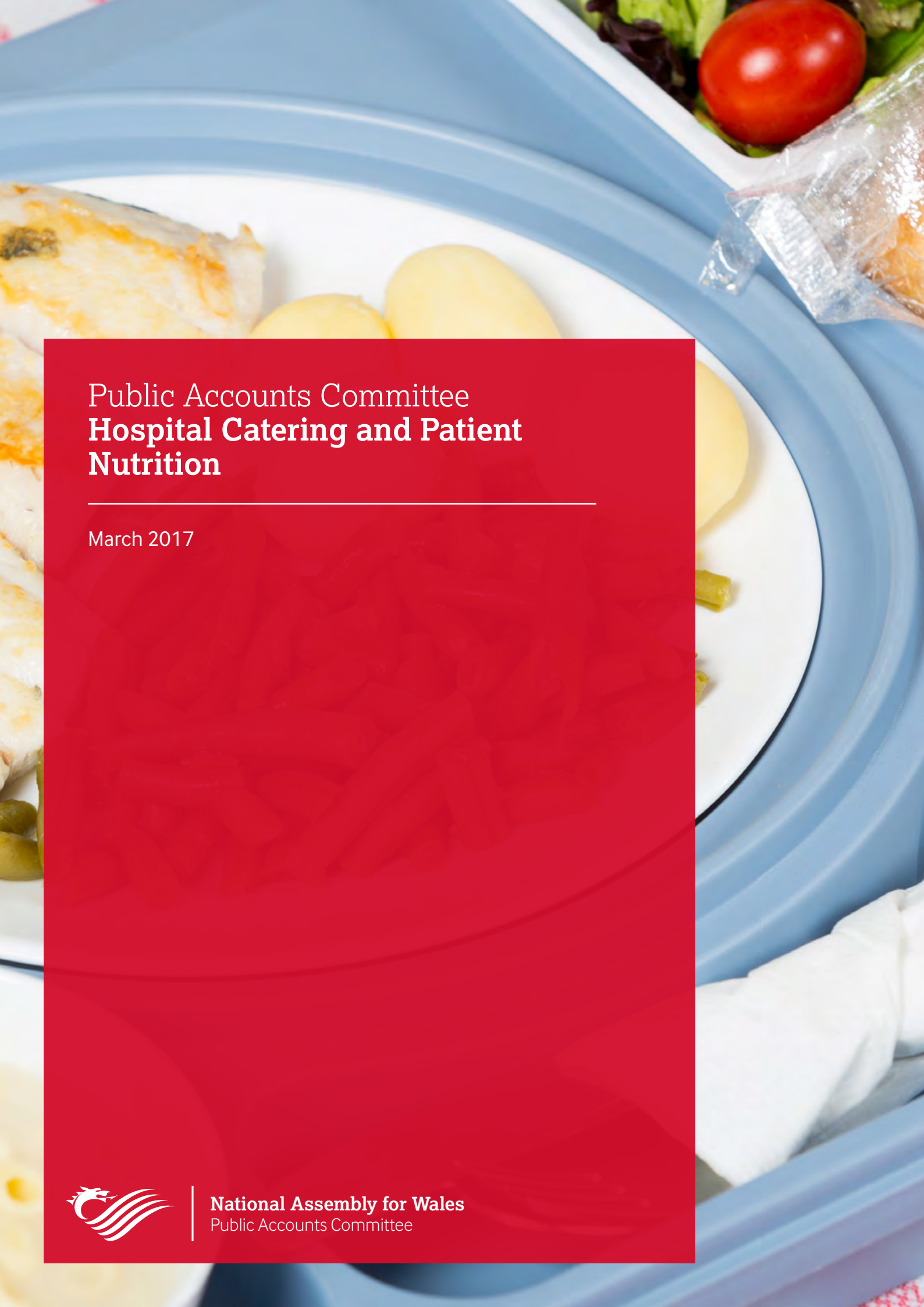

Public Accounts Committee

Hospital Catering and Patient Nutrition

March 2017

National Assembly for Wales
Public Accounts Committee

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The Committee was established on 22 June 2016 to carry out the functions set out in Standing Orders 18.2 and 18.3 and consider any other matter that relates to the economy, efficiency and effectiveness with which resources are employed in the discharge of public functions in Wales.

Current Committee membership:

Nick Ramsay AM (Chair)
Welsh Conservative
Monmouth

Neil McEvoy AM
Plaid Cymru
South Wales Central

Mohammad Asghar AM
Welsh Conservative
South Wales East

Rhianon Passmore AM
Welsh Labour
Islwyn

Neil Hamilton AM
UKIP Wales
Mid and West Wales

Lee Waters AM
Welsh Labour
Llanelli

Mike Hedges AM
Welsh Labour
Swansea East

The following Member was also a Member of the Committee during this inquiry:

Rhun ap Iowerth AM
Plaid Cymru
Ynys Mon

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Chair's Foreword

Hospital catering and patient nutrition is a key element in ensuring that people make a full and healthy recovery while in hospital. Patients should be well fed and hydrated in hospital, this should not be optional or, left to chance depending upon which hospital or health board you are in. Without ensuring the availability of nutritious food and good hydration, there is a potential for patients to come to harm. Indeed, during our evidence session, the Chief Nursing Officer stressed that 'Nutrition and hydration are one of those things that, to be frank, is almost as important as the medication that people receive'

This is a subject which has received significant attention from the Public Accounts Committee during the fourth Assembly, and a follow up memorandum from the Auditor General for Wales was one of the first items considered by this Committee when we were established in 2016. The Auditor General's memorandum reported that 10 of the 32 recommendations that he made in 2011 had not been completed. Given the length of time since the original report, we felt that this warranted further investigation

So, what did we find? We found a story of a distinct lack of leadership, stagnant activity and frustratingly slow progress in a number of important areas. Although there are some positive results in some areas, key elements of the original report have still not been implemented. Furthermore, through our evidence gathering this time, we have heard that there are going to be yet more delays to bringing forward standardised nursing documentation and an All Wales IT system. It is entirely unacceptable that almost a decade will have passed before, these matters are resolved and patients receive efficient and effective meal services that provide the basics of appetising and nutritious food and water to remain hydrated.

We have made a series of recommendations to ensure that there is a renewed emphasis in achieving the key outstanding actions, which in our opinion, will deliver results to drive forward the necessary change. We are unwilling to accept this lack of progress any longer, and we expect to see clear leadership and progress before the end of 2017. We cannot allow any more time to pass before these issues are addressed.

We would like to thank those who gave evidence to the Committee, and also all the health boards for providing full and informative responses to our questionnaire, which helped the Committee build a picture of the situation across Wales.

Summary

Since the publication of a report by the Auditor General for Wales on this matter in 2011, the issue of hospital catering and patient nutrition has been scrutinised by this, and the previous Public Accounts Committee. We find it intolerable that almost a decade will have passed before the implementation of standard nursing documentation is established or a decision taken on the procurement of an all Wales IT system. We have previously called for, and continue to call for, strong leadership to drive this forward, and to ensure that no further delays are allowed to occur.

