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Hospital Catering

Hywel Dda Health Board

Our overall conclusion is that while there is already a strong professional focus on nutrition that demonstrates many aspects of recognised good practice, there is a need to establish consistent catering planning and business arrangements, and to address variations in standards at ward level.

Contents

Summary and Recommendations	4
Detailed Report	
Strategic planning and management arrangements	8
An agenda for nutrition is clearly set across the Health Board, although there is a need to establish a consistent planning and business framework for catering	
Procurement, production and cost control	11
There are effective and safe food procurement arrangements in place although food production and cost control systems vary suggesting potential to develop greater consistency and to improve efficiency	
Delivery of food to the ward	17
Most wards receive food in good condition although there is still scope to improve the patient experience	
Meeting patients' nutritional needs and supporting recovery	20
Ward managers are clearly focussed on the need to ensure appropriate catering and nutrition support, although performance varies and some aspects of patients' nutritional status were not recorded	
Gathering views from patients and sharing information	23
Patient views on hospital food and the catering services are collected through a range of mechanisms which the Health Board intends to make more consistent sharing the results more widely	
Appendices	
Audit approach	26
Cost comparison	28
Patient experience	40

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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 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 eat and 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. There has also been an *Improving Nutritional Care* training programme for all ward managers. 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 and the *Fundamentals of Care* ward level audit tool.
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, these needed to be replicated more widely and practices strengthened in a number of areas. Since then, 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 Auditor General has therefore decided that it would be timely to undertake further audit work on hospital catering to review progress since the Audit Commission in Wales report was published, 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 were providing efficient catering services that met recognised good practice. Our audit work looked at the hospital catering 'food chain' from planning and procurement through to the delivery of food to the ward and the management of meal times.
7. Our work in Hywel Dda Health Board (the Health Board) has included fieldwork at Withybush Hospital (WH), West Wales General Hospital (WWGH), Bronglais Hospital (BH), and Prince Philip Hospital (PPH), with visits to the following wards.

Exhibit 1: Wards visited

Hospital	Ward
WGH	4
WGH	7
WGH	11
WWGH	Padarn
WWGH	Preseli
WWGH	Gwenllian
BH	Rheidol
BH	Ystwyth
BH	Owain
PPH	CDU
PPH	4
PPH	5

8. Our audit findings have been informed by an analysis of financial data relating to patient and non-patient elements of the catering service for our reference period of 2008-09. We recognise that, subsequent to that period, a single set of accounting arrangements has been introduced and these will be the subject of our ongoing work with the Health Board to provide appropriate financial assurance.
9. We also carried out patient surveys to capture their experience of hospital food. Further details of the audit approach are provided in Appendix 1.
10. Our overall conclusion is that while there is already a strong professional focus on nutrition that demonstrates many aspects of recognised good practice, there is a need to establish consistent catering planning and business arrangements, and to address variations in standards at ward level.
11. We have come to this conclusion because:
 - an agenda for nutrition is clearly set across the Health Board, although there is a need to establish a consistent planning and business framework for catering;
 - there are effective and safe food procurement arrangements in place although food production and cost control systems vary suggesting the potential to develop greater consistency and to improve efficiency;
 - most wards receive food in good condition although there is still scope to improve the patient experience;
 - ward managers are clearly focussed on the need to ensure appropriate catering and nutrition support, although ward practice varies and some aspects of patients' nutritional status were not recorded; and
 - patients' views on hospital food and the catering services are collected through a range of mechanisms and the Health Board intends to make these activities more consistent and to share the results more widely.

12. In coming to these conclusions we identified a number of key strengths within the catering service and the way the Health Board delivers its services. These include:
- strong professional leadership from the Executive Director of Nursing and Midwifery (EDNM) on nutrition issues;
 - clear commitment across all professional groups, at all levels, to the nutrition and catering agenda; and
 - a clear organisational strategic framework to implement improvement in nutrition.
13. There are a number of key areas which could be improved and these include:
- the lack of a consistent catering planning and business framework across the Health Board which may inhibit consistent decision making;
 - the slow pace of development with regard to menu planning and policy development;
 - the absence of a food subsidy policy for non-patient food resulting in a £551,474 subsidy by the Health Board;
 - variations in performance in protected meal time practice between wards;
 - the format and recording processes for patient nutrition-related information in nursing notes which make it more difficult to capture and monitor a patient's nutritional status; and
 - sharing information between staff groups within and across hospitals with regard to catering and nutrition issues which may be inhibited by professional and organisational boundaries.
14. The detailed report that follows this summary provides further information in the each of the areas that the auditors examined.

Recommendations

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

Strategic planning and management arrangements	
R1	Strengthen planning arrangements for catering to ensure a clear and consistent agenda for the catering service across the Health Board.
R2	Reduce the time it takes to develop and establish new catering and nutrition processes.
R3	Improve the Board scrutiny arrangements for monitoring catering and nutrition risks and performance.
Procurement production and cost control	
R4	Introduce a clear subsidy policy to set the framework for delivering non-patient catering services.

Procurement production and cost control	
R5	Develop consistent ledger arrangements across the Health Board to ensure that sufficient and robust catering business information is available.
R6	Improve the current food wastage monitoring arrangements to accurately reflect production efficiency and help identify the potential to improve existing systems.
Delivery of food to the ward	
R7	Introduce protected meal times at all mealtimes in all appropriate wards to meet the approach adopted in the best wards.
R8	Reinforce the need for patient hand cleansing.
R9	Ensure appropriate nutrition into the training programme for ward based catering staff to improve their awareness of its importance and the need to follow ward procedures.
Meeting patients' nutritional needs and supporting recovery	
R10	Reinforce the need to measure a patient's weight and height in order to calculate the associated patient Body Mass Index (BMI).
R11	Improve the format and types of nutrition-related information recorded in the nursing notes for patients.
R12	Develop practical methods to assist in the regular completion of food record charts and fluid intake/output charts.
Gathering views from patients and sharing information	
R13	Introduce effective arrangements for sharing information on patients' views of the service between ward managers and the catering service.
R14	Involve patients fully in developing the catering service, building on the recent positive experiences of patient engagement.

Strategic planning and management arrangements

16. An agenda for nutrition is clearly set across the Health Board, although there is a need to establish a consistent planning and business framework for catering. We have reached this conclusion because:
- there is strong professional leadership in relation to patient nutrition and a single nutrition policy has been drafted across the Health Board;
 - local catering services are well managed within the separate locality structures but there is no single operational planning and business framework for the catering service;
 - there is good local involvement of catering staff, dieticians, specialist nutrition nurses, and speech and language therapists, in catering processes;
 - menu development has taken longer to complete than was originally planned although arrangements are now more consistent with the introduction a single patient menu across the organisation; and
 - there is scope to improve the information that the Board receives on the performance of catering services so that there can be more robust scrutiny of risks and challenges.
17. The following table summarises the findings supporting the conclusion.

Table 1: 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.	✓/x	There is a clear agenda for nutrition in the Health Board, led by the EDNM. A single nutrition strategy has been drafted. Local catering services are well managed, separately, within the new County structure. However, there is no catering planning and business framework to underpin the Health Board's catering arrangements. This had created uncertainty within the catering service as to how the service will be developed and taken forward. A proposed professional hotel services post may provide an opportunity to develop a co-ordinated approach, although this will be in the context of separate line management arrangements in the county structures.

Expected practice	In place?	Further information
Service Planning		
Menu design reflects the strategy & policy.	✓/✗	<p>Historically, menu design took place in the Counties and reflected the pre-existing nutrition policy within each area. The Health Board has developed and drafted a single nutrition policy.</p> <p>Recently the Carmarthenshire County menus have been adopted by the other two Health Board Counties. There are still some differences that need to be addressed if this move is to be completely effective. For example, WGH has no 'diet cooks' specialising in the preparation of non-standard options.</p> <p>A review of texture modified diets is underway. This has raised issues which may take several months to work through.</p>
Dieticians and clinicians are fully involved in strategy & policy development and menu planning	✓	<p>There is a lead dietetic post (job share) for the Health Board, which provides the professional and operational focus for these staff across the Health Board. All menus, their components and ingredients have been dietetically assessed and validated by dieticians and other clinicians.</p> <p>Dieticians were one of the lead parties in the development of the Health Board nutrition policy, which is being developed to include community and primary care nutrition issues. The revised draft will be finalised in the second half of 2010.</p> <p>In all areas, regardless of local arrangements, staff commented that processes for menu development and change take longer than they would like (taking two years in one case). There is recognition that a 'task and finish' approach would help to speed up change although the dietetic service is not specifically sourced for this work.</p>
Strategy identifies the most efficient and cost effective means of food production.	✓	Health Board arrangements for the production and delivery of food varies across Counties. There is no specific plan to harmonise arrangements for food production.
Evidence of workforce planning to match catering staff to demand.	✓	<p>Staffing levels are historical and broadly tied into operational production requirements.</p> <p>There are differences in the staffing complements in the separate catering services within the organisation, and there is a view that the complement of staffing is greater at WWGH, although this may reflect investment in staff such as special diet cooks.</p>

Expected practice	In place?	Further information
Management arrangements		
Executive accountability for catering and nutrition is clearly identified.	✓	<p>The EDNM is clearly identified as the Board member responsible for nutrition.</p> <p>In the previous merged trust, catering services reported through the nursing structure almost directly to the EDNM. This was considered by catering managers to be an effective arrangement as it brought them into closer to executive decision making processes.</p> <p>The introduction of a county-based locality management structure has placed greater distance between the catering managers and the executive now accountable for these services at Health Board level.</p> <p>A line of professional responsibility is still drawn between catering managers and the EDNM on nutrition issues.</p>
The Board receives sufficient information on performance and practice in relation to catering and nutrition.	✓/x	<p>Reports submitted to the Board have clearly highlighted the nutrition agenda, although it is not clear that catering service operational issues are as visible as they should be.</p>
A multi-disciplinary group is in place to oversee the delivery of the catering service.	✓	<p>The Nutritional Steering Group is strong and reasonably coherent. There is recognition of the need to move to include primary care within the scope of its activities.</p> <p>Operational nutritional groups in each county are to be strengthened through inclusion of primary care and the independent sector.</p> <p>The catering managers recognised that apart from goodwill agreements between themselves, there is no effective operational decision making capacity to drive the separate Health Board catering services in the same direction.</p>
Lead nurse identified to help implement strategy and embed good nutritional practices	✓	<p>The Assistant Director of Nursing for Nursing Practice supports the EDNM on nutrition issues. There are also two nutrition specialist nurses.</p>
Job descriptions and salary ranges for catering staff are harmonised across the Health Board.	✓	<p>The financial implications of harmonisation through A4C are still being worked through. The harmonisation took place for the pre-existing trusts but there is a view that the impact has not been consistent for staff across the Health Board.</p>
Sickness absence is within acceptable levels and is well managed.	✓	<p>Sickness absence varies across the Health Board and is managed reasonably well. There is some scope to share practice on effective methods to manage staff absences.</p>

Procurement, production and cost control

18. There are effective and safe food procurement arrangements in place although food production and cost control systems vary suggesting potential to develop greater consistency and to improve efficiency. We have come to this conclusion because:
- catering procurement is well controlled and arrangements are in place to ensure that food is obtained from safe and reliable sources;
 - the Health Board has not yet developed a specific sustainability policy but instead uses the national contract arrangements;
 - food production arrangements rely heavily on manual paper systems rather than an IT solution, which can be time consuming;
 - cost control has been based on the ledgers from the pre-existing trusts and will be strengthened by the introduction of a single ledger, a food pricing policy and a subsidy policy for non-patient meals;
 - non-patient catering services are currently subsidised by £551,474; and
 - systems are in place to monitor waste although they need to be made more robust.
19. The following table summarises the findings supporting the conclusion.

Table 2: 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 majority of food is procured through WHS contracts (less so in Ceredigion), which is in line with good practice guidelines. Any contract ordering is usually picked up by the Health Board procurement function. Managers indicated that appropriate procedures are in place to ensure food safety from these suppliers.
Sustainable procurement arrangements are in place.	✓	The Health Board has not established its own sustainable procurement policy, although, the all-Wales and WHS contracts meet Assembly Government guidance.
Procurement arrangements support the delivery of planned menus.	✓	The Health Board has robust procurement arrangements to support the delivery of its planned menus, these include dietetic specification in the contract, appropriate notification periods for supplier changes to contracts and forward buying of some products to secure menu continuity at competitive prices.
Production		
The Health Board operates a computerised catering system to facilitate production planning and control?	✓/x	Systems are currently separate although there is some degree of consistency across the Health Board.

