WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

December 2010

Author: Gabrielle Smith **Ref: 520A2010**

Hospital Catering

Abertawe Bro Morgannwg University Health Board

Local catering services are reasonably effective in meeting patients' needs but more could be done to standardise catering services and improve the patient experience.

Contents

Status of this report

This document has been prepared for the internal use of Abertawe Bro Morgannwg University Health Board as part of work performed in accordance with statutory functions, the Code of Audit Practice and the Statement of Responsibilities issued by the Auditor General for Wales.

No responsibility is taken by the Wales Audit Office (the Auditor General and his staff) and, where applicable, the appointed auditor in relation to any member, director, officer or other employee in their individual capacity, or to any third party.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales (and, where applicable, his appointed auditor) is a relevant third party. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@wao.gov.uk.

Summary

1. Hospital catering services are an essential part of patient care given that good quality, nutritious meals play a vital part in patients' rehabilitation and recovery. Effective catering services are dependent on sound planning and co-ordination of a range of processes involving menu planning, procurement, food production and distribution of meals to wards and patients. Good communication is required across the range of staff groups involved, including managers, catering staff, dieticians, nurses, support staff and porters.
2. The desired outcome should be a flexible, cost effective catering service that provides a good choice of nutritious meals that can accommodate patients' specific dietary requirements. Patients' nutritional status needs to be properly assessed and monitored, and arrangements put in place to help patients enjoy their meals in an environment conducive to eating.
3. The importance of hospital food in supporting patients' recovery has been recognised in a number of Assembly Government initiatives. The most recent of these takes the form of a *Hospital Nutritional Care Pathway* and the development of all Wales charts to record food and fluid intake. The Assembly Government has also developed an *Improving Nutritional Care* training programme for ward managers to support local training. These approaches support the *Free to Lead, Free to Care* initiative, which is designed to empower ward sisters to take greater control of events on their ward. Best practice in nutritional care is further embedded through specific *Healthcare Standards* (Standard 14 – Nutrition)[1] and the *Fundamentals of Care Standards* (Standard 9 – Eating and Drinking)[2].
4. Work by the Audit Commission in Wales in 2001-02 showed that whilst there were some encouraging examples of good practice in relation to hospital catering across Wales, these needed to be replicated more widely and practices strengthened in a number of areas. Since 2001-02, annual data on facilities performance collected by Welsh Health Estates has highlighted significant variations between hospitals in the daily costs of feeding a patient, and continued problems with food wastage – some 880,000 meals were left untouched in 2008-09. Welsh Health Estates data also suggested that the roll out of recognised good practice such as protected meal times and nutritional analysis of menus is also patchy.
5. The Wales Audit Office decided, therefore, that it would be timely to undertake further audit work on hospital catering to review progress since the work by Audit

[1] Assembly Government, *Doing Well, Doing Better, Standards for Health Services in Wales*, 2010

[2] Assembly Government, *Fundamentals of care: guidance for health and social care staff: improving the quality of fundamental aspects of health and social care for adults,* 2003

Commission in Wales in 2001-02, and to examine the extent to which practices set out in the *Hospital Nutritional Care Pathway* are being embedded.

6. Our review sought to determine whether hospitals in Wales are providing efficient catering services that meet recognised good practice. We considered the whole of the hospital catering 'food chain' from planning and procurement, through to the delivery of food to the ward and patients and the management of meal times.

7. Our work in the Abertawe Bro Morgannwg Health Board (the Health Board) in May and June 2010 focused on an examination of hospital catering arrangements at the Princess of Wales, Neath Port Talbot, Morriston and Singleton hospitals. Our findings relate specifically to these hospitals and are informed by an analysis of financial data relating to patient and non-patient elements of the catering service, observations of meal times on 12 wards (see Appendix 1), a case note review of 60 patients records and a survey that captures 133 patients' experience of hospital food. Appendix 1 provides further details of the audit approach.

8. Our overall conclusion is that the local catering services are reasonably effective in meeting patients' needs but more could be done to standardise catering services and improve the patient experience. We reached this conclusion because:

- planning and management arrangements for catering services are generally effective at each hospital but would be strengthened by stronger Board scrutiny:
  - the Health Board is working towards harmonising the different arrangements for the provision of catering services and will need to consider the options available given resource constraints;
  - appropriate policies and procedures in relation to catering and nutrition are being developed to ensure standard practice across hospitals;
  - multidisciplinary groups work together to provide oversight and solutions to nutrition and catering issues; and
  - there is scope to improve the quality of information that the Board receives on service risks and performance.
- arrangements for food production and cost control need to be strengthened:
  - procurement arrangements are generally effective but there are opportunities to rationalise the number of contracts;
  - standard-costed recipes are used but recipes have not been nutritionally assessed;
  - food production arrangements are not as well controlled at Princess of Wales and Morriston hospitals because of the way in which patient meals are ordered;
  - un-served food waste is not consistently monitored across hospitals;
  - there is no standardised approach to price setting for non-patient catering services although differential pricing structures are in place at each hospital; and
  - there is no agreed approach to the contribution of non-patient catering service, consequently the Health Board subsidises these services by £711,000.

- arrangements for delivery of food to wards and patients are generally effective but there is scope to improve patients' experience at mealtimes;
  - food is generally appetising and well presented but on some wards, patients who need help with eating are treated differently;
  - patients are served quickly and efficiently with patients receiving the meal of their choice;
  - ward staff comply with basic food hygiene practice despite the lack of formal training;
  - compliance with the protected mealtime policy is not always observed; and
  - not all patients have the opportunity to prepare for their meals.
- catering services are flexible enough to ensure most patients receive the nutrition that they require but nutritional screening on admission is often incomplete:
  - patients are generally screened on admission for nutritional risk but the information recorded as part of the screening process if often incomplete with too few patients weighed or oral health assessed;
  - too many patients identified as at risk of malnutrition do not have care plans in place;
  - a small number of patients identified as at high risk of malnutrition are not referred for a dietetic assessment;
  - menus provide a wide choice of food to meet patients' dietary requirements and replacement meals are available for patients who miss a meal but the availability of snacks is more limited; and
  - help is readily available for patients needing assistance at mealtimes.
- although patients' views are actively sought, more could be done to publicise how their views contribute to service improvements given overall satisfaction is relatively low:
  - patients' views about catering services are actively sought but their participation in quality reviews is limited; and
  - fewer than half the patients are satisfied with the quality of food provided.

9. Each section of the detailed report that follows identifies the good practice that we looked for when undertaking our fieldwork and what we found. The work is also supported by detailed analysis of costs[3] (Appendix 2) and a survey of patients (Appendix 3).

Recommendations

[3] Financial data for Neath Port Talbot Hospital are not available for 2008-09 because of the arrangements under the PFI contract at that time. Consequently, the financial data presented throughout the report relate to the Princess of Wales, Morriston and Singleton hospitals.

10. A number of recommendations have arisen from this review. These are listed below.

Strategic planning and management arrangements	
R1	Develop a range of indicators for monitoring and benchmarking the performance of the catering services and potential service risks, which are reported to the Board at least annually, such as patient satisfaction, environmental health inspection issues, food waste, financial performance and the time taken to implement new initiatives.
R2	Progress plans for standardising catering practices across hospitals, including: • agreeing the production and delivery models; • reviewing the recipes used across each hospital; • nutritionally assessing all recipes and menus; • standardising ward practices at Princess of Wales and Morriston hospitals in relation to recording food temperatures prior to mealtimes and if necessary recording end of service food temperatures if there are complaints of cold meals; • undertaking periodic supervision of meal services at Princess of Wales and Morriston hospitals to assess the quality of the meal service and to improve efficiency if necessary; • establishing a schedule of taste testing sessions at Princess of Wales, Neath Port Talbot and Morriston hospitals, which mirrors that at Singleton hospital; • involving nursing staff and patients in taste testing sessions; and • engaging nursing staff more fully in meal services at Neath Port Talbot hospital like those at Singleton hospital.
R3	Expand the remit of the Nutrition Steering Group, or its subgroups, to include oversight of the emerging themes and issues from patient satisfaction surveys, the Fundamentals of Care audit and Point Prevalence Reviews.
R4	Find a mechanism to enable ward staff to contribute to the Food and Nutrition Development Group.

Procurement production and cost control	
R5	Seek to standardise local catering contracts for the same or similar products ie, one contract for all hospital sites.
R6	Review pricing structures in the staff/visitor restaurants and in doing so make a clear decision about the level of costs to be recovered from non-patient catering services.
R7	Work with catering and nursing staff to improve the meal ordering process for patients at Princess of Wales and Morriston hospitals.
R8	Improve arrangements for monitoring un-served food waste, particularly at Princess of Wales and Morriston hospitals and monitor reasons for waste.
Delivery of food to patients	
R9	Ensure all nursing staff responsible for serving patients have training and guidance on the following: • portion control; • basic food safety and hygiene; • appropriate protective clothing, including standardising the apron colour used during meal services; and • the need to comply with procedures for recording food temperatures and what to do if temperatures do not meet the required standards.
Meeting nutritional needs	
R10	Improve compliance with nutritional screening and care planning by: • recording comprehensive information about patients' nutritional health on the Unified Assessment/Nursing Assessment form, including information on oral health; • exploring the reasons for non-compliance with nursing staff; • changing the format of the WAASP monitoring tool to clearly show the score of each element when re-screening patients; • re-enforcing the threshold at which patients should be referred for dietetic assessment; and • reminding nursing staff about the importance of the all-Wales food and fluid charts and how these should be completed.
R11	Ensure all nursing staff have easy access to information about good nutritional care, including the different types of therapeutic diets.
R12	Compare the extent to which nurses and dieticians agree (inter-rater reliability) when scoring nutritional risk using the WAASP tool; if testing shows poor concordance then provide refresher training on the use of the WAASP tool.

Patient experience	
R13	Improve the patient experience by: • continuing to promote the protected mealtime policy amongst wider groups of staff; • ensuring patients are treated with dignity by serving meals on plates where appropriate; • working with the patient liaison representatives and patients to assess the quality of catering services; and • taking account of, and addressing, the less favourable views expressed by patients responding to our survey.
R14	Provide explicit information about catering and nutrition services for patients that sets out the following: • the arrangements for ordering meals at the different hospitals, including the use of menus; • the availability of snacks and how these can be ordered; • why patients are discouraged from bringing their own food into hospitals; and • why some food items are not routinely available, like skimmed milk or toast.

Strategic planning and management arrangements

11. ***Planning and management arrangements for catering services are generally effective at each hospital but would be strengthened by stronger Board scrutiny. We have come to this conclusion because:***
    - ***the Health Board is working toward harmonising the different arrangements for the provision of catering services and will need to consider the options available given resource constraints;***
    - ***appropriate policies and procedures in relation to catering and nutrition are being developed to ensure standard practice across hospitals;***
    - ***multidisciplinary groups work together to provide oversight and solutions to nutrition and catering issues; and***
    - ***there is scope to improve the quality of information that the Board receives on service risks and performance.***
12. The following table summarises the findings supporting the conclusion.

