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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Our Ref: PR/cw

Date: 18th November 2016

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Nick Ramsay, AM
Chair
Public Accounts Committee
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Dear Mr Ramsay

Hospital Catering and Patient Nutrition

Thank you for your letter dated 27th October 2016. Our response to the questions outlined in your letter are set out below:

- 1. How do you monitor the standard and quality of written nursing documentation and nursing assessments in respect of patient nutrition?**

What steps are you taking to improve the standard and quality of nursing records.

The Health Board has a Nursing Documentation Group which meets monthly and is responsible for the ongoing development and scrutiny of nursing documents. The quality of completion of nurse documentation is audited by the ward sisters and senior nurses. The Annual Health & care standards audit is currently being completed across the Health Board, standard 3 looks at record keeping and standard 2.5 nutrition & hydration. Monthly checks are also carried out at ward level and reported as part of

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the Health and care standards care indicators, looking at nutrition screening.

2. What information do you collate and analyse on patients' nutritional status to support service planning and to monitor patient outcomes?

Nutritional screening is undertaken at ward level using a validated tool, care plans are included within the tool to support monitoring of patient outcomes. Those patients who are identified as high risk of malnutrition are referred to the Nutrition and Dietetics Department, Dietitians undertake a Nutritional Assessment. Nutritional goals are set and a plan advised, patients are reassessed to monitor their outcomes on an individual basis. Referrals are reviewed and service delivery is measured against standards to support service planning.

3. What action are you taking to ensure that food and fluid intake is recorded appropriately, particularly for those patients at risk?

The Annual electronic Health & Care standards audit which is currently being completed across the Health Board monitors compliance against completion of the food and fluid charts. Spot checks are also carried out by the service delivery units. The assurance framework is currently being developed and as part of the toolkit Theme 2 safe care will monitor compliance.

4. What is the level of compliance with the e-learning training package on the nutritional care pathway in your Health Board?

If you have yet to achieve full compliance, what steps are you taking to improve it? Do you anticipate being able to achieve 100% compliance, and if not, what are the barriers?

At present the Health Board compliance for ward staff is approximately 77% for completion of the e learning for food charts and 42% for Fluid charts. The Service delivery units have goals to achieve full compliance. There are a number of barriers to achieve full compliance which include, staff release, access to computers, computer skills and staff turnover.

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5. What is the level of compliance with nutritional screening across hospitals within your Health Board? What are you doing to improve/sustain compliance with nutritional screening?

The level of compliance of nutrition screening is monitored monthly with a sample of patients via the Health and Care Standards electronic monitoring tool. The following questions are monitored;

Percentage of Nutrition scores completed & action taken within 24 hours of admission, compliance is currently between 90-98%
Percentage of repeat risk assessments being undertaken within identified timescales, compliance is currently 89-95%.

6. Is there a named individual for ensuring compliance with nutritional screening is improved and sustained across the hospitals?

The Health Board does not have one individual to monitor compliance. Compliance is monitored by the Unit Nurse Directors within the Service delivery units across the Health Board. The Health Board has a Nutrition and Catering Steering Committee which reports to The Quality & Safety Committee.

7. What difference has the All-Wales framework made to food in your hospital?

Fortunately additional resources were added to the Catering budget to assist in the implementation of All Wales Menu Framework. Generally the menu framework has had a positive effect on menu planning, nutrition and meal choices for patients. The ability to choose nutritionally analysed recipes for patient menus allows the Health Board to provide the appropriate meal choices with confidence and meet the criteria set out in the nutritional standards.

Food waste has increased slightly due to the number of menu options and the availability of cooked breakfast and high energy snacks for patients.

It is important to ensure that there is continuous development and additions to the All Wales Menu Framework recipe bank to avoid menu fatigue and provide the ability to introduce menu plans for specific patient groups. The Health Board believes this

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is important to assist in driving improvements and raising the standards of nutrition for inpatients throughout the NHS in Wales.

8. How have you used the national patient survey findings to improve catering and nutrition service in your Health Board? What other ways do you gather patient's views on hospital food?

All comments from the National patient survey were considered and some changes were able to be introduced, for example:

- Promotion of snacks through Nutrition & Hydration Week and via the Food Service and Nutrition Group.
- Promotion of adequate hydration via ABMU Health Board intranet and press releases. Also highlighted during Nutrition & Hydration Week.
- Developed menu plans to include most popular menu item choices taking into account patient profile and requirements.
- Introduction of cooked breakfast for nutritionally at risk patients.
- Continuous assessment and development of All Wales Menu Framework recipes especially where issues regarding quality and taste have been highlighted.

Patient views are also gathered by the catering management and ward based catering teams through patient food service/quality monitoring reviews. This also includes discussing catering services performance via feedback from patients. Monthly surveys are also undertaken by the Quality Assurance Monitoring Officer.

9. What actions have been taken to improve catering service in response to patient's views?

The following actions have been introduced as a result of the surveys:

- Ward liaison and Ward hostess Supervisors regularly attend ward areas for feedback and discussions regarding food service and menus. This has resulted in the reduction of complaints received.

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- Introduction of patient bedside menu (pilot scheme) to promote and provide information on catering services to patients.
- Review of contracted products where quality issues have been identified on the patient menu plan.
- Formal contract supplier complaint forms completed and sent to NWSSP Procurement Department on items where poor feedback has been received from patients.