The Committee are seriously concerned by the evidence received regarding responsibility for catering and patient nutrition at Hospital Board level. None of the health boards we took evidence from had a named non-executive director with responsibility for this area, and only now, despite over 5 years of national interest and pressure, are reports being prepared for presentation to Boards. It is difficult to ensure that the necessary changes are being implemented at ward level, without this leadership at Board level.

Our findings show that there is still no progress on a computerised catering information system which is inexcusable given concerns regarding this were raised in 2011. We are particularly concerned to find that, even following our evidence session and an assurance this would be decided in November 2016, that a decision has yet to be taken about how and if this will be progressed.

Despite the training on the nutritional care pathway being mandatory since its introduction in 2011, none of the health boards have achieved 100% compliance, and in fact overall levels of compliance for this training are poor across Wales. If this training has been identified as compulsory then we believe that there must been an emphasis and drive to achieve this.

Concerns were also raised in 2011 about the significant cost to the NHS of food waste and yet we are still told by the Welsh Government that the cost of food waste could be reduced further and that a more challenging target could be set in the future for food waste reduction.

Provision of appetising meals for patients appears to fall short of the standards we would expect with one third of patients reporting being given a meal that was unappetising. We welcome the commitment to the All-Wales Menu Framework from across the health boards, but remain concerned that without a formal reporting mechanism there is the potential for this to become a lower priority. We seek assurances that the work of this group will be maintained and monitored.

Overall, there appears to be disconnect between the evidence provided and the first hand experiences of Assembly Members and their constituents. This disconnect was a common theme in this inquiry and highlights further the concerns of the Committee that despite the rhetoric of those at the top, this is not necessarily the reality of what is happening at ward level.

Hospital Catering and Patient Nutrition timeline

This timeline sets out a number of key milestones and events relating to Hospital Catering and Patient Nutrition in Wales since 2009 as documented by the Auditor General for Wales (Auditor General) and the Public Accounts Committee (the Committee).

2017

March: Public Accounts Committee publishes report on Hospital Catering and Patient Nutrition
The Committee publishes its report on hospital catering and patient nutrition which expresses its dissatisfaction with the progress to date and makes 10 recommendations to address the residual issues.

Summer: Welsh Government response due to the Public Accounts Committee
The Committee will consider the Welsh Government response to its report and recommendations and whether any further action is required.

2016

March: Fourth Assembly Public Accounts Committee legacy report published
While acknowledging that there had been some progress, the Committee recorded its disappointed with the wide variation in the costs, planning and delivery of catering services across NHS organisations in Wales.

September: Auditor General publishes his Memorandum summarising the findings from follow up audits at NHS bodies
The Memoradum reports that 10 of the 32 recommendations made in his 2011 report had still not been implemented.

October: Public Accounts Committee evidence session
The Committee finds that no Health Board in Wales has achieved 100% compliance with the mandatory e-learning on the Nutritional Care Pathway, and there are further delays with the IT system and standardised nursing documentation.

December: Chief Executive of NHS Wales informs the Committee
Work to standardise nursing documentation will take a further 3 years to complete, and the decision on an all Wales IT system is still yet to have been taken.

2015

Only 3 Health Boards out of seven using the Menu Mark IT system
Follow up written information sent to the Committee by the Welsh Government highlights that only 3 Health Boards are using the electronic system.

2014

February: Second follow up evidence session held with Welsh Government
Following the session in June 2013, and subsequent written updates on the Welsh Government progress against the recommendations, the Committee had a further scrutiny session to address a number of concerns particularly around e-learning compliance and food waste.

February: The Committee found limited progress with the introduction of a computerised catering information system by Health Boards.

May: Auditor General proposes undertaking follow up audit in 2015
Due to a lack of progress in key areas, the Auditor General proposed conducting follow up work in 2015 to evaluate progress against the recommendations.

2013

March: Target date for the Welsh Government to introduce standardised nursing documentation. This date was not achieved

June: Follow up evidence session held with Welsh Government
Following written updates from the Welsh Government on progress against the recommendations, the Committee agreed to hold a further scrutiny session to address concerns.

2012

The Committee publishes its report on Hospital Catering and Patient Nutrition
The report made seven recommendations, including the need for standardised nursing documentation and an electronic catering system. Welsh Government accepted six recommendations fully, and one partially.

2011

Auditor General publishes his first report on Hospital Catering and Patient Nutrition
The report highlights the benefits of introducing a computerised catering information system and standardised nursing documentation to ensure the nutritional care pathway was being followed.

2009

Nutritional Care Pathway introduced by Welsh Government
This sets out the sequence of actions required when nursing staff screen patients for nutritional problems, a key policy driver for hospital catering and patient nutrition.

01. Introduction

1. The Public Accounts Committee (the Committee) considered a memorandum on Hospital Catering and Patient Nutrition – A Review of Progress from the Auditor General for Wales (Auditor General) at its meeting on 17 October 2016. The Committee took evidence from three health boards,Aneurin Bevan University Health Board (ABUHB), Cwm Taf University Health Board (CTUHB) and Powys Teaching Health Board (PTHB) and from the NHS Chief Executive and the Chief Nursing Officer from Welsh Government.

2. The Committee also wrote to all health boards and Velindre NHS Trust requesting information on hospital catering and patient nutrition in order to gather a snapshot of the situation in Wales in November 2016. A list of the responses are detailed in Annex B of this report and are available electronically.[1]

Context

3. During the Fourth Assembly, the previous Public Accounts Committee undertook an inquiry into hospital catering and patient nutrition following a report from the Auditor General in March 2011.

4. The previous Committee was disappointed that wide variation in costs and arrangements for the planning and delivery of hospital catering services persisted, especially given that the importance of good nutrition in supporting patients' recovery was well accepted and reflected in Welsh Government policy objectives. The previous Committee made seven recommendations to the Welsh Government, six of which were accepted. Recommendation 3 was partially accepted.

5. Following the publication of its report in February 2012, the previous Committee received written updates and took further oral evidence from the Welsh Government on several occasions, and was increasingly frustrated by the lack of progress. The previous Committee's Legacy Report noted that residual areas of concern included: the progress being made with the rollout of e-learning on the All Wales Nutrition Care Pathway and All Wales Food Record Chart; development of a national catering IT solution; and arrangements for food waste disposal.

6. In 2014, the Auditor General gave a commitment to the previous Committee that he would undertake appropriate follow-up work to assess the progress that NHS bodies and the Welsh Government had made in taking forward both his and the Committee's recommendations.

7. On 14 September 2016, the Auditor General published a Memorandum[2] summarising the findings from the follow-up audits at NHS bodies across Wales during 2015. The Memorandum drew upon relevant information from other sources, such as national patient surveys, nursing audits and other external review reports.

8. The Committee decided to undertake this inquiry after considering the Auditor General's Memorandum as it considered the reported delays and lack of progress in key areas to be deeply worrying and unacceptable. The Committee have taken a patient centred approach to this inquiry, as the needs and well-being of the patient should always be at the forefront of decision making.

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[1] http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=15847

[2] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraph 1.1

02. The Patient Experience

9. Since the publication of the 2011 report by the Auditor General, progress has been made to improve the patient mealtime experience including the development of an All Wales Menu framework, and protected mealtimes. The Committee welcomes these improvements but found there to be inconsistencies between patient experiences shared with Assembly Members and the information reported by hospital boards. We believe this to be an area of utmost importance given the relationship between patient nutrition and recovery.