Strategic planning and management arrangements

Expected practice	In place?	Further information
Service Planning		
The Health Board has clear strategies and policies for catering and nutrition	✓/✗	At the time of our audit, the Health Board was considering a number of options for harmonising arrangements for its catering services. It currently has three different models of food production and three different models of delivery on the wards. These models are: • fresh-cooked meals at Princess of Wales hospital and served by nursing staff; • cook-chill meals externally sourced at Neath Port Talbot hospital and served by ward-based catering staff; and • cook-freeze meals at Morriston and Singleton hospitals; meals are served by nursing staff at Morriston hospital and ward-based catering staff, helped by nursing staff, serve patients at Singleton. The former Abertawe Bro Morgannwg NHS Trust started harmonising its food production systems prior to the NHS reforms in autumn 2009. Its aim is to move to a cook-freeze system across all hospitals; the timescales for the move will be dependent upon the availability of capital funding and decisions on the most cost-effective model given current capacity and resource constraints eg, individual production units or a centralised unit. At the time of our audit, the catering committee was preparing a paper setting out the options for the Executive Board.

Service Planning (continued)		
		The catering committee was established in autumn 2009 to standardise catering practices and procedures across the hospitals. It is responsible for developing a catering strategy and implementing national nutritional standards. It will review patient menus, including special meals, such as modified texture foods, and meal ordering processes. One manager is now responsible for catering services across the Health Board and chairs the committee, which reports to the Food and Nutrition Development Group. The first draft of the Nutrition and Catering Framework had been prepared at the time of our audit and had not been widely circulated. The Framework sets out the aims and objectives for catering and nutritional services, the standards to be achieved and the roles and responsibilities of the different staff groups in relation to catering and nutrition service delivery. However, it does not include detailed performance indicators against the standards or how compliance or performance will be assessed. Meanwhile, arrangements to harmonise catering and nutrition policies to support the framework are underway.
Strategy identifies the most efficient & cost effective means of food production	✓/✗	The catering committee is currently considering the most cost effective model for catering services as part of developing its strategy, as well as the type of ward-level service for serving patients.
Menu design reflects the strategy and policy	✓	Patient menus are being reviewed as part of standardising practices across the Health Board, including nutritional analysis. But, catering services are also testing menu changes in response to societal changes, such as providing light suppers instead of a second cooked meal in the evening.
Dieticians and clinicians are fully involved in strategy and policy development and menu planning	✓	Dietetic staff and other clinicians are involved in multi disciplinary groups on food and nutrition, where strategic developments and operational issues like menu planning are discussed.
Evidence of workforce planning to match catering staff to demand	✓	Catering managers were confident that the current catering staffing arrangements were flexible and reflected service needs. For example, working patterns of some kitchen staff at Morriston hospital changed earlier this year because the main cook-freeze production unit now operates on weekdays only. Catering managers also discussed the workforce implications of rolling out the cook-freeze system to the Princess of Wales hospital and the cost implications of introducing a dedicated ward-hostess service at Morriston and Princess of Wales hospitals.

Management arrangements		
Executive accountability for catering and nutrition is clearly identified	✓	The executive responsibility for catering services and nutrition is shared. The Executive Director for Community, Primary Care and Mental Health has responsibility for catering services while the Director of Nursing is responsible for nutrition.
The Board receives sufficient information on performance and practice in relation catering and nutrition	✘	We found no evidence that the Board has given wider consideration to the performance of nutrition and catering services, other than those elements in the Healthcare Standard on nutrition and the subsequent Healthcare Standards Improvement Plan. In July 2010, the Board was asked to receive and note the Quality and Safety Committee's report from its meeting in June where the Annual Nutrition Report was presented. Although the reports sets out the issues discussed, namely progress on the development of a strategic framework for nutrition, nutritional risk assessment and management processes, food services practice and food choice/menus, it did not highlight/benchmark key performance issues or risks, such as patient satisfaction, environmental health inspection issues, food waste or financial performance. The Board should consider expanding the scope of its reports on nutrition and catering to include performance against standards in relation to the nutrition and catering framework and potential service risks.
A multi-disciplinary group is in place to oversee the delivery of the catering service	✓	A multi-disciplinary Nutrition Steering Group, chaired by the Executive Director of Nursing, is in place. The group is responsible for coordinating nutritional and catering services, developing strategy and monitoring performance against nutritional standards. The Nutrition Steering Group reports to the Board through the Quality and Safety Committee group. The Nutrition Steering Group has three operational subgroups with multidisciplinary membership. These are: 1. Food and Nutrition Development Group 2. Clinical Nutrition Support Group 3. Paediatric Nutrition Group The three operational subgroups deliver a programme of work in relation to service priorities. For example, the Food and Nutrition Development Group's priorities in 2009 included standardising nutritional screening, implementing the all-Wales food chart and rolling out protected meal times. However, nursing staff on the wards expressed concerns that they were not invited to input to the Food and Nutrition Development Group and could recall a time when ward sisters did contribute to nutritional steering groups in the predecessor bodies. Ward staff perceive that as the organisation has grown, ward-level representation on working groups has fallen off.

Management arrangements (continued)		
Lead nurse identified to help implement strategy and embed good nutritional practices	✓	This role is the responsibility of the Associate Nurse Director, Professional Standards and Practice.
Job descriptions and salary ranges for catering staff are harmonised across the Health Board	✘	At the time of our audit, managers told us that arrangements for harmonising the job descriptions and the pay of catering staff had not been undertaken. Priority was given to harmonising the arrangements for other facilities staff, like the porters. But, as part of the Health Board's overall strategy for catering services these arrangements will be taken into account.
Sickness absence is within acceptable levels and is well managed	✓	Managers confirmed that there are effective arrangements in place to manage and monitor sickness absence.

Procurement, production and cost control

13. ***Arrangements for food production and cost control need to be strengthened. We have come to this conclusion because:***
    - ***procurement arrangements are generally effective but there are opportunities to rationalise the number of contracts;***
    - ***standard-costed recipes are used but recipes have not been nutritionally assessed;***
    - ***food production arrangements are not as well controlled at Princess of Wales and Morriston hospitals because of the way in which patient meals are ordered;***
    - ***un-served food waste is not consistently monitored across hospitals;***
    - ***there is no standardised approach to price setting for non-patient catering services although differential pricing structures are in place at each hospital; and***
    - ***there is no agreed approach to the contribution of non-patient catering service, consequently the Health Board subsidises these services by £711,000.***
14. The following table summarises the findings supporting the conclusion.

Procurement, production and cost control

Expected practice	In place?	Further information
Procurement		
Food is procured from approved suppliers, in line with arrangements set out in the all Wales NHS Procurement Strategy	✓	The Health Board procurement arrangements for catering either use Welsh Health Supplies (WHS), all-Wales contracts or NHS Supply Chain contracts. Catering staff can also procure products locally if these are not available through the main contracts with local contracts set up by the Health Board's procurement department. Currently, there are a number of different suppliers providing the same or similar products to the different hospitals, such as special modified texture diets. Part of harmonising the different catering service models includes rationalising or standardising the different local contracts for the same of similar products thereby achieving financial savings.
Sustainable procurement arrangements are in place	✓	The Health Board has not established its own sustainable procurement policy but the all-Wales and WHS contracts meet the Assembly Government guidance.
Procurement arrangements support the delivery of planned menus	✓	The current arrangements support delivery of the menu with appropriate delivery schedules to meet production demands.

Production		
Patients order meals less than 24 hours in advance	✓/✗	Meal ordering systems vary between hospitals because of the different catering models in place. However, the arrangements at Princess of Wales and Morriston hospitals could be more effective. Nursing staff at Princess of Wales simply request the number of meals equivalent to the number of patients on the ward with little or no patient choice. Nursing staff also told us that they often had little knowledge of the day's menu before providing patient meal numbers, which might mean some patients do not have food suitable for their requirements. In addition, the high turnover on some wards contributes to un-served waste or food running out during the meal service. The catering department was attempting to improve patient orders and at the time of our audit was piloting a system on Ward 4 whereby catering staff took patients' orders. If successful, the catering manager planned to roll this model out to other wards. Some comments from patients responding to our survey lamented the lack of a menu given these had been used in the past. Meanwhile, Morriston hospital introduced the role of ward liaison supervisor, who is responsible for liaising daily with each ward to collect the number of patient meals needed. These numbers are used to regenerate the number of meals for the right number of patients. Patients, however, do not have a choice of meal. Instead, the different meals produced was based on previous use. Patients choose what to eat at the point of service. When the ward liaison supervisor is not on duty, nursing staff provide the catering department with the number of meals needed, which we were told could be several days in advance. This will not take account of any changes to patient numbers in the meantime. At the time of our audit, a new supper ordering system was being tested on Ward J at Morriston hospital, whereby nursing staff asked patients whether they wanted the choice of hot meal or a soup and sandwich. The aim of the trial was to offer patient choice and thereby reduce un-served food waste. If the test is successful, the catering manager plans to extend the system to other wards at suppertime then roll it out gradually to the lunchtime service. A comparison of the number of portions ordered with the number of portions usually produced for the ward showed a 40% reduction in food sent to the ward while un-served waste was 8% over four weeks. Ward-based catering staff at Neath Port Talbot and Singleton hospitals take patients' orders roughly three hours before mealtimes, based on the menu for that particular day, and regenerate the appropriate amount of food. However, one patient did not recognise these arrangements as an opportunity to 'order' food and commented *'I was never offered a menu to choose from, I just chose from the trolley*'.

Production (Continued)		
The Health Board operates a computerised catering system to facilitate production planning and control	✓/✗	The hospitals use well-established, paper systems supported by Excel spreadsheets for production planning and control. The production cycle at Morriston and Singleton hospitals mirrors the menu cycle and production volumes are based on minimum and maximum stock levels. At Princess of Wales hospital daily production reflects the menu for the day and the number of inpatient meals ordered by ward staff. At Neath Port Talbot, patient meals orders are placed with Tillery Valley foods based on the menu cycle with volumes varied depending upon uptake in the preceding weeks.
Standard costed menus are in use to ensure consistency of quality and cost	✓	Each hospital uses its own standard costed menus.
Nutritionally evaluated recipes are in use	✗	The Health Board lags behind other Welsh health boards in undertaking nutritional analysis of recipes and menus. Evaluating the nutritional content of all menus is one of the Health Board's priorities but is dependent upon the capacity of the catering and dietetic departments to undertake the task. Externally sourced meals are nutritionally assessed, such as those supplied by Tillery Valley Foods for Neath Port Talbot hospitals and Mr Gills for modified texture diets.
A production plan in place to guide kitchen's tasks	✓	Production plans are in place, based on the two-week menu cycle at the Princess of Wales, Morriston and Singleton hospitals. At Neath Port Talbot hospital, patient meals are sourced from an external provider.
Portion control is in place and supported by training	✓/✗	Portion control is well established at Neath Port Talbot and Singleton hospitals with portion size determined by the size of food foils. Portion control is monitored by catering supervisors, who visit wards during meal services. Nursing staff are responsible for plating and serving patients at Morriston and Princess of Wales hospitals. At Morriston, nursing staff were knowledgeable about portion control, in particular about the standard number of portions per serving dish. At Princess of Wales, nursing staff were less confident about what constituted a portion and ward staff would benefit from guidance from the catering department, similar to that provided to nursing staff at Morriston. Our patient survey found: • one-third (34%) of patients were always able to choose their portion size but a large minority (39%) were never able to chose their portion size; across Wales the figures were 46% and 27% respectively; and • more than two-thirds (69%) of patients reported being given enough to eat and one in eight (13%) given too much compared with the average for Wales (73% and 13% respectively).

