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Hospital Catering

**Betsi Cadwaladr University Health
Board**

Our overall conclusion is that whilst the catering service demonstrates many aspects of recognised good practice, there is a need to strengthen Betsi Cadwaladr University Health Board's approach to planning and scrutiny and to address the variation in standards at ward level and between hospitals.

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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 the Health Board has included fieldwork at Ysbyty Gwynedd, Llandudno District General Hospital (DGH), Ysbyty Glan Clwyd, and Wrexham Maelor Hospital, with visits to the following wards:

Exhibit 1: Wards visited

Hospital	Ward
Ysbyty Gwynedd	Dulas
Ysbyty Gwynedd	Prysor
Ysbyty Gwynedd	Tryfan
Llandudno DGH	Marl
Llandudno DGH	Llewellyn
Ysbyty Glan Clwyd	Wd 2
Ysbyty Glan Clwyd	Wd 8
Ysbyty Glan Clwyd	AMU
Wrexham Maelor Hospital	Derwen
Wrexham Maelor Hospital	Evington
Wrexham Maelor Hospital	Fleming

8. Our audit findings have been informed by an analysis of financial data relating to patient and non-patient elements of the catering service, and also by surveys of patients to capture their experience of hospital food. Further details of the audit approach are provided in Appendix 1.
9. Our overall conclusion is that while catering arrangements in the Health Board demonstrate many aspects of recognised good practice, there is a need to strengthen planning and scrutiny and to address variations in standards at ward level and between hospitals.
10. We have come to this conclusion because:
- a strategic planning framework is lacking and Board scrutiny of associated risks and challenges is not as strong as it could be;
 - 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;
 - most wards receive food in a reasonable condition although arrangements for the delivery of food vary across the Health Board and there is scope to improve the patient experience;
 - generally ward managers are 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 at all; and
 - patient views on hospital food and the catering services are collected through a number of mechanisms and there is scope to make these activities more consistent and to share the results more widely.

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11. 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 and managerial leadership from the Director of Nursing, Midwifery and Patient Services (DNMPS) with regard to nutrition and catering issues;
 - decisive action from the interim Health Board Catering Manager with regard to challenges and issues arising following her appointment, particularly at Wrexham Maelor Hospital;
 - clear commitment across all professional groups, at all levels, to the nutrition and catering agenda;
 - an organisational framework to implement improvement in nutrition and catering; and
 - good working groups at directorate level to identify and implement improvements eg, medical directorate ward sisters' meetings on protected meal times.
12. 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;
 - the management of the catering service, the environment and equipment at Wrexham Maelor Hospital;
 - the pace of development with regard to menu planning and policy development;
 - the absence of a food subsidy policy for non-patient food;
 - various deficiencies in equipment and processes for the delivery of patient food to wards;
 - inconsistencies in protected meal time practice across wards;
 - the format and recording processes for patient nutrition-related information in nursing notes; and
 - sharing information between staff groups within and across hospitals with regard to catering and nutrition issues.
13. The detailed report that follows this summary provides further information in the each of the areas that auditors examined.

Recommendations

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

Strategic planning and management arrangements	
R1	Strengthen strategic planning arrangements for catering to ensure a clear and consistent agenda for the catering service across the Health Board.
R2	Establish planning structures for catering and nutrition services which are consistent across the Health Board.
R3	Address kitchen management and staffing issues at Wrexham Maelor Hospital as a matter of urgency.
R4	Reduce the time it takes to develop and establish new catering and nutrition processes.
R5	Improve the Board scrutiny arrangements for monitoring catering and nutrition risks and performance.
Procurement production and cost control	
R6	Introduce a clear subsidy policy to set the framework for delivering non-patient catering services.
R7	Develop consistent ledger arrangements across the Health Board to ensure that sufficient and robust catering business information is available.
R8	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	
R9	Address the food quality and delivery deficiencies identified in this report which are affecting the quality of food patients receive at Wrexham Maelor Hospital.
R10	Address shortcomings identified in the catering environment at Wrexham Maelor Hospital as a matter of urgency.
R11	Implement improvements to ward food delivery arrangements to ensure that food temperature is maintained at appropriate levels.
R12	Decommission the damaged and unclean grey plastic trolleys in use by catering for minor catering deliveries at Wrexham Maelor Hospital.
R13	Introduce protected meal times in all appropriate wards which meet the approach adopted in the best wards.
R14	Reinforce the need for patient hand cleansing.
R15	Introduce basic 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	
R16	Reinforce the need to measure a patient's weight and height in order to calculate the associated patient Body Mass Index (BMI).
R17	Improve the format and types of nutrition-related information recorded in the nursing notes for patients.
R18	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	
R19	Introduce effective arrangements for sharing information on patients' views of the service between ward managers and the catering service.
R20	Involve patients fully in developing the catering service, building on the recent positive experiences of patient engagement.