All Wales Hospital Menu Framework

10. The All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients were launched in 2011 with the aim of addressing the risks of malnutrition in hospital patients as well as the needs of those considered to be "nutritionally well".[3] To support implementation of these standards and ensure that patients were receiving a good variety of healthy balanced meals, caterers and dieticians across Wales worked together to produce the All Wales Hospital Menu Framework. This was launched at the end of January 2013 and consists of a database of 150 standardised, nutritionally assessed recipes and sample menus.[4]

11. Following the launch of the All Wales Hospital Menu Framework, a national survey was introduced to seek patients' views on food and beverage services. The 2015 patient survey found that patients were generally positive but there were still concerns. For example:

- although most patients reported always having a choice of foods at breakfast, lunch and dinner, there was scope to improve meal choices;
- one-third of patients reported being given a meal that was unappetising;
- not all patients were offered a replacement meal when they missed a meal because they were off the ward and not all patients were offered snacks, even when advised to eat them.[5]

12. In written evidence, health boards highlighted a positive difference since the introduction of the All Wales Menu Framework and listed some of the benefits of this approach including:

- Nutritionally assessed recipes provide assurances that standards are met;
- Consistency across all hospitals;
- Menu planning being easier;
- Better information on food allergens;
- Better understanding of the correct portion size for given nutrient content;
- Improved quality of food;
- Nutritional quality specified as part of contracts for provisions;

[3] Welsh Government, All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients, 2011
[4] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraph 2.4
[5] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraphs 2.7 – 2.11

– Rationalised provisions through procurement.

13. However, alongside these benefits a need to continually develop recipes was highlighted in order to prevent menu fatigue.

14. The Committee challenged witnesses on the results of the 2015 survey and the findings that one third of patients had reported a meal as unappetising. Professor Jean White, Chief Nursing Officer at the Welsh Government, suggested that even though the patient survey reported some dissatisfaction, this was not the full picture as:

> "…when you drill down into some of the other comments they are saying, three quarters of them were saying they were quite satisfied with the food, and only about 10 per cent were saying the food was poor or unacceptable. So, there are some things to go at, I would say, that the menu group are very aware of. They get local feedback, as well as feeding into the national group to see what they can do with the all-Wales menu framework itself. I think the involvement of all of the health boards with the chefs, the dieticians, the catering staff, in looking at where they get the material from—local procurement, that sort of thing—and then looking at the nature of the menus that sit on the framework, is an important driver for us in the quality and palatability of the food that is being presented."[6]

15. In 2011, the Welsh Government established a national group to support the launch of the All-Wales Menu Framework. The group evolved into the All-Wales Menu Framework Strategic Monitoring and Evaluation Group comprising of a public health dietician, representatives from the NHS Shared Services Partnership and senior dietetic and catering staff from each health board. The Auditor General's 2016 Memorandum noted that this group meets three times a year and prepares an annual report for the Welsh Government's Public Health Division.[7] Colin Phillpott, Facilities Manager at Aneurin Bevan University Health Board (ABUHB), confirmed that:

> "…meets several times a year—three times a year—and there are work streams that emanate from that group. You talked about training earlier and we were focusing on, perhaps, clinical training, but for non-clinical staff—ward hostesses and ward-based caterers—this is a work in progress here, which is a nutritional skills for life learner workbook. That's just one example of the things we're trying to do to develop consistency and standardisation throughout Wales. So, it isn't just the menus and the input there, we do work on other streams."[8]

16. Professor Jean White told the Committee that the all-Wales approach seems to be working, and that there is a good representation on the group:

> "…there is an all-Wales approach now to looking at menu development, both in nutritional terms, as well as in, 'Does it look appetising? Does it look palatable?' This group meets two to three times a year and it has chefs, as well

[6] RoP, paragraph 354, 17 October 2016
[7] Auditor General for Wales, **Hospital Catering and Patient Nutrition, a Review of Progress** - Memorandum for the Public Accounts Committee (September 2016), paragraph 4.6
[8] RoP, paragraph 208, 17 October 2016

> as representatives from all the health boards, to look to see whether or not the food is of the right quality and standard. I understand from that group that they are adding nine extra dishes to the all- Wales list this year, and that health boards are between 95 and 100 per cent compliant with using only those things that are on this all-Wales menu platform."[9]

17. The Committee welcomes the commitment to the All-Wales Menu Framework across the health boards but we are concerned that without a formal reporting mechanism there is the potential for this to become a lower priority. We are keen that the patient experience is heard and acted on within the development of the All- Wales Menu framework.

Recommendation 1. We recommend that the Welsh Government put formal mechanisms in place to ensure the work of the All-Wales Menu Framework Strategic Monitoring and Evaluation Group is maintained and monitored and that patient feedback on meals is considered as part of every evaluation.

The 'Water Keeps You Well' campaign

18. The 2014 Fundamentals of Care[10] audit found that drinking water was available and within patients' reach but water jugs were only changed three times a day in 60 per cent of clinical areas. 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.

19. In 2016, NHS Wales launched the 'Water Keeps You Well' campaign to ensure patients stayed hydrated while in hospital. The campaign aimed to inform people about the role good hydration plays in managing and preventing many health conditions, and the harm caused by not drinking enough.[11]

20. The health boards that attended Committee all confirmed that they were compliant with the requirement that patients are offered seven to eight beverages a day. Cwm Taf University Health Board explained that they run the 'Drink a Drop' campaign "where each and every individual who comes into contact with that patient—be it a doctor, a porter or nurse—offers the patient a drink, so that hydration is everyone's business".[12] Lynda Williams, Executive Director of Nursing, CTUHB, suggested that although they were compliant with the standard, that there could be an issue with regard to:

> "…whether they're being offered it with their meals, or whether it is available for them. Not everyone wants to have a drink with their meal. They might like it between meals. So, some of it will be about personal choice….there is a requirement for us to have seven points at which drinks are available. Certainly, from our health board's perspective, we do manage to hit that in the majority of cases. The area where there is a deficit for us, and we do recognise

[9] RoP, paragraph 354, 17 October 2016
[10] 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
[11] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraphs 2.12 – 2.14
[12] RoP, Paragraph 151, 17 October 2016

> that, is the evening times, where the jugs are to be replaced by nurses. Often, the water jugs are not a priority—well, I can't say it's not a priority. It's something that does get missed in the round. So, that could be where that 40 per cent comes in. It's the evening drink that is an issue in our organisation."[13]

21. The Committee welcomes the actions taken to promote good hydration for patients. We were interested to hear the example of the 'drink a drop' campaign and the additional information supplied by CTUHB on this initiative in their written response. We note this has been highlighted as good practice from external inspectors.[14]

22. The Committee were also pleased to hear Professor Jean White say that hydration was not seen as a major issue from the recent audits done, but that it was. '...one of those things you can never ever take your eye off; it is absolutely fundamental. Nutrition and hydration are one of those things that, to be frank, is almost as important as the medication that people receive.'

Given the importance of hydration, patients should expect access to water, and help to drink it. We expect the good practice which has been established to continue and develop, and be shared across health boards and hospitals. This should remain a key indicator on patient surveys and audits.

