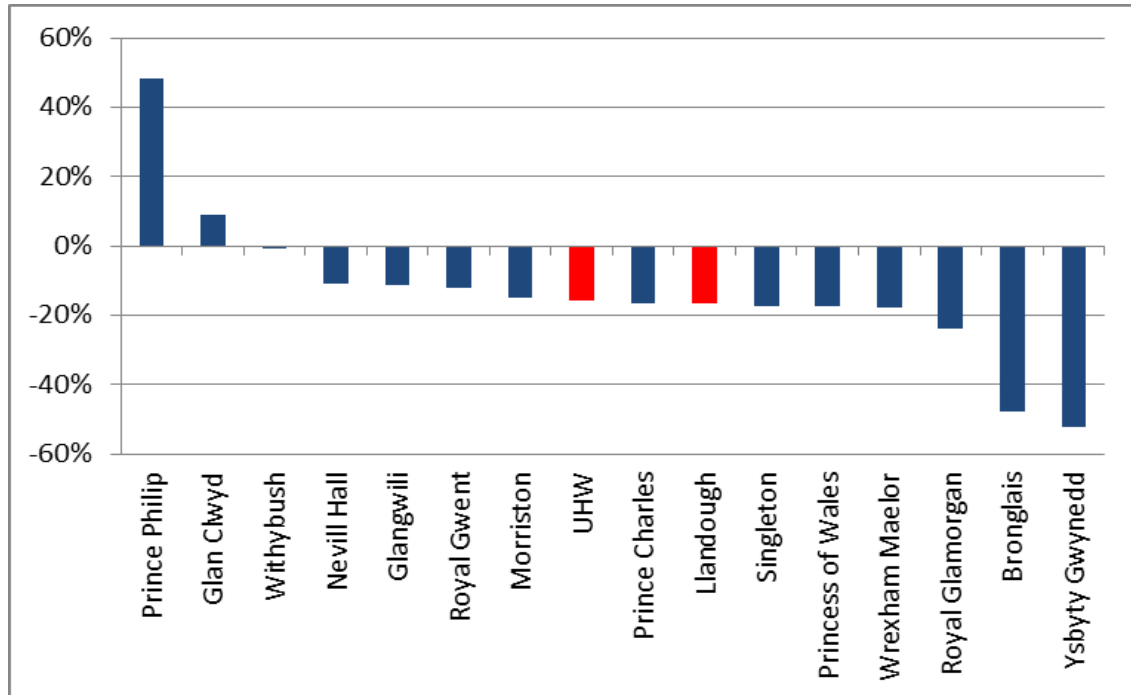
## The UHB has reduced the non-patient food subsidy and food wastage

The UHB has reduced the cost of non-patient food subsidy although it still needed substantial action to reduce the level of subsidy to zero by the end of March 2013

18. Our audit work in 2010 recommended that the UHB introduce a clear policy on subsidy to set the framework for delivering non-patient catering services.
19. The financial strategy for non-patient catering services on all sites is being led by the Restaurant Non-Patient Subsidy Group. The group developed an action plan to reduce the non-patient food subsidy which was presented to the OMG in January 2012. The outcome was agreement to:
  - reduce the opening times of restaurants at University Hospital Wales (UHW) and University Hospital Llandough (UHL);
  - introduce a revised service model;
  - put in place profit and loss accounts for each venue; and
  - explore alternative forms of provision including franchising and contracting-out services.
20. Information reported for acute hospital sites to Welsh Health Estates as part of the annual Estates and Facilities Performance Management System (EFPMS) identified a non-patient food subsidy of some 18 per cent at both UHW and UHL for 2011-12 ([Exhibit 1](#)).
21. In February 2013, the forecast for non-patient food subsidies for the financial year 2012-13 was £158,419. This represents a 54 per cent reduction in subsidy compared to 2010 audit report. However further action was still required to reduce the non-patient food subsidy to zero by 31 March 2013.



