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National Assembly for Wales
Cardiff Bay
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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.



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AUDITOR GENERAL FOR WALES