Assessing the needs of patients

23. The Committee explored how the different dietary, religious and cultural needs of patients are catered for. These concerns were also raised through a petition to the Assembly on Food in Welsh Hospitals (P-04-663 Food in Welsh Hospitals) which states:

> "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."[15]

24. In explaining the process of how needs are identified, Rhiannon Jones, Executive Director of Nursing, PTHB, said:

> "When a patient is admitted to hospital, as part of the initial assessment, you will review what their cultural needs are, what their dietary needs are, and then, if there are special diets required, we will refer to the dietitian or indeed our catering colleagues in terms of ensuring that we provide the food that's most appropriate for the patient."[16]

25. Following a discussion in Committee about the provision of Halal meals within Aneurin Bevan University Health Board, Colin Phillpott wrote to the Committee with a copy of the Halal menu and stated:

> "Diabetic menus are adaptive ones and we are not unique in not having a diabetic menu. The standard menu is designed to offer high energy choices and 'healthier' options for patients with diabetes, obesity, heart disease. The

[13] RoP, Paragraph 153, 17 October 2016
[13] Written response, PAC(5)-12-16 Paper 11, Cwm Taf University Health Board, 12 December 2016
[14] Cwm Taf University Health Board website (16 October 2014) [accessed 31 January 2017]
[15] National Assembly for Wales, Petition , P-04-663 Food in Welsh Hospitals
[16] RoP, paragraph 102, 17 October 2016

> healthier options on our menu meet the national criteria for total fat, saturated fat, sugar and salt and are coded accordingly."[17]

26. The Committee raised the concerns with the Welsh Government about the catering for different requirements, and Professor Jean White explained that the Government:

> "rely on lots of sets of eyes, to be honest. So, you've heard mention of an annual audit. Well, annual audits only give you a snapshot in time. So, what instead we also require feedback from is—the community health councils go in. They talk to patients, they talk to their relatives. HIW does inspections and there will be elements of that that will come up through the inspection reporting. So, there are a number of ways that we pick up data. It is a combination of audit at points in time and then people being part of a CHC or HIW inspection."[18]

27. Professor White also recommended that as most of this feedback goes directly to the health boards, and it is something which often requires action "on the ground", concerns need to be addressed at the time they are raised, rather than "waiting a year for me [Jean White] to find out, and for Government to try to do anything".[19]

28. The Committee agrees with the suggestion that concerns about dietary requirements being met should be continued to be raised while the patient is in hospital, but we believe that this area needs further investigation to ensure patient needs are met. We wish to see a specific set of questions to assess patients' needs on entry to hospital to ensure dietary requirements are identified and catered for. We want the findings of the all Wales patient surveys to be made public, as opposed to just being considered at a health board level. We believe this will increase transparency and accountability, and will allow for discrepancies to be more easily identified.

Recommendation 2. The Committee recommends that the Welsh Government makes public the results of future all Wales patient surveys in a timely fashion.

Recommendation 3. The Committee recommends that the Welsh Government develops a suite of questions to be included within both the standardised nursing documentation and on future all Wales patient surveys to monitor whether health boards are recording and meeting the cultural, religious and dietary needs of patients.

Mealtime experience

29. The Welsh Government requires hospitals to implement a protected meal time policy. In his 2016 Memorandum, the Auditor General found the protected mealtimes were more widely observed than previously with non-essential clinical activity 'winding down' just before meal times commenced. However, one in six patients responding to the patient menu survey had experienced interruptions on the ward that prevented them eating their meals. In instances where mealtimes appeared to work well, the entire nursing team was engaged in the mealtime process, but on some wards not all registered nursing staff were focused on the mealtime service.[20]

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[17] Written Evidence, PAC(5)-08-16 PTN1, 7 November 2016
[18] RoP, paragraph 385, 17 October 2016
[19] RoP, paragraph 386, 17 October 2016
[20] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraphs 2.17 - 2.22

30. The Memorandum suggested there was still scope to better prepare ward environments for mealtimes and to ensure patients receive prompt support with eating.[21] We heard evidence from some health boards on how they complied with the requirement of protected meal times, which included monthly audits and unannounced spot checks. Rhiannon Jones explained that in PTHB:

> "For the care of patients with dementia, those patients are identified on admission. We've got something called 'the red tray scheme', so, if people do need assistance, there's a red tray that's given, and that provides a visual that the patient needs additional assistance. Additionally, in terms of care of patients with dementia, we've got the butterfly scheme, which is about a butterfly that is placed above the patient's bed, and that gives additional indication that the patient needs assistance, and, clearly, the nursing team will be aligned to the patients who need assistance during the meal-time experience."[22]

31. In helping ensure patients with dementia get the support while in hospital, such as that needed at mealtimes, some health boards are participating in 'John's Campaign'. This is an initiative which welcomes patients' relatives to come in to hospital outside of visiting hours to support patients throughout their stay. The Committee welcomes initiatives like this, and the approach set out by Lynda Williams, CTUHB, that:

> "…we've always encouraged relatives and friends to come in and make eating and meal times a social experience, as opposed to just feeding, because that's what it is for all of us; it is a social experience."[23]

32. Professor Jean White explained that the Government wrote to hospital boards:

> "…reinforcing the arrangements around protected mealtimes, which are to engage with the family and if their loved one needs to have support or would like to have a shared eating and drinking experience at mealtimes, then that should be enabled wherever possible. Now, obviously, on the ground, in certain areas, it's quite challenging to do that. Not all wards have dining rooms and some of it is actually in the clinical area, so it is a little challenging, which is why it has to be the ward sister or charge nurse that makes that determination."[24]

33. The Committee welcomes the steps taken to improve protected mealtimes and actions taken to enable patient's relatives to offer support. We believe these initiatives are essential in promoting patients health and wellbeing. We would like to ensure that there is a continuation of the sharing of good practice and that the efforts are put into making protected mealtimes a social experience where appropriate.

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[21] Auditor General for Wales, **Hospital Catering and Patient Nutrition, a Review of Progress** - Memorandum for the Public Accounts Committee (September 2016), paragraph 2.15
[22] RoP, paragraph 83, 17 October 2016
[23] RoP, paragraph 87, 17 October 2016
[24] RoP, paragraph 383, 17 October 2016

Assessing the Mealtime experience

34. Nearly all health boards have comprehensive systems in place to regularly assess mealtime experiences. Multidisciplinary teams comprising of nursing, dietetic and facilities staff carry out audits to assess the mealtime support provided to patients, the extent of protected mealtimes, the availability of snacks and beverages, food hygiene practices and un-served meal waste.[25]

35. Some health boards have introduced multidisciplinary mealtime audits and patients' experiences are captured in 'real time'. However, satisfaction surveys remain the main mechanism for collecting patients' views on nutrition and catering services. At CTUHB, the findings from the patient satisfaction surveys were used to create a patient satisfaction score as a key performance indicator.[26]

36. Given concerns regarding dissatisfaction with patient meal time experiences raised with Assembly Members, the Committee have a number of concerns that patient's experiences are not being accurately represented. The Committee explored the discrepancies between patient's experiences and the results of the audits with witnesses. Upon questioning about the actions taken to monitor patient experience to ensure it tallied with survey findings, Lynda Williams, CTUHB, said:

