

**National Assembly for Wales**  
Public Accounts Committee

Hospital catering and patient nutrition

February 2012



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## Public Accounts Committee

The Committee was established on 22 June 2011. The role of the Public Accounts Committee is to ensure that proper and thorough scrutiny is given to Welsh Government expenditure. The specific functions of the Committee are set out in Standing Order 18. The Committee will consider reports prepared by the Auditor General for Wales on the accounts of the Welsh Government and other public bodies, and on the economy, efficiency and effectiveness with which resources were employed in the discharge of public functions. Their remit also includes specific statutory powers under the Government of Wales Act 2006 relating to the appointment of the Auditor General, his or her budget and the auditors of that office.

### Current Committee membership



**Darren Millar (Chair)**  
Welsh Conservatives  
Clwyd West



**Mohammad Asghar (Oscar)**  
Welsh Conservatives  
South Wales East



**Mike Hedges**  
Welsh Labour  
Swansea East



**Julie Morgan**  
Welsh Labour  
Cardiff North



**Gwyn R Price**  
Welsh Labour  
Islwyn



**Jenny Rathbone**  
Welsh Labour  
Cardiff Central



**Aled Roberts**  
Welsh Liberal Democrats  
North Wales



**Leanne Wood**  
Plaid Cymru  
South Wales Central

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## The Committee's Recommendations

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The Committee's recommendations to the Welsh Government are listed below, in the order that they appear in this Report. Please refer to the relevant paragraphs of the report to see the supporting evidence and conclusions:

**Recommendation 1.** We recommend that the Welsh Government issues supplementary guidance to all NHS bodies in Wales clearly stating that the protected meal times policy should not be used to exclude relatives and carers from providing assistance with eating to patients, and that where relatives and carers wish to assist at mealtime that they are actively encouraged to do so by ward staff (Page 10)

**Recommendation 2.** We recommend that the Welsh Government ensures that local health boards provide the Wales Audit Office guidance note '*Eating Well in Hospital—What You Should Expect*' to every hospital patient in Wales at the point of admission. (Page 11)

**Recommendation 3.** We recommend that the Welsh Government takes action to ensure that the progress of NHS organisations in delivering their own action plans is rigorously monitored and made publicly available. (Page 12)

**Recommendation 4.** We recommend that the Welsh Government monitors the progress of NHS bodies in delivering its guidance, including sourcing local food which contributes to a health balanced diet for patients where possible. 5.3 Our view on protected mealtimes, set out earlier in this report, is an example of where policy decisions are not being communicated effectively to ward level, thus not allowing ward sisters and charge nurses to lead in the way that they could otherwise. (Page 14)

**Recommendation 5.** We recommend that the Welsh Government provides us with details of how and when we can expect waste reduction targets to be met. (Page 16)

**Recommendation 6.** We recommend that the Welsh Government takes action to ensure food hygiene ratings are displayed publicly in all hospitals in Wales. (Page 18)

**Recommendation 7.** We ask that the Accounting Officer provides us with a plan of how and when the Welsh Government and Local Health Boards will have made the improvements recommended by the Auditor General. (Page 19)



# 1. Introduction

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1.1 In March 2011, the Auditor General for Wales ('the Auditor General') published his report Hospital Catering and Patient Nutrition. He found that hospital catering services in Wales have improved since 2002, but that more needs to be done to improve nutritional care for hospital patients. The audit work on which this report is based was conducted between April and July 2010. Details of the audit approach are provided at Annex A to the Auditor General's report.

1.2 The Auditor General briefed us at our inaugural meeting on 5 July 2011.<sup>1</sup> Following this, we decided to seek the view of the Older People's Commissioner on the implication for older people of the Auditor General's findings, before calling the Accounting Officer to appear before us. We took evidence from Ruth Marks, the Older People's Commissioner for Wales, on 4 October 2011<sup>2</sup> and we took evidence from the relevant Accounting Officer; David Sissling, Director General, Health Social Services and Children on 8 November 2011.<sup>3</sup> Following the Accounting Officer session, we requested additional information, which we received in writing on 15 December 2011.<sup>4</sup>

1.3 We have arrived at a range of conclusions based on the Auditor General's report and the evidence that we have taken. We are pleased to see that improvements have been made since hospital catering was last the subject of a performance audit in 2002. It is disappointing that a wide variation in the costs, planning and delivery of catering services across NHS organisations in Wales persists, especially when the importance of good nutrition in supporting patient' recovery is well accepted by the Welsh Government and reflected in its policy objectives. We hope that the reduction in the number of NHS organisations in Wales will allow for a more effective exchange of good practice that in turn leads to a more standardised approach to providing this essential element of hospital care.