Expected practice	In place?	Further information
Production		
Patients order meals less than 24 hours in advance?	✓	Slightly different systems operate across the Health Board. In all cases patients order their food no more than 24 hours in advance of the meal. Whilst this is accepted practice there has been no work to see if this elapsed time can be reduced.
Standard costed menus are in use to ensure consistency of quality and cost.	✓	Each kitchen uses standard costed recipes which have been dietetically validated. Compliance with the recipes is monitored by supervisors and occasionally by dieticians.
A production plan in place to guide kitchens' tasks.	✓	Production is based on the estimated uptake from the previous menu. Some types of food are batched eg, some vegetables.
Portion controls in place and supported by training.	✓	Portion control is monitored, although there is recognition that this could be reinforced through further training.
Quality of food is monitored at key stages in production.	✓/x	The separate kitchens across sites have generally effective quality monitoring arrangements in place, including tasting by chefs. Catering staff would like to improve the existing arrangements but the pressures of meeting production demands have prevented new approaches from being developed.
Food safety		
Robust arrangements in place to ensure food safety (eg food temperature checks)	✓	There is a mix of service types at ward level across the Health Board ie, trays and bulk serve. Temperatures of bulk food at WWGH were taken by staff on delivery of food to the ward. Where equipment permits, trolley temperatures are boosted before they leave the kitchen, and can be maintained if necessary by plugging in the trolley on the ward. We conducted food quality exercises at WGH, WWGH, BH and PPH and found that, in all instances, hot food temperatures were met and were above 63°C.
A Hazard Analysis Critical Control Points (HACCP) policy is in place.	✓	In place at all locations
Catering facilities regularly inspected by local Environmental Health Officers (EHOs).	✓	All hospitals have received routine EHO inspections.
Action taken in response to EHO recommendations.	✓/x	Responsibility rests with the relevant catering manager and action taken is monitored through line management arrangements. However, EHO reports are not logged and monitored as part of corporate risk and governance arrangements.

Expected practice	In place?	Further information
Cost control		
Computerised catering system in place to support service management and monitoring.	x	There is no system in place.
Cost of catering service known and monitored.	✓/x	There have been four ledgers across the Health Board that include costings for each of the catering services. The ledger entries were constructed differently in each case. Cost comparisons are therefore qualified by the fact that different definitions are used depending on which part of the service is being examined. The finance lead for catering issues recognises the need to develop a common ledger approach for the Health Board.
There are effective and flexible ordering systems in place between the wards and the catering department	✓	Ordering systems are based on menus or lists returned from wards. Food production is driven by this information, together with historical information from previous production.
Ward wastage is monitored: <ul style="list-style-type: none"> • Unserved meals • Uneaten food 	✓/x	Ward level menu ordering (or over-ordering) may lead to unnecessary waste. Measures to record unserved food could be more comprehensive and robust and processes to record uneaten food could be refined. In this respect there may be potential to share good practice across the Health Board.
There is an agreed approach to subsidy/contribution from non-patient services.	x	There is no subsidy policy in place although a breakeven objective is set.
A pricing policy for non-patient meals is in place.	x	Staff meal prices are not standardised across the Health Board although work to move toward standardisation commenced in 2009 when catering services were managed as a Board-wide Service. Some progress has been made.
Dining room wastage is monitored.	✓	Main course portions are monitored at the end of each service for the main course.

Cost analysis

20. There is considerable variation in the overall costs of the service between the different hospital sites. The Bronglais service is amongst the highest in Wales (Exhibit 2) although efficiency savings in 2009-10 have reduced the costs for BGH.

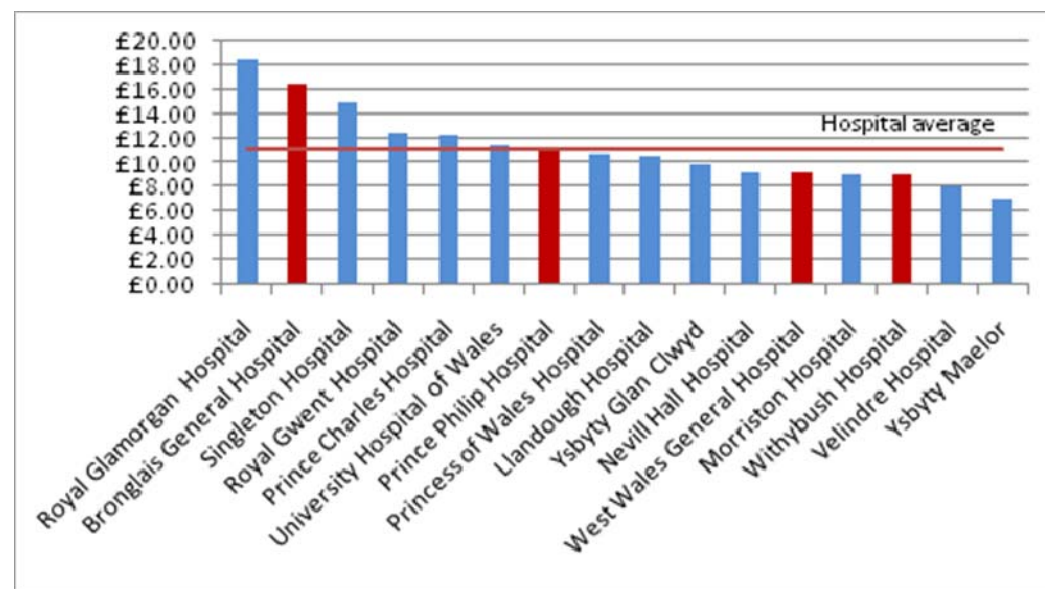
21. The cost of patient meals varies between the different sites with relatively high staffing costs at BGH and relatively high costs for provisions at PPH (Exhibit 4). The costs of this service are above the Welsh average in BGH and are below average in the other three hospitals (Exhibit 5).
22. The non-patient meal service is running at a loss and, across the Health Board, it is being subsidised by approximately £551,474.
23. A more detailed analysis of for all four hospitals can be found in Appendix 2.

Exhibit 2: Service cost analysis

Analysis	Total cost per patient day (£)	Patient cost per patient day (£)	Non-patient service trading position (£)
WGH	9.04	8.71	-29,786
WWGH	9.22	7.89	-150,787
BGH	16.37	12.30	-236,227
PPH	11.05	9.10	-134,674
Combined service	10.86	9.16	-551,474
Wales	11.08	10.04	

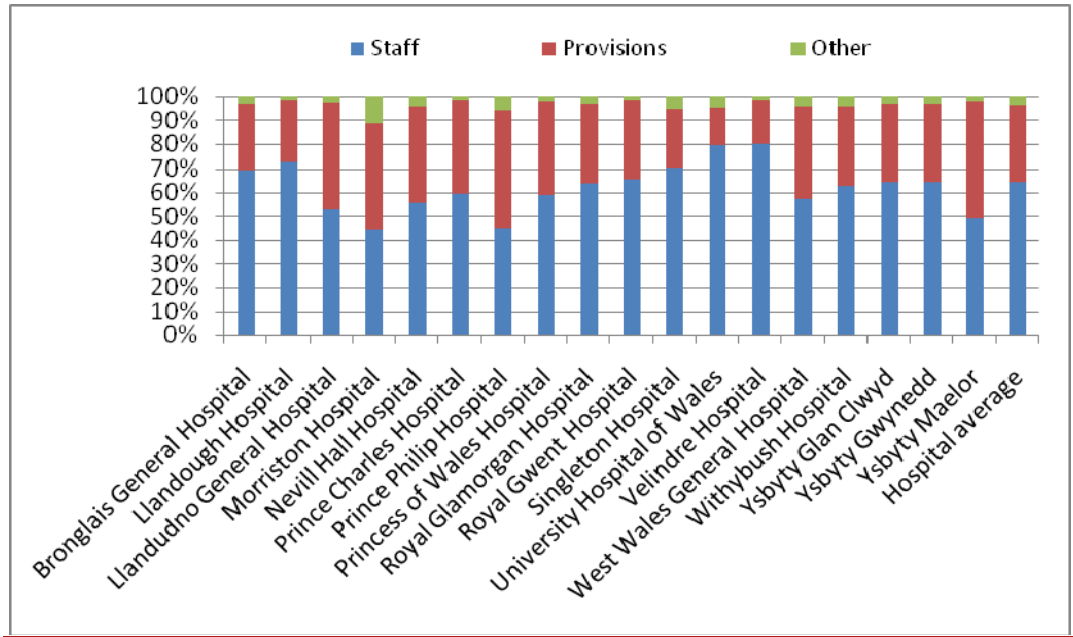
Source: Hywel Dda Health Board and the Wales Audit Office

Exhibit 3: Net cost of catering service per patient day



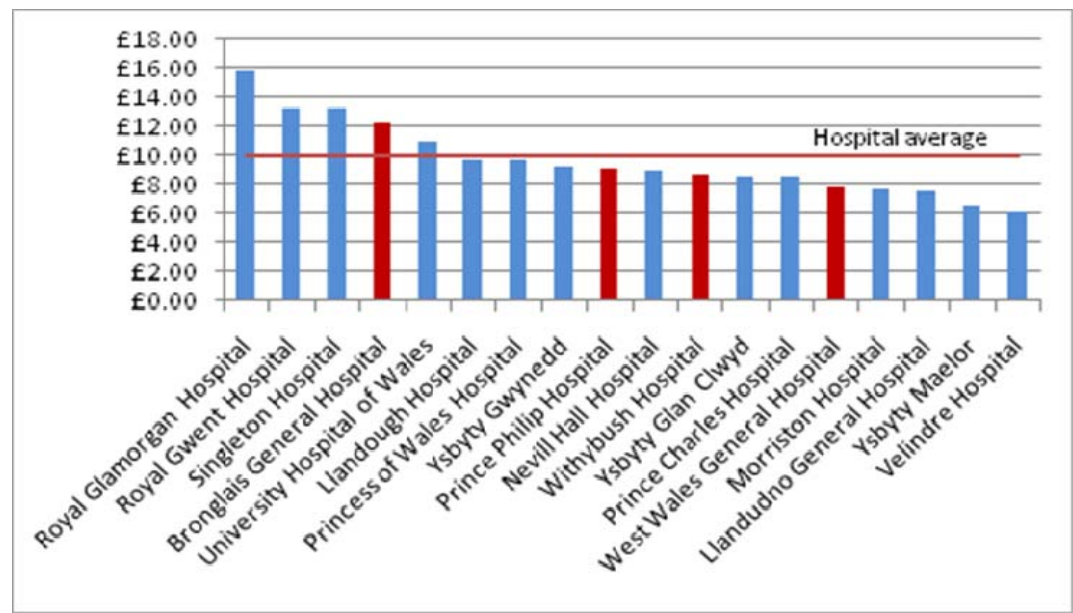
Source: Wales Audit Office

Exhibit 4: Expenditure distribution



Source: Wales Audit Office

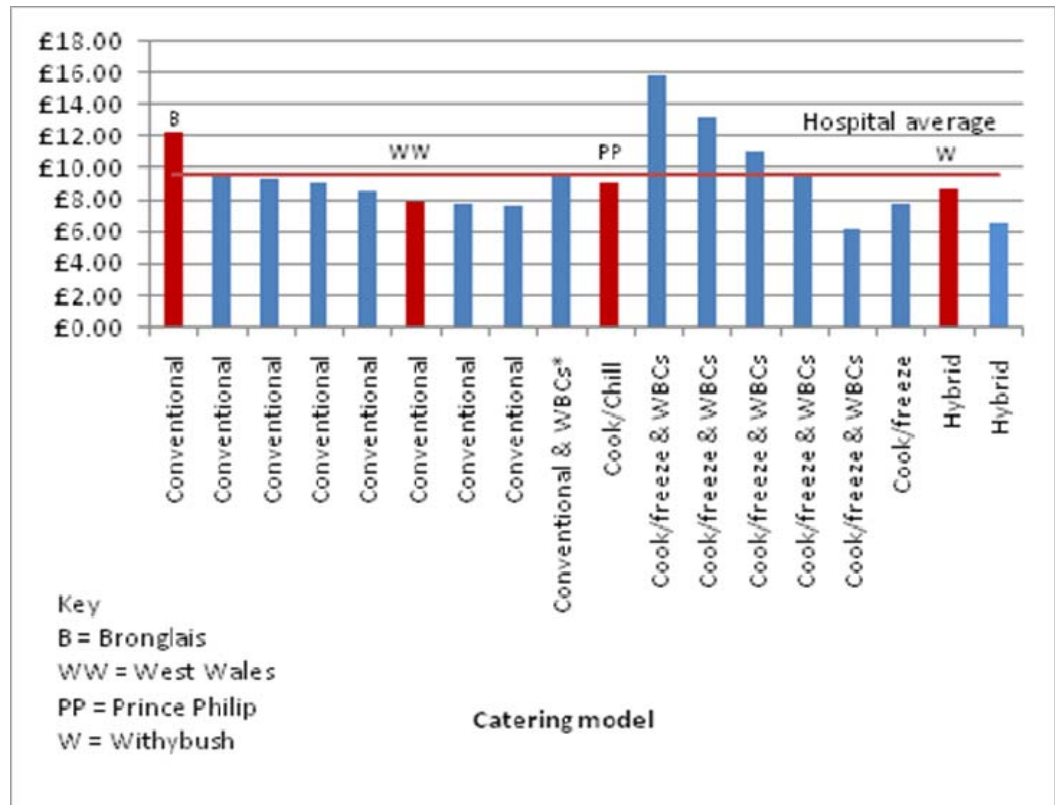
Exhibit 5: Comparative costs of the patient service



Source: Wales Audit Office

Exhibit 6: Total Cost of Patient catering per Patient Day 2008/09 by cooking and delivery method

WBC= ward based catering staff



Source: Wales Audit Office

Food wastage

- 24. Our review included an observational audit of food wastage from unserved meals and plate waste. The latter was measured by reversing the nutritional assessment documentation guidance contained in the All Wales Food Record Chart Guide. For example a meal recorded as 75 per cent eaten for nutritional monitoring was recorded as 25 per cent plate wastage. In addition we only applied this measurement if the plate waste included the higher cost main protein element rather than just vegetables. Although this method is not as robust as the food weight analysis tool it does provide a sufficiently quick and sensitive way to identify problem areas.
- 25. Generally, unserved meal wastage levels were above 10 per cent, which suggests that there is scope to reduce these levels to best performing hospitals, leading to possible savings of £108,517 per year.
- 26. In an assessment of uneaten food, the levels were substantially higher and if this level of wastage was reduced to 10 per cent the Health Board could save a further £299,588 per year.