> "We have bimonthly patient satisfaction audits that are fed back in through clinical areas and through to our nutrition and catering group. They are currently running at between 90 and 94 per cent in Cwm Taf. We are launching an app for patients to be able to download to assess their satisfaction around food and catering when they get home. That app will come online in November of this year. But, as I said, we've got an overall satisfaction rate of between 90 and 94 per cent, and one of the improvements that we did as a result of that satisfaction survey, because patients were telling us that they didn't have enough access to snacks, so something that we've managed to implement now are ward-based snacks, so food is available when individuals need it, and clearly want it."[27]

37. Liz Waters, Consultant Nurse, Infection Prevention, and Associate Director of Nursing, ABUHB explained that ABUHB had:

> "…bimonthly audits. They actually finished in March and we now need to get them back on the agenda again. And we've also got what's called the Hootvox patient experience, which picks up all patient experience issues, not just nutrition, and then that gets fed into our nursing committees."[28]

38. Professor Jean White informed the Committee that the Welsh Government place a significant emphasis on patient feedback, with a service user framework, under which the health boards and trusts are all required to look at different ways of gathering patient feedback, such as real time feedback, audit or patient stories. However, she suggested that there was more to be done because:

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[25] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraph 2.15
Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraphs 2.29 – 2.30
[27] RoP, paragraph 87, 17 October 2016
[28] RoP, paragraph 128, 17 October 2016

> "…there are quite a number of interactions across the services, not just in the hospital bed, and you need to be quite creative about how you get to people. There is also a challenge: if you ask somebody sitting in the bed, 'So, how was the meal today?' will they honestly say what they think? They might want to go home and reflect on it and give some feedback."[29]

39. Professor White suggested that discrepancies may exist because:

> "…there is often a difference in terms of seeing what the levels of satisfaction with the service are, and then drilling down into elements of the experience, which is where I think sometimes we have these conflicting stories, because it depends what you're asking, when you're asking it and how you're asking it. You can play all sorts of games with statistics, but the general feel we get is that people are mostly satisfied, but there are elements there that they want improvement on."[30]

The Committee welcomes the stated intention of placing the patients experience at the heart of the audit process around mealtimes. However, we are very concerned to find such disconnect between the information recorded by hospitals and that being reported by patients directly to relatives, friends and Assembly Members. We were interested to hear about the initiatives being utilised to allow feedback by patients online and at home, and will be monitoring the outcome of this to see whether there is a more consistent picture being reflected between the information gathered by hospitals and the experiences reported to others. Our recommendation to publish the findings of the patient surveys aims to help improve this disconnect by ensuring that all the information is publically available

[29] RoP, paragraph 387, 17 October 2016
[30] RoP, paragraph 388, 17 October 2016

03. Nutritional Pathway

Standardisation of Nursing Documentation

40. The all-Wales nutritional care pathway was introduced by the Welsh Government in summer 2009, and sets out the sequence of actions required when nursing staff screen patients for nutritional problems.

41. The findings of the Auditor General's report in 2011 highlighted that whilst most patients were receiving some form of nutritional screening on admission, the quality of this screening and subsequent action taken when nutritional problems were identified needed to improve. The review also found that the adoption and application of the nutritional pathway was not always consistent. The findings highlighted that there were inconsistencies in the storing of information relating to nutritional problems and a lack of standardised nursing documentation, which may have contributed to the variation in quality of nursing documentation.[31]

42. The Auditor General and the previous Public Accounts Committee recommended a standardisation of this documentation to promote consistent nutritional screening and care planning. The Welsh Government accepted this recommendation and originally indicated that work to standardise nursing documentation would be complete by March 2013.

43. The previous Committee had returned to the issue of whether the nursing documentation had been standardised on numerous occasions during the Fourth Assembly but were frustrated to consistently find that little progress had been made. These findings around a lack of progress were echoed in the Auditor General's Memorandum and by other regulators and inspectors.[32] [33]

44. However, the Auditor General did note that several NHS organisations, including PTHB, have introduced new nursing documentation to ensure key information was captured and to promote integrated nursing assessments and to address variation in the standards of documentation.[34]

45. The Committee explored what was causing the delays to introducing standardised documentation and the impact this has had on nursing assessments during the evidence session. Rhiannon Jones, PTHB said:

> "I think that from an all-Wales perspective, there certainly has been a delay, but that hasn't meant that individual health boards haven't progressed with the development of local documentation. Certainly from a Powys perspective, we have had a significant piece of work where the documentation has been aligned to the health and care standards, which includes nutritional risk assessments for patients." [35]

[31] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraph 1.7
[32] Healthcare Inspectorate Wales, Dignity and Essential Care Inspections (DECI) 2014-15 Thematic Report, published in September 2015
[33] Welsh Government, Learning from Trusted to Care Ministerial Unannounced Spot Check Visits, All Wales Report, November 2014.
[34] Auditor General for Wales, Hospital Catering and Patient Nutrition, a Review of Progress - Memorandum for the Public Accounts Committee (September 2016), paragraphs 1.8 – 1.9 and 1.11 – 1.12
[35] Record of Proceedings (RoP), paragraph 16, 17 October 2016

46. When pressed further on the reason for the delay, she explained that

> "My understanding of the situation is that there has been a gap in terms of a nurse lead within NWIS in terms of taking that piece of work forward. There have been a number of attempts via the all-Wales nurse directors to take that forward. One of the nurse directors, Caroline Oakley, was previously responsible for bringing together health boards, and us moving forward with paper-based documentation. That is a challenge when it's not directed from the centre because each health board undoubtedly thinks that their documentation is of a standard—particularly, I think, when individual health boards have done so much work to rationalise and standardise the documentation in their own health boards. That's a personal view of maybe some of the reasons for delay, but one of the key issues was a gap in nurse leadership at NWIS.[36]

47. The Committee discussed the lack of a nurse lead within National Health Service Wales Informatics Service (NWIS) with the Welsh Government. Professor Jean White, explained that there were a number of delays in filling the post and that the position was due to be filled in October 2016.[37] She added that this work would then be taken forward and that::

> "…the health boards and trusts have a responsibility to ensure that they have documentation. So, this is a way of us bringing some governance and opportunity for movement from paper to electronic. So, it's not as if nothing has happened in that time; each of the health boards already has a paper based system that they have to do, because it's a legal requirement—all care has to be documented. We were looking to try to bring some consistency across Wales, and there were some opportunities there, too, to look at new and innovative ways of doing it. So, it would be unfair to say nothing has happened since 2011."[38]

48. The Committee requested that the Welsh Government provided an update on the standardisation work once the Nurse Informaticist was in post. In his letter of 14 December 2016, Dr Andrew Goodall, Director General of Health and Social Services/Chief Executive, NHS Wales advised that:

> "Following the appointment of a dedicated NHS Wales Informatics Service resource to support the ambition to standardise and digitalise nursing documentation a basic review of current documents and processes has taken place. A more detailed review is necessary. The work will produce a standardised nursing assessment document along with other standardised documents for use in care planning and care delivery. It is anticipated that the work to produce standardised E nursing documentation will take three years to complete."[39]

[36] RoP, paragraph 22, 17 October 2016
[37] RoP, paragraph 315, 17 October 2016
[38] RoP, paragraph 327, 17 October 2016
[39] Written evidence, PAC(5)-01-17 PTN2, 9 January 2017

49. The Committee has significant concerns that this project has lacked any definitive timescales to date and is deeply disappointed with the indication that this work will take a further three years to complete. Assuming that this revised target is achieved, this will be almost ten years since the publication of the original report by the Auditor General. This shows a real lack of leadership, which must be addressed as a matter of urgency to drive this forward, and to ensure that no further delays are allowed to occur.