Exhibit 1: Percentage non-patient food subsidy at Welsh hospitals for 2011-12

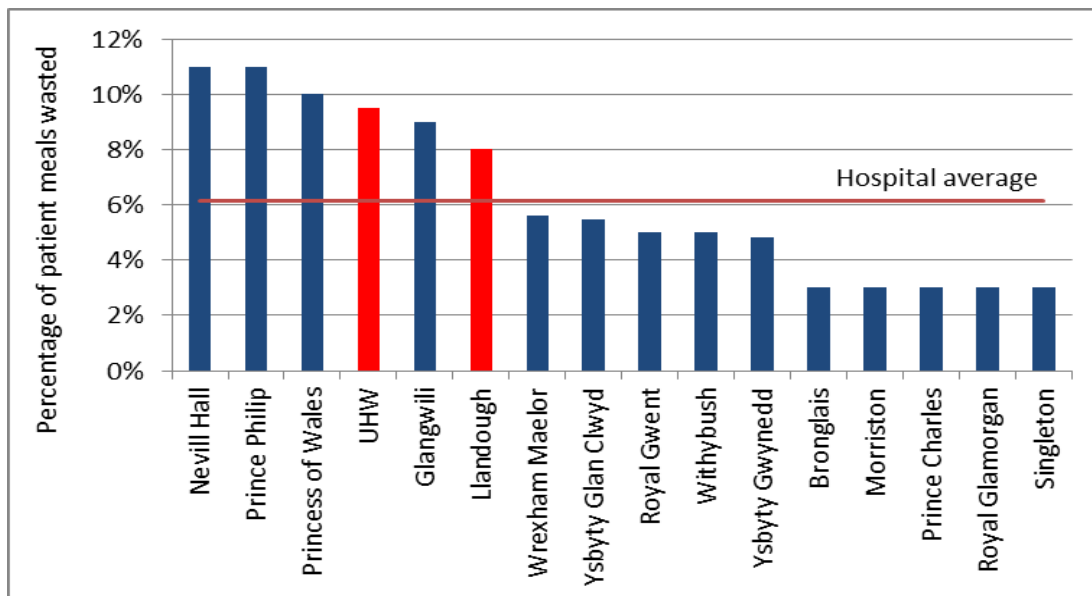


Source: Wales Audit Office analysis of data from NHS Estate in Wales Facilities Performance Report 2011-12

### The UHB has developed its food waste monitoring arrangements and the level of wastage across the UHB is reducing

22. Our 2010 audit identified that the UHB could potentially save in the region of £250,000 if food waste was reduced to five per cent for un-served meals, and 10 per cent for plate wastage. Our report recommended that the UHB improve the current food wastage monitoring arrangements to accurately record the level of un-served meals, identify the potential to improve existing systems and enable food wastage targets to be set.
23. Monitoring of food waste is now led by the Food Waste Reduction Task and Finish Group. The group reviews food waste on a hospital by hospital basis and reports against a target that no more than five per cent food wastage, as set out in the UHB's key performance indicators for catering and nutrition.
24. Information reported through the EFPMS identified that in 2011-12 the level of food waste across the UHB was 9.45 per cent. (UHW 9.5 per cent and UHL eight per cent (Exhibit 2)). Average food waste across all acute hospital sites was 6.16 per cent.

Exhibit 2: Percentage of patient meals wasted across acute hospital sites for 2011-12



Source: Wales Audit Office analysis of data from NHS Estate in Wales Facilities Performance Report 2011-12

25. Information provided through the UHB's key performance indicators suggests that the average food waste across the two main acute hospital sites has improved during 2012-13 with the level of food waste at UHW in February 2013 reported as 6.2 per cent, and 5.4 per cent at UHL. The overall food waste for the UHB had also reduced to around six per cent<sup>4</sup>.
26. The reduction in the amount of food waste is an important step in cost management but it is essential that the UHB is confident that this food waste reduction has not been achieved by having a negative impact on the quality and choice of patient meals. Feedback from patients should be taken into account in any future planned action on waste reduction.

<sup>4</sup> The UHB's key performance indicators do not provide an overall summary figure for the UHB but instead provide a summary figure for each of the following categories – acute, mental health and community. Food waste, as at February 2013, was reported to be 5.8 per cent for acute, 6.0 per cent for mental health and 5.88 per cent for community.