10. How do you promote good hydration across all you wards?

Good hydration is promoted in a number of ways across the Health Board. Patients at risk who need extra support are highlighted as part of handover procedures. The Health Board raised awareness by having hydration screen shots on all computers for a number of weeks, encouraging the need to support patients at every opportunity. The Health Board has also implemented a number of initiatives to raise awareness for staff which include the use of red lids for water jugs and red glasses, red trays, and key symbols. Protected meals times have also been implemented as well as the flexible visiting policy, which encourages families to support patients where appropriate.

11. What information is provided to patients about catering and nutrition services when admitted to hospital?

Information is provided to patients in the pre assessment clinics but as the majority of patients are emergency medicine intake they do not receive information in advance. Notice boards are available at ward level and more recently patient bedside booklets have been developed on menu choices, special diets, availability of snacks and who to contact to discuss catering requirements. This is currently in the pilot stages of implementation with the expected roll out date to spring /summer 2017.

12. How do you ensure protected mealtimes are adhered to within your hospitals?

There are a number of Quality checks that are carried out across the Health Board which include, spot checks, 15 step challenge, The assurance framework is currently being developed and as part of the toolkit monitors protected mealtimes. Protected mealtimes are also monitored at a local level.

13. How do you ensure patients are provided with timely support to prepare for mealtimes and prompt help with eating?

Protected mealtime's supports this, all staff as far as possible are encouraged to support in the delivery of the meal service. The expectation is that patients are prepared in advance of meals and offered the opportunity to cleanse their hands and supported into a comfortable position. Patients who require support are highlighted at handover. Relatives are also encouraged where appropriate to support their family members. The Health Board has a hostess/housekeeper service in a number of areas and would like to introduce this service further when funding is made available.

14. How do you measure food waste that is, the number of unserved meals at ward level, and are you confident that this an accurate reflection?

Food waste is measured by counting un-served main meals at ward level. This is either undertaken by the ward based caterer/housekeeper or by catering staff within the main kitchen areas. The catering staffs use standardised recording and collation forms.

The waste is measured in this way as it complies with EFPMS descriptor of how waste should be recorded. The Health Board is confident that the waste figures reflect the current measurement tool.

15. What action are you taking to reduce food waste from unserved meals?

There have been a number of initiatives to reduce waste for unserved meals.

A Waste Management Group (sub group) has been set up to review food waste at ward level current actions include:

- Review of portion sizes and weights for All Wales Menu Framework recipes.
- Development of an in house electronic meal ordering system (working in conjunction with IT).

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- Streamlining of ward provisions (products) and standardisation of ward ordering forms.

Waste and Resource Action Programme (WRAP) have also been involved in a review and agreeing recommendations to reduce food waste.

Examples include:

A review was undertaken of food waste and associated packing waste to establish a baseline from which actions were developed.

The actions included:

- i. Improved production scheduling and menu planning.
- ii. Staff awareness and engagement.
- iii. Recycling scheme of associated packing introduced.
- iv. The options of introducing a small scale food waste treatment plant were considered.

- 16. What information does your board receive on hospital catering and patient nutrition and how frequently? Do you have a named individual at board level with responsibility for catering? If not does the board receive assurances on the efficiency and effectiveness of catering services.**

An annual catering and nutrition plan is provided (**Appendix 1**). The first catering annual plan was prepared October 2016 (**Appendix 2**).

There are 2 Executive Leads for Catering, Amanda Hall (Interim Director of Therapies) and Sian Harrop-Griffiths (Director of Strategy).

The Quality & Safety Committee receive an annual report in relation to achievements and key issues against the National Standards.

- 17. What feedback do you receive from patients on a regular basis about catering services and the mealtime experience?**

There are a number of patient experience surveys carried out across the Health Board which include monthly questionnaires

undertaken by the Quality Assurance Manager, Examples of Questionnaires attached (**Appendix 3**) All Wales patient experience surveys, and the Annual Health & Care Standards survey, which is currently being undertaken across the Health Board.

18. What actions are being taken to ensure non patient catering services break even?


Non patient catering is currently receiving a subsidy of £530,215 per annum.

The information was included in the Catering Annual Report. The Health Board has undertaken a number of strategies to reduce subsidy levels.

- Development of in house restaurant and coffee shop brands (Mwy Na).
- Streamlining of retail products including implementation of pricing policy and gross profit tool.
- Review and harmonisation of Health board wide Hospitality Brochure.
- Review of opening times for restaurants and coffee shops.
- Review of vending services across the Health Board.
- Introduction of electronic card transaction for payment at POWH (pilot).
- Refurbishment of restaurant and coffee shop facilities.

I trust this provides you with all the information you require.

Yours sincerely



PAUL ROBERTS
CHIEF EXECUTIVE



CATERING DEPARTMENT

ANNUAL REPORT

2016

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Catering report 2016

1. Introduction and Purpose of Report

The purpose of this report is to outline the range of indicators used for monitoring and benchmarking the Health Boards Catering services, highlight actual and potential service risks, set improvement objectives and outline planned developments within the service.

The report covers financial, performance, food waste and patient satisfaction measures, and includes both the Health Board's internal measures and external review of the service.

2. Overview

2.1 Background

Catering services are provided across the Health Board to Patients, Staff and Visitors. Cook-Freeze production kitchens at Singleton and Morriston provide food for the majority of hospital sites, while POW currently remains as a Cook-serve service.

'Ward Hostess' service is in operation throughout Singleton and NPTH, with partial service at POW, Morriston and Cefn Coed.

Departmental activity falls under the requirements of the Food Safety Act and the All Wales Catering and Nutrition Standards for Food and Fluids for Hospital In-patients, and patient dishes are drawn from the All Wales Menu Framework.