Strategic planning and management arrangements

15. There is no strategic planning framework in place and Board scrutiny of associated risks and challenges is not as strong as it could be. We have reached this conclusion because:
 - There is no strategy yet for the catering service, although the interim Health Board Catering Manager is working to establish priority catering issues across the Health Board.
 - Work is underway to develop a single nutrition policy for the Health Board to replace the three locality policies currently in operation.
 - There is generally good involvement of catering staff, dieticians and clinicians in catering processes although local catering planning structures are not entirely consistent across the Health Board.
 - Menu planning arrangements are generally sound although menu design processes are separate across the Health Board and are regarded by many staff as too lengthy.
 - There is scope to improve the consistency of food provision across the Health Board to help reduce costs and improve quality.
 - 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.
16. 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	<p>There is no Health Board catering strategy and, with the exception of Ysbyty Glan Clwyd, there were no local strategies in the pre-existing trusts.</p> <p>The interim Health Board Catering Manager swiftly identified fundamental issues with the catering service at Wrexham Maelor Hospital. It has been necessary to devote a considerable amount of time to addressing the substantial shortcomings that are apparent there.</p> <p>The Catering Manager at Ysbyty Glan Clwyd has worked constructively with the interim Health Board Catering Manager, and they have begun to consider the organisational agenda for catering. They have also agreed some interim solutions to the management issues in the catering service at Wrexham Maelor Hospital.</p> <p>There is now a need for a clear corporate catering strategy to help drive forward the specific changes needed at Wrexham Maelor Hospital, and other catering service challenges across the Health Board.</p> <p>Work is underway to develop a single nutrition policy to serve the whole Health Board. This will draw on the current policies from the pre-existing trusts across North Wales. It is vital that a catering strategy is also established to ensure that the nutrition strategy can be made operational and effective.</p>
Menu design reflects the strategy and policy.	✓/x	<p>Menu design takes place within localities and reflects the pre-existing nutrition policy within that area. There is no catering strategy in some areas (see comments above).</p> <p>Menus remain specific to the part of the Health Board in which they were developed.</p> <p>The Health Board will be in a position to develop a consistent approach to menu design once it has established a single nutrition policy and an operational strategy for catering.</p>
Dieticians and clinicians are fully involved in strategy and policy development and menu planning.	✓	<p>All menus, their components and ingredients have been dietetically assessed and validated by dieticians and other clinicians. In the Central and East localities any changes have been overseen by the standing local implementation groups. There is no equivalent implementation group in the West locality although the intention is that one should be set up to help complete Health Board arrangements.</p> <p>The catering services in the West and Central locality have traditionally led menu planning, while the Dietetics Service led these processes in the East locality.</p> <p>In all areas, regardless of local arrangements, staff commented that processes for menu development and change take much longer than they would like (two years in one instance). There is recognition that a 'task and finish' type approach could help to speed up future changes.</p>