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## Arrangements for delivering food to wards have improved however sickness has delayed the full roll out of training and meal times are not always protected

The UHB has introduced basic nutrition training although sickness absence has meant that it has not yet fully rolled out the training for ward based catering staff

27. In 2010, we reported that the UHB provides patients with good quality food although changing some existing practices and improving the communication between staff in some areas could improve the patient experience. In particular, we recommended that the UHB introduce basic nutrition into the training programme for ward based catering staff to improve their awareness of its importance and the need to follow ward procedures.
28. A re-training programme for supervisory and ward based catering staff in basic nutrition has been developed. By August 2012, 100 per cent of supervisory staff at UHW and UHL had attended training.
29. A rolling programme to train all ward-based catering staff was due to be completed by 31 March 2013. Ward based catering staff training was on track to be completed to schedule at UHW but was delayed in UHL. The delay was due to the UHL trainer being unavailable due to sickness. The ward based catering staff training programme would benefit from having a deputising arrangement in place to provide cover for staff sickness.

## Compliance mechanisms are in place although protected meal times are yet to be fully embedded

30. In 2010, the approach to protected meal times was highly variable and was not as widely observed as UHB data would indicate. We recommended that the UHB introduce protected mealtimes on all appropriate wards and establish arrangements to monitor compliance.
31. Protected meal times snapshot audits are now being undertaken across all clinical areas to monitor compliance with the requirements of the Fundamentals of Care Standard 9.

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32. The snapshot audits undertaken during February to December 2012 found that on 90 per cent (61) of wards, non-urgent clinical activity ceased in the patient environment during mealtimes. The remaining 10 per cent (7) of wards continue to have non-urgent clinical activity and do not protect mealtimes. The reasons cited included:
- the timing of medical rounds;
  - the timing of feeding and Speech and Language Therapy (SALT) assessments which are required at mealtimes;
  - visitors coming from a distance and being allowed to remain on the ward; and
  - continual admissions and discharges due to the nature of the ward although minimal disturbance to patients who are eating was reported.
33. One ward identified interruptions but provided no explanation as to what those included, and a second ward provided no reason as to why mealtimes were not protected.
34. A previous mealtimes audit undertaken in December 2011 found that all non-urgent clinical activity ceased in the patient environment during the meal time on 88 per cent of wards so there has been a marginal improvement.
35. The 2012 follow up audits undertaken as part of Fundamentals of Care monitoring and Senior Nurse ward visits reported that '*protected mealtimes are not embedded in all areas and nursing activity continues where patients were eating*'. The audit data supports this finding. As a consequence of this, the UHB's Fundamentals of Care Action Plan 2012 identified that protected mealtimes needed to be revisited. To date the action plan has not significantly improved the number of wards that provide a meal time environment protected from non-urgent clinical care.

### Communication related to individual dietary needs, through the use of the bed plan, has improved in UHL

36. Our previous review identified that arrangements were more robust in UHW than UHL for ensuring that patients received the right meal for their dietary needs. Consequently, we recommended that UHL should improve communication processes and the catering service quality monitoring arrangements to ensure that this issue is addressed.
37. In 2010, UHW had adopted a bed plan system which identified the dietary requirement of each patient. This system has now been developed and rolled out to support communication across UHL to ensure that patients always receive the right meal for their dietary needs. In June 2012, it was reported that UHL had achieved 100 per cent compliance.
38. Our 2010 audit did not identify issues with communication across other parts of the UHB; however there is value in a consistent approach and the Nutrition and Catering Steering Group are now supporting a roll out of the bed plan into other areas.