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<sup>1</sup> Record of Proceedings, Public Accounts Committee, 5 July 2011 (hereafter referred to as 'RoP 5 July 2011')

<sup>2</sup> Record of Proceedings, Public Accounts Committee, 4 October 2011 (hereafter referred to as 'RoP 4 October 2011')

<sup>3</sup> Record of Proceedings, Public Accounts Committee, 11 November 2011 (hereafter referred to as 'RoP 11 November 2011')

<sup>4</sup> Letter to the Chair of the Public Accounts Committee, 15 December 2011

1.4 It is our intention to return to this issue later in the year to gauge progress in meeting the recommendations made by the Auditor General.

## 2. Protected Mealtimes

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2.1 The Welsh Government now requires hospitals to implement a protected mealtimes policy. The Auditor General describes this policy in his report:

“Protected mealtimes are periods when all non-urgent clinical activity stops on hospital wards to allow patients to eat their meals without unnecessary interruptions, and when nursing staff are able to provide assistance and support to people at mealtimes.”<sup>5</sup>

2.2 In approaching our consideration of the Auditor General’s findings, we decided to seek the Older People’s Commissioner for Wales’s (‘the Commissioner’) view on the implications they have for older people.

2.3 The Commissioner’s evidence stemmed from aspects of her report *‘Dignified Care? The experiences of older people in hospital in Wales.’*<sup>6</sup> In relation to hospital catering and patient nutrition, the Commissioner found that:

‘[...] it is the level of assistance with eating and drinking which most impacts on older people’s dignity and respect [...]’ and that the provision of ‘[...] timely and appropriate assistance with eating and drinking was an issue of concern raised by a significant number of people.’<sup>7</sup>

2.4 The Commissioner found that the protected mealtimes policy has led to some improvement. However, she has received reports of relatives and carers being prevented from providing assistance to older people with eating because of the protected meal time policy.<sup>8</sup>

2.5 We acknowledge that, when properly applied, the principle of protected mealtimes can play an important role in creating a ward environment that encourages patients to eat and enjoy their meals. However, it concerns us to hear reports of this policy being used to exclude relatives and carers from assisting at mealtimes.

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<sup>5</sup> Auditor General for Wales, p.33

<sup>6</sup> Older People’s Commissioner for Wales, *‘Dignified Care?’ The experiences of older people in hospital in Wales*, March 2011

<sup>7</sup> Ibid p.52

<sup>8</sup> Ibid p.53

2.6 We raised this concern with the Accounting Officer when he appeared before us. The Accounting Officer was quite clear in stating that, in principle, utilising support from family members and volunteers at mealtimes was encouraged. He also recognised that this was not a consistent position across Wales and he undertook to ensure that:

“[...] we have the right information available to relatives, friends, carers and volunteers about the opportunity to assist on admission, and that that is provided in a standardised and accessible way.”<sup>9</sup>

2.7 Whilst we welcome this recognition that family members and volunteers should be encouraged to assist at mealtimes, we remain concerned that this message is not reaching practitioners at ward level.

**We recommend that the Welsh Government issues supplementary guidance to all NHS bodies in Wales clearly stating that the protected meal times policy should not be used to exclude relatives and carers from providing assistance with eating to patients, and that where relatives and carers wish to assist at mealtime that they are actively encouraged to do so by ward staff**

2.8 We recommend that the Welsh Government issues supplementary guidance to all NHS bodies in Wales clearly stating that the protected meal times policy should not be used to exclude relatives and carers from providing assistance with eating to patients, and that where relatives and carers wish to assist at mealtime that they are actively encouraged to do so by ward staff.

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<sup>9</sup> RoP 8 November 2011 c.71

### 3. Nutritional Pathway

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3.1 Auditor General found 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 needs to improve. He also found that the adoption and application of the nutritional pathway was not always consistent.

3.2 When we raised this with the Accounting Officer, he described the progress that he believes is being made in this area.<sup>10</sup> We share the Auditor General's view that progress in this area has been slow, but are encouraged that the Accounting Officer is putting in place an e-learning tool that will ensure all staff are trained in the use of the nutritional pathway within the next 12 months. We look forward to gauging the success of this approach in the future.