Expected practice	In place?	Further information
Strategy identifies the most efficient and cost effective means of food production.	✓	<p>The arrangement for food production and delivery varies across localities.</p> <p>There is a mix of options currently in place across the Health Board. The new Assistant Director of Patient Services is due to take up post in September 2010, and will be carrying out an option appraisal for the Health Board based on the cook/chill model.</p>
Evidence of workforce planning to match catering staff to demand.	✓	Workforce planning activities have taken place to some extent and need to be taken forward as part of a consistent approach across the Health Board.
Management arrangements		
Executive accountability for catering and nutrition is clearly identified.	✓	<p>The DNMPs is clearly identified as the Board member responsible for both nutrition and the catering service.</p> <p>This arrangement is regarded by staff as an improvement over previous arrangements. In the merged Trust, and the pre-existing trusts, responsibility for these issues was split between the Director of Nursing and other directors. This kind of split approach was common across Wales.</p> <p>The DNMPs is clearly focussed on nutrition as an essential component of the care provided by nursing staff, and is working to achieve consistent standards across the organisation.</p>
The Board receives sufficient information on performance and practice in relation catering and nutrition.	✗	<p>Reports submitted to the Board have not highlighted the full extent of risks and issues across the catering service. Specifically, while catering arrangements at Wrexham Maelor Hospital had been flagged up as an area of concern, a full picture had not been communicated upwards through the management structure.</p> <p>We recognise that the new management arrangements need time to become fully established.</p>
A multi-disciplinary group is in place to oversee the delivery of the catering service.	✓	<p>The multi-disciplinary Improving Nutrition and Catering Standards (INCS) sub-committee is in place and meets regularly to provide a focus across the Health Board for nutrition and catering issues. This currently includes overseeing the development of a nutrition policy.</p> <p>The East and Central localities also have Improving Nutrition and Catering Implementation Groups to ensure a local focus for these issues. They report to the INCS sub-committee. The intention is to establish a local implementation group in the West.</p> <p>The existing groups have brought together staff who are clearly highly committed to nutrition and catering issues. They have not always been able to expedite change as quickly as they might have wished. This may in part be due to the complexity of the processes that have underpinned change. Faster outcomes were reported where task and finish processes took place.</p>

Expected practice	In place?	Further information
Lead nurse identified to help implement strategy and embed good nutritional practices.	✓	The DNMPs takes overall responsibility for nutritional practices, and is closely supported by two clinical nurse specialists for nutrition. They cover the Central and East localities of the Health Board. There is no nurse specialist for nutrition in the West as yet.
Job descriptions and salary ranges for catering staff are harmonised across the Health Board.	✓	Agenda for Change took place across the localities of the pre-existing trusts. Some anomalies still exist and are being resolved. However, managers are not completely confident that these processes have provided the basis for harmonisation across the Health Board.
Sickness absence is within acceptable levels and is well managed.	✓/x	Sickness absence has been more proactively managed in the catering services in the West and Central localities. The interim Health Board Catering Manager has identified high sickness levels at Wrexham Maelor Hospital. This may in part reflect the culture that has prevailed in that service for some years. There is recognition that better management of sickness absence is needed at Wrexham Maelor Hospital.

Procurement, production and cost control

17. 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:
- the Health Board 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 its own sustainability policy instead placing reliance on national contract arrangements;
 - food production arrangements rely heavily on manual paper systems rather than an IT solution;
 - unlike other health boards the Health Board was not able to provide financial information on all of its catering service, which suggests business management arrangements can be improved;
 - cost control is based on the ledgers from the pre-existing trusts and could be strengthened by introducing a single ledger, a food pricing policy and a subsidy policy for non-patient meals;
 - non patient catering services are currently subsidised by at least £370,000 and this figure could be substantially higher;
 - although the Wrexham Maelor Hospital kitchens received a good practice award following the last Environmental Health Officer (EHO) inspection, our observations and the findings of the Health Board Catering Manager would suggest that standards have fallen significantly; and
 - systems are in place to monitor waste and there is potential to strengthen these by developing greater consistency of approach and extending monitoring to include uneaten food.

18. 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 vast majority of Health Board procurement arrangements for catering use either Welsh Health Supplies (WHS) All Wales contracts or NHS Supply Chain contracts. Some items are purchased using Health Board contracts and these are sourced from approved suppliers. The catering managers have begun to discuss how they might be able to take advantage of the three Health Board administration 'hubs' for catering across North Wales. Developments would need to be considered as part of a catering strategy for the organisation. The catering managers demonstrated good knowledge of the processes necessary to ensure robust standards of food supply.
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 the Assembly Government guidance.
Procurement arrangements support the delivery of planned menus.	✓	Procurement generally takes place on the basis of historical patterns of ordering. Some forward buying takes place to secure menu continuity at competitive prices.
Production		
The Health Board operates a computerised catering system to facilitate production planning and control?	✓/x	Menu cards are entered manually into the separate systems maintained across the organisation. This is time consuming and staff intensive.
Patients order meals less than 24 hours in advance?	✓	Slightly different systems operate across the Health Board. In all cases patients order their food around 24 hours in advance. Whilst this is accepted practice we found no area where the elapsed time between ordering and receipt of food had improved on this period.
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 to some extent by dieticians.
A production plan in place to guide kitchen's 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, through the quality processes and production supervisors. As mentioned above, supervision levels at the Wrexham Maelor Hospital kitchen are very low, calling into question the capacity to ensure that appropriate portion sizes are maintained.