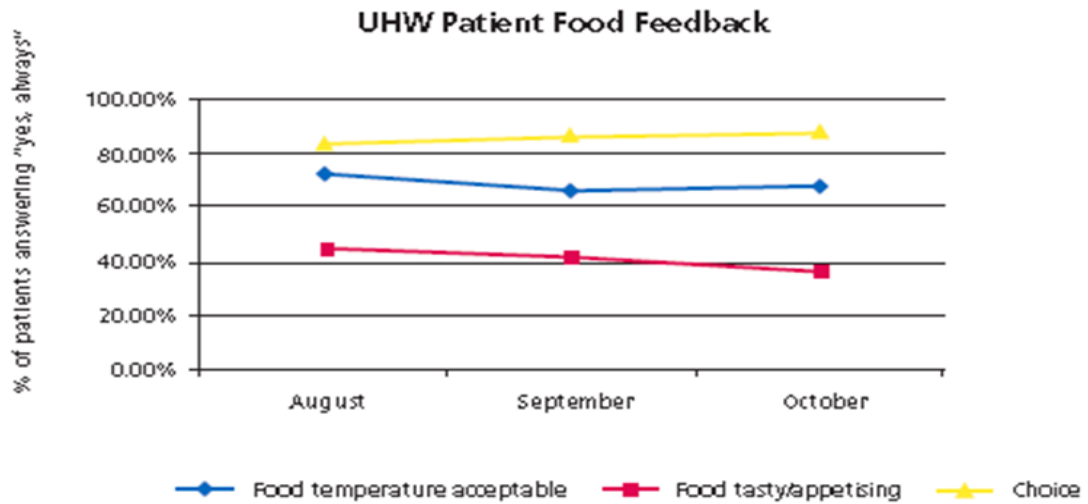
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## The UHB is getting better at meeting nutritional needs, but is not yet making best use of the dietetic assistant role or adequately monitoring processes to support nutritional care

No progress has been made in extending the dietetic assistant role across the UHB and while there is greater involvement of nursing staff, the speed of service remains problematic leading to food temperature concerns

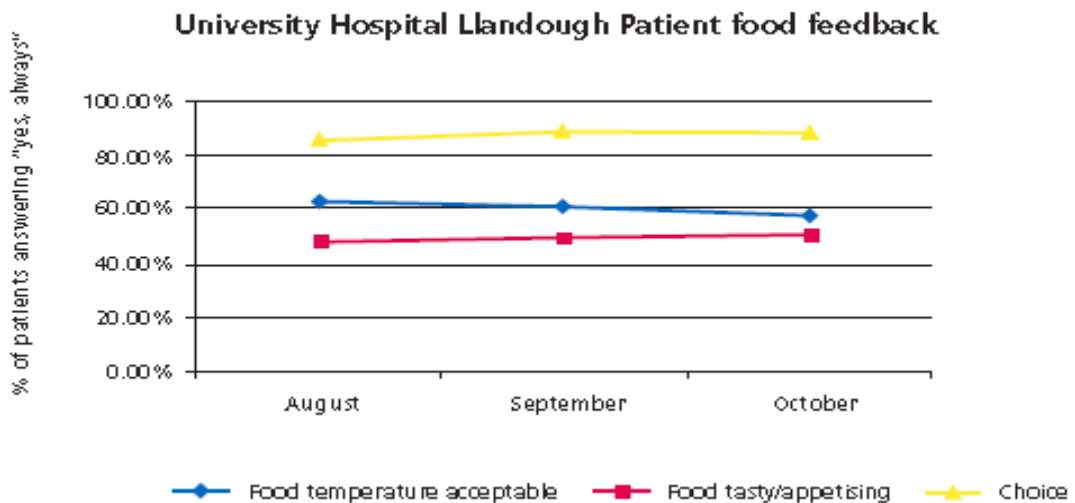
39. Previously we reported that some wards were better than others at ensuring that catering and nutrition supported the patients' recovery. In the UHW medical admission unit, we identified the dedicated dietetic assistants as good practice and recommended that as part of the new nutrition and catering strategy the UHB should establish the benefits of extending access to the dietetic assistant role.
40. As part of the new nutrition and catering strategy, we also recommended that the UHB looks at strengthening and improving the speed of the service at mealtimes through improving staff availability or increasing nursing staff involvement.
41. Extending access to dietetic assistants to support the wards at mealtimes has been considered in the context of business planning and patient care, however the Executive Director of Therapies is currently considering the option of a generic support worker rather than a dedicated dietetic assistant role.
42. Through the Fundamentals of Care group, the role of nursing staff in providing nutrition to patients is being reinforced through the Leave Everything and Feed (LEAF) initiative. This initiative emphasises the importance of assisting patients to eat and has been rolled out to wards in St David's hospital, with the potential to roll it out in other areas.
43. The UHB has introduced unannounced mealtime visits by the lead or senior nurse for the area, and two patient experience questionnaires that provide feedback on the quality of the meal service. One unannounced visit resulted in a change to the time meals were delivered to the ward, and improved patient satisfaction with food temperature.
44. The recent Citizens' Report indicated that approximately 60 per cent of patients are satisfied with food temperature and this being more of a problem at UHL. It also reported that whilst over 80 per cent of patients at both UHW and UHL say they are always offered a choice, fewer than 50 per cent of patients say that food is tasty (Exhibits 3 and 4).