3.3 The Wales Audit Office has produced a leaflet for hospital patients setting out what they can expect: 'Eating Well in Hospital—What You Should Expect'.<sup>11</sup> We believe that this information should be provided to all hospital patients.

3.4 We recommend that the Welsh Government ensures that local health boards provide the Wales Audit Office guidance note 'Eating Well in Hospital—What You Should Expect' to every hospital patient in Wales at the point of admission.

**We recommend that the Welsh Government ensures that local health boards provide the Wales Audit Office guidance note '*Eating Well in Hospital—What You Should Expect*' to every hospital patient in Wales at the point of admission.**

3.5 We also note that following the Commissioner's report '*Dignified Care? The experiences of older people in hospital in Wales*', the Minister for Health and Social Services has stated that the:

“Welsh Government has prioritised dignity in care in its new NHS delivery framework for 2011-12, which NHS Wales must deliver on. Every NHS organisation now has an action plan

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<sup>10</sup> RoP 8 November 2011 c.20

<sup>11</sup> [Wales Audit Office, \*Eating Well in Hospital – What you should expect\*, 2011](#)

approved by the commissioner in place, and implementation is being actively monitored by the Welsh Government.”<sup>12</sup>

3.6 We consider that in monitoring such implementation, the Welsh Government should give particular consideration to the needs of patients who may be less able to assert their own nutritional needs.

**We recommend that the Welsh Government takes action to ensure that the progress of NHS organisations in delivering their own action plans is rigorously monitored and made publicly available.**

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<sup>12</sup> RoP, Plenary, 10 January 2011, p41

## 4. Financial information

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4.1 We believe that financial management information and clarity over costs must improve. We consider that it is surprising that question marks remain over data quality and NHS bodies' ability to properly cost out services. We are especially concerned that if this type of information is unclear for catering services then financial management information more generally may also be falling below the standard we would expect.

4.2 Further to the above concerns, we understand that the Estates and Facilities Performance Management System (referred to as the EFPMS in evidence) has been operating for almost a decade, and so we have further difficulty in understanding why issues of data quality and consistency have not been addressed previously. The Accounting Officer provided us with the good example of how Aneurin Bevan Local Health Board achieved financial savings when better costing systems ensured correct VAT treatment, and we would like to see this type of good practice shared, particularly as Mr Walker told us that 'only one or maybe two' health boards have sophisticated systems for gathering costed information.

4.3 The Auditor General will be publishing a report on NHS finances later this year and we will return to some of the issues when we come to consider his findings.

## 5. Leadership

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5.1 The Auditor General's report and the evidence provided to us by the Commissioner for Older People in Wales shows that effective leadership at ward level is a key factor in implementing the requirements of the nutritional care pathway. In providing evidence to us, the Accounting Officer also emphasised the importance of multi-professional contributions in this area.<sup>13</sup> The Auditor General found that ward-level leadership is not always in evidence.

5.2 At board level, the Auditor General reported that NHS boards only receive limited information on the delivery and performance of catering services and issues relating to patient nutrition. This must improve if Local Health Boards are to effectively scrutinise this crucial service, and to provide the leadership needed to drive improvement. We expect the Chief Executives of each health board, as Additional Accounting Officers; to ensure that this happens and we remind them that they are accountable to us should they fail to meet that expectation.

5.3 In particular, we consider that it important that the delivery of catering services is in line with Welsh Government guidance. For example, we note that *Food for Wales, Food from Wales 2010-2020: Food Strategy for Wales* states that:

“The Food Strategy is to encourage Local Authorities and other public sector bodies to source local food which contributes to a healthy balanced diet where possible. At the Local Authority level there is an increased recognition of the contribution that local food sourcing can make on environmental, economic and social grounds.”<sup>14</sup>

**We recommend that the Welsh Government monitors the progress of NHS bodies in delivering its guidance, including sourcing local food which contributes to a health balanced diet for patients where possible.**

5.4 Our view on protected mealtimes, set out earlier in this report, is an example of where policy decisions are not being communicated

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<sup>13</sup> RoP 8 November 2011 c.45

<sup>14</sup> Welsh Government, Local Sourcing Action Plan: Food and Drink for Wales, 2009, p28.



effectively to ward level, thus not allowing ward sisters and charge nurses to lead in the way that they could otherwise.