Expected practice	In place?	Further information
Production		
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. However, there is a view that the low levels of supervision within the Wrexham Maelor Hospital kitchen have resulted in poor kitchen practices eg, views from other professionals that the nutritional content of recipes is not maintained.
Food safety		
Robust arrangements in place to ensure food safety (eg, food temperature checks).	✓/x	There is a mix of service types at ward level across the Health Board ie, trays or bulk serve. 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. Trolleys at Wrexham Maelor Hospital are ambient temperature only. We conducted food quality exercises at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maleor Hospital, and found that hot food temperatures were below the current guidelines of 63°C.
A Hazard Analysis Critical Control Points (HACCP) policy is in place.	✓	Policies are in place.
Catering facilities regularly inspected by local environmental health officers.	✓	The Health Board catering arrangements are subject to regular inspections by the local authorities across which the Health Board is located. Negotiating a collaborative approach between councils for inspections might help the Health Board to establish a more consistent perspective. Although the Wrexham Maelor Hospital kitchens received a good practice award following its last inspection our observations and the findings of the Health Board Catering Manager would suggest that standards have fallen significantly.
Action taken in response to EHO recommendations.	✓/x	Responsibility rests with the relevant catering manager and action appears to be taken. However, EHO reports are not logged and monitored as part of corporate risk and governance arrangements.
Cost control		
Computerised catering system in place to support service management and monitoring.	x	There is no system in place.

Expected practice	In place?	Further information
<p>Cost of catering service known and monitored.</p>	<p>✓/x</p>	<p>The Health Board could not provide robust financial information on the different elements of its catering service in Ysbyty Gwynedd and Llandudno DGH. This is unusual and does not reflect the position in other health boards and the recommendation of our 2001-02 report.</p> <p>Although financial monitoring takes place across the Health Board and the most recent returns were drawn up by the Catering Manager at Ysbyty Glan Clwyd for the Health Board as a whole.</p> <p>Approximately 60 per cent of the costs are managed separately. Some components such as cooking hours for patient/non-staff food are more difficult to apportion.</p> <p>In theory there is a separate budget heading for staff and patients catering costs, although this is difficult to fully establish.</p> <p>Costing processes are different for each part of the Health Board. For example, in the West, management costs are separated out of the catering budget whereas this element is included in the budget elsewhere in the Health Board.</p> <p>The Finance Department is developing a consistent approach to recording and monitoring catering costs across the Health Board.</p>
<p>There are effective and flexible ordering systems in place between the wards and the catering department.</p>	<p>✓</p>	<p>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.</p>
<p>Ward wastage is monitored:</p> <ul style="list-style-type: none"> • unserved meals; and • uneaten food. 	<p>✓/x</p>	<p>Unserved meals are recorded when the ward food trolleys are returned to kitchens. This process is being refined and there may be potential to share practice across the Health Board.</p> <p>Uneaten food is not monitored.</p>
<p>There is an agreed approach to subsidy/contribution from non-patient services.</p>	<p>x</p>	<p>There is no official subsidy policy in place. At the end of the year staff dining room income is less than spend.</p> <p>A policy should be drawn up to clarify expectations and objectives in terms of acceptable levels of income.</p>
<p>A pricing policy for non-patient meals is in place.</p>	<p>✓</p>	<p>At present prices are different across the Health Board. The Interim Health Board Catering Manager intends to bring prices into line by 2011, with the intention that prices will match the current highest price.</p> <p>Historically, a percentage increase has been made each year without recourse to actual cost.</p>
<p>Dining room wastage is monitored.</p>	<p>✓</p>	<p>Main course portions are monitored at the end of each service for the main course.</p> <p>There may be some scope to manage and monitor portions more effectively.</p>