Exhibit 3: UHW Hospital Food Feedback 2012



Source: Cardiff and Vale University Health Board Citizens' Report 2012

Exhibit 4: UHL Hospital Food Feedback 2012



Source: Cardiff and Vale University Health Board Citizens' Report 2012

45. As a consequence of the Citizens' Report, an action plan to address both food taste and temperature issues is being developed.

The UHB is now monitoring the use of the red tray system and although there remains inconsistency in the approach, action is being taken to ensure that confusion amongst staff is minimised

46. In 2010, most, but not all, adult wards were operating the red tray system to identify patients who required assistance with feeding. However, the application of the red tray system could vary between individual wards causing confusion when catering staff worked across different wards. One of the wards was piloting a traffic light system because some patients did not like the red tray system. This approach had the advantage of identifying nutritional issues to medical staff.
47. Through the Fundamentals of Care forum, we recommended that the UHB should monitor the effectiveness of the red tray system approach, its development and the emerging traffic light systems.
48. As part of the work of the Nutrition and Catering Steering group, a standard for protected meal times and the red tray scheme was introduced in 2012. This standard states that 'A red tray or other flagging mechanism is used and understood across the ward area to ensure those at greatest risk receive optimum care'.
49. In December 2012, the Catering and Nutrition Steering Group received the results of the Fundamentals of Care audit report relating to Standard 9 - Eating and Drinking. These results identified good compliance with the standard, including the adoption of a flagging mechanism, which is identified in the operational feedback score in [Exhibit 5](#). The audit report also identified good compliance with the standard in respect of the patients own views as to whether the flagging mechanism was effective, which is identified in the user feedback score.

Exhibit 5: Results of the Fundamentals of Care Audit 2012 compliance with Standard 9

	Score 2012		Score 2011		Score 2010	
	Operational feedback	User feedback	Operational feedback	User feedback	Operational feedback	User feedback
Eating and drinking	90.1%	91.8%	90.5%	90.7%	90.2%	91.3%

Source: Nutrition and Catering Steering Group, December 2012

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50. The individual audit results at a divisional level are also reported to the Nutrition and Catering Steering Group which includes developments around alternatives to the traffic light system, including the use of the red dot on the patient allocation board. Evidence would suggest that flagging systems are being implemented across all wards, and whilst there is variation across wards in the approach, the variation reflects the solutions most appropriate to the environment within each ward. This variation could continue to cause confusion amongst catering staff, however the UHB is addressing this through local induction for all ward based staff. The variety of ways in which assistance needs of patients are addressed including using the red tray system will be re-audited in autumn 2013.

**Routine monitoring of compliance with the nutritional care pathway is at an early stage and although inclusion of oral health and communication in the nutrition tool is contentious, the UHB is ensuring that these issues are not overlooked**

51. In 2010, we found evidence that patients received nutritional screening on admission, although the accredited tool in use was not the one recommended by the Welsh Government and the approach to nutritional screening at that time did not include an assessment of oral health and the ability to communicate as these were separate nursing assessments. We recommended that the UHB establish monitoring arrangements that routinely measure compliance with the nutritional care pathway and the effectiveness of the chart review process. We also recommended that the nutritional assessment tool should be improved to include an assessment of oral health and the ability to communicate.
52. A comprehensive multi-disciplinary audit tool is being developed by the UHB dietitians to monitor that nutrition screening documentation linked to the nutritional care pathway has been completed at ward level. This is in the pilot stage. The results of this audit process have not yet been fed back to the Nutrition and Catering Steering Group which needs to follow up progress to verify that screening activity is being delivered in line with the requirements of the All Wales Nutrition and Catering Standards.
53. The hospital catering and patient nutrition action plan, September 2012, states that the regular annual audit of nutrition screening documentation will be introduced in both UHW and UHL. The annual report will be presented to the Nutrition and Catering Steering Group.
54. The Fundamentals of Care Audit includes results of compliance with nutrition screening and appropriateness of referral. Compliance has remained static over the past three years and could improve. Delivery is potentially hindered by the low numbers of nursing staff who have undertaken the All Wales nutritional screening food record chart e-learning.