Production (Continued)		
Quality of food is monitored at key stages in production	✓/✗	There are a number of arrangements in place to monitor the quality of food at different stages of production. In addition, each catering service undertakes a number of different activities to assess the quality of meals served to patients. For example, catering supervisors regularly monitor the meal food regenerated by ward-based catering staff at Neath Port Talbot and Singleton hospitals to ensure the food has been regenerated for the right length of time and it looks appetising. In contrast, nursing staff at Princess of Wales and Morriston hospitals were not generally supervised at meal times to assess the quality of the meal service or to check that food safety procedures were being maintained. At Singleton hospital, catering staff use a rolling schedule of taste testing sessions to ensure that the whole menu is sampled regularly. Meals are scored from zero ('really bad') to 10 ('excellent') against taste, appearance, suitability, portion size and texture. The findings are used to improve the quality of the food, such as retraining ward-based catering assistants regenerating processes or discussions with chefs to amend recipes or menus. Involving patients and nursing staff in these taste-testing sessions could strengthen the quality monitoring process. Catering and dietetic staff at Singleton hospital also regularly taste test a sample special meal to ensure that it achieves the same quality expectations in relation to taste, texture, appearance and suitability for the patent group. The other three hospitals would benefit from similar quality schemes.

Food safety		
Robust arrangements in place to ensure food safety (eg, food temperature checks)	✓	Food temperatures are monitored during the production process at Princess of Wales, Morriston and Singleton hospitals and records maintained in line with legislative requirements. Kitchen staff at Princess of Wales and Morriston hospitals check the temperature of food items before the hostess (regen) trolleys leave the kitchen. Ward-based catering staff at Neath Port Talbot and Singleton hospitals monitored and recorded the temperature of foods at the end of the regeneration cycle and would continue the cooking process until the appropriate temperatures are achieved.
A Hazard Analysis Critical Control Points (HACCP) policy is in place	✓	Different HACCP systems are in place across the four hospitals, reflecting the different operations. The HACCPs are revised in line with recommendations made by the Environmental Health Officer (EHO).
Catering facilities regularly inspected by local EHOs	✓	The Health Board's facilities are regularly inspected by three local authorities. No major contravention notices were issued during the EHOs' last visits. The catering managers saw the EHO inspections as a way of continually improving processes and procedures.
Action taken in response to EHO recommendations	✓	Most actions needed to comply with the law are taken immediately by catering staff. Catering managers at Singleton and Morriston hospitals prepare action plans in response to these inspections to monitor progress. Requisition orders are submitted where remedial work needs to be carried out by others, such as painting or installing new flooring. A business case is prepared where capital expenditure is needed to replace equipment.

Cost control		
Computerised catering system in place to support service management and monitoring	✓/✗	There is no fully integrated system in place. Instead, there is a heavy reliance on paper-based systems and simple Excel spreadsheets to support service management and monitoring.
Cost of catering service known and monitored	✓	The inpatient and staff/visitor restaurant services are separately identified and performance against budgets is monitored monthly. Variance in budgets, expenditure and income is actively explored by catering and finance staff. The gross cost of catering services at Princess of Wales, Morriston and Singleton hospitals was £7.49 million in 2008-09 with patient catering services accounting for two-thirds (£4.92 million) of the expenditure. Comparative information for Neath Port Talbot hospital are unavailable for 2008-09 as catering services were part of the overall PFI contract. Staff costs are the biggest driver of costs for patient and non-patient catering services and comprise nearly three-fifths (57%) of the expenditure while provisions account for 36% of expenditure. However, there is considerable variation across the three hospital sites (See Appendix 2). The overall cost of catering services was offset by the income generated by non-patient catering services. Average net costs per patient day varied across the three hospitals with those for Singleton (£14.95) considerably higher than Princess of Wales (£10.76) and Morriston (£9.06).
Ward wastage is monitored (un-served meals and plate waste)	✓/✗	Different arrangements exist for monitoring un-served food waste across the hospitals. Ward-based catering staff at Neath Port Talbot and Singleton hospitals monitored un-served waste after each meal service. Plate waste was not recorded but ward-based catering staff will ask patients why they did not eat their meal and will feed back any concerns to the catering manager or to the nurse in charge, if appropriate. In 2009-10, ward wastage rates for un-served meals was 8% at Singleton, or 28 patient meals per day. The estimated cost of the un-served waste was £8,000 per year. Wastage figures for Neath Port Talbot hospital were not available for 2009-10 because the service was still provided under the PFI contract. Kitchen staff at Princess of Wales and Morriston hospitals randomly monitor un-served waste when the hostess (regen) trolleys were returned to the kitchen after the meal service. At Morriston hospital, un-served waste was 4% in 2009-10, or 72 patient meals per day. The cost of the un-served waste was £21,000 per year. No estimates of overall wastage rates and costs were available for the Princess of Wales hospital.

Cost control (continued)		
		We found that un-served waste was higher on the days we carried out the ward observations than that generally recorded. The overall wastage rate was 13% and breaks down as follows: • 11% at Princess of Wales hospital • 9% at Neath Port Talbot hospital • 12% at Morriston hospital • 21% at Singleton hospital Catering staff at Neath Port Talbot and Morriston hospitals also regenerate a number of spare meals in case more patient meals are needed. If patients at Morriston hospital do not require these meals they are sold in the staff/visitor restaurants. We also estimated plate waste,[4] ie, food left on plates because the patient did not eat it. Plate waste was 16% (or one in six meals) but did vary considerably between hospitals: • 9% at Princess of Wales hospital • 20% at Neath Port Talbot hospital • 10% at Morriston hospital • 24% at Singleton hospital Reasons for plate waste are complex. A patient's medical condition and age will influence appetite, taste and the volume of food that can be eaten.

[4] Plate waste was measured by reversing the nutritional assessment documentation guidance contained in the *All Wales Food Record Chart Guide* so a meal recorded as 75% eaten for nutritional monitoring equated to 25% plate waste.

Cost control (continued)		
There is an agreed approach to subsidy / contribution from non-patient services	✘	There is no overall agreed approach to the contribution from non-patient services in offsetting catering costs or breaking even. Catering staff told us they aim to recover the cost of food and consumables. Each catering service has an income target that is rolled forward each year and is uplifted to take account of inflation. Although, catering services are expected to generate income it is becoming increasingly difficult. More staff are reportedly bringing their own food to work, requests for internal hospitality are falling and the implementation of the NHS Wales healthy vending machine policy is reducing income from vending machine sales. Detailed exercises looking at non-patient catering services in relation to costs and profit margins are not undertaken routinely unless a new initiative is introduced. In 2008-09 Princess of Wales, Morriston and Singleton Hospitals generated more than £1.85 million from non-patient catering services, namely the staff/visitors' restaurant, hospitality and vending machines. Although income offset the gross cost of catering services, it was enough to recover 72% of the total cost of non-patient catering services. This means that the Health Board is subsidising non-patient catering services by £711,204.
A pricing policy for non patient meals is in place	✘	Pricing for non-patient meals differs across the four hospitals and the Health Board recognises it needs to review price setting across all hospitals. Staff meals are not subsidised but there is differential pricing for staff and visitor meals. Different meal deals are available for staff and visitors at each hospital.
Dining room wastage is monitored	✓	Catering staff monitor un-served waste in the staff/visitor restaurants. Waste is reportedly low but we did not validate these claims as part of this audit.

Delivery of food to the ward and patient

15. ***Arrangements for delivery of food to wards and patients are generally effective but there is scope to improve patients' experience at mealtimes. We have come to this conclusion because:***
    - ***food is generally appetising and well presented but, on some wards, patients who need help with eating are treated differently;***
    - ***patients are served quickly and efficiently with patients receiving the meal of their choice;***
    - ***ward staff comply with basic food hygiene practice despite the lack of formal training;***
    - ***compliance with the protected mealtime policy is not always observed; and***
    - ***not all patients have the opportunity to prepare for their meals.***
16. ***The following table summarises the findings supporting the conclusion.***

Delivery of food to the ward and patient

Expected practice	In place?	Further information
Food arrives at the ward at the right time	✓	The meal service consistently started at the scheduled time. Ward managers confirmed there were no issues about meeting the schedule. Our survey found that 55% of patients were always happy with the time meals were served and 37% were happy most of the time.

Expected practice	In place?	Further information
Food arrives at the ward in a good state (eg right temperature)	✓/✗	Ward-based catering staff at Neath Port Talbot and Singleton hospitals maintained temperature records for all food products regenerated or kept chilled. As part of the ward observation, we found temperatures greater than 80°C at the point of service on wards where food was regenerated. Where we checked post service temperatures, these were greater than 68°C.This meets the recommended minimum temperature for hot food (63°C). Nursing staff at Princess of Wales hospital are meant to record food temperatures in the ward kitchen book although inspection of these record books showed that this practice was not always carried out; nursing staff on Ward 18 did not take any food temperatures. Nursing staff at Morriston did not record food temperatures. Based on our ward observations most of the food looked appetising but sometimes food looked slightly dried out possibly due to cooking the food for too long or keeping it warm. At the Princess of Wales, we observed kitchen staff loading the hostess (regen) trolleys with the cooked food around 10.30 for the lunch service at 12. At other times, meat pies looked pale because the hostess (regen) ovens had not browned the pastry, which would have improved its appearance. In such cases, the catering staff have changed the regeneration method. Our patient survey found that: • more than half (55%) of the patient told us that the food was always served at the temperature that they would expect while a fifth (18%) of patients told us that they never or rarely received food at the temperature they would expect; these figures were comparable to those for patients across Wales (53% and 16%); and • a couple of patients commented that the food could be warmer and to serve all food courses together, including the hot drink, results in food going cold.
Food is delivered to the patient quickly and efficiently	✓	The time taken to serve meals ranged from 20 minutes to 55 minutes and was dependent upon who served the meals and the way in which meals were served. Nursing staff on Ward 18 served each course separately and waited until patients were ready for their second course and the meal service took 55 minutes from beginning to end. The meal service tended to be shorter at Neath Port Talbot and Singleton hospitals where ward-based catering staff were serving food. Nursing staff told us that they often served patients who needed help last to ensure they were free to assist and keep food hot.