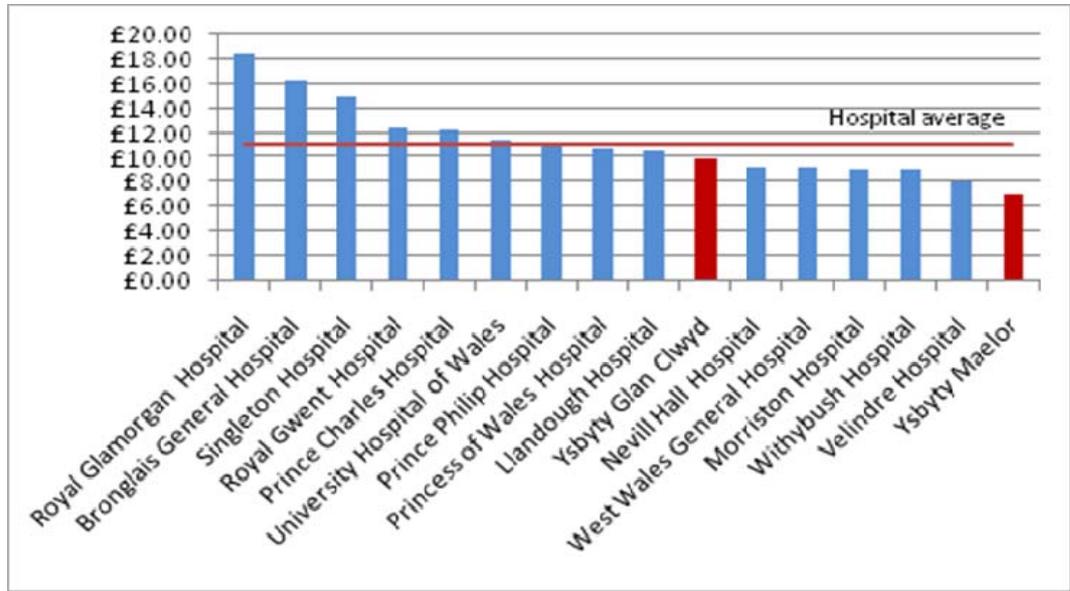
19. Our analysis of the 2008-09 financial performance of the catering service (Exhibit 2) has shown that known total costs for the service are below the average costs for Wales.
20. The cost of patient meals varies between the different sites mainly because of the higher staffing costs at Ysbyty Glan Clwyd and Ysbyty Gwynedd, although in overall terms the cost of the patient service is below the Welsh average.
21. Only two of the hospitals were able to provide an analysis of their non-patient expenditure which shows this part of the service is being subsidised by £370,000. If this performance was replicated across the Health Board this figure could exceed £500,000. The absence of this information suggests this part of the service is not being effectively managed.
22. A more detailed analysis of both 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 (£)
Ysbyty Gwynedd	Not available	9.34	
Llandudno DGH	Not available	7.54	
Ysbyty Glan Clwyd	9.86	8.55	-264,000
Wrexham Maelor Hospital	7.06	6.58	-106,000
Combined service	8.39	7.51	-370,000 (partial figure)
Wales	11.08	10.04	

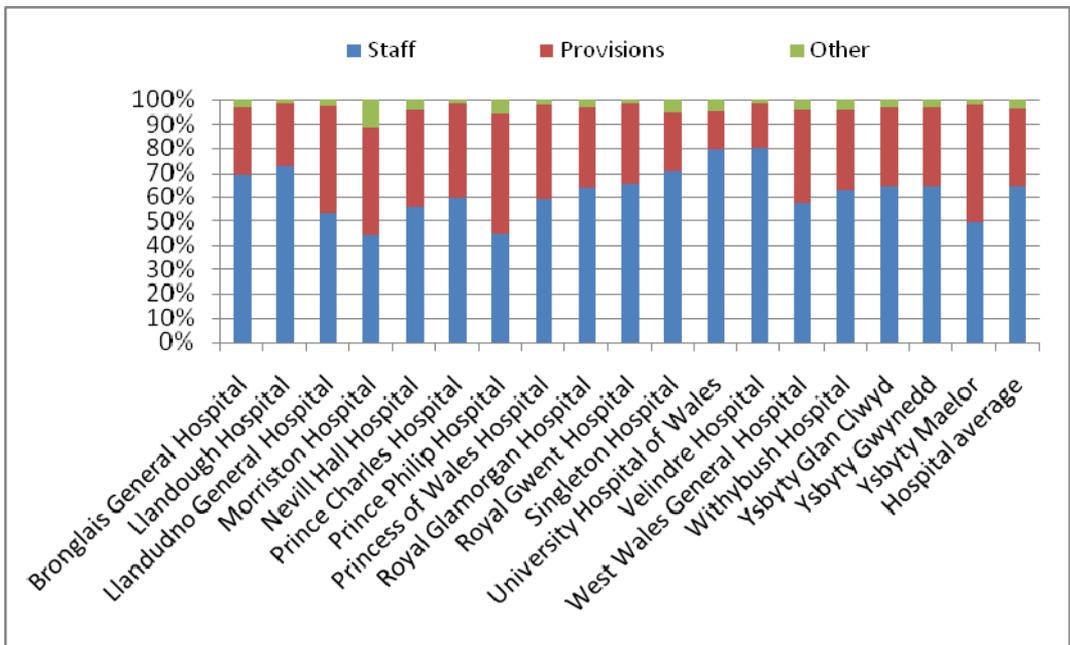
Source: Betsi Cadwaladr University Health Board and the Wales Audit Office