27. The reasons why patients do not eat their meals can be complex, such as a sudden change in appetite because of their condition. Others relate to the quality of food and poor communication between wards and catering departments. Staff and patient comments suggest that portion size is not always well controlled

Exhibit 7: Meal wastage and predicted savings

Ward	Un-served meals	Plate waste	Total wastage	Possible efficiency savings un-served meals (5% target)	Possible efficiency savings plate wastage (10% target)
WGH – 4	13%	27%	40%		
WGH – 7	14%	29%	43%		
WWGH – Padarn	26%	45%	71%		
WWGH – Preseli	25%	29%	54%		
WWGH – Gwenllian	11%	48%	59%		
BH – Rheidol	16%	43%	59%		
BH – Ystwyth	0%	40%	40%		
BH – Owain	33%	57%	90%		
PPH – CDU	22%	3%	25%		
PPH – 4	0%	21%	21%		
PPH – 5	6%	16%	22%		
Overall	15%	33%	48%	£108,517	£299,588

Source: Hywel Dda Health Board and the Wales Audit Office

Delivery of food to the ward

28. Most wards receive food in good condition although there is still scope to improve the patient experience. We have come to this conclusion because:
- food arrives at the ward in good condition and was generally delivered quickly to the patient;
 - there is insufficient focus on the preparation of patients and the ward environment to receive meals;
 - at each hospital, the standard food options evaluated during this review were well presented and appetising;
 - where bulk food systems are in place staff appreciated the flexibility this allows them in responding to patients' appetites at the time that food is served; and
 - on a small number of wards patients are not provided with a menu card to make a choice of food, and the extent to which they were able to exercise choices was unclear.
29. The following table summarises the findings supporting the conclusion.

Table 3: Delivery of food to the ward and patient

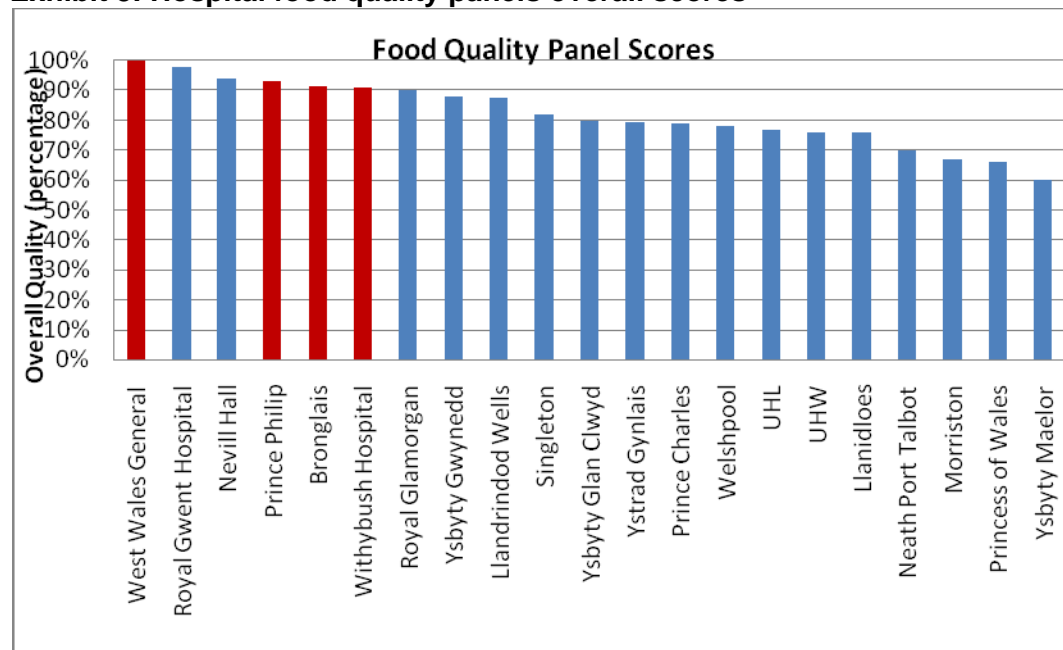
Expected practice	In place?	Further information
Food arrives at the ward at the right time.	✓	The meals arrived at the scheduled time.
Food arrives at the ward in a good state (eg, right temperature)	✓	We found that food at WGH, WWGH, BH and PPH is well presented and appetising. Our food quality exercise found that in all cases food temperatures met guidelines.
Arrangements are in place to ensure that patients receive the right meal.	✓	Catering bed plan systems are in place at each hospital although they vary in approach. There is the potential to share approaches and learning to facilitate improvement. On a small number of wards, patients do not receive menu cards, and in these situations it is less clear how effectively patients can exercise choice. There is generally good communication between dieticians, ward staff and catering staff with regard to individual patient requirements. Where bulk food provision is in place, staff appreciated the flexibility this allows to respond to patients' appetites at the time that food is served.
Dedicated staff (hostesses, housekeepers or ward based caterers) are present to help serve the meals.	✓	Arrangements across the Health Board vary. Most wards rely on healthcare assistants and trained nurses to serve meals. Some wards have ward based catering staff. A small number of housekeeper roles are in place in WGH and although there are no definite plans to extend this approach across the Health Board, the role is being considered in ward establishment reviews.
Staff involved in serving food have been trained in food presentation.	✓/x	Basic food presentation is part of the in-house training for all healthcare support workers. Provision of training in this area for qualified nurses is less consistent. Hotel services staff are involved in food delivery in some areas although ward managers were unclear about the extent to which they had been trained in food presentation.
Staff involved in serving food have been trained in food hygiene.	✓/x	All staff involved in serving food should have basic training in food hygiene. Robust arrangements were reported in Carmarthen. In other areas of the Health Board there was less certainty about the provision of this training and the necessary follow-ups.
The patient environment is prepared to receive the meals.	✓/x	During our ward observations we found that preparation generally took place at the point where a member of staff brought the food to the patient. Ideally, preparation activities should take place in advance of the food arriving, in part to signal the importance of the forthcoming meal. In practice, patient items were often put aside with one hand while the food tray was carried in the other. Aids to assist eating (eg, special cutlery, plate guards) are available by request to occupational therapy departments. As part of the NSG work plan, each County is currently putting in place a readily available supply of adapted cutlery and other aids at ward level.

Expected practice	In place?	Further information
Patients have the opportunity to wash their hands before eating.	✘	There was little evidence of staff encouraging patients to clean their hands before eating. Handwipes are available in some areas, although it appeared that they were not being used. This may in part be due to a perception amongst staff that they are expensive to use.
Food is delivered to the patient quickly and efficiently.	✔	The time it took to give the meals out did vary although it was done very quickly, which is good practice.

Food quality

30. Catering departments should be producing high quality meals for patients whose quality should be maintained as they are presented to a patient. This means providing sufficient choice on the menu, serving attractive and tasty meals at appropriate temperatures. Monitoring the service in terms of the quality of dishes provided should take place continually to ensure that high standards are maintained and improved.
31. Our review included food tasting panels at WGH, WWGH, BH, and PPH. These involved various combinations of auditors, catering staff, ward staff, specialist nursing staff, dietetic staff, speech and language therapists, and CHC representatives. Using a simple 1-5 score the panels assessed the food for:
 - temperature and appearance;
 - smell, taste and texture;
 - the correct item ordered by the patient from the menu; and
 - the correct portion size requested by the patient.
32. Although such an approach will always have a degree of subjectivity to it, it was applied consistently at all the NHS organisations visited. This therefore provides an opportunity to draw some broad comparisons between the different sites visited.
33. A maximum score of 100 per cent is possible if all the criteria tested receive a '5 rating'. The scores at WGH, WWGH, BH, and PPH were 91 per cent, 100 per cent, 92 per cent, and 93 per cent respectively. The hospitals scored consistently highly in all respects, and included four of the top six hospital scores in Wales (Exhibit 8).

Exhibit 8: Hospital food quality panels overall scores



Source: Wales Audit Office

Meeting patients' nutritional needs and supporting recovery

34. Ward managers are clearly focussed on the need to ensure appropriate catering and nutrition support, although ward practice varies and some aspects of patients' nutritional status were not recorded. We have come to this conclusion because we observed that:
- there is a good level of awareness amongst ward managers and staff about the importance of patient nutrition and the processes that support it;
 - the Health Board is developing its own nutritional screening tool and intends to establish an evidence base to support its use;
 - the structure of nursing notes varies considerably across the Health Board and does not readily support recording or review of nutrition details;
 - current assessment tools do not include calculation of the patients BMI;
 - weighing of patients generally takes place, although there were some shortcomings in the initial promptness and subsequent repeat frequency of weighing;
 - various staff groups are available at meal times to help patients who need assistance to eat;
 - in the main, the Health Board's catering arrangements provide choice and respond effectively to meeting individual need; and
 - patients food and fluid intake is routinely recorded, although intake charts are not always signed off by registered nurses at the end of every shift.

35. The following table summarises the findings supporting the conclusion.

Table 4: 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.	✓/x	<p>On the wards we visited there was a mixed picture with regard to the weighing of patients and the calculation of the BMI measure. Not all patients receive nutritional screening within 24 hours.</p> <p>The Health Board uses its own nutritional screening tool which does not by design, and based on evidence re limitations of BMI, require the BMI to be calculated. A research project has been set up to establish an evidence base to support its use. Existing nursing documentation was largely established by the pre-existing trusts. Consequently, there are substantial differences in the formats used across the Health Board. Information associated with nutrition is generally recorded in separate documents within the nursing notes (and medical notes). This fragmentation does not help staff when they record and review a patient's nutritional status.</p> <p>There is generally no recording of a patient's oral health status in the notes. There was little evidence that patient's normal eating habits (eg, quantities, likes/dislikes) were recorded in the notes.</p>
Where appropriate, patients are referred to a dietician, and/ or to a speech and language therapist.	✓	Referrals are made when an assessment threshold is reached.
A nutritional care plan is prepared and implemented, informed by a patients' nutritional risk score.	✓	Care plans are established for those patients who fulfil the relevant nutrition criteria.
Protected meal times arrangements are in place.	✓/x	<p>Protected meal times were in place in the areas visited, although some elements of practice vary.</p> <p>Ward managers said that they had worked consistently to reinforce these arrangements.</p> <p>However, some exceptions were being made eg, on surgical wards to accommodate the theatre schedule.</p> <p>Some drugs rounds overlapped the mealtime, and further probing suggested that this was not just for drugs that had to be taken with food. Staff also suggested that slight adjustment to timings might prevent the overlap.</p> <p>Staff breaks were generally scheduled before or after patient meal times, to ensure that support is available for the meal process.</p>

Expected practice	In place?	Further information
Arrangements are in place to make sure that those serving meals are aware of patients' specific nutritional requirements.	✓	Staff at ward level rely on the menu cards or menu list which indicates particular nutritional needs. In some wards, symbols are in place above patient beds. Red tray arrangements are in place in some areas, although there was some question about who should decide which patients should be part of the red tray approach.
Menu provides patients with a good choice of food.	✓	A common menu cycle is being adopted across the Health Board, based on the menu in the Carmarthenshire County. This step has been taken on the basis that this format offers good patient choice as verified by regular patient feedback audits.
Menu contains options for vegetarians.	✓	Vegetarian choices are always available.
Menu contains options for patients from specific religious/ethnic backgrounds	✓	The vast majority of Health Board patients request food from the standard menus available. It was reported to be extremely rare to receive requests for other meal choices beyond that. This situation is not entirely surprising given the general population served in West Wales. There was not evidence to indicate that specific needs, even for small numbers of patients, would not be catered for.
Arrangements are in place to identify patients who may need specific help eating their food.	✓	In some wards symbols are in place above beds to identify patients with particular needs.
Patients are given assistance to eat if required.	✓	During our ward observations we found patients received assistance where it appeared to be necessary. We observed that some wards depended mainly on healthcare assistants to assist patients, although a Registered Nurse was usually in charge.
Patients are able to get snacks outside mealtimes.	✓	Arrangements for snack provision on wards vary across the Health Board and a more consistent policy is needed. The kitchens are generally open until early evening. Reports from wards were variable about what might be provided outside normal mealtimes. Some staff said that this was in part dependent on who was on duty in the kitchen. A definitive statement of service provision outside normal service hours would help to clarify the situation for ward staff and reinforce the responsibilities of catering staff to respond to requests. We were advised that this development work is in progress.