Expected practice	In place?	Further information
Arrangements are in place to ensure that patient receives the right meal	✓/✗	A bed plan system is in place at Neath Port Talbot hospital and Singleton hospital, whereby the dietary requirements of each patient are identified. Ward-based catering staff use the bed plans to take meal orders from those patients able to eat and to highlight those patients needing special diets and serve them accordingly. Nursing staff serving patients at Princess of Wales and Morriston ensure that patients with special dietary requirements are served appropriately. However, at Princess of Wales hospital we observed a patient being served a ham sandwich when she needed a vegetarian diet, suggesting that meal ordering service needs to improve. Nursing staff told us that it was sometimes difficult to identify the food being served, which was observed by one patient responding to our survey. Nursing staff explained that it was difficult to reconcile the food on the hostess (regen) trolley with the daily menu because they did not know whether it was Week 1 or Week 2 in the menu cycle. To overcome this problem at Morriston hospital, kitchen staff ensure a list of the meals, including special meals, accompanies each hostess (regen) trolley. Our patient survey found that: • 57% of patients always got the meal that they ordered, which is broadly similar to Wales (56%).
Dedicated staff (hostesses, housekeepers or ward based caterers) are present to help serve the meals	✓/✗	Neath Port Talbot and Singleton hospitals have dedicated ward-based catering staff. At Princess of Wales and Morriston hospitals, nursing staff serve patients with the exception of the paediatric ward and cancer ward at Morriston hospital where dedicated ward-based catering staff are in place.

Expected practice	In place?	Further information
Staff involved in serving food have been trained in food presentation	✓/✗	Arrangements differed according to the model of service in place. • Ward-based catering staff at Neath Port Talbot and Singleton hospitals received training in food presentation and the impact of this training was observed during mealtimes. In addition, staff at Neath Port Talbot hospital had access to video reference material on food presentation and the head chef for patient services at the hospital would visit a random ward twice a week to monitor food presentation and portion control. • Nursing staff were not trained in food presentation at the Princess of Wales. • Catering staff at Morriston hospital gave nursing staff training on how to use the hostess (regen) trolleys when the cook-freeze service was first introduced, as well as portion control, food presentation and food hygiene. A list of Golden Rules is kept with each trolley as a reminder for nursing staff. • In some instances, we observed main meals being served in bowls rather than on plates. When asked why, we were told that this practice was for patients, who needed help with eating. This practice is in stark contrast to other health boards visited where patients receive the same service regardless of whether they need help eating or the texture of the food has been modified.
Staff involved in serving food have been trained in food hygiene	✓/✗	Catering staff were trained in food hygiene. However, nursing staff told us that they did not necessarily receive basic training in food hygiene although staff at Princess of Wales and Morriston hospitals served patient meals. The 2009-10 Healthcare Standards Improvement Plan identified two actions that were ongoing at the time of our audit, namely to review food hygiene awareness training for non catering staff at ward level and to identify the level of training/education required for each staff group.

Expected practice	In place?	Further information
Protected meal times arrangements are in place	✓/✗	Protected meal times were well established in the former Bro Morgannwg NHS Trust. In 2009, protected meal times were rolled out across wards at Morriston and Singleton hospitals. Signage about protected mealtimes was not always visible on the wards that we visited. Nursing staff were not afraid to enforce protected mealtimes and were observed challenging ambulance crews who came to collect patients during meal times. Despite this, compliance was varied with for example, physiotherapists visiting patients at the start of the meal service or cleaning activities still underway. Our patient survey found that: • most (87%) patients reported that their meals were always free from disturbance or were free from disturbance most of the time which is similar to that for Wales (88%); and • 76% of patients were always given enough time to finish their meals compared with 77% across Wales.
The patient environment is prepared to receive the meals	✓/✗	The majority of wards tried to de-clutter bedside tables, including removing potential clinical waste ie, urine bottles, before meal times. Our patient survey found that: • 63% patients responding to our survey reported that the area in which they ate their food was always clean and tidy compared with 69% across Wales.
Patients have the opportunity to prepare for their meals by washing their hands before eating and getting into the correct position to eat (in bed or out of bed)	✓/✗	We did not observe patients being helped to prepare for mealtimes but ward staff told us about the different arrangements in place. We observed patients sitting comfortably during mealtimes. However, speech and language therapists told us that their observational audits have found patients with swallowing difficulties are not always positioned correctly prior to meals or that these patients are not supervised adequately during mealtimes. Our patient survey found that: • 61% of patients always had the chance to wash their hands before their meal compared with 65% across Wales; and • 63% of patients needed help to get comfortable before eating their meals and two out of five of these patients always received the help they needed; across Wales 64% of patients needed help getting comfortable but only one in four always got the help they needed.

Meeting patients' nutritional needs and supporting recovery

17. ***Catering services are flexible enough to ensure most patients receive the nutrition that they require but nutritional screening on admission is often incomplete. We have come to this conclusion because:***
    - ***patients are generally screened on admission for nutritional risk but the information recorded as part of the screening process if often incomplete with too few patients weighed or oral health assessed;***
    - ***too many patients identified as at risk of malnutrition do not have care plans in place;***
    - ***a small number of patients identified as at high risk of malnutrition are not referred for a dietetic assessment;***
    - ***menus provide a wide choice of food to meet patients' dietary requirements and replacement meals are available for patients who miss a meal but the availability of snacks is more limited; and***
    - ***help is readily available for patients needing assistance at mealtimes.***
18. The following table summarises the findings supporting the conclusion.

Meeting patients' nutritional needs and supporting recovery

Expected practice	In place?	Further information
Patients are weighed and undergo nutritional screening within 24 hours of admission, supported by a validated nutritional screening tool	✓/✗	The Health Board uses the WAASP[5] tool, developed and validated by the former Cardiff and Vale NHS Trust. Our case note review found: • 59 out of 60 patients were screened using the WAASP tool; • 42 out of 60 patients were weighed within 24 hours of admission, or shortly thereafter condition permitting; some wards relied on the weights recorded in orthopaedic pre-op assessment clinics or when patients were assessed in the medical admission units; reasons for not weighing patients were not necessarily recorded on the WASP risk tool: – nine out of the 12 wards we visited had access to weighing scales; weighing scales on one ward were integral with a lifting hoist, which was not seen as dignified for patients who were fully mobile; ward staff complained of many problems with broken parts, such as the battery charging pack. The Health Board recognises there is a problem and was identifying the number and type of weighing scales in use across its hospitals.

[5] *Weight Appetite Ability to Eat – Stress Fractures and Pressure Sores/Wounds - the Health Board's nutritional assessment tool, which it adopted from the Cardiff and Vale Health Board.*

Expected practice	In place?	Further information
		• Only seven out of the 60 nursing records reviewed included any measurement of height as the WAASP screening tool does require its capture; patient height tended to be recorded in orthopaedic clinic. Our patient survey found that: • 30% of the patients recalled a member of hospital staff talking to them about their dietary needs compared with 41% across Wales; and • 52% patients reported being weighed during their hospital stay compared with 66% of patients across Wales. These findings suggest that there is still scope to improve nutritional assessment within the first 24 hours of admission. Our case note review highlighted a number of other issues, which are: • The level of detail recorded on the nursing documentation about a patients' nutritional status was variable. • Not all patients identified as at low risk of malnutrition were re-scored after seven days. • When patients are re-scored, nursing staff record the WAASP score on the monitoring sheet but not the score for the constituent elements. The Health Board should consider revamping the layout of the WAASP monitoring similar to the Waterlow risk tool. Reasons for any changes in the WAASP score would be easily discernible. The current approach to nutritional screening does not include an assessment of oral health nor is it captured on the unified assessment document. Our case note review found that only nine out of the 60 records captured information about oral health but we did find that oral health care plans are used for inpatients on Ward 18 at Princess of Wales hospital. Dietetic staff raised a number of concerns about the reliability of nutritional risk screening carried out, in particular the following: • there are differences in risk scores when screening is undertaken by dietetic and nursing staff; dietetic staff reportedly scored patients' risk higher suggesting that some patients may not be benefiting from a dietetic assessment; • conversely patients screened as low risk would benefit from having food intake monitored; and • the need to standardise the procedures for ordering snacks across each hospital so that patients identified as at medium or high risk are provided with the necessary snacks.

Expected practice	In place?	Further information
		Meanwhile, some ward staff told us that they sometimes overstate a score on some elements of the WAASP tool in order to refer patients to a dietician or to ensure patients at moderate risk are able to get snacks. The Health Board also uses a number of ward-level performance indicators to monitor the standard of nursing care each month. These indicators include the percentage of patients screened for nutritional risk on admission and the percentage of patients rescreened for nutritional risk within the required timescales. Our case note review found a higher rate of compliance with nutritional screening on admission compared with the ward's own self-assessments in June 2010. The Health Board's Point Prevalence reviews also monitor compliance against nutritional standards, such as risk assessment and implementation of protected mealtimes.
A nutritional care plan is prepared and implemented, informed by a patients' nutritional risk score	✓/✗	Care plans are not in place for all patients identified as at moderate or high risk of malnutrition. Our case note review found: • 21 of the 60 patients were identified as at moderate or high risk; however, six out of these 21 did not have a nutritional care plan. Dietetic staff also told us that sometimes it is not clear if all items of care on the nutritional care plan have been completed.
Where appropriate, patients are referred to a dietician and/or to a speech and language therapist	✓/✗	Ward managers reported good communication between nursing staff, dieticians and speech and language therapists. In addition, multidisciplinary ward rounds take place on some wards so dietetic advice might be available for patients who may not reach the threshold of referral for dietetic assessment. However, our case note review found that two patients identified as at high risk of malnutrition were not referred for dietetic assessment. In addition, one patient 'prescribed' a 500 kcal diet per day by the medical consultant had not been referred for a full dietetic assessment. In the past, the speech and language therapists (SaLTs) have run open learning sessions for nursing staff about recognising swallowing difficulties and managing swallowing difficulties, the appropriate texture and thickness of food and fluids required for patients with swallowing difficulties, the correct posture needed to eat and drink and the size of cutlery needed. Nursing staff were reportedly better informed now about the different types of modified texture diets and the recognising that thickening fluids also extended to soups and gravy. The dietetic department also provided refresher training for catering staff on the different types of therapeutic diets, such as gluten free. Nursing staff however, identified weaknesses in their knowledge about good nutritional care.