The Health Board is covered by three different Local Authorities, but to avoid differing interpretations and allow consistency in our operations and HACCP plans, the Health Board is exploring the option of working with the Environmental Health team from Swansea as 'Primary' authority for Food Hygiene matters across the Health Board.

In addition to Patient Catering, restaurant service is provided at the Acute hospital sites and at Glanrhyd and Cefn Coed, and the Mwy Na coffee shop brand is also operated on the Acute sites focussing on freshness, high quality and where possible, local ingredients.

In line with other Hotel Services functions, as part of the department's Modernisation Board agenda the Catering service has established a Strategy group, whose membership is drawn from staff, staff side representatives, supervisory staff and management. The group has been instrumental in developing both the strategic direction of the service and in delivering service improvements.

2.1 In numbers

① **5** - At 31st March all Health Board food premises held scores of 5 under the Food Safety 'Scores on the Doors' scheme, the highest score that can be awarded

① **320** – staff employed in Catering services across the HB

① **6486** - patient meals per day, or 2,367,576 per year

① **90,000** - £ spent on provisions per week

① **2,875,380** - £ Annual income from Restaurants, Coffee shops, vending and Newsagent

3. Monitoring



Catering operations are subject to regular inspection by Environmental Health Officers to ensure that we provide safe food to patients, staff and visitors. All premises are awarded a score under the 'Scores on the Doors' rating scheme.

Visits are scheduled on a risk based approach, and where Environmental Health Officers have confidence in the controls in place, the frequency of visits will be reduced, although due to the vulnerable nature of patients and the scale of the service, there will be at least one visit to each acute site annually. The current scores and last inspection dates are shown in the table at Fig 1. below.

Site	Current Score	Date of Inspection
Angelton	X	Jan-16
CAHMS	5	Feb-15
Cefn Coed	5	Oct-15
Glanrhyd Cafeteria	5	Aug-15
Gorseinon	4	May-16
Llwyneryr	5	Mar-14
Maesteg	5	Jan-16
Morrison	5	Feb-16
Morrison OPD Cafeteria	5	Mar-13
NPTH	5	Jun -16
PoW	3	Jun-16
Singleton	5	May-16
Taith Newydd	5	Jun-15
Tonna	5	May-14
Ty Garngoch	5	Feb-14

Fig. 1 Current EHO scoring

In addition to monitoring undertaken by Environmental Health Officers, the department has its own audit programme to measure compliance against its Quality Assurance standards. Average audit scores for the year for all hospital sites are shown in the table at Fig. 2:

	HACCP Score	Premises Score	Overall Score
Morrison Hospital	79%	73%	83%
Singleton Hospital	86%	75%	80%
NPTH	92%	86%	90%
Princess of Wales	91%	71%	83%
Cefn Coed Hospital	86%	81%	83%
Gorseinon	96%	86%	93%
Maesteg	96%	100%	99%
Glanrhyd	81%	100%	95%
Tonna	82%	100%	96%

Fig. 2 Catering Quality Assurance Audit Scores

HACCP (Hazard Analysis and Critical Control Points) is a risk based method of ensuring safety and compliance, and each site has a documented HACCP plan outlining the control measures and processes in place to ensure food and ingredients are purchased, prepared, stored and served safely.

Compliance with the HACCP plan is measured as part of the in-house performance monitoring system, and also reviewed by Environmental Health Officers during their visits.

The building structure/equipment maintenance/waste provision and pest control measures are also reviewed as part of the in-house performance, but are identified separately within the scoring matrix as they are outside of the direct control of the Catering service.

4. EFPMS

The HB reports a wide range of Catering costs and data as part of the annual EFPMS (Estates and Facilities Performance Management System) returns, which are submitted via Shared Services for Welsh Government Scrutiny. The full data set for 2015/16 can be found at **Appendix 1**.

This data is used to calculate the following Key Performance Indicators for the HB Catering Service:

- Total Gross Catering costs
- Total Gross Non-Patient Costs
- Total Gross Patient Catering Costs
- Cost per Patient Meal
- Total Non Patient income
- Net costs (contribution) of non patient Catering
- Wastage

4.1 Gross Catering Costs

Total Gross Catering costs (as described by EFPMS Data definitions) for the Health Board rose by £201k to £9,590k in 2015/16, an increase of 2.1%.

Gross Non-patient costs for 2015/16 were £3,256,455.92, meaning the HB restricted the increase in costs to £10k (0.3%) over the previous year.

Gross Patient Catering costs for 2015/16 were £6,334,064, an increase of £191k (3.1%) over the previous year.

4.2 Cost per Patient meal

Average cost per Patient meal across the HB for 2015/16 was £2.68, an increase of £0.06 per meal (2.3%)

Cost per Patient Meal varies significantly between sites, and is shown on the chart at fig 3 below.