Expected practice	In place?	Further information
Can patients order different portion sizes?	✓	<p>Patients are able to order different portion sizes although we found that the portion size option had been excluded from the menu at BH.</p> <p>A common criticism is that there is often no difference between small and medium size portions. Bulk provision is popular because it is perceived to offer greater flexibility in a variety of ways. Portion size and the components of the meal can be adjusted to reflect the patient's appetite at the meal time. Portion control training needs to be periodically refreshed.</p>
Patients' food intake is regularly monitored using the All Wales Food Record Chart.	✓/x	<p>In principle, medium and high risk patients have a food record chart for staff to record food intake. In practice we found that the frequency of completion of charts varied.</p> <p>Staff commented that if observations are not made at the point when patients have finished their meals then it is difficult to accurately record food intake. Sometimes they rely on the patients' account of what they have eaten.</p>
Food record chart is counter-signed by a registered nurse at the end of each shift.	✓/x	<p>The food chart is in use and available on the wards, although completion didn't appear to take place directly following mealtimes, and there were often gaps in those cards reviewed. A Hywel Dda-wide Fundamentals of Care audit of food-chart compliance and screening is planned for the near future.</p>
Daily and weekly fluid input and output charts are in use.	✓/x	<p>All-Wales Fluid charts are in place but not always completed on a consistent basis. They are generally considered by staff to be poorly designed and difficult to use. Staff said that they do not provide space for all the information they wish to record.</p>
Weekly fluid input and output charts are counter-signed by a registered nurse once a day.	✓/x	<p>Fluid charts were not always countersigned by a trained nurse.</p>

Gathering views from patients and sharing information

36. Patients' views on hospital food and the catering services are collected through a range of mechanisms and the Health Board intends to make these activities more consistent and to share the results more widely. We have come to this conclusion because:
- initiatives to establish patients' views of food and catering services are collected and analysed and are subject to internal review; and
 - the patient survey undertaken as part of this audit has highlighted a range of views which need to be considered as part of the routine service planning and monitoring.
37. The following table summarises the findings supporting the conclusion.

Table 5: 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.	✓	The local catering departments undertake periodic patient satisfaction surveys separately. While there will always be a need to focus on locally relevant issues, there is now also potential to co-ordinate this work across the Health Board. Learning can then be shared more widely and, where appropriate, common solutions can be found. Over time this activity should also help to inform a consistent strategic approach to service provision.
Service users are represented on catering planning groups.	✓	The nutrition standards implementation work involves the relevant CHCs to a considerable extent. The CHC representatives attended the food quality exercises as part of this review. Where user groups have been engaged in catering and nutrition processes, this is reported to have been very successful. For example, the outpatient user group in Carmarthenshire.
Service users participate in quality reviews of the service.	✓	There has been some involvement of patients in quality reviews. Where patients have been directly involved their contribution has proved useful, and their engagement should be encouraged. This has included some use of patient stories to inform service development.
There are effective and co-ordinated arrangements in place to use patients' views and all staff group experiences to support service improvement.	✓/x	There is scope to improve the extent to which the views and experiences of patient and staff groups are shared locally and across the Health Board.

Patient survey

38. The Health Board's monitoring arrangements comprise a combination of periodic and annual patient satisfaction surveys, and managers and supervisors undertaking a formal programme of spot checks and quality monitoring. There is scope for the latter to be made a more consistent feature of routine activities at WGH.
39. A significant proportion of patients in our survey reported not choosing the portion size of their food. Around 20 per cent of patients thought that they did not have enough to eat.
40. A summary analysis (Exhibit 9) of the views of patients collected during the audit suggest there is scope for the Health Board to improve the nutritional assessment arrangements and engage patients in nutritional health. Patients frequently did not recall being weighed or talking to nursing staff or, where relevant, dieticians, about their nutritional needs.

41. The overall satisfaction rate with the service was good, and was above the Welsh average in this survey. Around 15 per cent of patients were not satisfied with the amount of food they had received, which was slightly below the Welsh average in this survey. This suggests that there could be scope for catering departments to look at the quality of meals and to consider more cross service activity and patient involvement panels as a means of achieving more effective feedback.

Exhibit 9: Patient survey key findings

Question	The Health Board	Wales
Percentage of respondents weighed during their hospital stay	67%	67%
Percentage of respondents whose height was measured during their stay in hospital	28%	32%
Percentage of respondents where a member of the hospital staff talked to them about their dietary needs	39%	41%
Percentage of respondents who were able to choose their meal portion size	67%	65%
Percentage of respondents who missed a meal, and had a replacement provided	82%	80%
Percentage of patients who felt they had enough to eat	85%	87%
Percentage of respondents who were satisfied with the food they received	88%	82%

42. A fuller analysis of survey responses is provided in Appendix 3.

Appendix 1

Audit approach

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

The following sub-questions underpin the overall 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 the ward, and to the patient?
- 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?

An audit module was developed around each of the sub-questions set out above.

Exhibit 10: Audit Modules

Module	Audit tools
Module 1: Strategic planning arrangements	Cost tree analysis Patient experience survey Management arrangements checklist Interviews
Module 2: Procurement arrangements	Cost tree analysis Management arrangements checklist Process walkthrough Interviews
Module 3: Production control	Cost tree analysis Patient experience survey Management arrangements checklist Process walkthrough Food quality survey Interviews
Module 4: Ward delivery arrangements	Patient experience survey Ward observation tool Food quality survey Interviews

Module	Audit tools
Module 5: Supporting recovery	Patient experience survey Ward observation tool Observational wastage tool Food quality survey Nutritional assessment tool Interviews
Module 6: Patient engagement	Patient experience survey Interviews

Appendix 2

Cost comparison

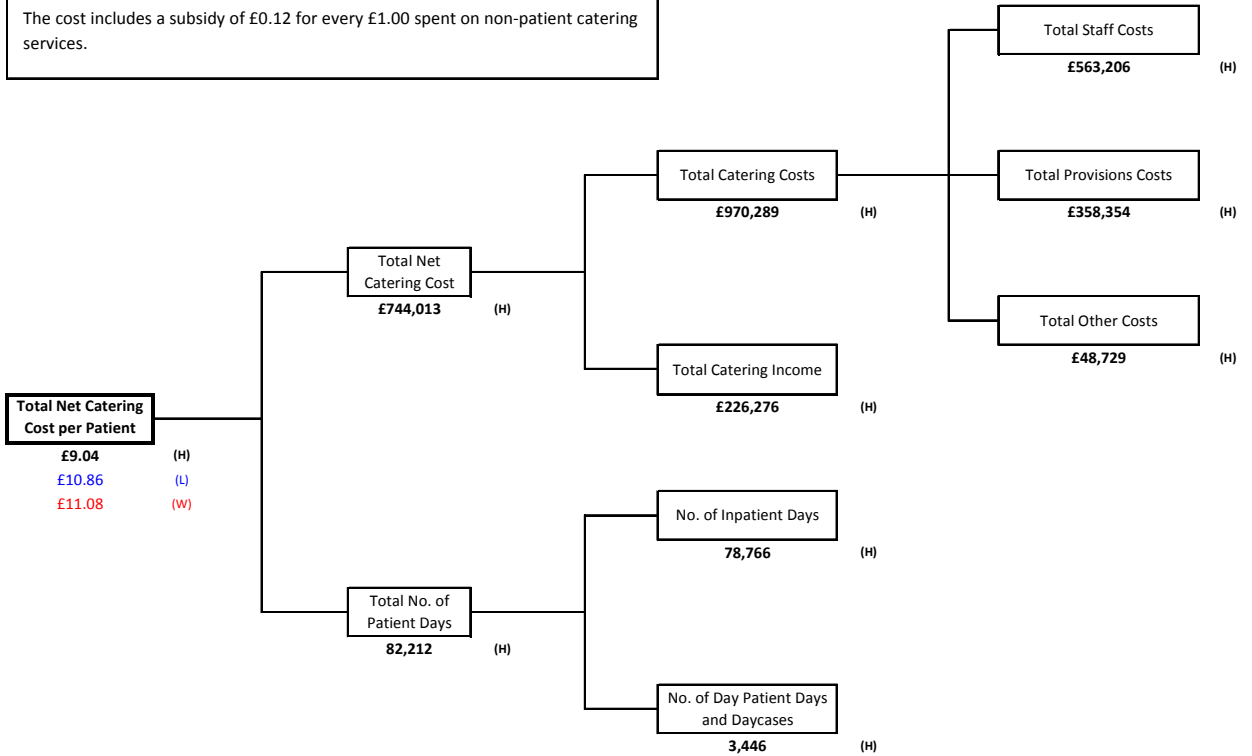
Total Catering Costs

Hospital: **Withybush Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

The total net cost per patient day to the hospital is £9.04 compared to an LHB figure of £10.86 and a Welsh figure of £11.08

The cost includes a subsidy of £0.12 for every £1.00 spent on non-patient catering services.



Key

Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

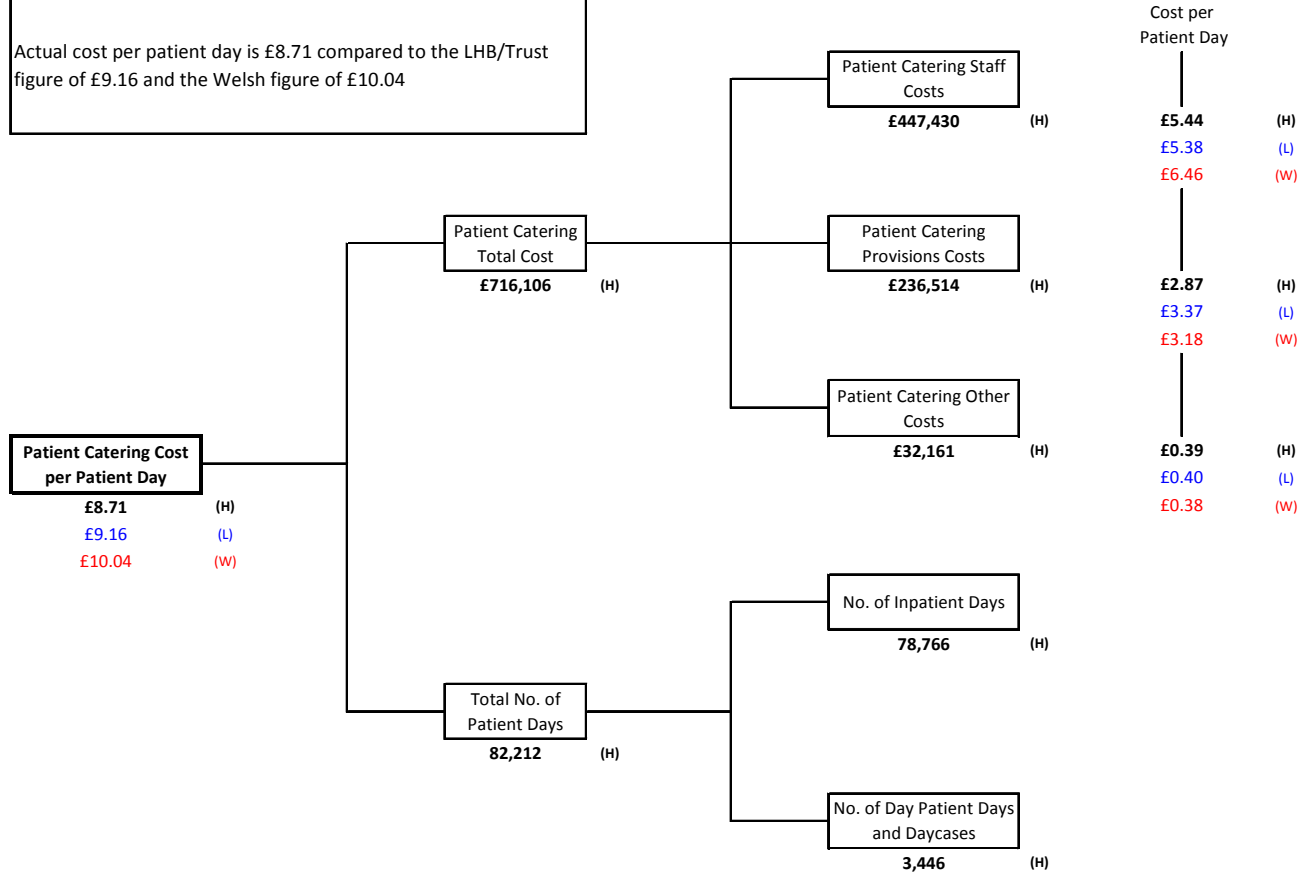
Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