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- 55.** A review of the design of the nutrition screening tool has been undertaken and the tool has been amended to ensure its appropriateness for all clinical areas. However, neither an assessment of oral health nor the ability to communicate have been introduced into the tool although communication is assessed on admission as part of the Fundamentals of Care provision. From discussions at the Nutrition and Catering Steering Group it is clear that there has been strong consideration that while oral health and communication are important aspects of patient care, the inclusion of these in a screening tool are not strongly supported by an evidence base. Subsequently a separate All Wales Oral Health Action Plan for patients in hospital has been developed. The EDNS is leading the implementation of this in the UHB.

## The UHB has strengthened information sharing between catering and ward staff and patients are involved in developing services

### The UHB has strengthened the process for sharing information on patient views between ward managers and the catering service

- 56.** Our previous work reported that patients' views of food and catering services were collected and analysed separately by both catering and nursing staff. The report went on to recommend that the UHB should improve information sharing between the catering service and ward managers by integrating the current arrangements used to obtain patients' views of the service.
- 57.** Since our previous work, mechanisms for sharing of information have been strengthened. The UHB continues to capture patient's views through such initiatives as the Patient Environment survey and 'Two Minutes of Your Time'<sup>5</sup>. We found evidence that catering issues arising from these initiatives are being discussed, recorded and addressed via the Nutrition and Catering Steering Group which has representation from nursing, catering and dietetic professions as well as patient representation through the local Community Health Council. We also found evidence that this information is also disseminated to wards via divisional and directorate groups.
- 58.** Issues arising from the Fundamentals of Care group are also reported to the Nutrition and Catering Steering Group. Any issues of specific relevance to ward managers are channelled through the divisional nurses. A recent example of this is the discussion relating to protected meal times at both the September and December 2012 meetings of the Nutrition and Catering Steering Group.

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<sup>5</sup> 'Two minutes of your time' is a short survey designed to obtain real time views on key determinants of dignity and respect.

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- 59.** In addition, divisional nurses also receive feedback from the observation of meal timings which have been introduced through the unannounced visits. The Citizens' Report, which was issued in January 2013, was also sent to each division. The report clearly defines the deficiencies in catering services at a ward level. The Citizens' report was also sent to the Board along with the regular patient experience report.

### **Patient involvement with developing catering services has continued to improve**

- 60.** Building on the positive experiences of patient involvement in the puréed and soft food evaluation, our 2010 report recommended that the UHB involve patients fully in developing the catering service.
- 61.** Patients are involved in the broader discussions relating to catering services in the Nutrition and Catering Steering Group through the Community Health Council representatives; as well as patient involvement in the development of the new menus introduced across the UHB.
- 62.** Since our last review, a number of new menus have been developed, trialled and implemented. These menus have been evaluated by patients and amended based on the feedback received. The All Wales Hospital Menu is due to be implemented in 2013 and the UHB has been proactive in developing a patient survey to support the implementation process, with 400 patient surveys to be issued prior to implementation, and a follow up survey to be conducted once the menu has been embedded.

# Appendix 1

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## Findings from 2010 local audit work

During 2010 we reviewed hospital catering and patient nutrition at Cardiff and Vale University Health Board. The overall conclusions from that work are summarised below.

**Our overall conclusion is that although the UHB's catering arrangements demonstrate many aspects of good practice; these are not consistently applied within and across hospitals. This inconsistency is the result of poor communication between the different staff groups involved in the service, which can affect the quality of the service provided.**

We have come to this conclusion because:

- the UHB's planning of the catering service is effective but would be strengthened by stronger Board scrutiny;
- the UHB procures food effectively and is generally good at controlling the cost of food production and catering, but it wastes far too much food in some areas;
- the UHB provides patients with good quality food, although changing some existing practices and improving the communication between staff in some areas could improve the patient experience;
- some wards are better than others at ensuring that catering and nutrition supports patients' recovery with one ward falling well short of acceptable practice; and
- patient satisfaction with hospital catering is relatively low and because it does not share the patient views it collects between groups of staff, the UHB misses an opportunity to learn and improve.