Exhibit 3: Net cost of catering service per patient day



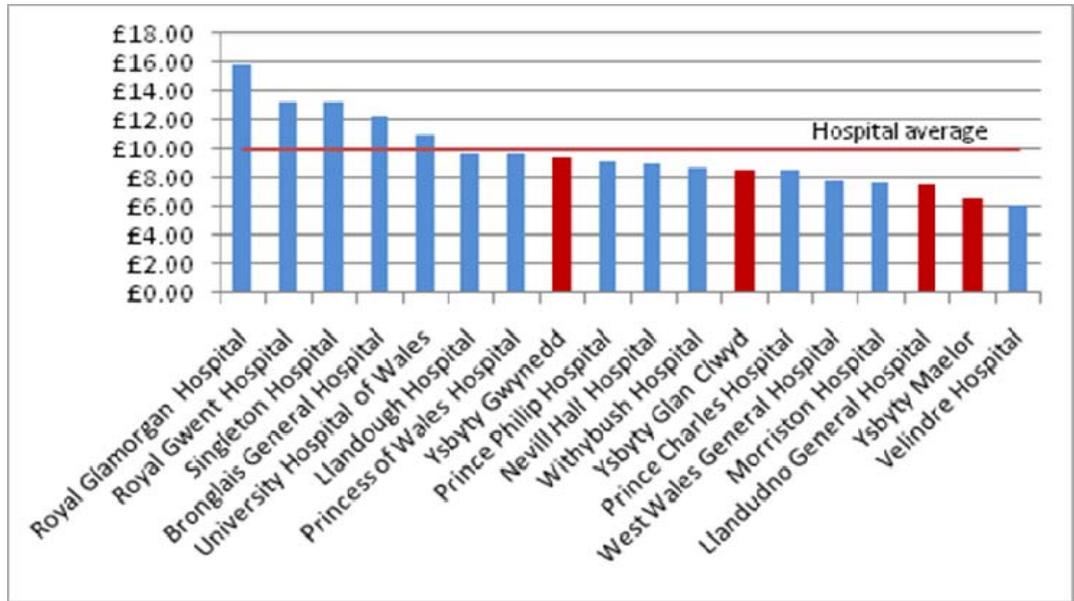
Source: Wales Audit Office

Exhibit 4: Expenditure distribution of patient catering costs



Source: Wales Audit Office

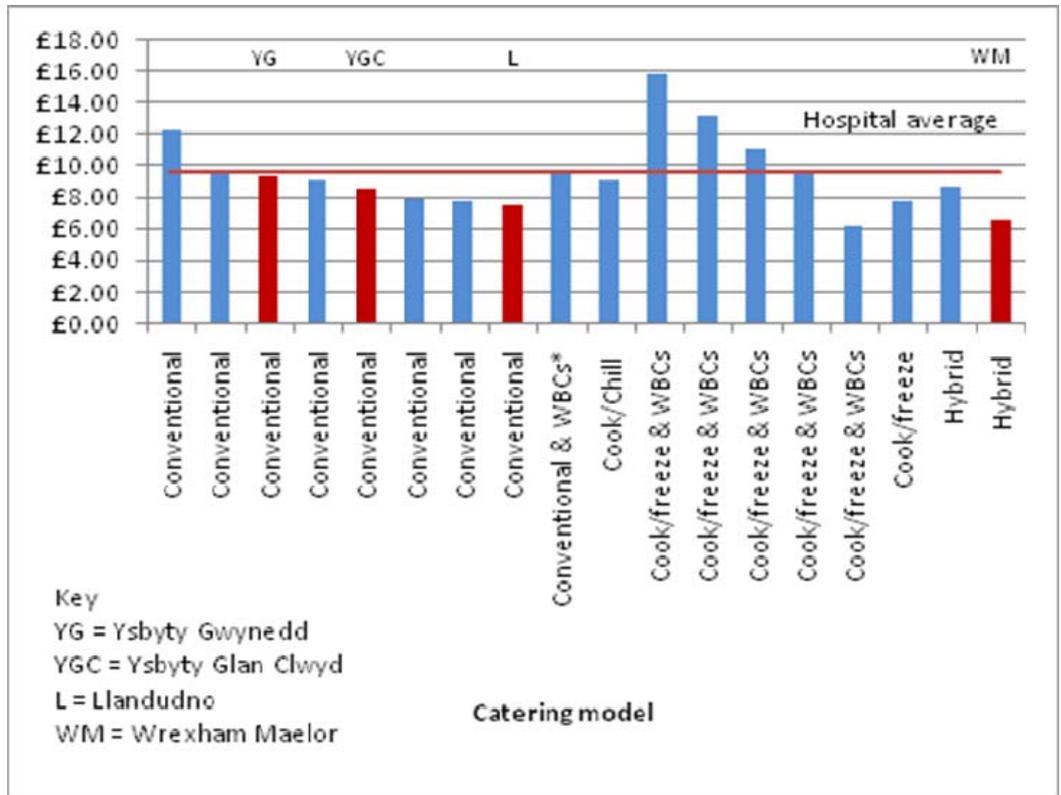
Exhibit 5: Comparative costs of the patient service



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

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23. 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.
 24. Generally, unserved meal wastage levels were below 10 per cent which suggests, arrangements are well managed. Reducing these levels to best performing hospitals could save £56,000 per year.
 25. In 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 £188,000 per year.
 26. 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 accurate.

Exhibit 7: Meal wastage and predicted savings

Ward	Unserviced meals	Plate waste	Total wastage	Possible efficiency savings unserved meals (5% target)	Possible efficiency savings plate wastage (10% target)		
Ysbyty Gwynedd – Dulas	16%	22%	38%				
Ysbyty Gwynedd – Prysor	8%	54%	62%				
Ysbyty Gwynedd – Tryfan	6%	12%	18%				
Llandudno DGH Marl	5%	12%	17%				
Llandudno DGH – Llewellyn	5%	8%	13%				
Ysbyty Glan Clwyd – Wd 2	13%	25%	38%				
Ysbyty Glan Clwyd – Wd 8	9%	10%	19%				
Ysbyty Glan Clwyd – AMU	3%	9%	12%				
Wrexham Maleor Hospital – Derwen		34%	34%				
Wrexham Maelor Hospital – Evington	11%	23%	34%				
Wrexham Maelor Hospital – Fleming	8%	15%	23%				
Overall	8%	20%	28%			£56,630	£188,770

Source: Betsi Cadwaladr University Health Board and the Wales Audit Office

Delivery of food to the ward

27. Most wards receive food in a reasonable condition although the way that food is delivered to some wards could be improved giving rise to a better patient experience. We have come to this conclusion because:
- Food arrives at the ward in a reasonable state but not always at the agreed time. This sometimes means that ward staff are not ready to receive and serve the food.
 - Conditions in the kitchens at Wrexham Maelor Hospital gave considerable cause for concern during our fieldwork.
 - Food trolleys at Wrexham Maelor Hospital are 25 years old and only maintain food at ambient temperature, which is not best practice.
 - Catering staff report that problems with portering arrangements can affect food quality because of the length of time it takes to arrive on a ward once it leaves the kitchen.