Expected practice	In place?	Further information
Arrangements are in place to make sure that those serving meals are aware of patients' specific nutritional requirements	✓	Dieticians inform catering staff about patients who need therapeutic diets and special diets are recorded in diet books on wards at Singleton or with chef at Neath Port Talbot hospital. At Princess of Wales and Morrison hospitals, nursing staff serve patients their meals and are responsible for ensuring the patient receives the right meal.
Menu provides patients with a good choice of food	✓/✗	Each hospital has its own menu with two-week menu cycles in place at Princess of Wales, Morriston and Singleton Hospitals. Neath Port Talbot uses a three-week cycle. However, at Princess of Wales hospital the daily choice for patients was very limited: one meat dish or one vegetarian dish compared to the other hospitals where there were three choices each day – two meat and one vegetarian option. Staff told us that the menus for special diets could be improved by expanding choice and ensuring patients receive the same products regardless of where they are hospitalised. Our patient survey found: • 37% of patients told us that there was always enough choice but another third (36%) told us that there was never or rarely enough choice; and • 21% of patients reported that the menu did not change often enough. At Singleton and Morriston hospitals, there was reportedly high waste when fresh fruit was provided. To minimise waste but provide fruit, a new commercial product was introduced – fruit in jelly. However, patients responding to our survey commented on the lack of fresh fruit. There is currently no single Health Board wide patient information booklet, which sets out clear information about catering and nutritional services, for example, how services are provided, menu choice, or why some food items like toast or skimmed milk are not routinely available.

Expected practice	In place?	Further information
Menu contains options for patients with specific religious, cultural, lifestyle or medical needs	✓	The menu provides options to meet the needs of patients with specific dietary requirements but arrangements for purchasing or preparing special diets vary across each hospital. The catering committee will be looking at how these different arrangements can be harmonised so that patients receive the same standard of service. Our patient survey found some patients had a poor experience: • 23 out of the 60 patients, who reported needing a special diet, were always given food suitable for their dietary needs but 17 patients reported never or rarely getting meals suitable for their needs; there were several negative comments about a lack of choice for diabetic and gluten-free diets with one patient reportedly waiting three days for a gluten free diet; • six out of the 23 patients, who needed a vegetarian meal, reported that there was always enough choice to meet their needs but 12 patients reported rarely getting meals suitable for their needs; • 28 out of the 45 patients with specific religious beliefs told us that there was always enough choice to meet their needs but three patients reported never or rarely getting meals suitable for their needs; and • nine out of the 23 patients with a food allergy told us that there was always enough choice to meet their needs but seven patients reported never or rarely getting meals suitable for their needs.
Arrangements are in place to identify patients who may need specific help eating their food	✓	There are a small number of systems in place to identify patients, who need help at mealtimes. These include: • Speech and Language Therapists placing notices above a patient's bed following a swallowing assessment. These colour coded notices alert staff to the appropriate texture and consistency of foods and fluids. • The Health Board has been slow to implement the red tray system at mealtimes. Although, it purchased a supply of red trays these had not been distributed for use at the time of our audit. Ward 7 at Singleton hospital overcame the lack of red trays, by introducing a low cost alternative, namely hanging hand-made red stars above a patient's bed. • At Neath Port Talbot hospital, nursing staff place a red notice on the food tray to indicate that food intake is being monitored and the tray should not be removed by catering staff unless the card has been turned over to indicate that the tray can be removed.

Expected practice	In place?	Further information
Patients are given assistance to eat if required	✓	We observed patients being helped by staff at meal times, such as opening packaging or cutting up food and nursing staff were observed feeding patients. The Health Board operates a volunteer programme, whereby volunteers visit some wards at mealtimes to encourage patients to eat although the volunteers do not feed patients. Our patient survey found that: • 26 patients responding to the survey told us that they needed help when eating and of these 15 reported that they always got the help they needed but six told us that they never or rarely got the help they needed; 11 of the patients received help soon enough after their meal arrived; • 12 out of 25 patients needing eating aids were always provided with them but four patients said they never had them; and • a few patients expressed concern that they had observed some patients not receiving help with eating or that meals were left out of their reach.
Patients are able to get snacks outside of mealtimes	✓	Each hospital has its own arrangements in place to provide snacks outside of mealtimes or when the kitchens are closed. In the main, snacks are prescribed by dietetic staff for patients with special dietary requirements, such as diabetics, or those screened as at high risk of malnutrition. At Morriston hospital, the snack order form was revamped to make ordering easier and the responsibility of nursing staff. Ward managers were generally confident that these arrangements met patients' needs but some staff told us that they might overstate the WAASP score to ensure patients could get snacks. Our patient survey found that: • a quarter (24%) of patients told us that snacks were available always or most of the time between mealtimes compared with 39% of patients across Wales; nearly half (48%) the patients told us that snacks were never available compared with 35% across Wales. Replacement meals are also available if patients miss a meal. Ward staff can request meals from the restaurants when these are open and Morriston and Singleton Hospitals offer a replacement meal menu. Our patient survey found: • 40% of patients who missed a meal were always able to get a replacement compared with 55% across Wales.

Expected practice	In place?	Further information
Patients' food intake is regularly monitored using the All Wales Food Record Chart	✓/✗	Although we did not audit the completion of the All-Wales food and fluid charts, we did observe staff completing these for those patients whose food intake was being monitored. However, as we observed, some registered nursing staff were unclear about its use. Others perceived the charts as demeaning in relation to their professional practice and judgement but were a useful resource for student nurses, who generally completed the charts.

Gathering views from patients and sharing information

19. ***Although patients' views are actively sought, more could be done to publicise how their views contribute to service improvements given overall satisfaction is relatively low. We have come to this conclusion because:***
    - ***patients' views about catering services are actively sought but their participation in quality reviews is limited; and***
    - ***fewer than half the patients are satisfied with the quality of food provided.***
20. The following table summarises the findings supporting the conclusion.

Gathering views from patients on catering services

Expected practice	In place?	Further information
There are regular activities to capture patients' views and experiences of catering services	✓	There are a number of mechanisms in place to capture patients' views about the food that they receive, including: • feedback from ward-based catering staff to their supervisors or the catering manager on the quality of the food served; • ward visits by catering managers or supervisors to seek feedback from nursing staff and patients; • ward visits by catering supervisors or chefs during mealtimes to assess ward-based catering staff at work, assess the quality of service and presentation; • the head chef for patient services at Neath Port Talbot Hospital visits patients with special dietary needs to get feedback about the meals they receive; • regular monitoring of catering services at Morriston and Singleton hospitals includes elements of patient satisfaction, such as meal ordering, menu content, meal temperature and quality of food; • patient satisfaction surveys conducted by each catering department although the frequency of surveys varied across each hospital; • the Patient Experience Coordinator working to gather views and through patient stories; • the Fundamentals of Care nursing audit includes the patient perspective on food services; and • point prevalence reviews include patients' views on food services. Some staff told us that patients are generally satisfied with their food but expressed concerns that patients may have low expectations because it is 'hospital' food. Our patient survey found overall satisfaction was lower than that in other hospitals across Wales: • 43% of patients said the taste of food was good or excellent compared with 53% for Wales; and

Expected practice	In place?	Further information
		• 47% of patients said the appearance of food was good or excellent compared with 56% across Wales; and • 46% of patients said that overall the food was good or excellent compared with 56% across Wales.
Service users are represented on catering planning groups	✓	Members of the Community Health Council and the Head of Patient Experience represent patients on the multidisciplinary Nutrition Steering Group. A patient experience representative is a member of the operational subgroup, Catering and Nutrition Development Group. One concern raised by the patient experience representative was the 'extraordinary' length of time it took to get things done, citing the red trays as an example.
Service users participate in quality reviews of the service	✗	At the time of our audit, patients or their representatives were not actively involved in reviewing the quality of catering services. Their participation has been limited to more specialised elements, such as taste testing different thickening agents.
There are effective and co-ordinated arrangements in place to use patients' views and all staff group experiences to support service improvement	✓/✗	The results of the patient satisfaction surveys carried out by the catering service were not routinely shared with ward staff. Similarly, findings from the nursing Fundamental of Care Standard 9 audits were reportedly not shared with the catering department although the action plans we reviewed highlighted the need to liaise with respective catering departments. The Health Board should consider whether the Nutrition Steering Committee, or its subgroups, takes responsibility for reviewing survey and audit findings to have oversight of emerging themes and issues, as well as publicising more widely how patients' views have contributed to service improvements. However, catering and clinical staff do work together to improve services for patients, for example revamping the snack order form at Morriston hospital and trialling new ways of ordering meals on wards at Princess of Wales hospital. Equally, catering departments have adjusted regeneration times for some products in light of comments from patients.

21. A more detailed analysis of survey responses is provided in Appendix 3.

Appendix 1

Audit approach

The audit sought to answer the question: 'Are hospitals in Wales providing efficient catering services that meet recognised good practice?'

The following sub-questions underpinned the question:

- Are strategic planning arrangements relating to catering effective?
- Are procurement arrangements effective and is food sourced from safe suppliers?
- Is food production well controlled?
- Are there efficient arrangements to deliver the food to wards and patients?
- Do the arrangements at ward level help meet patients' nutritional needs and support their recovery?
- Are there effective arrangements in place to consult patients about the catering service they receive?

We carried out a number of audit activities to address these questions, which are set out in the table below.

Audit activities

Questions	Audit activities
1. Strategic planning arrangements	Analysis of financial data Documentation review Case note review Patient experience survey Interviews with staff
2. Procurement arrangements	Process walkthrough Documentation review Interviews with staff
3. Production control	Process walkthrough Analysis of financial data Observation of wastage – un-served meals and plate waste Patient experience survey Interviews with staff
4. Ward delivery arrangements	Observation of the meal service Taste testing a meal Patient experience survey Interviews with staff

Questions	Audit activities
5. Supporting recovery	Observation of the meal service Observation of wastage – un-served meals and plate waste Taste testing Case note review Patient experience survey Interviews
6. Patient engagement	Patient experience survey Interviews

The wards where we carried out the observations of meal services and the case note review are listed in the table below.