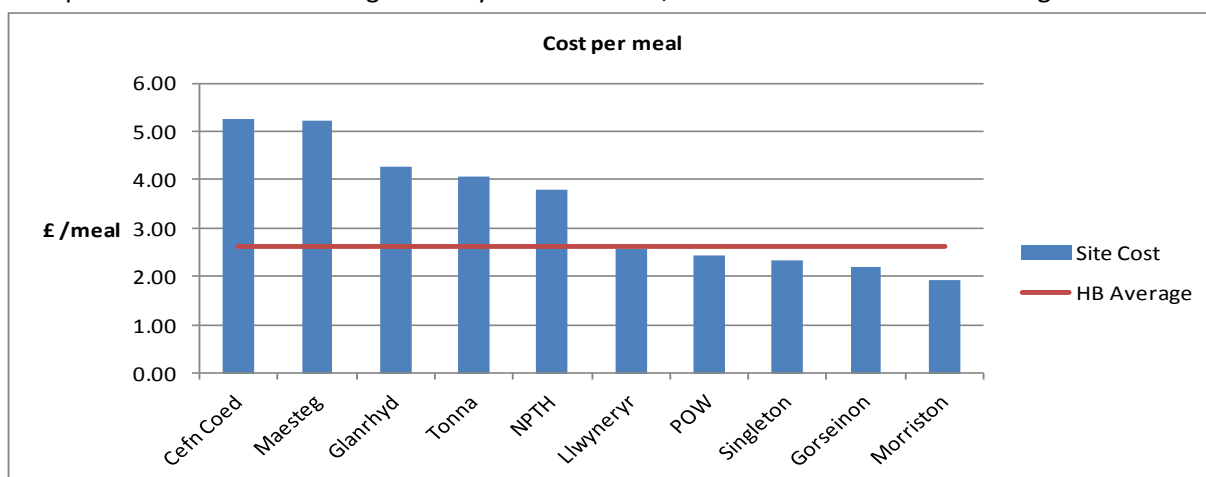


Fig.3 Cost per meal

4.3 Total Non-Patient income

Total income for the financial year from dining rooms, coffee shops and newsagents was £2,875,380, a rise of £120k (4.34%) from the previous year. This is attributable to the increased sales from the Mwy Na branded coffee shop concept, which is the only In-house branded coffee shop model in NHS Wales, however there is a significant commercial threat to the Health Boards commercial outlets in the shape of the recently opened Costa and Subway outlets at Morrision and Costa at Princess of Wales.

Takings for dining rooms (fig.4), and coffee shops (fig.5) for the year are shown on the charts below, and the effect of the franchises can be clearly seen with a significant fall in takings at Morrision following the opening of the Subway and Costa outlets, and a sharp rise in takings at POW following the closure of the existing 'Brewbaker' franchised coffee shop for redevelopment.