 - There is insufficient focus on the preparation of patients and the ward environment prior to mealtimes.
 - At Ysbyty Gwynedd and Ysbyty Glan Clwyd the standard food options evaluated during this review were generally very well presented and appetising, although in all hospitals food temperatures fell short of current guidelines.
 - At Wrexham Maleor Hospital, the standard food options evaluated during this review were less well presented and less appetising than elsewhere in the Health Board.
 - In general patients received the food that they had ordered on their menu card.
 - 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.
 - On a small number of wards patients are not provided with a menu card to make a choice of food. There is also evidence to suggest that, in some instances, staff choose food for patients.
 - Ward managers were often not clear about the extent to which staff had been trained in food presentation, or about the provision of food hygiene training and follow-ups.
28. 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.	✓	<p>The meal services observed across the Health Board generally arrived at the scheduled time. However, staff commented that delays or early deliveries sometimes occur and that this can be detrimental to the quality of the food provided.</p> <p>At the time of the review Wrexham Maelor Hospital porters were observed taking more than two trolleys from the kitchen to the wards, exceeding the agreed local arrangement. The arrangement exists because the food trolleys only maintain food at ambient temperature. Also, the journey time to some wards is considerable.</p> <p>At Ysbyty Gwynedd a system has recently been introduced requiring porters to obtain a timed signature from ward staff on delivery of a food trolley. The intention is to speed up the delivery of food to wards by monitoring the length of time it takes porters to get from the kitchen to wards. The approach should be considered for implementation elsewhere in the Health Board.</p> <p>Catering staff were of the view that shortcomings in portering processes can have a detrimental impact on food quality and that this unfairly reflects on the catering service. Some catering staff think that delivery of food could be improved if they were to be given responsibility for taking food trolleys to the wards.</p>