Wards visited

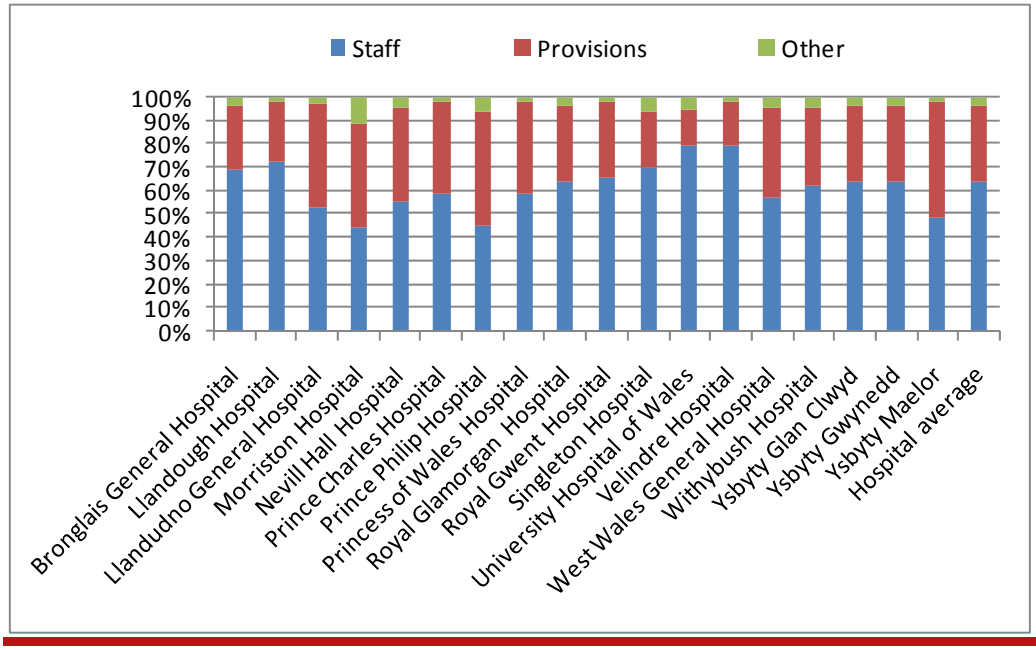
Hospital	Ward	Specialty
Princess of Wales	4	Cardiology and CCU
	10	Emergency orthopaedics
	18	Shared care – medicine and mental health
Neath Port Talbot	C	Medicine
	E	Respiratory medicine
	B2	Elective orthopaedic
Morriston	J	Elective orthopaedics
	V	Medicine and gastroenterology
	Anglesey	Elective plastic surgery
Singleton	4a	Surgery - gastrointestinal
	7	Medical/rehab
	9/CCU	Medical

Source: Wales Audit Office

Financial data

The gross cost of catering services at Princess of Wales, Morriston and Singleton hospitals was £7.49 million in 2008-09 with patient catering services accounting for two-thirds (£4.92 million) of the expenditure. Staff costs are the biggest driver of costs for patient and non-patient catering services, comprising three-fifths (59%) of expenditure while provisions accounted for 35% of the costs. However, there is considerable variation across the three hospital sites (Exhibit 1). The higher costs associated with staff at Singleton hospital are likely to reflect the long-established ward-based catering model.

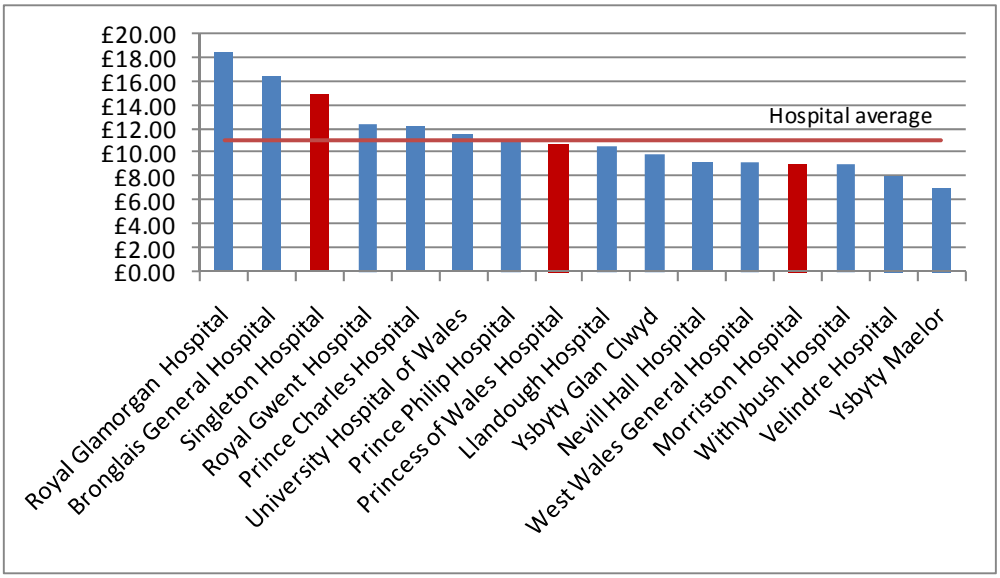
Exhibit 1: Breakdown of the hospital catering service costs, 2008-09



Source: Wales Audit Office analysis of financial and activity data provided by Health Boards and Velindre NHS Trust

The Princess of Wales, Morriston and Singleton Hospitals generated more than £1.85 million in 2008-09 from non-patient catering services, namely the staff/visitors' restaurants, hospitality and vending machines, which offset the gross cost of catering services. The net costs for the three hospitals totalled £5.63 million. Average net costs per patient day varied across the three hospitals with those for Singleton (£14.95) considerably higher than Princess of Wales (£10.76) and Morriston (£9.06) (Exhibit 2).

Exhibit 2: Net costs of hospital catering services per patient day, 2008-09



Source: Wales Audit Office analysis of financial and activity data provided by Health Boards and Velindre NHS Trust

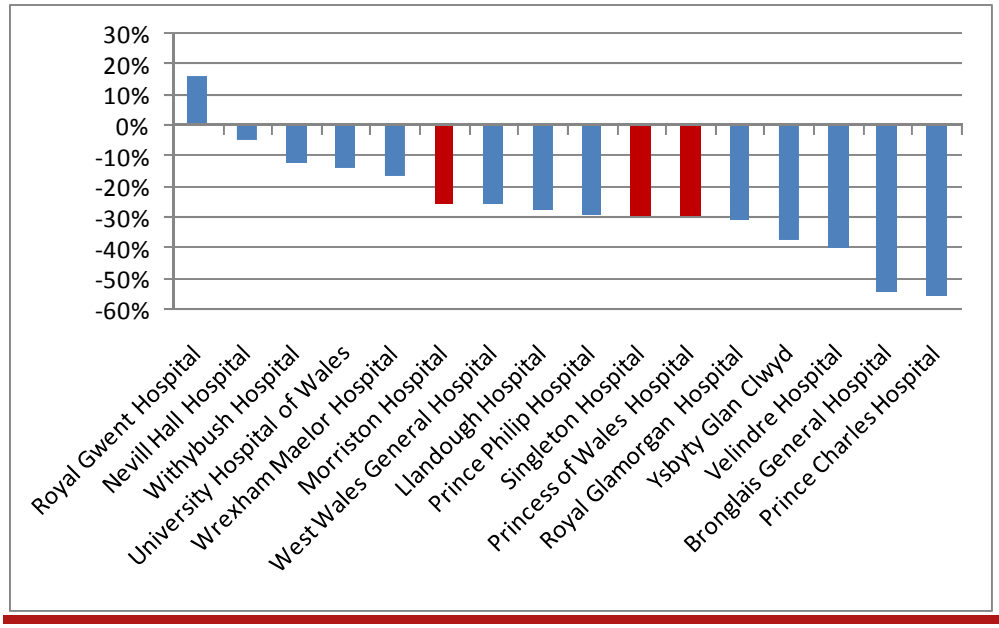
Although the three hospitals generated substantial income, it was enough to recover 72% of the total cost of non-patient catering services (Exhibit 3). The cost of provisions – food and beverages – and other consumables was fully met but not the cost of staff providing the service. Across Wales, only one hospital (Royal Gwent Hospital) was able to recover all non-patient catering costs and make a surplus. In order to break even in future, the three hospitals will need to increase their income between 26% and 30% (Exhibit 4).

Exhibit 3: Cost of non-patient catering services and income generated, 2008-09

Costs and income	Princess of Wales	Morriston	Singleton	Hospitals
Staff	*£368,883*	*£586,882*	*£440,765*	*£1,396,530*
Provisions	*£190,991*	*£449,639*	*£314,558*	*£955,188*
Other consumables	*£11,944*	*£103,265*	*£102,987*	*£218,196*
Total costs	**£571,818**	**£1,139,786**	**£858,310**	**£2,569,914**
Income	**£401,978**	**£848,444**	**£608,288**	**£1,858,710**
Gap	**-£169,840**	**-£291,342**	**-£250,022**	**-£711,204**

Source: Wales Audit Office analysis of financial and activity data provided by the Health Board

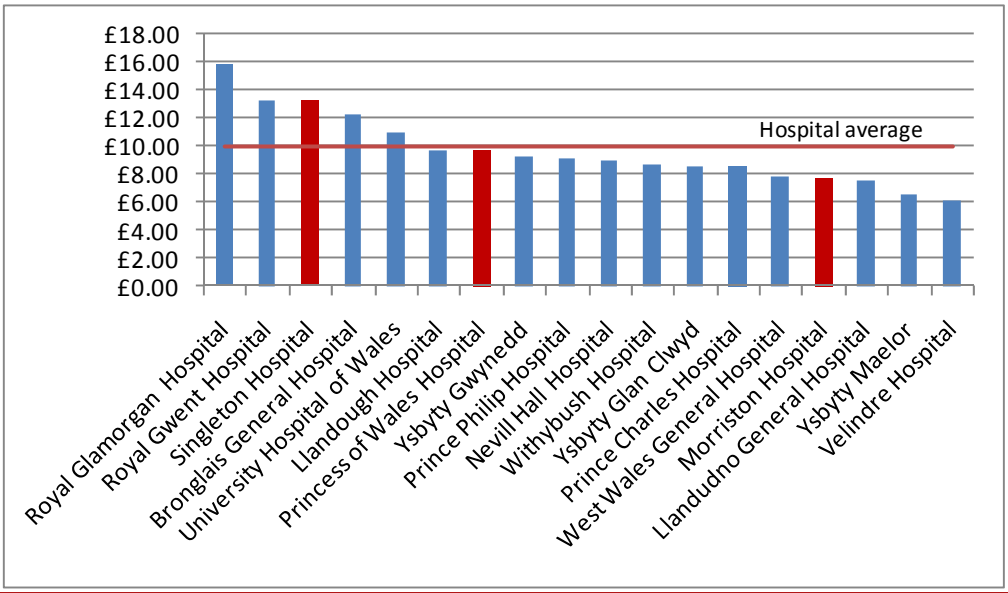
Exhibit 4: Percentage difference in income and costs for non-patient catering services, 2008-09



Source: Wales Audit Office analysis of financial and activity data provided by Health Boards and Velindre NHS Trust

In 2008-09, the costs of catering services for patients totalled £4.92 million at Princess of Wales, Morriston and Singleton hospitals. Average costs per patient day varied across the three hospitals with those for Singleton (£13.25) one of the highest in Wales while costs per patient day at Morriston (£7.77) were markedly lower than the hospital average in Wales (£10.04) and those for Princess of Wales (£9.70) around the average (Exhibit 5).