## 6. Waste

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6.1 Levels of food waste remain unacceptably high on many wards and this is something that needs to be tackled with urgency. The Auditor General found that around 15 per cent of the food that is being prepared is being wasted in Wales, and this equated to an estimated cost of £1.5 million during 2009-10. We believe that dealing with the problem of waste also presents an opportunity to make financial savings that could be reinvested in improving catering services. The Committee recognises that the nature of the WAO's operations necessitate certain staff undertaking extensive travel throughout Wales, including to locations not easily accessible by public transport. However, it is also mindful that other organisations have phased out car leasing arrangements in favour of other options, including use of pool cars or greater use of video conferencing facilities.

6.2 The Accounting Officer set out targets for improving the situation, stating that:

“In the first place, we believe that it would be appropriate to set a target in the order of 10 per cent, but we would want to improve on that, while also accepting that zero waste is impractical. However, we would like to get down from 10 per cent to 5 per cent in due course.”<sup>15</sup>

6.3 We welcome the targets set by the Accounting Officer. However, we believe that these targets should be time limited and we recommend that the Welsh Government provides us with details of how and when we can expect waste reduction targets to be met.

**We recommend that the Welsh Government provides us with details of how and when we can expect waste reduction targets to be met.**

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<sup>15</sup> RoP 8 November 2011 c.132

## 7. Food hygiene

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7.1 We expect that hospitals to not merely be satisfactory in terms of food hygiene ratings but to be demonstrating exemplary standards, especially given the potentially serious consequences of a food hygiene issue for patients already unwell.

7.2 We were pleased to note that 95 per cent of hospitals subject to inspection were found to be satisfactory or more than satisfactory, though we understand that only around half the hospitals in Wales have yet to be inspected.

7.3 In his letter to us on 15 December 2011, which responded to queries raised by the Committee at its meeting on 8 November, the Accounting Officer provided a breakdown of the results:

- 50% (29 hospitals) as “very good – rating 5”
- 36% (21 hospitals) as “good – rating 4”
- 9% (5 hospitals) were rated as “generally satisfactory – rating 3”
- 5% (3 hospitals) were rated as “improvement necessary – rating 1 or 2”<sup>16</sup>

7.4 It was with considerable concern that we learned of three hospitals where serious food hygiene problems had been discovered, rated only one on a scale of five in Food Standards Agency Wales inspections.

7.5 Whilst all three hospitals are due to be closed, this does not excuse such poor performance as patients should be able to expect the very highest standards of hygiene in a hospital environment, including food hygiene, at the point of care regardless of a facility’s future.

7.6 Following recent re-grading, we were pleased to learn that substantial improvements have now been made at two of the three hospitals scoring the lowest rating.

7.7 We trust that lessons have been learned from both successes and failures in this area, and we expect both the Welsh Government and NHS boards to ensure that hospitals in Wales demonstrate exemplary food hygiene standards. To help foster a climate of continuous

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<sup>16</sup> David Sissling, Director General, Chief Executive NHS Wales, Response to Action Points, 15 December 2011

improvement on such standards, we consider that it would be useful for hospitals in Wales to publicly display their food hygiene ratings.

**We recommend that the Welsh Government takes action to ensure food hygiene ratings are displayed publicly in all hospitals in Wales.**

## 8. The Auditor General's recommendations

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8.1 We were pleased to receive the Accounting Officer's acceptance of the recommendations made by the Auditor General and his commitment to take action to address them.<sup>17</sup>

8.2 To assist us and the Auditor General in monitoring his progress in addressing these recommendations, we ask that the Accounting Officer provides us with a plan of how and when the Welsh Government and Local Health Boards will have made the improvements recommended by the Auditor General.

**We ask that the Accounting Officer provides us with a plan of how and when the Welsh Government and Local Health Boards will have made the improvements recommended by the Auditor General.**

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<sup>17</sup> RoP 8 November 2011 c.20

## 9. Conclusions

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9.1 Hospital catering and patient nutrition are crucial elements of patient care. Whilst we welcome the improvement reported by the Auditor General, we remain concerned about the pace of improvement, the communication of policy decisions to ward level and the inconsistent approach taken across different local health boards.

9.2 Our work has raised concerns about the availability of cost information and financial management processes at local health board level. We look forward to the Auditor General's forthcoming report on NHS finances in Wales which will provide us with the opportunity to explore some of these concerns further and in more detail.

9.3 The Accounting Officer has set out a range of actions to improve hospital catering and patient nutrition. We will return to assess progress in this area during the next twelve months and we expect to see improvements at that time.