Patient Catering Costs

Hospital: **Withybush Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

Actual cost per patient day is £8.71 compared to the LHB/Trust figure of £9.16 and the Welsh figure of £10.04



Prime cooking method: Hybrid (please specify) Conventional in the main but regeneration for Mental Health
Food regeneration: Centrally before distribution
Service delivery: Plated meals
Washing up: Central washing up

Key
 Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes
 The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

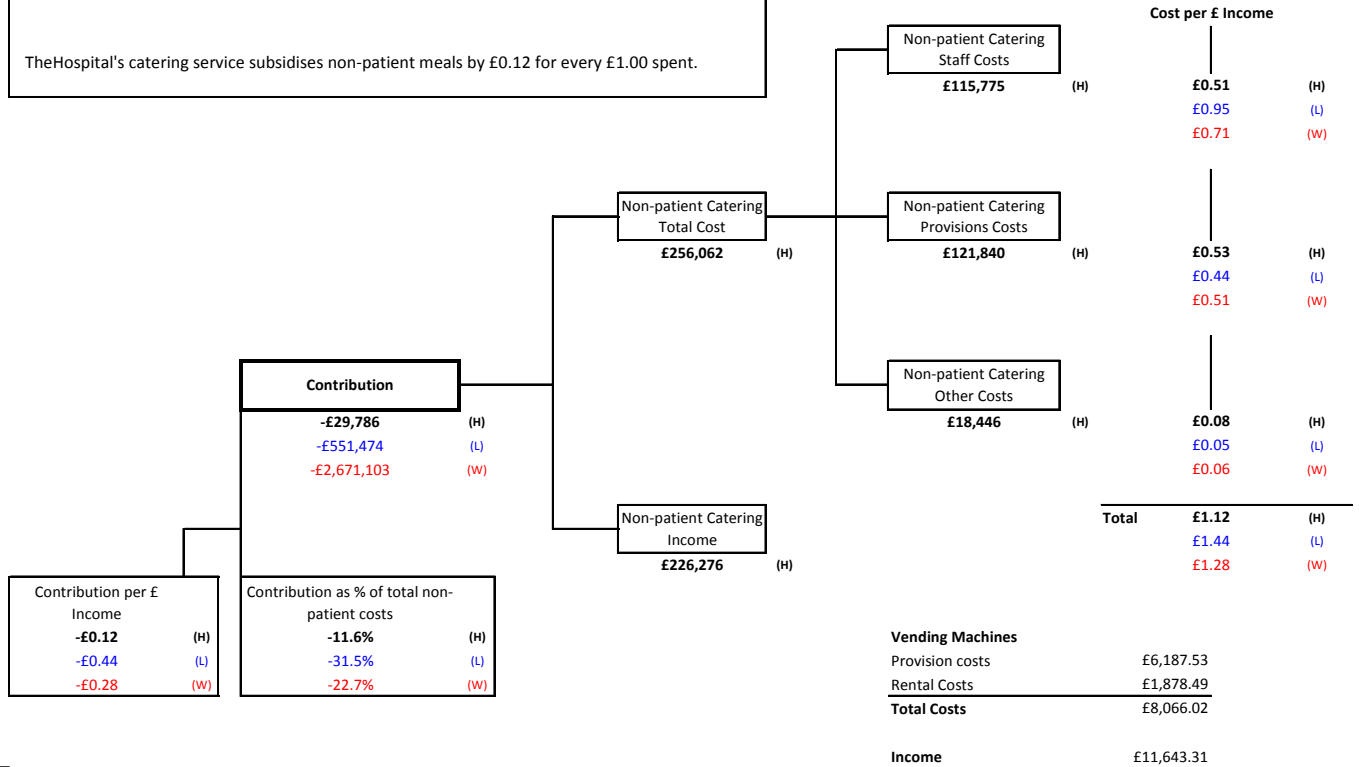
Non-Patient Activity Costs

Hospital: Withybush Hospital
LHB/ Trust: Hywel Dda Health Board

Key Issues

Non-patient catering services does not make a cost contribution to the hospital

TheHospital's catering service subsidises non-patient meals by £0.12 for every £1.00 spent.



Key

Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

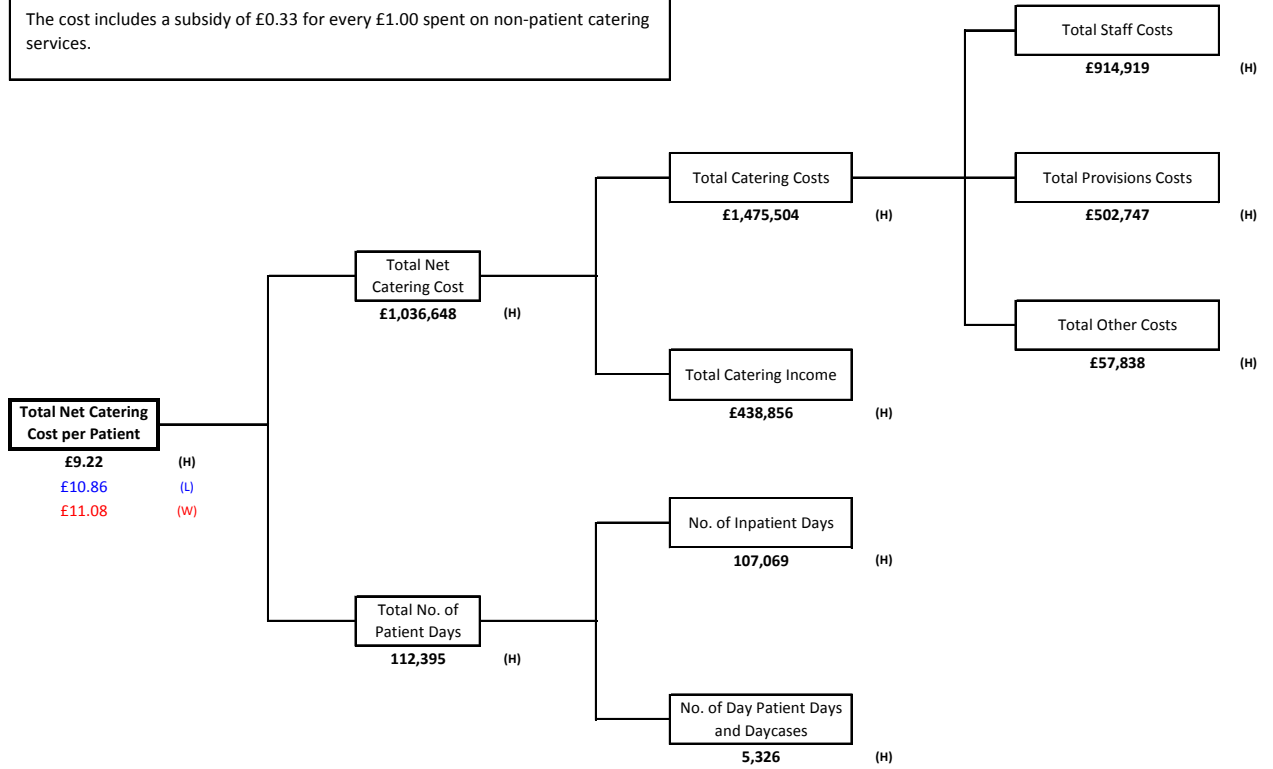
Total Catering Costs

Hospital: West Wales General Hospital
LHB/ Trust: Hywel Dda Health Board

Key Issues

The total net cost per patient day to the hospital is £9.22 compared to an LHB figure of £10.86 and a Welsh figure of £11.08

The cost includes a subsidy of £0.33 for every £1.00 spent on non-patient catering services.



Key

Hospital figures in bold;
LHB/Trust figures in blue;
Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

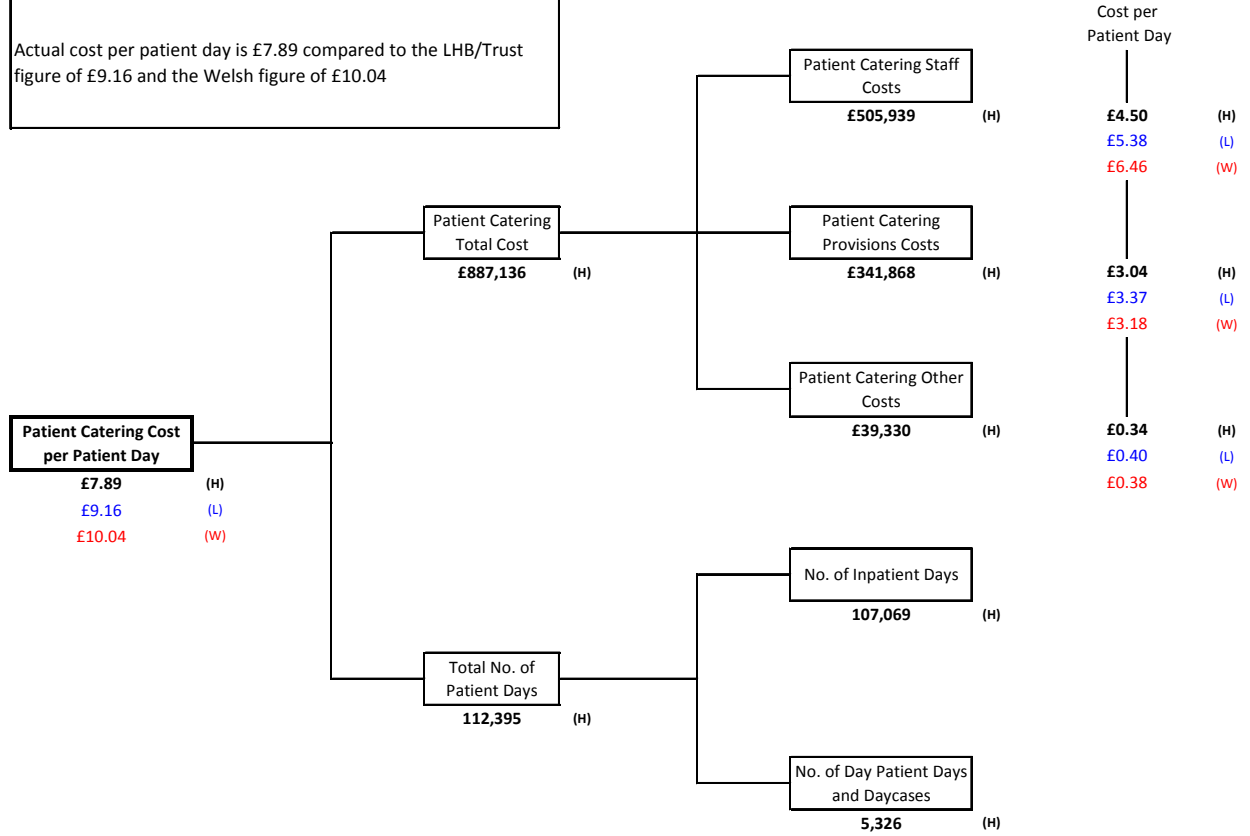
Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

Patient Catering Costs

Hospital: **West Wales General Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

Actual cost per patient day is £7.89 compared to the LHB/Trust figure of £9.16 and the Welsh figure of £10.04



Prime cooking method: Conventional
Food regeneration: Not applicable
Service delivery: Bulk to wards
Washing up: Central washing up

Key

Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

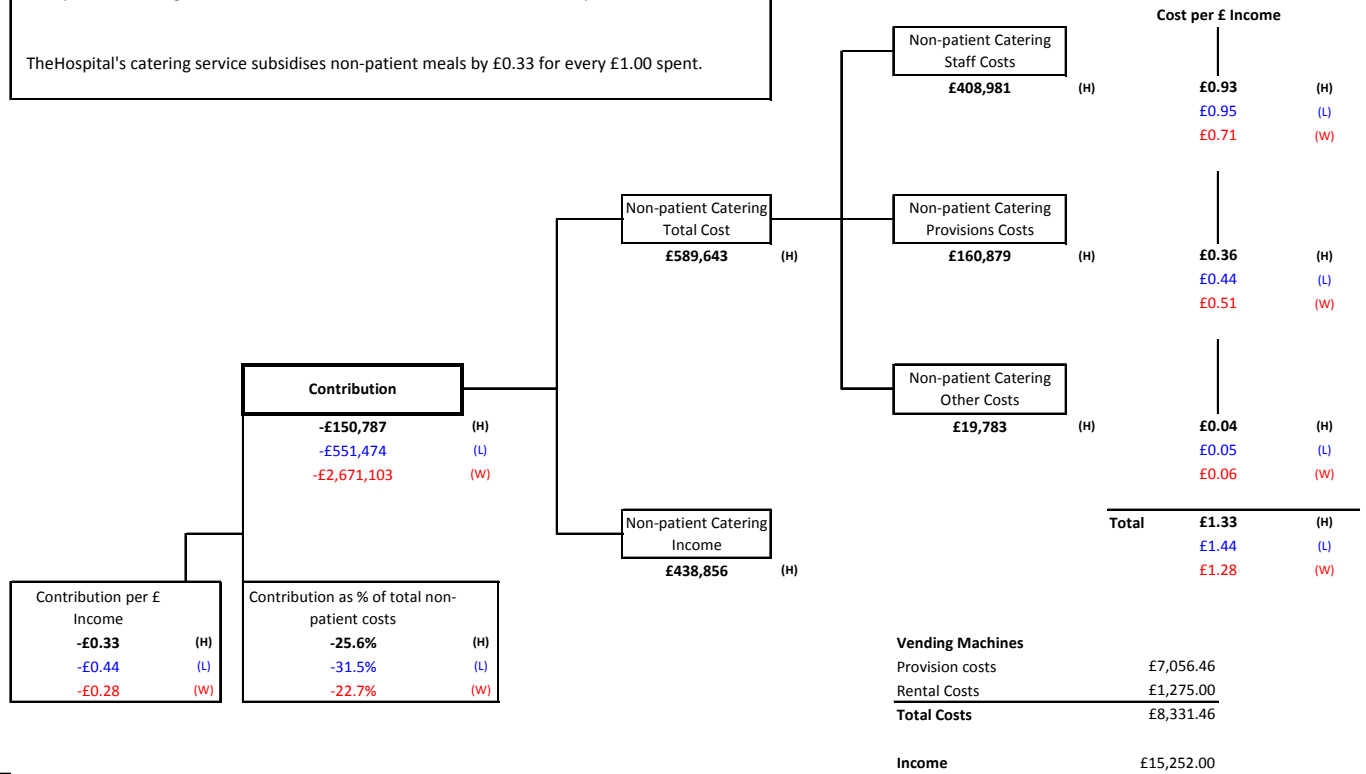
Non-Patient Activity Costs

Hospital: **West Wales General Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

Non-patient catering services does not make a cost contribution to the hospital

The Hospital's catering service subsidises non-patient meals by £0.33 for every £1.00 spent.