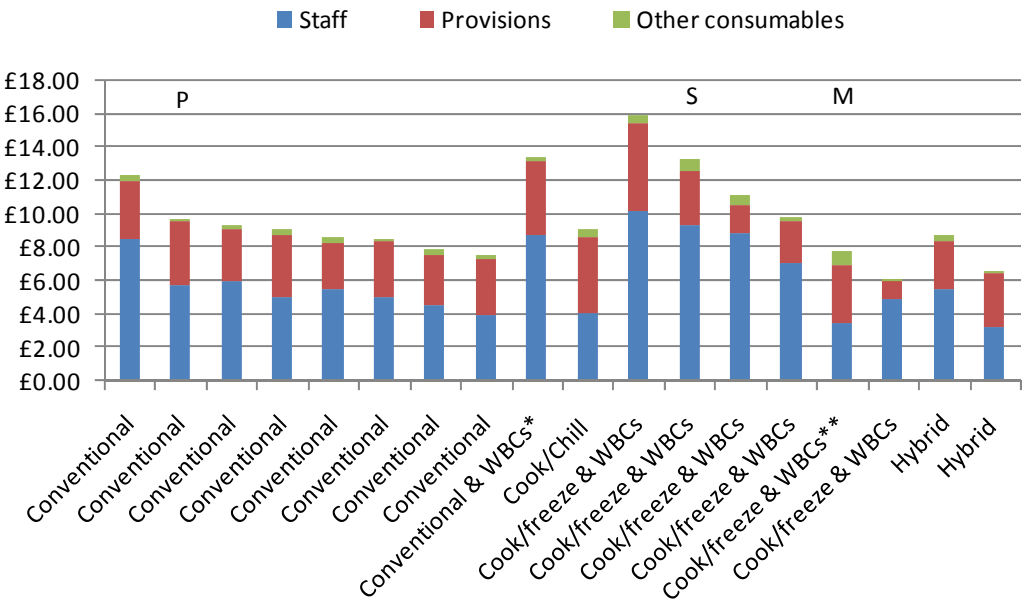
Exhibit 5: Cost of catering services for patients per patient day, 2008-09



Source: Wales Audit Office analysis of financial and activity data provided by Health Boards and Velindre NHS Trust

Differences in average costs per patient day across the three hospitals reflect the higher costs associated with the dedicated ward-based catering service at Singleton hospital (Exhibit 6). Provision costs per patient day varied across the three sites with those for Singleton (£3.16) around the average (£3.18) while those for Morriston (£3.45) and Princess of Wales (£3.76) hospitals were higher (Exhibit 7).

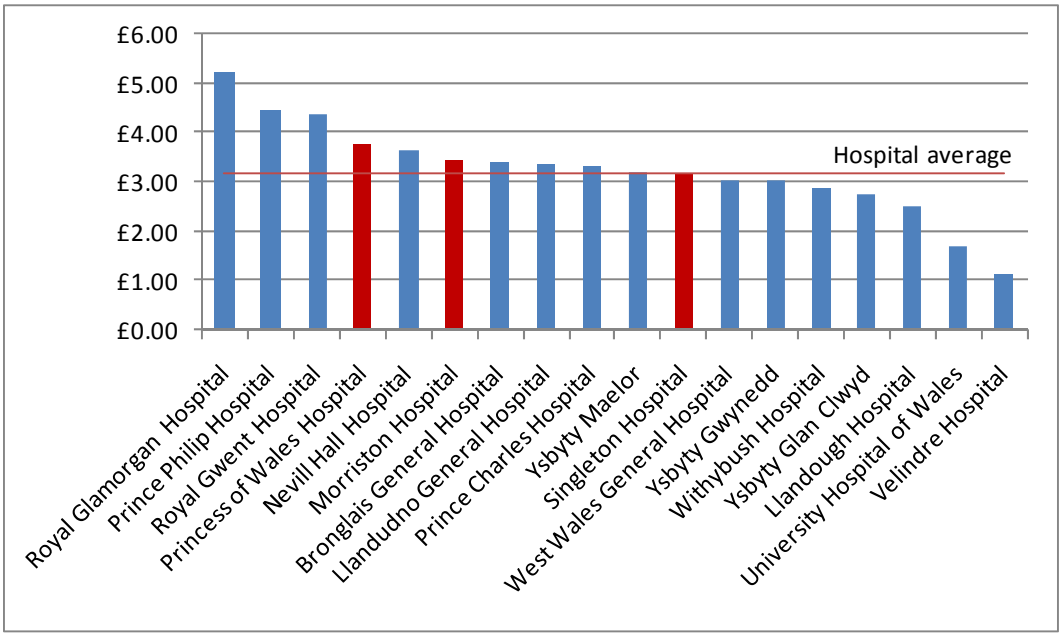
Exhibit 6: Breakdown of costs of catering services for patients per patient day with models of provision, 2008-09



Key
P = Princess of Wales
S = Singleton
M = Morriston
*WBC - ward based catering staff responsible for serving meals; some of whom are helped by nursing staff.
**Only 1.84 wte WBCs on two wards, accounting for 5% of all patient catering staff costs at the hospital.

Source: Wales Audit Office analysis of financial and activity data provided by Health Boards and Velindre NHS Trust

Exhibit 7: Costs of provisions per patient day, 2008-09



Source: Wales Audit Office analysis of financial and activity data provided by Health Boards and Velindre NHS Trust

Patients' experience

As part of this audit, we conducted a questionnaire survey to gather patients' views about the food they received during their stay in hospital. We specifically targeted patients on the 12 wards where we carried out observations of the meal service and reviewed patients' case notes.

We relied upon ward staff to give each patient, where appropriate, the questionnaire survey and a reply-paid envelope for return to the Wales Audit Office. At the time of the audit, we had also publicised the survey in the local press, inviting anyone, who had been a patient in the last 12 months, or had cared for someone who had been in hospital, to give their views on the food they received, via the on-line survey.

We received 694 responses from current and former patients from across Wales. Of these, 133 questionnaires were from inpatients at the Health Board or from people who had been a patient in the last 12 months, including 38 responses returned prior to the start of the audit via our on-line survey. The breakdown of responses across the Health Board was:

- Morriston Hospital – 34 responses
- Neath Port Talbot Hospital – 22 responses
- Princess of Wales Hospital – 30 responses
- Singleton Hospital – 47 responses

The tables below show a breakdown in the number of responses to each question by individual hospital. Percentages are not shown because total response is less than 100 for each hospital. Percentages are given when comparing the Health Board with the all-Wales' response. [Please note that non-response to some questions means that the number of responses presented is less that the total number of questionnaires returned.]

Question 3: How long did you stay in hospital for?

Hospitals	Less than 1 day	2 - 3 days	4 - 7 days	8 - 14 days	More than 2 weeks	Number of responses
Morriston	0	3	15	11	4	33
Neath Port Talbot	0	4	5	6	4	19
Princess of Wales	2	6	6	7	6	27
Singleton	4	2	12	10	19	47
Health Board	5%	12%	30%	27%	26%	126
Wales	2%	15%	28%	24%	32%	654

Source: Wales Audit Office Survey of Hospital Patients

Question 4: Were you weighed during your stay in hospital?

Hospitals	Yes	No	Not sure	Number of responses
Morriston	10	21	2	33
Neath Port Talbot	15	6	1	22
Princess of Wales	16	12	1	29
Singleton	27	18	2	47
Health Board	52%	44%	5%	131
Wales	67%	30%	3%	685

Source: Wales Audit Office Survey of Hospital Patients

Question 5: Was your height measured during your stay in hospital?

Hospitals	Yes	No	Not sure	Number of responses
Morriston	5	27	2	34
Neath Port Talbot	5	16	1	22
Princess of Wales	5	22	2	29
Singleton	8	32	7	47
Health Board	17%	73%	9%	132
Wales	32%	59%	9%	681

Source: Wales Audit Office Survey of Hospital Patients

Question 6: Did a member of the hospital staff talk to you about your dietary requirements?

Hospitals	Yes	No	Not sure	Number of responses
Morriston	4	30	0	34
Neath Port Talbot	8	12	2	22
Princess of Wales	12	16	0	28
Singleton	14	29	1	44
Health Board	30%	68%	2%	128
Wales	41%	54%	5%	675

Source: Wales Audit Office Survey of Hospital Patients

Question 7: Were you given food that was suitable to your dietary needs?

Hospitals	I did not require a special diet	Yes, always	Yes, most of the time	Rarely	Never	Don't know	Number of responses
Morriston	17	2	6	3	4	2	34
Neath Port Talbot	13	4	4	0	0	1	22
Princess of Wales	16	7	2	1	2	0	28
Singleton	23	10	3	4	3	2	45
Health Board	53%	18%	12%	6%	7%	4%	129
Wales	52%	23%	12%	4%	5%	3%	679

Source: Wales Audit Office Survey of Hospital Patients

Question 8a: Could you understand the menu?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	15	9	0	4	28
Neath Port Talbot	17	4	0	0	21
Princess of Wales	17	3	0	3	23
Singleton	29	10	0	2	41
Health Board	69%	23%	0%	8%	113
Wales	76%	19%	1%	3%	631

Source: Wales Audit Office Survey of Hospital Patients

Question 8b: Did you recognise the food options on the menu?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	13	7	1	4	25
Neath Port Talbot	18	2	1	0	21
Princess of Wales	19	2	2	1	24
Singleton	28	11	0	2	41
Health Board	70%	20%	4%	6%	111
Wales	74%	21%	3%	2%	609

Source: Wales Audit Office Survey of Hospital Patients

Question 8c: Was there enough choice on the menu?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	4	9	6	8	27
Neath Port Talbot	14	5	2	1	22
Princess of Wales	10	8	2	3	23
Singleton	13	8	15	4	40
Health Board	37%	27%	22%	14%	112
Wales	46%	27%	18%	9%	621

Source: Wales Audit Office Survey of Hospital Patients

Question8d: Were you able to choose your portion size?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	4	5	1	17	27
Neath Port Talbot	11	3	1	5	20
Princess of Wales	11	5	3	4	23
Singleton	11	9	2	17	39
Health Board	34%	20%	6%	39%	109
Wales	46%	19%	8%	27%	623

Source: Wales Audit Office Survey of Hospital Patients

Question 9: Did the menu change often enough?

Hospitals	I was not in hospital long enough to tell	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	8	2	16	3	2	31
Neath Port Talbot	4	6	8	3	1	22
Princess of Wales	6	7	7	4	1	25
Singleton	8	8	22	3	3	44
Health Board	21%	19%	43%	11%	6%	122
Wales	15%	29%	39%	12%	5%	670

Source: Wales Audit Office Survey of Hospital Patients

Question 10: Was there enough menu choice to suit your religious beliefs?

Hospitals	I have no beliefs which require a special diet	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	23	5	3	0	2	33
Neath Port Talbot	14	4	2	0	1	21
Princess of Wales	20	6	2	1	1	30
Singleton	24	13	2	0	3	42
Health Board	64%	22%	7%	1%	6%	126
Wales	65%	24%	6%	1%	3%	658

Source: Wales Audit Office Survey of Hospital Patients

Question 11: If you are a vegetarian or vegan, was there enough choice to meet your needs?

Hospitals	I am not a vegetarian or a vegan	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	23	0	1	1	3	28
Neath Port Talbot	14	2	0	2	0	18
Princess of Wales	23	3	1	0	1	28
Singleton	36	1	3	4	1	45
Health Board	81%	6%	4%	5%	4%	119
Wales	86%	4%	4%	3%	3%	628

Source: Wales Audit Office Survey of Hospital Patients

Question 12: If you have a food allergy, was there enough choice to meet your needs?