50. It was also a matter of great concern to the Committee that the reason for the delays in achieving all Wales documentation appears to be entirely placed on one person not being in post. While the Committee understands the specialised nature of the nurse informaticist post, it is not at all acceptable to suggest that this would be the only option for delivering this work. The Committee require the Welsh Government to plan better and ensure wider cross Government responsibility to make sure such unacceptable delays do not occur in the future.

Recommendation 4. The Committee recommends that the Welsh Government provide an update on the key stages for standardising the documentation identified in the Nurse Informaticist work plan, and report to the Committee any slippages in the proposed timescale.

Recommendation 5. The Committee recommends that a review of workforce planning arrangements within the NHS Wales Informatics Service is undertaken to ensure that future vacancies or gaps in resources do not cause significant delays to key workstreams, and specifically to prevent a recurrence of the problems that have been experienced in relation to development and roll out of standardised nursing documentation.

Training on the nutritional care pathway

51. The 2011 Auditor General report cited a lack of refresher training on the use of screening tools or assessment documentation as one reason for the poor quality of nutrition screening. In September 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. This training was introduced as mandatory, with all ward-based nursing staff being required to complete the e-learning training package within 12 months of its introduction and new staff within 12 months of appointment.

52. The Auditor General's 2016 Memorandum found that full compliance with e-learning training on the nutritional care pathway had yet to be achieved. Information gathered by this Committee from all the health boards confirmed that overall compliance across Wales is poor with all health boards citing barriers to achieving full compliance. Such barriers included staff release and IT issues (reliability of the training programme, access to computers).

53. The Committee explored with the witnesses what the barriers where to achieving 100% compliance to the e-learning. Liz Waters, ABUHB said:

> "…mandatory training is challenging. For all that we say nutrition is important, which it absolutely is, so is infection control, so is dementia training, so is fire safety—we can go on and on and on. So, we have to be quite innovative in how we deliver the education. Again, my colleagues have put forward some innovative ways of delivering that education. Certainly in Aneurin Bevan, the mandatory training issue has been picked up, and we will be putting on three

> days in a row of mandatory training throughout the year that staff can access because they find it far easier to access mandatory training when they come off the ward and they're away from the ward for a whole day and they can truly engage in that mandatory training."[40]

54. In its written response, Cardiff and the Vale University Health Board said that the Welsh Government had declined a request to allow group training, which they felt would:

> "…allow for more individuals to complete the e-learning package, and allows for additional learning from discussion and questions during the sessions. It would also be a more valuable method of education and enable better compliance with the e-training package. We consider the current format and requirement to be unsatisfactory and would welcome review of this."[41]

55. The Welsh Government told the Committee that it was concerning that some staff may not have undertaken the mandatory training. Having listened to feedback on why this was, Professor Jean White set out the steps taken to address the issues around access:

> "I see my role and the Government role to try to get systems in place to make it easy for people to do the right thing. So, there was a difficulty in staff accessing the electronic package itself, so, we arranged for it to be placed on a platform—Moodle 3.0, I think they call it—which means you can access it both in hospital and at home. Some people didn't have email addresses, so we arranged for them to have e-mail addresses or group accounts. So, what we've been trying to do is make it easy for people to do the right thing. But I do think it's probably fair to say that there is some challenge about attendance for all mandatory and statutory training when the service is under pressure. So, having people released to do it, and the willingness then to spend their own time doing it, remains a challenge."[42]

56. Dr Goodall was clear in that he thought:

> "…there is a responsibility within health boards in respect of mandatory training, irrespective of the workload and the busyness of the environment, to make sure that people do have the time and the flexibility to be able to comply and to have time to actually complete training as necessary as well."[43]

57. The Committee places great importance on training within this area and would like to see an increase in compliance. While there was a great deal of positive rhetoric about training being required and mandatory, this has not been translated in the work place. We believe that where the Welsh Government has identified training as compulsory, it should explore all avenues for delivery, as there is little value in making training mandatory if this is not deliverable.

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[40] RoP, paragraph 55, 17 October 2016
[41] Written evidence, PAC(5)-12-16 Paper 10, Cardiff and Vale University Health Board, 12 December 2016
[42] RoP, paragraph 343, 17 October 2016
[43] RoP, paragraph 346, 17 October 2016

Recommendation 6. The Committee recommends that the Welsh Government carry out an assessment as a matter of urgency to categorise and prioritise areas of training that should be compulsory or alternatively determine whether there should be flexibility within Health Boards to prioritise the training needs of their staff.

Recommendation 7. The Committee recommends that the Welsh Government works with health boards to develop and put in place the most effective methods for delivering training including consideration of e-learning, and group training.

Compliance with the nutritional care pathway

58. In 2011, the Auditor General recommended that NHS organisations regularly audit all aspects of the nutritional care pathway. The Auditor General's Memorandum in 2016, found that most NHS bodies were undertaking some form of regular monitoring but the nature and extent of this monitoring varied across Wales.

59. When the Committee explored the need for increased compliance with the health boards, Liz Waters ABUHB said:

> "…the challenge of audit is quite considerable, because it's not just nutrition and hydration that needs to be audited, So, the audit tools that are currently in use in Aneurin Bevan are under review, and we're certainly looking to utilise the quality checks document that has been produced from the chief nursing office. What we want to put within that, though, is some metrics, so we're getting quality measures and we're getting metrics as well. And, again, that needs to be—it's the 'so what?'; it needs to be fed up from ward to board and back down again, and recognise where there are deficits and, actually, and as we picked up with the infection control, making sure the divisions are actually owning their issues, owning their nutritional and hydration issues, and that has been highly successful in bringing C. difficile down in Aneurin Bevan health board, and we certainly expect compliance to go up in terms of nutrition and hydration using that methodology."[44]

60. Rhiannon Jones, PTHB, highlighted the importance of the role of ward sister and the charge nurse:

> "…the role of the ward sister and the charge nurse is critical. They are there with 24/7 responsibility for the quality of patient care. Auditing provides additional assurance, though. For the care of patients with dementia, those patients are identified on admission. We've got something called 'the red tray scheme', so, if people do need assistance, there's a red tray that's given, and that provides a visual that the patient needs additional assistance. Additionally, in terms of care of patients with dementia, we've got the butterfly scheme, which is about a butterfly that is placed above the patient's bed, and that gives additional indication that the patient needs assistance, and, clearly, the nursing

[44] RoP, paragraph 74, 17 October 2016

team will be aligned to the patients who need assistance during the meal-time experience."[45]

The Committee believes that this evidence illustrates the problem of ward to board reporting around compliance with the nutritional care pathway. There must be robust mechanisms for communication of and implementation of these decisions, which does not seem to have happened despite a number of initiatives. While the Committee believes that the overall picture in health boards may be positive, more needs to be done to address the discrepancies between wards in hospitals and between hospitals within health boards. We firmly believe that patients have the right to expect consistent treatment and we expect this to be achieved.