Key

Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

Staff costs are higher than normal because of extra costs due to Agenda for Change
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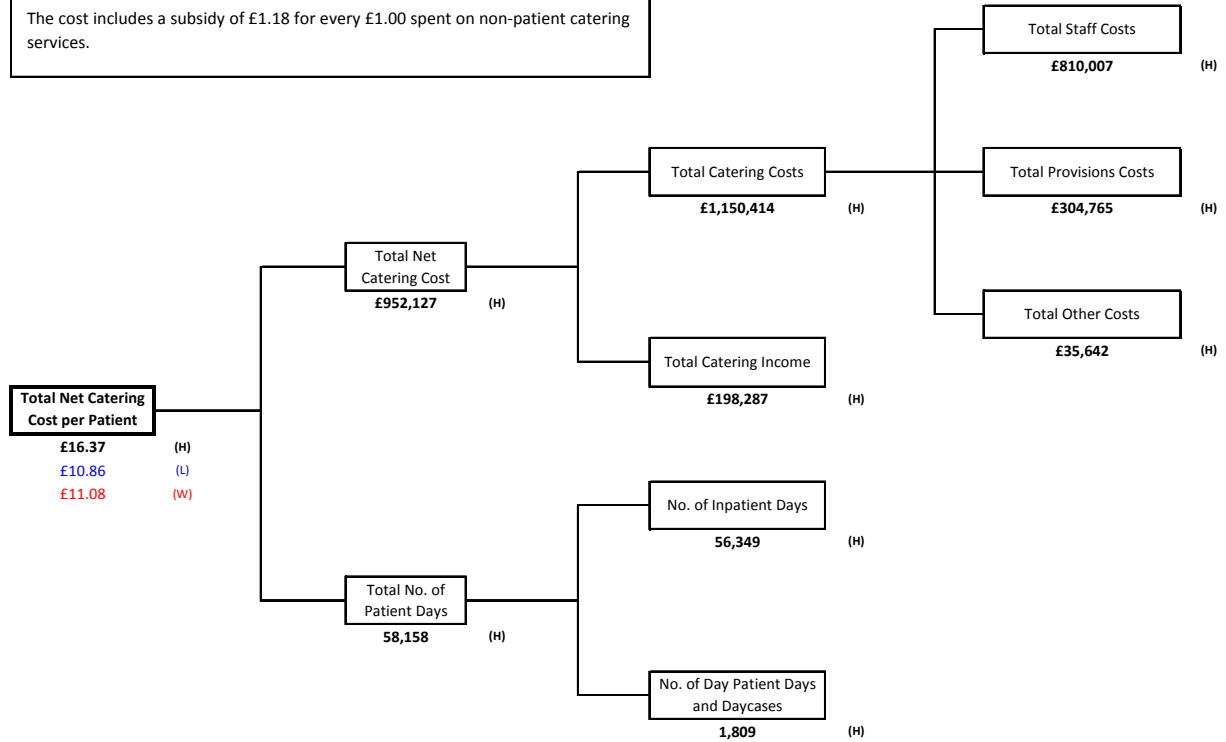
Total Catering Costs

Hospital: **Bronglais General Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

The total net cost per patient day to the hospital is £16.37 compared to an LHB figure of £10.86 and a Welsh figure of £11.08

The cost includes a subsidy of £1.18 for every £1.00 spent on non-patient catering services.



Key

Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

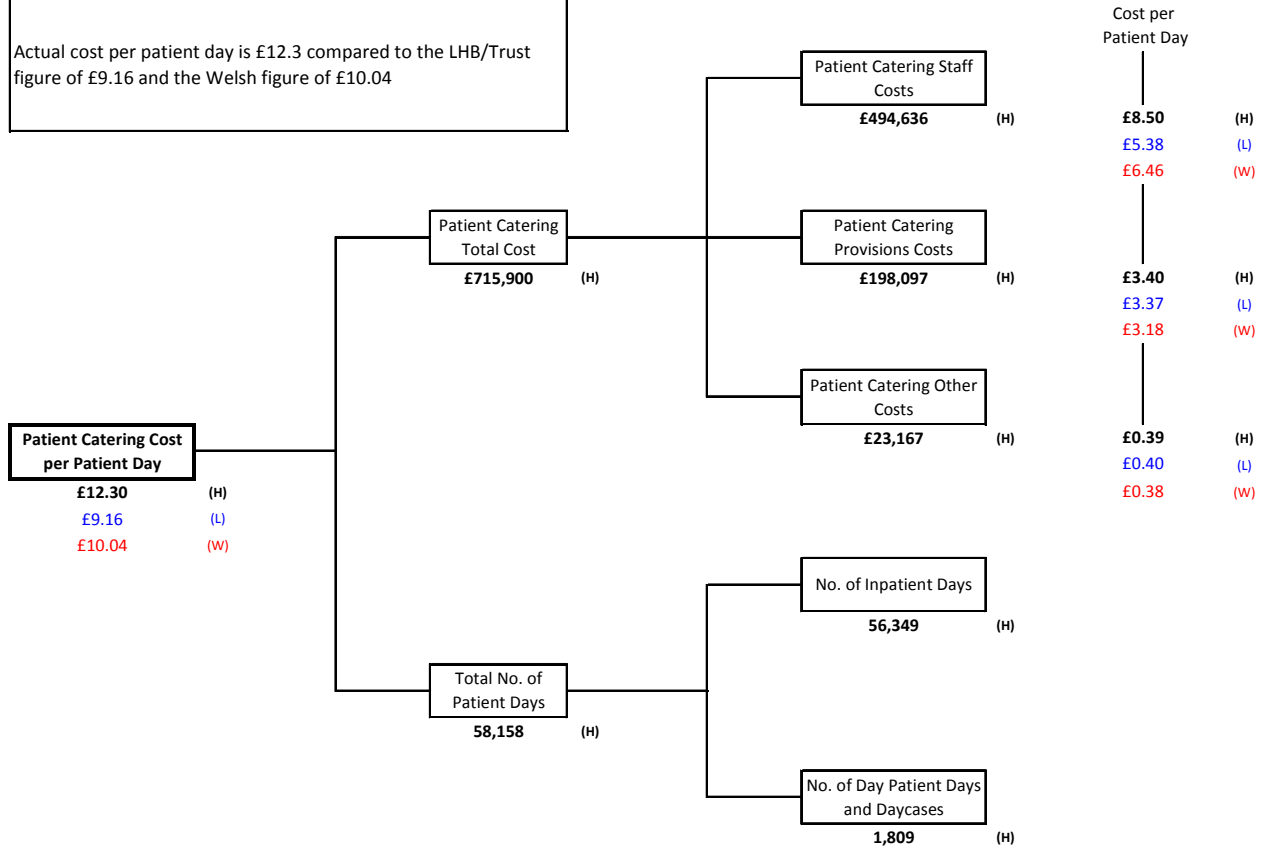
Staff costs are higher than normal because of extra costs due to Agenda for Change
 There is no catering staff activity at ward level

Patient Catering Costs

Hospital: Bronglais General Hospital
LHB/ Trust: Hywel Dda Health Board

Key Issues

Actual cost per patient day is £12.3 compared to the LHB/Trust figure of £9.16 and the Welsh figure of £10.04



Prime cooking method: Conventional
Food regeneration: Not applicable
Service delivery: Plated meals
Washing up: Central washing up

Key

Hospital figures in bold;
LHB/Trust figures in blue;
Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

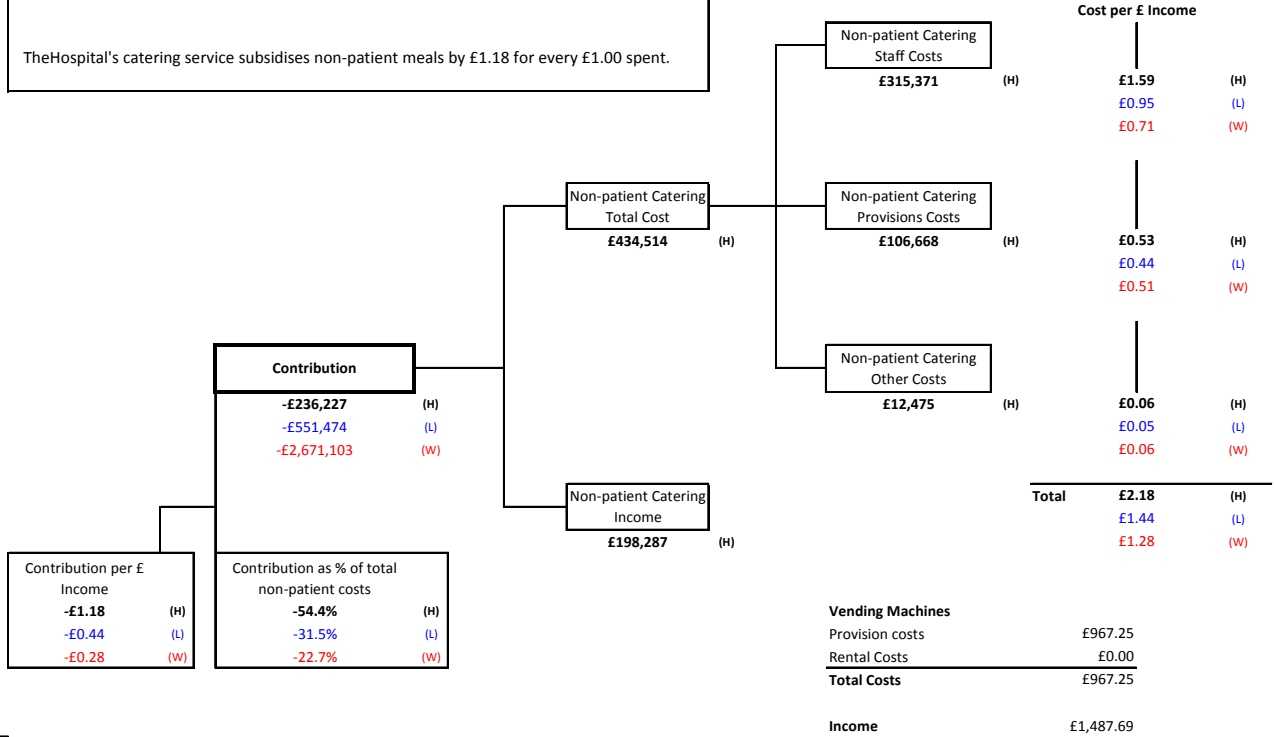
Staff costs are higher than normal because of extra costs due to Agenda for Change
 There is no catering staff activity at ward level

Non-Patient Activity Costs

Hospital: **Bronglais General Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

Non-patient catering services does not make a cost contribution to the hospital
 TheHospital's catering service subsidises non-patient meals by £1.18 for every £1.00 spent.