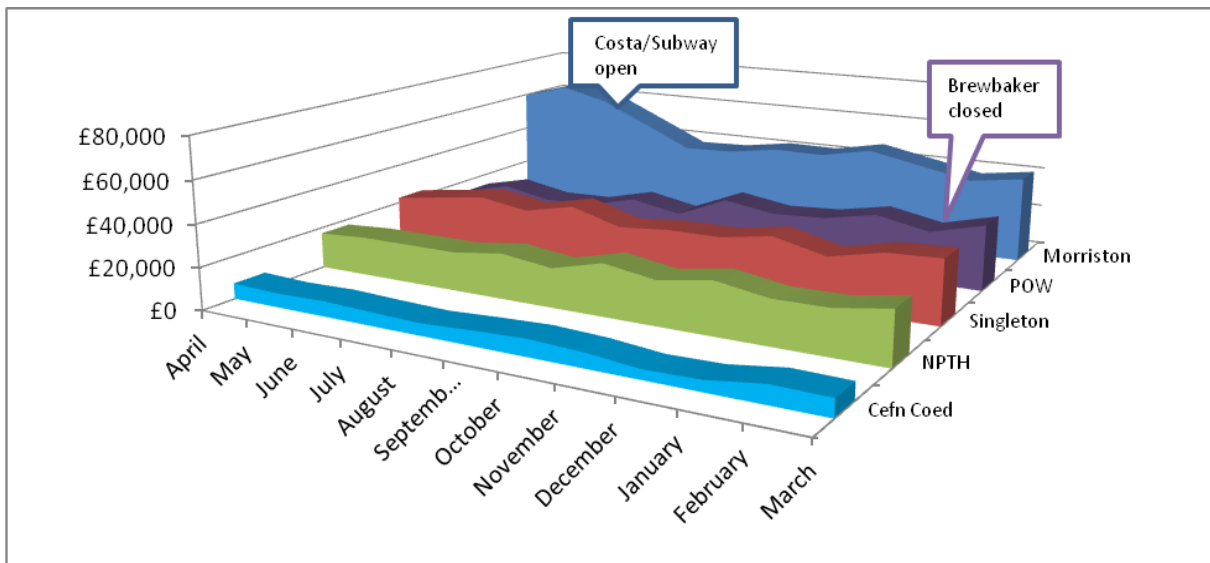


Fig. 4 dining room takings by site

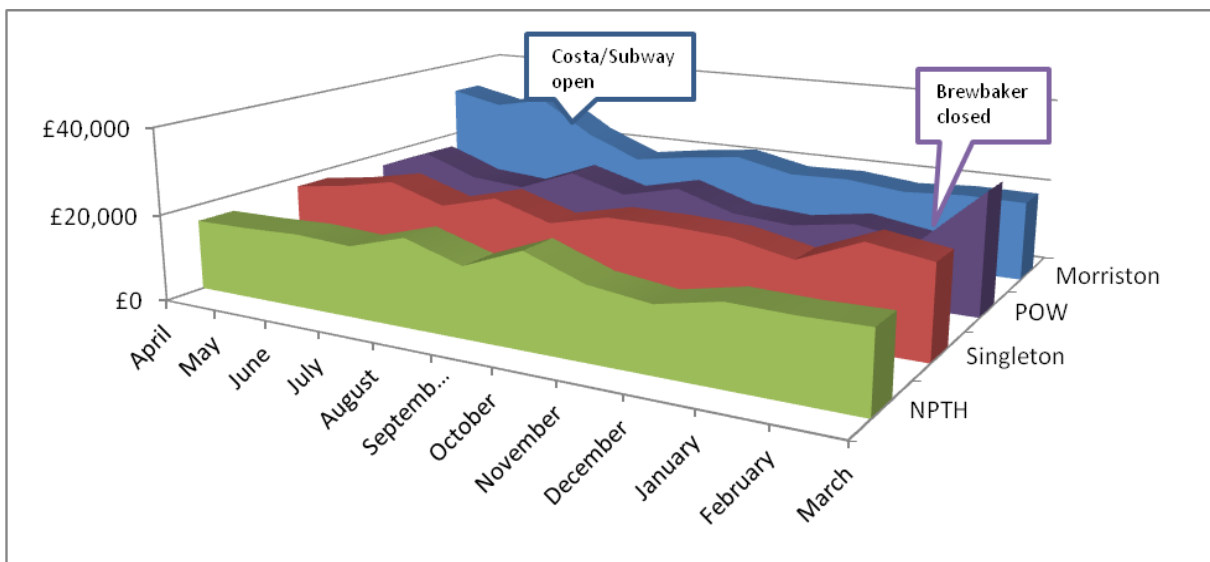


Fig. 5 Coffee shop takings by site

4.4 Net costs (contribution) of Non-patient Catering

The net cost of Non patient Catering is defined as the total cost of non-patient catering, less the income from Dining Rooms, Coffee shops, vending and hospitality. Where income exceeds costs the

surplus is classed as a contribution and where costs exceed income a subsidy. In 2015/16 was subsidy was £530,215, showing an increase in the subsidy required to operate the service of £39k (8%). The impact of the Costa and Subway franchises at Morriston, and resultant drop in income, has contributed to this position.

4.5 Wastage

Food wastage is monitored in line with guidance from Welsh Government, and is classified as the number of unserved main meals as a percentage of the number of meals issued. Wastage levels for the acute hospital sites are shown on the chart at Fig.6 below.

Whilst average Wastage across the Health Board for 2015/16 at 9.4%, was below the Welsh Government target of 10%, the total cost of Food Waste, calculated in accordance with EFPMS guidelines, was £312,307. This represents the cost of provisions only and does not include the cost energy and labour used in production, storage and regeneration.

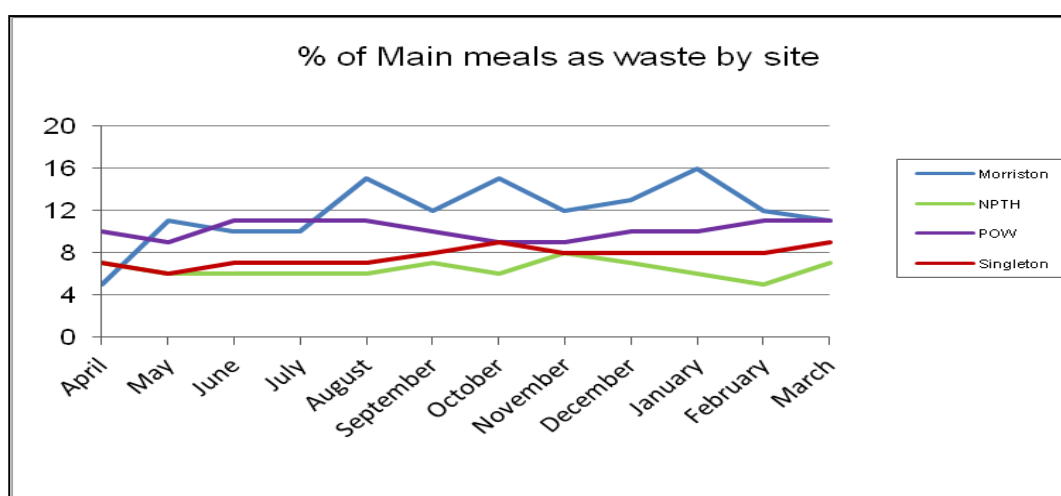


Fig. 6 % of Main meals as waste

The Catering team are working with WRAP Cymru (**W**aste and **R**esources **A**ction **P**rogramme) to reduce food waste across the service, and a sub-group of the Catering Modernisation group has been established to progress this work

5. Patient Feedback

5.1 Patient satisfaction

Regular patient surveys are undertaken across the HB to gauge satisfaction with the Catering service and identify areas for improvement.

The overall feedback score for the acute hospital sites for the year is shown in the table at Fig.7 below:

	Morriston	NPTH	POW	Singleton	Overall
Satisfaction with meal service provided	90%	96%	89%	90%	90%
Satisfaction with quality of the meals provided	72%	88%	81%	73%	77%
Satisfaction with quality of beverage service	79%	90%	76%	79%	79%
Satisfaction with Catering service provided	85%	95%	85%	90%	88%

Fig. 7 % of Patients rating the service as Excellent or Good

5.2 Complaints

During the year the Catering service received 3 formal complaints, of which 2 were upheld, and one partially upheld. All complaints were responded to within the specified timescale.

Two of the complaints related to customer service within Dining rooms, and the other concerned the quality of Patients' food and beverage service.

5.3 Compliments

The service received 9 written compliments during the year, with a number of informal positive comments.