Hospitals	I do not have a food allergy	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	22	0	2	1	3	28
Neath Port Talbot	14	3	1	0	1	19
Princess of Wales	22	4	2	0	0	28
Singleton	38	2	2	1	1	44
Health Board	81%	4%	2%	8%	6%	119
Wales	84%	7%	5%	2%	2%	630

Source: Wales Audit Office Survey of Hospital Patients

Question 13: How did you choose what meals to eat?

Hospitals	I filled in a form	I chose food from a trolley	I told a member of staff	A family member chose for me	There was no choice	Other	Number of responses
Morriston	4	10	10	1	4	5	34
Neath Port Talbot	2	2	15	0	0	2	21
Princess of Wales	2	12	10	0	6	0	30
Singleton	1	7	34	0	3	1	46
Health Board	9 (7%)	31 (24%)	69 (53%)	1 (1%)	13 (10%)	8 (6%)	131
Wales	288 (43%)	100 (15%)	235 (35%)	11 (2%)	27 (4%)	15 (2%)	676

Source: Wales Audit Office Survey of Hospital Patients

Question 14: When did you choose what to eat?

Hospitals	Before the day of a meal	From the trolley	On the day of the meal	There was no choice	Number of responses
Morriston	5	15	10	3	33
Neath Port Talbot	2	0	18	0	20
Princess of Wales	8	16	1	5	30
Singleton	4	8	33	2	47
Health Board	15%	30%	48%	8%	130
Wales	49%	30%	17%	4%	671

Source: Wales Audit Office Survey of Hospital Patients

Question 15: Were you given the chance to wash your hands before you ate food?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	16	10	4	4	34
Neath Port Talbot	17	2	1	2	22
Princess of Wales	17	7	4	0	28
Singleton	30	8	5	4	47
Health Board	61%	21%	11%	8%	131
Wales	65%	19%	8%	8%	685

Source: Wales Audit Office Survey of Hospital Patients

Question 16: Did a member of staff help you get comfortable before you ate your food?

Hospitals	I did not need help to get comfortable	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	10	5	9	2	7	33
Neath Port Talbot	7	8	4	2	1	22
Princess of Wales	11	8	5	1	3	28
Singleton	19	13	4	6	4	46
Health Board	36%	26%	17%	9%	12%	129
Wales	36%	28%	19%	7%	9%	677

Source: Wales Audit Office Survey of Hospital Patients

Question 17: Where did you eat most of your meals?

Hospitals	In a chair near my bed	In a communal dining area	In bed	Other	Number of responses
Morriston	21	0	13	0	34
Neath Port Talbot	20	0	2	0	22
Princess of Wales	24	0	5	0	29
Singleton	29	0	16	1	46
Health Board	72%	0%	27%	1%	131
Wales	68%	3%	28%	1%	689

Source: Wales Audit Office Survey of Hospital Patients

Question 18: Was the area where you ate your food clean and tidy?

Hospitals	Yes, always	Yes, most of the time	Sometimes	Never	Number of responses
Morriston	13	16	3	2	34
Neath Port Talbot	18	3	1	0	22
Princess of Wales	19	9	1	0	29
Singleton	33	13	0	1	47
Health Board	63%	31%	4%	2%	132
Wales	70%	25%	5%	1%	687

Source: Wales Audit Office Survey of Hospital Patients

Question 19: If you needed eating aids, were you provided with them?

Hospitals	I did not need them	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	29	2	2	0	1	34
Neath Port Talbot	15	3	3	0	0	21
Princess of Wales	25	3	1	0	1	30
Singleton	35	4	3	0	2	44
Health Board	81%	9%	7%	0%	3%	129
Wales	83%	6%	5%	1%	4%	671

Source: Wales Audit Office Survey of Hospital Patients

Question 20: If you needed help when eating, were you given it?

Hospitals	I did not need help	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	29	3	1	0	1	34
Neath Port Talbot	14	4	2	0	1	21
Princess of Wales	24	3	2	0	1	30
Singleton	37	5	0	2	1	45
Health Board	80%	12%	4%	2%	3%	130
Wales	82%	9%	5%	2%	2%	667

Source: Wales Audit Office Survey of Hospital Patients

Question 21: If someone helped you to eat your food, who was it?

Hospitals	I did not need help	Carer / volunteer	Family member	Friend	Nurse	Number of responses
Morriston	31	0	2	0	1	34
Neath Port Talbot	15	0	2	0	4	21
Princess of Wales	24	1	0	0	3	28
Singleton	39	0	1	0	2	42
Health Board	87%	1%	4%	0%	8%	125
Wales	87%	1%	5%	1%	6%	657

Source: Wales Audit Office Survey of Hospital Patients

Question 22: If someone helped you to eat, was this soon enough after your food arrives?

Hospitals	I did not need help	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	31	2	0	0	1	33
Neath Port Talbot	14	4	2	1	0	21
Princess of Wales	23	2	3	0	0	28
Singleton	37	3	0	0	1	40
Health Board	85%	9%	4%	2%	1%	122
Wales	85%	7%	5%	2%	1%	658

Source: Wales Audit Office Survey of Hospital Patients

Question 23a: Were you happy with the time your meals were served?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	13	17	3	1	34
Neath Port Talbot	12	9	1	0	22
Princess of Wales	17	9	0	3	29
Singleton	30	14	1	1	46
Health Board	55%	37%	4%	4%	131
Wales	59%	34%	4%	2%	685

Source: Wales Audit Office Survey of Hospital Patients

Question 23b: Were your meals free from disturbance by nurses or doctors treating or assessing you?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	17	14	3	0	34
Neath Port Talbot	12	6	4	0	22
Princess of Wales	12	12	3	2	29
Singleton	23	18	4	1	46
Health Board	49%	38%	11%	2%	131
Wales	50%	38%	9%	3%	672

Source: Wales Audit Office Survey of Hospital Patients

Question 23c: Were you given enough time to finish your meal?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	22	8	3	1	34
Neath Port Talbot	19	3	0	0	22
Princess of Wales	24	5	1	0	30
Singleton	36	7	3	0	46
Health Board	77%	17%	5%	1%	132
Wales	76%	21%	3%	0%	680

Source: Wales Audit Office Survey of Hospital Patients

Question 23d: If you missed a meal, was a replacement provided?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	4	9	5	7	25
Neath Port Talbot	10	5	2	1	18
Princess of Wales	10	9	0	4	23
Singleton	17	10	4	5	36
Health Board	40%	32%	5%	1%	102
Wales	55%	25%	11%	9%	583

Source: Wales Audit Office Survey of Hospital Patients

Question 23e: Did you always get the meal you ordered?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	8	12	3	5	28
Neath Port Talbot	19	2	1	0	22
Princess of Wales	12	6	1	2	21
Singleton	27	14	1	3	45
Health Board	57%	29%	5%	9%	116
Wales	56%	34%	5%	4%	641

Source: Wales Audit Office Survey of Hospital Patients

Question 23f: Was fresh fruit available?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	2	4	14	9	29
Neath Port Talbot	12	3	4	2	21
Princess of Wales	11	7	2	4	24
Singleton	12	7	10	15	44
Health Board	31%	18%	25%	25%	118
Wales	51%	22%	16%	11%	651

Source: Wales Audit Office Survey of Hospital Patients

Question 23g: Were drinks available between meal times?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	12	13	4	4	33
Neath Port Talbot	19	1	2	0	22
Princess of Wales	19	8	0	1	28
Singleton	28	12	4	1	45
Health Board	61%	27%	8%	5%	128
Wales	69%	21%	7%	3%	665

Source: Wales Audit Office Survey of Hospital Patients

Question 23h: Were snacks available between meal times?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	2	1	5	23	31
Neath Port Talbot	6	2	5	6	19
Princess of Wales	7	2	10	3	22
Singleton	2	4	11	21	38
Health Board	15%	8%	28%	48%	110
Wales	23%	15%	26%	35%	615

Source: Wales Audit Office Survey of Hospital Patients

Question 23i: Was fresh water available throughout the day?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	26	7	1	0	34
Neath Port Talbot	20	0	1	0	21
Princess of Wales	27	1	0	1	29
Singleton	37	10	0	0	47
Health Board	84%	14%	2%	1%	131
Wales	85%	13%	2%	1%	673

Source: Wales Audit Office Survey of Hospital Patients

Question 23j: Was your food served at the temperature you would have expected?

Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Morriston	11	9	8	6	34
Neath Port Talbot	13	8	1	0	22
Princess of Wales	20	5	2	2	29
Singleton	28	13	2	3	46
Health Board	55%	27%	10%	8%	131
Wales	53%	30%	10%	7%	677

Source: Wales Audit Office Survey of Hospital Patients

Question 24: Were you given enough food to eat?

Hospitals	Yes	Yes, too much	No, not enough	Number of responses
Morriston	24	1	8	33
Neath Port Talbot	16	5	1	22
Princess of Wales	20	6	4	30
Singleton	31	5	11	47
Health Board	69%	13%	18%	132
Wales	73%	14%	13%	681

Source: Wales Audit Office Survey of Hospital Patients

Question 25a: How would you rate the taste of the food you were given?

Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Morriston	1	5	10	9	9	34
Neath Port Talbot	5	8	6	2	0	21
Princess of Wales	2	11	12	3	2	30
Singleton	9	15	11	4	6	45
Health Board	13%	30%	30%	14%	13%	130
Wales	17%	37%	28%	11%	6%	678

Source: Wales Audit Office Survey of Hospital Patients

Question 25b: How would you rate the appearance of the food you were given?

Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Morriston	2	3	12	6	10	33
Neath Port Talbot	5	11	4	2	0	22
Princess of Wales	2	12	10	2	3	29
Singleton	8	17	9	4	5	43
Health Board	13%	34%	28%	11%	14%	127
Wales	17%	39%	28%	9%	7%	667

Source: Wales Audit Office Survey of Hospital Patients

Question 25c: How would you rate the healthiness of the food you were given?

Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Morriston	1	5	13	8	7	34
Neath Port Talbot	7	11	4	0	0	22
Princess of Wales	6	9	10	4	1	30
Singleton	8	15	12	4	5	44
Health Board	17%	31%	30%	12%	10%	130
Wales	18%	39%	30%	9%	5%	667

Source: Wales Audit Office Survey of Hospital Patients

Question 25d: How would you rate the your overall satisfaction with the food you received?

Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Morriston	2	3	11	4	13	33
Neath Port Talbot	7	9	4	2	0	22
Princess of Wales	7	7	11	2	3	30
Singleton	8	17	11	5	5	46
Health Board	18%	27%	28%	10%	16%	131
Wales	19%	37%	27%	10%	8%	665

Source: Wales Audit Office Survey of Hospital Patients

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ
Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660
E-mail: info@wao.gov.uk
Website: www.wao.gov.uk