Key

Hospital figures in bold;

LHB/Trust figures in blue;

Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

Staff costs are higher than normal because of extra costs due to Agenda for Change

There is no catering staff activity at ward level

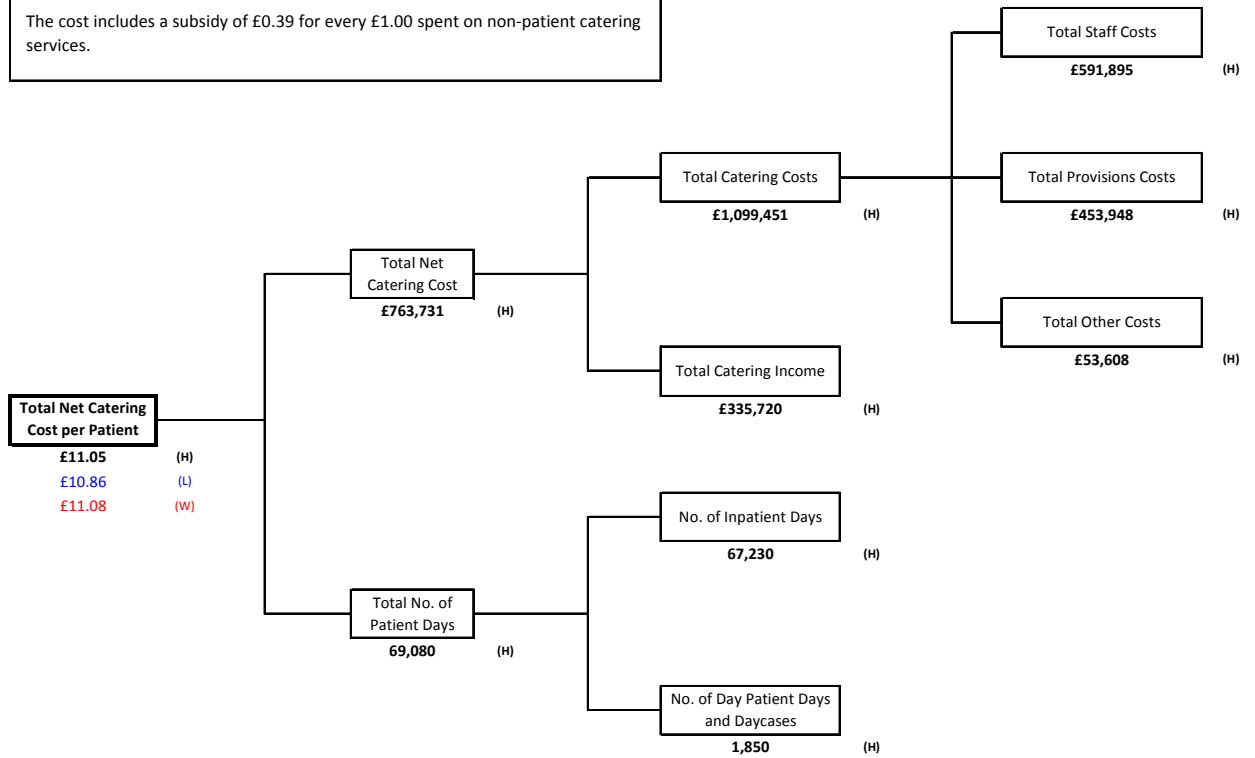
Total Catering Costs

Hospital: **Prince Philip Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

The total net cost per patient day to the hospital is £11.05 compared to an LHB figure of £10.86 and a Welsh figure of £11.08

The cost includes a subsidy of £0.39 for every £1.00 spent on non-patient catering services.



Key
 Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes
 The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

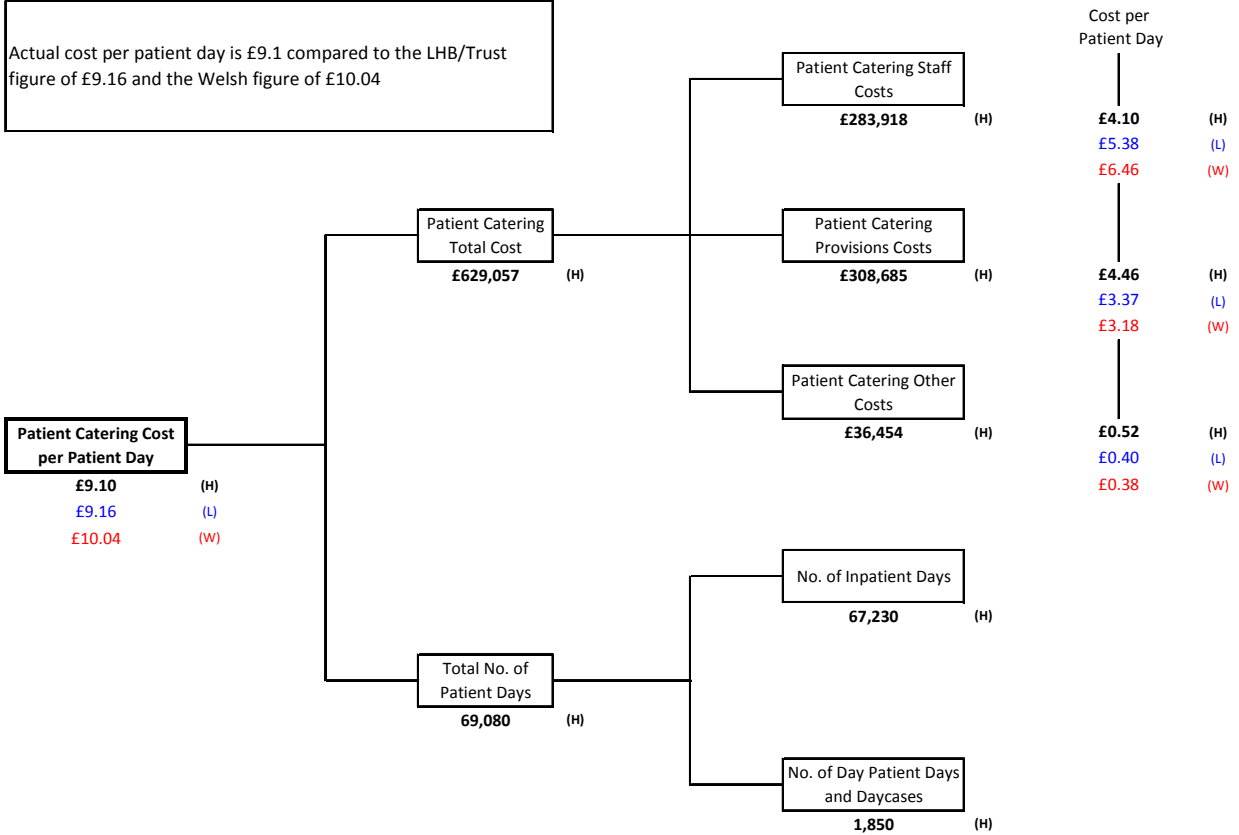
Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

Patient Catering Costs

Hospital: **Prince Philip Hospital**
 LHB/ Trust: **Hywel Dda Health Board**

Key Issues

Actual cost per patient day is £9.1 compared to the LHB/Trust figure of £9.16 and the Welsh figure of £10.04



- Prime cooking method:** Cook/Chill prepared on site prepared by the CPU based in Bryntirion but managed and staffed by Health Board staff
- Food regeneration:** Centrally before distribution
- Service delivery:** Bulk to wards
- Washing up:** Ward washing up

Key
 Hospital figures in bold;
 LHB/Trust figures in blue;
 Welsh figures in red.

Notes
 The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

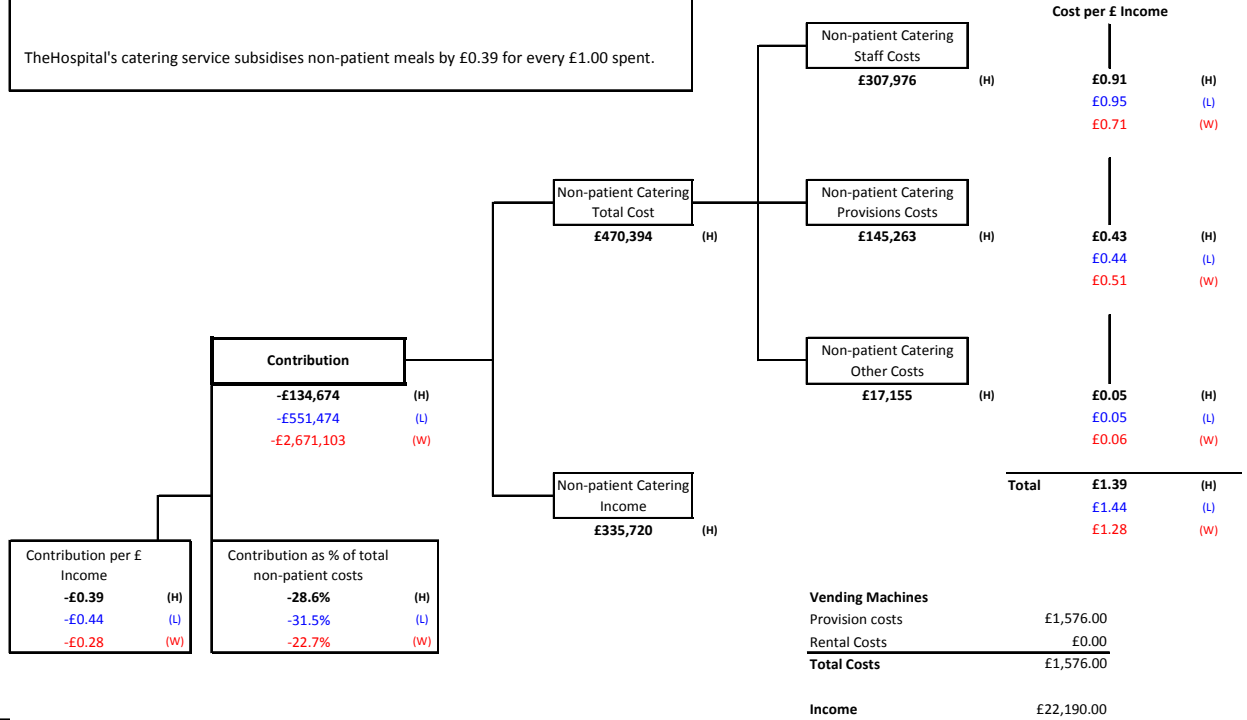
Staff costs are higher than normal because of extra costs due to Agenda for Change
 unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

Non-Patient Activity Costs

Hospital: Prince Philip Hospital
LHB/ Trust: Hywel Dda Health Board

Key Issues

Non-patient catering services does not make a cost contribution to the hospital
The Hospital's catering service subsidises non-patient meals by £0.39 for every £1.00 spent.



Key

Hospital figures in bold;
LHB/Trust figures in blue;
Welsh figures in red.

Notes

The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated

Staff costs are higher than normal because of extra costs due to Agenda for Change
unable to extract VAT exclusive figures from the 3 previous ledgers that the survey covers, the figures are therefore VAT inclusive

Appendix 3

Patient 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 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 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 people across Wales, who were patients at the time of our audit or who had been a patient in the last 12 months. Of these, 76 questionnaires relate to the Health Board. The breakdown of responses across the Health Board is:

- Bronglais General Hospital – six responses
- Prince Phillip Hospital – 25 responses
- West Wales General Hospital – four responses
- Withybush General Hospital – 41 responses

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

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

Hywel Dda Hospitals	Less than one day	Two to three days	Four to seven days	8 to 14 days	More than two weeks	Number of responses
Bronglais General Hospital	0	1	0	2	3	6
Prince Phillip Hospital	0	6	5	8	3	22
West Wales General Hospital	0	0	1	0	3	4
Withybush General Hospital	0	5	19	8	9	41
Hywel Dda	0	12	25	18	18	73
All responses (Wales)	16 (2%)	96 (15%)	180 (28%)	155 (24%)	207 (32%)	654

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes	No	Not sure	Number of responses
Bronglais General Hospital	4	2	0	6
Prince Phillip Hospital	17	6	1	24
West Wales General Hospital	2	1	1	4
Withybush General Hospital	27	14	0	41
Hywel Dda	50	23	2	75
All responses (Wales)	456 (67%)	208 (30%)	21 (3%)	685

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes	No	Not sure	Number of responses
Bronglais General Hospital	2	4	0	6
Prince Phillip Hospital	6	15	2	23
West Wales General Hospital	1	3	0	4
Withybush General Hospital	11	25	2	38
Hywel Dda	20	47	4	71
All responses (Wales)	216 (32%)	402 (59%)	63 (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?