Compliments covered the quality of food offered, both to patients and in the Restaurant facilities, and positive comments relating to the helpfulness and dedication of Ward based catering staff.

6.0 Financial Performance

For 2015/16 the Catering service was overspent by £308k against a total budget of £12,900k.

Main pressures on the financial position across the Health Board Catering service were provisions and non-pay costs, with specific additional pressure at POW through the provision of Hostess service to wards on an extended trial basis, which is currently unfunded.

As noted above, Total gross cost of Catering rose by 2.14%. Total Pay costs increased by 2.27% to £4,130,295, with Non Pay costs rising by 2.09% to £5,460,252.

Whilst the National Pay rise was funded, there was no increase to Non-Pay budgets.

7. Key risks

There are a number of key areas of risk for the HB in relation to Catering:

7.1 Catering Infrastructure

Whilst the kitchen at NPTH is maintained as part of the PFI contract, the POW, Morriston and Singleton kitchens are in need of investment so that they can continue to function safely.

In 2013/14 a staged investment at POW was agreed, managed over the 2013/14 and 2014/15 financial years. The first stage of this work was undertaken and kitchen equipment purchased for use later in the scheme, however to date the outstanding work has not been agreed. This project was central to the strategic objective of converting POW to a Cook Freeze Catering system, with food sourced from the Singleton and Morriston production kitchens.

Singleton and Morriston both require investment in both infrastructure and Equipment and Storage.

The table at fig. 8 shows the estimated investment requirements for POW, Morriston and Singleton, a full breakdown of work and equipment required is attached at **Appendix 2**.

Catering investment requirements (£k)			
Site	Infrastructure	Equipment/Storage	Total
POW	800	0	800
Morrison	1,500	330	1,830
Singleton	350	660	910
Total	2,650	990	3,540

Fig 8. Catering investment requirements

7.2 Food Hygiene Training

Food Hygiene training for Food Handlers is a key element of food service, and where there is no Ward Hostess service and Nursing staff need to be involved in food service Food Hygiene Training for Food Handlers should be provided to, and the Environmental Health Officer has indicated that Nursing staff should have training commensurate to their food service duties.

Environmental Health Officers have shown some discretion in enforcing this to date due to the intention of the HB to introduce a Ward based catering service at POW, (a proposal to introduce the service has been developed and submitted as part of the IMTP), however at present this has not been funded. If funding is not awarded the requirement to train this number of Nursing staff will present a significant logistical and financial challenge, with at least 3- 4,000 nursing staff requiring training every 3 years.

7.3 Commercial competition

The introduction of branded catering outlets into hospital sites has the potential to undermine the department's financial performance and could significantly impact on efforts to reduce the net costs of non patient catering. These outlets could also undermine the Health Board's aims to improve the health of the population we serve.

7.4 Procurement

The requirement to subscribe to All Wales contracts continues to inhibit departmental efforts to control costs, and in some cases prevents locally produced produce being used within the Health Board. With a total provision spend of £4.66m, the department could achieve savings by the adoption of a more nimble and locally based procurement strategy.

7.5 Discretionary Capital

Historically the department has received an annual Discretionary Capital allocation, which has been used to develop services and replace or upgrade essential equipment. In the current financial climate this Discretionary allocation has been restricted or not available, resulting in a situation where there is a significant investment required to meet current service requirements, and without which the service incurs increased revenue and maintenance costs and reduced ability to make efficiency savings.

7.8 Catering Consultation

The department has undertaken extensive consultation to facilitate reshaping of the service in line with the Catering Strategy, however a number of grievances have been submitted which are currently preventing the implementation of these measures. It is proving difficult to resolve these various issues locally and lack of progress could undermine the department's modernisation plans.

7.9 National catering software

The Catering service does not currently use a dedicated Catering software package, and there is no system currently in use in NHS Wales. Such a package would facilitate improved stock and cost control, and also provide valuable management information which it is not currently practical to compile, which would inform more accurate production figures and help to control waste.

Previously discussions have been held on an All Wales basis with a view to central procurement of a package that would also link to the All Wales Menu Framework and procurement contracts, enabling live pricing of production, however there has been no progress for some time. If this does not proceed the Catering service would be keen to explore the viability of a standalone system for ABM.

7.10 WG Vending Policy

WG guidance on vending, issued in 2009 had a significant effect on vending income, although the (then) Trust took a pragmatic view on the adoption of the guidance. Subsequent guidance issued, if adhered to, would have an anticipated effect of reducing vending income by 30-40% which would represent a loss of £50-60k.

8.0 Future developments

8.1 POW Cook Freeze

It is proposed to transfer the POW catering service to Cook-Freeze during 2016-17, this will reduce costs and help reduce current wastage levels. A consultation exercise was undertaken during 2015/16 to facilitate the changes, and infrastructure work is currently in progress.

8.2 NPTH Coffee shop

The Mwy Na brand will be rolled out further across the Health Board, with the NPTH coffee shop being rebranded during the coming year, and a small scale outlet operating at the Port Talbot Resource Centre.

8.3 Patient Bedside Menu





Local trials of the Patient Bedside Menu have been undertaken during 2016. Once a review has been completed, if the bedside menu is deemed to be worthwhile it will be introduced across the Health Board in 2017. The menu provides patients with information on the dishes in the Health Boards patient menu cycle, and also provides nutritional, dietary and allergy information.