# Appendix 2

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## Recommendations from local audit work

During 2010 we reviewed hospital catering and patient nutrition at Cardiff and Vale University Health Board. The recommendations we made as a result of that work were as follows:

<b>Status – February 2013</b>	
<b>Strategic planning and management arrangements</b>	
R1 Ensure that the Board receives more meaningful information on catering services to support effective scrutiny, management of risks and monitoring of performance.	Partially achieved - Arrangements to support greater Board scrutiny and management of catering services are stronger but current structures do not support integrated management.
R2 As part of the process of empowering ward managers under Free to Lead Free to Care arrangements, establish an effective Fundamentals of Care forum to ensure nutrition management issues are effectively managed and the many examples of good practice and innovation are shared.	Achieved - The UHB has established a Fundamentals of Care forum and mechanisms are in place to share good practice and innovation.
<b>Procurement production and cost control</b>	
R3 Introduce a clear policy on subsidy to set the framework for delivering non-patient catering services.	Partially achieved - The UHB has reduced the cost of non-patient food subsidy although it still needed substantial action to reduce the level of subsidy to zero by the end of March 2013.
R4 Improve the current food wastage monitoring arrangements so that they accurately reflect the level of un-served meals, identify the potential to improve existing systems and then enable food wastage targets to be set.	Achieved - The UHB has developed its food waste monitoring arrangements and the level of wastage across the UHB is reducing.
<b>Delivery of food to the ward</b>	
R5 Introduce basic nutrition into the training programme for ward based catering staff to improve their awareness of its importance and the need to follow ward procedures.	Partially achieved - The UHB has introduced basic nutrition training although sickness absence has meant that it has not yet fully rolled out the training for ward based catering staff.

**Meeting patients' nutritional needs and supporting recovery**

R6 Introduce protected mealtimes on all appropriate wards and establish arrangements that monitor compliance.	Partially achieved - Compliance mechanisms are in place although protected meal times are yet to be fully embedded.
R7 As part of the new nutrition and catering strategy establish the benefits of extending access to the dietetic assistant role.	Not achieved - No progress has been made in extending the dietetic assistant role across the UHB.
R8 As part of the new catering strategy look at strengthening and improving the speed of the service at mealtimes through improving staff availability or increasing nursing staff involvement.	Partially achieved - While there is greater involvement of nursing staff, the speed of service remains problematic leading to food temperature concerns.
R9 Through the fundamentals of care forum monitor the effectiveness of the red tray system approach, its development and the emerging traffic light systems.	Partially achieved - The UHB is now monitoring the use of the red tray system and although there remains inconsistency in the approach, action is being taken to ensure that confusion amongst staff is minimised.
R10 Establish monitoring arrangements that routinely measure compliance with the nutritional care pathway and the effectiveness of the chart review process.	Partially achieved - Routine monitoring of compliance with the nutritional care pathway is at an early stage.
R11 Improve the nutritional assessment tool to include an assessment of oral health and the ability to communicate.	Partially achieved - Although inclusion of oral health and communication in the nutrition tool is contentious, the UHB is ensuring that these issues are not overlooked.
R12 In UHL, improve communication processes and the catering service quality monitoring arrangements to ensure patients always receive the right meal for their dietary needs.	Achieved - Communication related to individual dietary needs, through the use of the bed plan, has improved in UHL.

**Gathering views from patients and sharing information**

R13 Improve information sharing between the catering service and ward managers by integrating the current arrangements used to obtain patients' views of the service.	Achieved - The UHB has strengthened the process for sharing information on patient views between ward managers and the catering service.
R14 Involve patients fully in developing the catering service building on the recent positive experiences of their involvement in the puréed and soft food evaluation.	Not achieved - Patient involvement with developing catering services has continued to improve.



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