Hywel Dda Hospitals	Yes	No	Not sure	Number of responses
Bronglais General Hospital	4	2	0	6
Prince Phillip Hospital	6	14	2	22
West Wales General Hospital	1	2	1	4
Withybush General Hospital	17	22	1	40
Hywel Dda	28	40	4	72
All responses (Wales)	275 (41%)	364 (54%)	36 (5%)	675

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	I did not require a special diet	Yes, always	Yes, most of the time	Rarely	Never	Don't know	Number of responses
Bronglais General Hospital	4	1	0	1	0	0	6
Prince Phillip Hospital	13	4	3	3	1	1	25
West Wales General Hospital	0	1	1	1	0	1	4
Withybush General Hospital	21	10	5	3	0	2	41
Hywel Dda	38	16	9	8	1	4	76
All responses (Wales)	353 (52%)	154 (23%)	83 (12%)	30 (4%)	37 (5%)	22 (3%)	679

Source: Wales Audit Office Survey of Hospital Patients

Question 8a: Could you understand the menu?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	6	0	0	0	6
Prince Phillip Hospital	17	4	1	0	22
West Wales General Hospital	4	0	0	0	4
Withybush General Hospital	32	6	1	0	39
Hywel Dda	59	10	2	0	71
All responses (Wales)	482 (76%)	123 (19%)	9 (1%)	17 (3%)	631

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	5	0	0	0	5
Prince Phillip Hospital	19	2	0	0	21
West Wales General Hospital	4	0	0	0	4
Withybush General Hospital	28	7	1	0	36
Hywel Dda	56	9	1	0	66
All responses (Wales)	453 (74%)	125 (21%)	16 (3%)	15 (2%)	609

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	2	2	0	0	4
Prince Phillip Hospital	16	3	1	2	22
West Wales General Hospital	1	2	1	0	4
Withybush General Hospital	13	11	12	1	37
Hywel Dda	32	18	14	3	67
All responses (Wales)	287 (46%)	166 (27%)	113 (18%)	55 (9%)	621

Source: Wales Audit Office Survey of Hospital Patients

Question 8d: Were you able to choose your portion size?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	1	0	0	3	4
Prince Phillip Hospital	13	1	2	6	22
West Wales General Hospital	1	1	0	2	4
Withybush General Hospital	30	4	2	1	37
Hywel Dda	45	6	4	12	67
All responses (Wales)	287 (46%)	120 (19%)	50 (8%)	166 (27%)	623

Source: Wales Audit Office Survey of Hospital Patients

Question 9: Did the menu change often enough?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I was not in hospital long enough to tell	Number of responses
Bronglais General Hospital	2	1	2	0	1	6
Prince Phillip Hospital	11	5	4	1	3	24
West Wales General Hospital	1	3	0	0	0	4
Withybush General Hospital	8	18	7	0	6	39
Hywel Dda	22	27	13	1	10	73
All responses (Wales)	192 (29%)	260 (39%)	81 (12%)	35 (5%)	102 (15%)	670

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I have no beliefs which require a special diet	Number of responses
Bronglais General Hospital	1	1	0	0	4	6
Prince Phillip Hospital	10	2	1	0	11	24
West Wales General Hospital	1	0	0	0	2	3
Withybush General Hospital	13	3	1	0	22	39
Hywel Dda	25	6	2	0	39	72
All responses (Wales)	161 (24%)	42 (6%)	8 (1%)	18 (3%)	429 (65%)	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?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I am not a vegetarian or a vegan	Number of responses
Bronglais General Hospital	0	0	0	0	6	6
Prince Phillip Hospital	3	2	1	1	14	21
West Wales General Hospital	0	1	0	1	1	3
Withybush General Hospital	2	0	0	1	32	35
Hywel Dda	5	3	1	3	53	65
All responses (Wales)	27 (4%)	27 (4%)	16 (3%)	18 (3%)	540 (86%)	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?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I do not have a food allergy	Number of responses
Bronglais General Hospital	0	0	0	0	6	6
Prince Phillip Hospital	6	1	2	1	12	22
West Wales General Hospital	0	0	0	0	3	3
Withybush General Hospital	2	3	0	0	33	38
Hywel Dda	8	4	2	1	54	69
All responses (Wales)	45 (7%)	31 (5%)	10 (2%)	13 (2%)	531 (84%)	630

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda 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
Bronglais General Hospital	5	0	1	0	0	0	6
Prince Phillip Hospital	4	2	16	0	1	1	24
West Wales General Hospital	2	0	2	0	0	0	4
Withybush General Hospital	32	1	7	0	0	1	41
Hywel Dda	43	3	26	0	1	2	75
All responses (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?

Hywel Dda Hospitals	Before the day of a meal	On the day of the meal	From the trolley	There was no choice	Number of responses
Bronglais General Hospital	3	2	0	0	5
Prince Phillip Hospital	6	16	1	2	25
West Wales General Hospital	2	2	0	0	4
Withybush General Hospital	31	9	1	0	41
Hywel Dda	42	29	2	2	75
All responses (Wales)	332 (49%)	200 (30%)	113 (17%)	26 (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?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	5	1	0	0	6
Prince Phillip Hospital	21	3	0	1	25
West Wales General Hospital	1	0	2	1	4
Withybush General Hospital	26	11	3	1	41
Hywel Dda	53	15	5	3	76
All responses (Wales)	448 (65%)	127 (19%)	55 (8%)	55 (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?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need help to get comfortable	Number of responses
Bronglais General Hospital	1	2	0	0	3	6
Prince Phillip Hospital	9	4	0	3	8	24
West Wales General Hospital	0	1	1	2	0	4
Withybush General Hospital	12	7	2	4	16	41
Hywel Dda	22	14	3	9	27	75
All responses (Wales)	189 (28%)	132 (19%)	45 (7%)	64 (9%)	247 (36%)	677

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	In a chair near my bed	In a communal dining area	In bed	Other	Number of responses
Bronglais General Hospital	5	0	1	0	6
Prince Phillip Hospital	16	1	7	1	25
West Wales General Hospital	1	0	3	0	4
Withybush General Hospital	29	0	12	0	41
Hywel Dda	51	1	23	1	76
All responses (Wales)	466 (68%)	22 (3%)	195 (28%)	6 (1%)	689

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Sometimes	Never	Number of responses
Bronglais General Hospital	5	0	1	0	6
Prince Phillip Hospital	22	2	0	0	24
West Wales General Hospital	2	1	1	0	4
Withybush General Hospital	24	12	5	0	41
Hywel Dda	53	15	7	0	75
All responses (Wales)	478 (70%)	169 (25%)	34 (5%)	6 (1%)	687

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need them	Number of responses
Bronglais General Hospital	1	0	0	0	5	6
Prince Phillip Hospital	2	0	0	3	19	24
West Wales General Hospital	0	0	1	1	2	4
Withybush General Hospital	3	0	2	1	34	40
Hywel Dda	6	0	3	5	60	74
All responses (Wales)	42 (6%)	32 (5%)	8 (1%)	30 (4%)	559 (83%)	671

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need help	Number of responses
Bronglais General Hospital	0	0	0	0	6	6
Prince Phillip Hospital	6	0	0	2	16	24
West Wales General Hospital	0	0	1	0	3	4
Withybush General Hospital	2	1	1	2	32	38
Hywel Dda	8	1	2	4	57	72
All responses (Wales)	60 (9%)	33 (5%)	14 (2%)	16 (2%)	544 (82%)	667

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Carer/volunteer	Family member	Friend	Nurse	I did not need help	Number of responses
Bronglais General Hospital	0	0	0	0	6	6
Prince Phillip Hospital	0	3	0	3	18	24
West Wales General Hospital	0	1	0	0	3	4
Withybush General Hospital	4	1	0	0	33	38
Hywel Dda	4	5	0	3	60	72
All responses (Wales)	7 (1%)	36 (5%)	4 (1%)	41 (6%)	569 (87%)	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?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need help	Number of responses
Bronglais General Hospital	0	0	0	0	6	6
Prince Phillip Hospital	5	2	1	1	15	24
West Wales General Hospital	0	1	0	0	3	4
Withybush General Hospital	3	0	2	0	32	37
Hywel Dda	8	3	3	1	56	71
All responses (Wales)	47 (7%)	35 (5%)	14 (2%)	5 (1%)	557 (85%)	658

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	5	0	1	0	6
Prince Phillip Hospital	19	6	0	0	25
West Wales General Hospital	1	3	0	0	4
Withybush General Hospital	22	19	0	0	41
Hywel Dda	47	28	1	0	76
All responses (Wales)	405 (59%)	233 (34%)	30 (4%)	17 (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?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	4	2	0	0	6
Prince Phillip Hospital	13	7	1	1	22
West Wales General Hospital	1	1	1	0	3
Withybush General Hospital	21	17	2	0	40
Hywel Dda	39	27	4	1	71
All responses (Wales)	338 (50%)	256 (38%)	60 (9%)	18 (3%)	672

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	6	0	0	0	6
Prince Phillip Hospital	23	1	0	0	24
West Wales General Hospital	2	1	0	0	3
Withybush General Hospital	33	7	1	0	41
Hywel Dda	64	9	1	0	74
All responses (Wales)	518 (76%)	141 (21%)	20 (3%)	1 (0%)	680

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	1	1	1	1	4
Prince Phillip Hospital	15	1	0	1	17
West Wales General Hospital	0	1	1	1	3
Withybush General Hospital	18	9	5	3	35
Hywel Dda	34	12	7	6	59
All responses (Wales)	318 (55%)	148 (25%)	62 (11%)	55 (9%)	583

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	4	1	1	0	6
Prince Phillip Hospital	21	3	0	0	24
West Wales General Hospital	2	1	0	0	3
Withybush General Hospital	25	12	4	0	41
Hywel Dda	52	17	5	0	74
All responses (Wales)	360 (56%)	221 (34%)	34 (5%)	26 (4%)	641

Source: Wales Audit Office Survey of Hospital Patients

Question 23f: Was fresh fruit available?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	3	3	0	0	6
Prince Phillip Hospital	14	1	2	5	22
West Wales General Hospital	0	1	2	0	3
Withybush General Hospital	24	12	4	0	40
Hywel Dda	41	17	8	5	71
All responses (Wales)	332 (51%)	142 (22%)	105 (16%)	72 (11%)	651

Source: Wales Audit Office Survey of Hospital Patients

Question 23g: Were drinks available between meal times?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	4	2	0	0	6
Prince Phillip Hospital	15	3	5	1	24
West Wales General Hospital	1	0	2	0	3
Withybush General Hospital	30	5	5	1	41
Hywel Dda	50	10	12	2	74
All responses (Wales)	458 (69%)	142 (21%)	46 (7%)	19 (3%)	665

Source: Wales Audit Office Survey of Hospital Patients

Question 23h: Were snacks available between meal times?

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	3	0	2	0	5
Prince Phillip Hospital	5	0	5	8	18
West Wales General Hospital	0	0	0	3	3
Withybush General Hospital	7	3	13	12	35
Hywel Dda	15	3	20	23	61
All responses (Wales)	143 (23%)	95 (15%)	160 (26%)	217 (35%)	615

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	5	1	0	0	6
Prince Phillip Hospital	22	0	0	0	22
West Wales General Hospital	2	1	0	0	3
Withybush General Hospital	35	3	1	1	40
Hywel Dda	64	5	1	1	71
All responses (Wales)	569 (85%)	85 (13%)	13 (2%)	6 (1%)	673

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Bronglais General Hospital	3	2	1	0	6
Prince Phillip Hospital	18	5	0	0	23
West Wales General Hospital	0	3	0	0	3
Withybush General Hospital	26	10	5	0	41
Hywel Dda	47	20	6	0	73
All responses (Wales)	361 (53%)	203 (30%)	68 (10%)	45 (7%)	677

Source: Wales Audit Office Survey of Hospital Patients

Question 24: Were you given enough food to eat?

Hywel Dda Hospitals	Yes	Yes, too much	No, not enough	Number of responses
Bronglais General Hospital	3	2	1	6
Prince Phillip Hospital	17	4	2	23
West Wales General Hospital	3	0	0	3
Withybush General Hospital	30	3	8	41
Hywel Dda	53	9	11	73
All responses (Wales)	498 (73%)	92 (14%)	91 (13%)	681

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Bronglais General Hospital	1	2	2	1	0	6
Prince Phillip Hospital	8	12	4	0	0	24
West Wales General Hospital	0	1	1	1	1	4
Withybush General Hospital	2	16	20	2	1	41
Hywel Dda	11	31	27	4	2	75
All responses (Wales)	114 (17%)	254 (37%)	190 (28%)	77 (11%)	43 (6%)	678

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Bronglais General Hospital	1	2	2	0	1	6
Prince Phillip Hospital	8	9	6	0	0	23
West Wales General Hospital	0	2	1	1	0	4
Withybush General Hospital	1	16	17	6	1	41
Hywel Dda	10	29	26	7	2	74
All responses (Wales)	113 (17%)	260 (39%)	186 (28%)	62 (9%)	46 (7%)	667

Source: Wales Audit Office Survey of Hospital Patients

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

Hywel Dda Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Bronglais General Hospital	1	2	3	0	0	6
Prince Phillip Hospital	9	9	5	0	0	23
West Wales General Hospital	1	0	2	1	0	4
Withybush General Hospital	2	17	19	1	1	40
Hywel Dda	13	28	29	2	1	73
All responses (Wales)	118 (18%)	257 (39%)	198 (30%)	61 (9%)	33 (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?

Hywel Dda Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Bronglais General Hospital	1	1	2	2	0	6
Prince Phillip Hospital	7	9	6	1	0	23
West Wales General Hospital	1	0	2	1	0	4
Withybush General Hospital	2	17	18	2	1	40
Hywel Dda	11	27	28	6	1	73
All responses (Wales)	125 (19%)	243 (36%)	179 (27%)	66 (10%)	56 (8%)	669

Source: Wales Audit Office Survey of Hospital Patients



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