8.4 Catering consultation

The department intends to implement the measures outlined in the Consultation documents that have been issued in 2015/16. Successful implementation will improve consistency of food service and safety across the Catering service

9.0 Improvement targets 2016-17

The department has set the following Improvement targets for 2016/17:

-  Improve level and consistency of in-house Quality Assurance audit scores, with a minimum target of 90%
-  Reduce waste on all sites to consistently below the WG target of 10%
-  Improve patient feedback scores, with a target of 90% of patients rating the service as Good or Excellent for each site
-  Expand Ward Hostess service on the Morryston and PoW sites, subject to funding

Patient Survey

October 2016

	Singleton 24 Questionnaires			Princes of Wales 24 Questionnaires			Morrison 27 Questionnaires			Neath Port Talbot 10 Questionnaires		
	Yes	No	Sometimes	Yes	No	Sometimes	Yes	No	Sometimes	Yes	No	Sometimes
About the service												
Have you been offered a choice of meal	92%	4%	4%	63%	33%	4%	89%	0	11%	100%	0	0
Was the food choice offered the type of meal you like to eat.	50%	25%	25%	58%	21%	21%	70%	0	30%	70%	10%	20%
Is the portion size of the meal provided satisfactory	84%	8%	8%	92%	8%	0	85%	4%	11%	90%	10%	0
Are your meal dietary/religious beliefs provided for.	96%	4%	0	92%	8%	0	100%	0	0	90%	10%	0
Are seasonings offered/served with meal.	63%	8%	30%	71%	21%	8%	81%	8%	11%	90%	0	10%
Have you experienced difficulty in removing packaging.	38%	42%	20%	38%	58%	4%	34%	59%	7%	20%	70%	10%
Are you given enough time to eat your meals without being interrupted	92%	4	4%	96%	4%	0	100%	0	0	100%	0	0
Have you been given time to eat your meal before dessert is served.	50%	38%	12%	88%	12%	0	92%	4%	4%	80%	0	20%
Are you satisfied with												
Appearance of the food provided												
Appearance of the food provided	75%	0	25%	75%	4%	21%	85%	4%	11%	80%	0	20%
The temperature of the food provided	79%	0	21%	67%	8%	25%	81%	4%	15%	70%	0	30%
Taste of the food provided	67%	0	33%	71%	8%	21%	70%	15%	15%	80%	10%	10%
Selection of sandwiches	46%	8%	46%	88%	12%	0	81%	12%	7%	90%	10%	0
Selection salads	38%	4%	58%	67%	25%	8%	52%	37%	11%	100%	0	0
Beverage service												
Are you happy with the choice of beverages offered	96%	0	4%	100%	0	0	81%	15%	4%	100%	0	0
Has milk been available as a beverage choice	75%	13%	12%	83%	17%	0	85%	15%	0	80%	10%	10%
Have you been offered a packet of biscuits with your bed time drink	63%	21%	16%	75%	17%	8%	63%	15%	22%	70%	30%	0

	Singleton			Princes of Wales			Morrison			Neath Port Talbot		
How many times a day are you offered beverages	3+ Times	5+ Times	7+ Times	3+ Times	5+ Times	7+ Times	3+ Times	5+ Times	7+ Times	3+ Times	5+ Times	7+ Times
	21%	62%	17%	8%	79%	13%	33%	63%	4%	20%	50%	30%
Overall how do you rate the food service	Excellent	Good	Average	Excellent	Good	Average	Excellent	Good	Average	Excellent	Good	Average
Breakfast	50%	42%	8%	29%	50%	13% 8%poor	48%	45%	0 7%poor	60%	40%	0
Lunch	50%	42%	8%	25%	63%	8% 4%poor	63%	22%	11% 4%poor	80%	20%	0
Supper	42%	46%	12%	25%	63%	8% 4%poor	56%	30%	7% 7%poor	80%	20%	0
Singleton			Princes of Wales			Morrison			Neath Port Talbot			
Survey Returns from Ward MAU,10,9,19,12,3,4			Survey Returns from Wards 10,11,9,8,7,4,2,18,20,19			Survey Returns from Ward E/Care, AMAUeast, C, Card, Ang,			Survey Returns from Wards E,C,B2			

	Singleton	Princes of Wales	Morrison	Neath Port Talbot
What menu dishes have you enjoyed.	Beef dinners. Curries. Puddings. Soups. BBQ chicken. Everything cooked well. Mostly all meals.	Gammon. Desserts. Cauliflower cheese. Fish and chips. Roast dinners. Sandwiches. Jacket potato and salad. Pasta. Soup. Cheese pie. Enjoyed most food.	Turkey and ham pie. Beef casserole. Roast beef dinner. Vegetable curry. Ham and parsley sauce. Jacket potato and salad. Fish and chips Chicken curry. Good selection of sandwiches. All meal enjoyed. All excellent variety, choice presentation, serving and taste.	Ham and parsley sauce. Currie. Omelettes. Faggots Sausage and mash. Soup. Pork chops
Are there any menu dishes that we could improve on.	Main meals are over cooked. Vegetarian meals. Fish pie. Tea. Potatoes are hard. Nothing to improve on.	Foods not hot enough. More salad choice e.g. sweetcorn celery. Sausage no taste. Crispy potatoes. Custard. More variety and taste to vegetables Fish is really bad. Vegetable often not strained so a lot of water on plate. Corned beef pie. Mash potato all of the time. Gravy tasteless. Breakfast.	All dishes. Custard. Cheese and potato pie. Rice pudding. Overcooked vegetables all taste the same Menu choice for coronary care are the meals low fat is this the food I should be eating.	Meals are tasteless because there is no salt in the cooking. Corned beef pie. Fish pie. Sponge puddings lack sugar. Fish is grey hard and unappetizing. Usually the beef on Sunday is nice but the last two weeks it has been tough