[45] RoP, paragraph 83, 17 October 2016

04. Accountability and Governance

61. Since 2011, numerous weaknesses have been identified with the accountability and governance in relation to hospital catering and patient nutrition. This further illustrates the lack of leadership which runs through this report.

Reporting at Board Level

62. In 2011 the Auditor General found a number of weaknesses with regard to planning and reporting locally in relation to hospital catering and patient nutrition. By 2015 arrangements for monitoring and reporting were found to be well established at an operational level within NHS bodies with clear lines of accountability and good lines of reporting into the Quality and Safety Committees or their equivalent.

63. However, the Auditor General found that there remained scope to strengthen the extent of information on catering and nutrition services presented to the full Board. For example, few Boards received information on compliance with nutritional screening or patient feedback on their mealtime experiences.

64. The Committee questioned representatives from the health boards about whether they considered there was sufficient attention at Board level on patient nutrition and experience of food in hospitals. All the represented health boards told the Committee that in recognition of the findings in the Auditor General's report an annual report on this would be presented to their Board's. Liz Waters (ABUHB) said:

> "Again, it's that board-to-ward reporting, isn't it? We've produced an annual report, which will be presented to the quality and patient safety committee in November, and I've no doubt that our non-independent members will be challenging in terms of what we're reporting. It'll be the first time that we've presented an annual report, but it's a good start."[46]

65. The Committee welcomed the presentation of the annual reports to the Boards, but were disappointed that given that this was first discussed in the Auditor General's 2011 report, this had not happened previously.

Representatives at Board Level

66. The Committee explored whether there was a named individual at Board level with responsibility for catering. Written responses to the Committee from the health boards set out the lines of accountability along with the individual with board responsibility for catering. Hywel Dda University Health Board, Abertawe Bro Morgannwg University Health Board and Powys Teaching Health Board have split responsibilities for catering and nutrition. The Committee found that of the three health boards questioned, none had a nominated non-executive with responsibility for catering at present.

67. The Committee questioned the Welsh Government on responsibilities at board level and where responsibility for this should lie. Dr Goodall explained that he thought the Government could be explicit on the reporting requirement to board level, and that:

[46] RoP, paragraph 292, 17 October 2016

> "We also have to make sure that health boards are dealing with all of their other priorities, so I wouldn't see this as suddenly a monthly area, other than on an exception basis. This was a really significant area of concern, but certainly as part of our annual reporting mechanism, the way in which the patient surveys come through, we don't see that as just a one-off annual process. If there's a need for clarity, we can make that clearer, I think, for the individual health boards at this time. But I think a regular contact on it to make sure there's progress, but not necessarily a monthly kind of occurrence."[47]

68. Dr Goodall also suggested that this could be achieved through inclusion in the governance arrangements and ensuring these are visible at board level, and monitored regularly between health boards and Welsh Government.

69. The Committee have significant concerns about the lack of clear lines of responsibility for catering and patient nutrition at hospital board level. There appears to be much rhetoric about the importance of ward to board accountability but none of the health boards we took evidence from had a named non-executive director and only now, despite over five years of national interest and pressure around this area, reports are being produced to take to the Boards.

Recommendation 8. The Committee recommends that the Welsh Government issue a direction to health boards that a named non-executive director must have responsibility for hospital catering and patient nutrition.

The Introduction of Computerised Catering Information system

70. In 2011, the Auditor General highlighted the benefits that could be achieved from the introduction of computerised catering information systems. The 2015 follow up audit found, however, that limited progress with implementation of this had been made. In 2015 just three organisations (Betsi Cadwaladr University Health Board, Cwm Taf University Health Board and Aneurin Bevan University Health Board) were using the Menumark system.[48]

71. The remaining NHS bodies were awaiting a decision on the procurement of an all-Wales' IT system but there have been delays in progressing the business case to procure such a system. In written correspondence to the Committee, the Welsh Government indicated that the business case and its viability would be discussed by the NHS Wales National Informatics Board in November 2016.[49]

72. The Committee questioned the representatives from the health boards about whether they were exploring options for procuring an IT system. Rhiannon Jones said that Powys Teaching Health Board have completed a business case and that implementation of a system would require £30,000 of investment. Colin Phillpott, ABUHB, told us that other health boards had shown an interest in the IT system used in ABUHB:

> "Abertawe Bro Morgannwg management members have come up, and also Cardiff and Vale. Both have been quite impressed and went away thinking that they were going to roll it out as well. So, I think everybody's keen to do it."[50]

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[47] RoP, paragraph 393, 17 October 2016
[48] Auditor General for Wales, **Hospital Catering and Patient Nutrition, a Review of Progress** - Memorandum for the Public Accounts Committee (September 2016), paragraphs 3.5 – 3.8
[49] Written Evidence, PAC(5)-03-16 Paper 10, 19 September 2016
[50] RoP, paragraph 272, 17 October 2016

73. The Committee sought clarification of the information from the Welsh Government written response that "...the business case and its viability as an option will be discussed by the NHS Wales National Informatics Board in November".[51] Anthony Hayward, Assistant Director of Facilities, Cwm Taf University Health Board said:

> "I was of the understanding that the board you're talking about, which is run by the NHS Wales Informatics Service, and was supported by shared services, didn't come up with a report. So, each individual health board has taken their own view on board, I think, basically."[52]

74. In written evidence, Powys Teaching Health Board highlighted the importance of an all-Wales IT system:

> "There is, in our view, a final piece of the jigsaw missing and that is an NHS Wales joint catering computer system. There is the opportunity to link our national procurement services to a national catering computer system to give us a global account of catering cost performance. Currently HBs are implementing their own systems, duplicating administration in maintaining up to date stock details."[53]

75. We raised concerns regarding the confusion about whether an all Wales IT system was going to be procured, or if the health boards were developing individual business cases with the Welsh Government. Dr Goodall confirmed that an all Wales business case was being prepared:

> "I'm now chairing the national informatics board, and I have asked for the case to come through so that this is properly reviewed, and it is going to our November board meeting. I'm looking at the capital implications of that, and I do want to make sure that it can achieve the benefits. My view was that, amongst a whole series of issues, it was intended to help to drive down the wastage issues. Alongside other actions, we've been able to do that as well, and it may well be that the information system is the final piece to allow a further push again, but I can certainly report back after our board meeting, which is taking place in November, and confirm the outcome of that to the committee, because I know you'll have an ongoing interest."[54]

76. The Committee was extremely frustrated that in subsequent correspondence to the Committee, Dr Goodall said:

> "As I advised, the catering business case was considered by the National Informatics Management Board (NIMB), including ensuring the technology would improve the existing systems and provide value for money. After a detailed discussion, whilst agreeing the principles of the case, NIMB requested that the business case be reviewed, with urgency, to ensure that costs and assumptions are accurate. Specifically, the potential benefits include invest to save principles needed to be confirmed. The provisional costs have also been

[51] Written Evidence, PAC(5)-03-16 Paper 9, 19 September 2016
[52] RoP, paragraph 276, 17 October 2016
[53] Written response, PAC(5)-12-16 Paper 13, Powys Teaching Health Board, 12 December 2016
[54] RoP, paragraph 405, 17 October 2016

> challenged as these seemed to be excessive in contrast to some of the catering systems already in place."[55]

77. The Committee considers this further delay to be exasperating given that an initial business case was prepared in 2013, and the assurance given by Dr Goodall that:

> "…the intention is that we're receiving the business case and we will look to make a decision, but I'd like to make sure we take it on its proper benefits and the outcomes that we expect, given the materiality of that particular case. I would hope that that is resolved one way or the other."[56]

78. The Committee considers it entirely unacceptable that there remains no progress on a computerised catering information system, despite this first being raised in 2011. There seems to be some confusion about how and if this will be progressed. The Committee believes that this is an important innovation that could potential save significant resources for the NHS and this must be rectified as soon as possible.

Recommendation 9. The Committee recommends that the Welsh Government gives utmost priority to making a decision on whether or not to procure an all Wales computerised information. We expect to receive an update on the decision and a timetable for implementation by September 2017. If a decision is taken not to procure such a system, the Welsh Government needs to give clear guidance to NHS bodies on what they need to do individually to strengthen the IT systems supporting hospital catering and patient nutrition

Cost of Food Waste

79. In 2011, levels of food waste were found to be unacceptably high on many wards in Welsh Hospitals and this was identified as something that needed tackling as a matter of urgency. The Auditor General found that around 15% of the food being prepared was wasted and this equated to an estimated cost of £1.5 million during 2009 -10.

80. The Auditor General's follow-up audit in 2015, found that NHS bodies had introduced better systems for monitoring and recording un-served patient meals and that wastage from un-served patient meals ranged from two to ten per cent across NHS bodies. Although well within the ten per cent target set by Welsh Government, the cost of this wastage is still very high at just under £1 million in 2014-15. In response to these findings, the Welsh Government indicated that the cost of waste could be reduced further through the use of appropriate technology and that a more stretching target could be set in future.[57]

81. The Committee discussed with witnesses various approaches to managing and minimising food waste. Colin Phillpott explained that within ABUHB, mobile IT had been used to take orders and this was a positive initiative allowing patients to make more informed choices by seeing photographs of the food and accessing nutritional information.

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[55] Written Evidence, PAC(5)-01-17 PTN2, 9 January 2017
[56] RoP, paragraph 407, 17 October 2016
[57] Auditor General for Wales, **Hospital Catering and Patient Nutrition, a Review of Progress** - Memorandum for the Public Accounts Committee (September 2016), paragraphs 3.13 – 3.17 and Written Evidence, PAC(5)-03-16 Paper 10, 19 September 2016

82. This system also allows for more accurate and simple information collation.[58] Colin Phillpott explained that this was currently done the day before, although he highlighted there was a trial in Ysbyty Ystrad Fawr of same-day ordering 'so that patients will order their lunch and their supper in the morning' which aims to improve ordering nearer to consumption. He also suggested it would:

> "…reflect the appetite of the patient on the day with their clinical condition. It'll minimise, I think, the number of ghost patients—where patients have moved out of the ward. So, hopefully, we'll be able to tell you in not too much time whether that was successful."[59]

83. Anthony Hayward, CTUHB, explained that they were:

> "…introducing an à la carte-style menu, so, rather than giving a patient a full breakfast, a full lunch and a full tea and then sandwiches at the evening meal—in reality, nobody wants to eat that much all day—we gave them the option of a lighter lunch or a lighter tea, which then reduces the waste levels and they also maintain their nutritional values."[60]

84. The Committee challenged the Welsh Government on the potentially significant revenue returns that could be achieved by the introduction of computerised system. Dr Goodall agreed with the Committee and said he wanted to see the revenue benefits to achieved:

> "…the target needs to be revisited. People are operating well within the extant 10 per cent target; personally, we feel professionally that that should at least be dropped down to 5 per cent in the interim, but we need that to be endorsed by the Cabinet Secretary. If we could make more progress through a range of actions, including the computerised system, we would be very prepared, of course, to reduce that target further, because there are some cost savings within that envelope."[61]

85. The Committee welcomes the innovations taken by some health boards to manage and minimise food waste and encourage the sharing of these practices amongst health boards. The potential savings which could be achieved through the introduction of the All Wales IT System are also applicable to this area, and additional urgency should be given to the development and procurement of the system. Given the importance of managing food waste, and the cost benefits which can be achieved by this the Welsh Government must set a more stretching target for reducing food waste.

Recommendation 10. The Committee recommends that the Welsh Government revise the target for reducing food waste to challenge the health boards to minimise waste and maximise savings.

Cost per Patient Meal

86. In 2011, there were wide variations in the costs of patient catering services. However, inconsistencies in the way costs were calculated at that time made it difficult to explain these

[58] RoP, paragraph 249, 17 October 2016
[59] RoP, paragraph 240, 17 October 2016
[60] RoP, paragraph 244, 17 October 2016
[61] RoP, paragraph 409, 17 October 2016

variations. NHS organisations agreed in 2012 to implement a new model for costing patient and non-patient catering services supported by new indicators, such as cost per patient meal.

87. In 2015, the Auditor General found that catering costs were better controlled. Although costs per patient meal still varied, the overall range of variation had narrowed and the average patient meal cost was £3.31. The cost per patient meal at Powys Teaching Health Board, however, was nearly double. The Auditor General reported that this cost was likely to be an overestimate because responsibility for catering budgets was not centralised within the facilities management team, which made it difficult to differentiate the overall cost of food procured from the cost of food used to prepare patient meals.[62] When the Committee explored with PTHB about this differentiation in cost and the outcome of its consultation on a new centralised structure for its facilities management team, Rhiannon Jones, PTHB said:

> "…the report does indicate that it's probably £6 per patient per day, which, as you indicate, would be almost double what it is elsewhere, but there was a note of caution against that because of the challenges of not a centralised approach to the costing. Previously, it was a north-and-south approach, and they were different. What I can confirm today is that the restructuring has taken place in terms of facilities, and we've now got that back-office function for facilities in terms of now calculating that on a Powys-wide basis. I can't tell you today what the costs are that are associated with that because that new structure has literally just come into being, but a caution in terms of that figure."[63]

The Committee welcomes the changes made by Powys Teaching Health Board to address this discrepancy as we would not expect to see such a large variation from the average. Given the pressure the higher costs are placing on an already stretched budget, we would expect the figure in Powys Teaching Health Board to be reduced and be much closer to the Welsh average, within the next twelve months.

[62] Auditor General for Wales, **Hospital Catering and Patient Nutrition, a Review of Progress** - Memorandum for the Public Accounts Committee (September 2016), paragraphs 3.9 – 3.12
[63] RoP, paragraph 219, 17 October 2016

Annex - Witnesses

The following witnesses provided oral evidence to the Committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed in full at:
http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=15048

Date	Name and Organisation
17 October 2016	Lynda Williams, Cwm Taf University Health Board Anthony Hayward, Cwm Taf University Health Board Rhiannon Jones, Powys Teaching Health Board Liz Waters, Aneurin Bevan University Health Board Colin Phillpott Aneurin Bevan University Health Board
17 October 2016	Dr Andrew Goodall, Welsh Government Professor Jean White, Welsh Government