	Singleton	Princes of Wales	Morrison	Neath Port Talbot
Are there any food/ beverage choices you would like to see available	Bovril at night. Coke. Apple juice Ham and chips. De-cafe tea and coffee. Ale. Choice of chips for lunch and evening meal. Lager Toast.	Salads. Fish in a sauce no batter or breadcrumbs. Toast porridge cooked breakfast. Fresh fruit	Being told what is available for evening meal. Plain sandwiches. Trifle. Salads. Toast. More cold drinks More beverage choice Holicks . Ovaltine. Coffee. Fruit juice. Vegetarian sausages. More salad choice. Napoleon Brandy.	Fizzy pop. Choice of fillings for jacket potato. Something light for evening meal.
Any further comments or suggestions	I don't eat a number of menu items but overall I have managed quite well for the short time I have been in hospital. Food provided at Singleton excellent and served every time by very friendly staff. Could not ask for improvements although the odd person can't be satisfied.	Potatoes are not a good option if you are having cottage pie why would you want more potatoes.	Service has been good thanks to hostess. Always served with courtesy and pleasantly I have thoroughly enjoyed all food and have no complaints. Excellent friendly service	The food service has been excellent and at all meal times staff always cheerful and helpful. Yogurt should be checked for sugar content when given to a diabetic.

Complements

Princess of Wales

Complement from relative regarding a meal she had been provided with when her mother went to theatre she had never tasted hospital food before and this was nice and tasty.

Compliment

I was speaking to a patient on Monday afternoon and she was telling me how good the food was on Ward 5.

She told me she was really enjoying the meals and asked if I could let the Catering Team know that she is very pleased.

Singleton

Complement from a daughter regarding the host on ward 4 who tried his best to get her mother to eat by making jam sandwiches when she fancied them.

Patient Questionnaire April 2016 – September 2016

Patients every month are asked to comment on the meal service experience during their stay in hospital. They are given a questionnaire with ticking box answers. Yes No Sometimes. Providing feedback regarding meals they have enjoyed and ones which could be improved on with an opportunity to give any additional comments regarding the service.

The score for April 2016 – September 2016 have been averaged out and are as follows.

Are you satisfied with the	Singleton Hospital	Princess of Wales	Morrison Hospital	Neath Port Talbot Hospital
Meal Service Choice of meal available. Meal service Time to eat meal Dietary needs met.	74%	68%	68%	78%
Meal Provided. Food temperature. Food quality. Food taste.	69%	71%	62%	86%
Beverage Service Overall choice. Availability of beverages.	74%	86%	78%	87%
Overall rate the service. Excellent Good Average Total % Excellent and Good	89%	81%	81%	94%

Overall comments some of which are general repeated over the months.

What menu dishes have you enjoyed?	Curry dishes. Sausage and onion dinner. Sunday beef dinner. Pork in BBQ sauce. Ham Salad. Omelette and chips Scrambled egg. Sunday lunch. All roast meat dinners. Lasagne. Turkey and ham pie. Steak pie. Generally enjoyed food with alternative offered requested plain food and vegetables very happy with service. Crumble and custards. Cheese and potato pie. Enjoyed all my food. Across all sites the traditional meal, roast meat dinners and curries being the most popular. .
Are there any menu dishes that we could improve on?	Fish and chips. Proper roast potatoes. Creamed potatoes and vegetables are bland no flavour lack of salt. Sandwiches without mayo. Just plain sandwiches with no extras. Different more sandwich selection The food is terrible it is bland and served cold. Food is rubbish and not professionally cooked. Chips are raw more than one comment regarding chips. Food is cold and overcooked. Mash I'm fed up of it chips more often would be nice. Sandwiches don't like sauce in filling plain sandwich is better. Salads should be an option on a daily bases. Vegetables are hard like cauliflower. Most comments received over the last six month are for the quality of potatoes dishes and sandwiches fillings.

<p>Are there any food or beverage choices you would like to see available.</p>	<p>Soup at lunch time. Cooked breakfast. Fruit juice, cold drinks, ice. More healthy choices. Jacket potatoes. More vegetable choice available.. More choice.</p> <p>Would like to have been offered a salad.</p> <p>Salads and sandwiches were not offered. Sandwiches without mayo. Cooked breakfast. Pizza. Hot desserts for supper. Fish fingers. More salad and sandwich choice More curries. Fruit juice</p> <p>Boiled and mash potato that is not boiled to death.</p> <p>Comments most receive regarding choice available and breakfast poor. Sites with no hostess systems patient would have liked salads or sandwiches but did not know they were available.</p>
<p>Do you have any further comments or suggestions regarding the food service If you have ticked poor would you please give reasons why?</p>	<p>Meat pies are flavoured to perfection with plenty of meat in the portion. Gravy to a high standard of consistence and flavour. Curry's providing flavouring and just the right amount of "hit"</p> <p>Service excellent and very friendly. Would like a cup of tea earlier that after breakfast.</p> <p>Did not know alternatives were available not given a choice before the trolley comes so only offered what's on the trolley.</p> <p>Not happy with the bread and butter for breakfast.</p> <p>Food needs more taste and flavour.</p> <p>Just like to complement you on your wonderful staff and service.</p> <p>Everything is wonderful</p> <p>Nothing wrong everything perfect. Toast in the morning for breakfast available not bread and butter.</p>