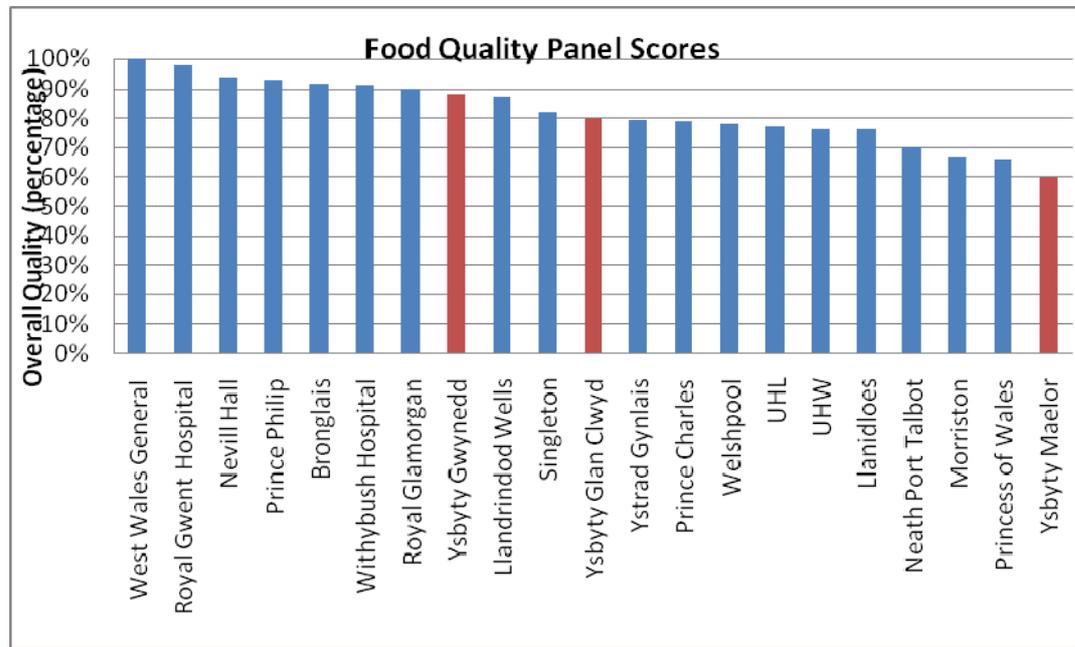
Expected practice	In place?	Further information
<p>Food arrives at the ward in a good state (eg, right temperature).</p>	<p>✓/x</p>	<p>We found that food at Ysbyty Gwynedd and Ysbyty Glan Clwyd is well presented and appetising, although food temperatures fell short of statutory requirements.</p> <p>Food at Wrexham Maelor Hospital was less well presented and less appetising, and temperatures fell short of statutory requirements.</p> <p>As mentioned above, food trolleys at Wrexham Maelor Hospital only maintain food at ambient temperature. The interim catering manager is planning to make a business case for the replacement of the trolleys.</p> <p>Conditions in the kitchens at Wrexham Maelor Hospital gave considerable cause for concern during our fieldwork. For example, the interim Health Board Catering Manager identified the following problems on taking up post:</p> <ul style="list-style-type: none"> • kitchen facilities that are difficult to clean eg, the pan washing area; • problems with moisture and damp in various areas throughout the kitchen, necessitating frequent redecoration (not always achieved); • kitchen equipment and systems that potentially compromise the delivery of food which is safe and of acceptable quality eg, the crossover of clean and dirty dishes in the dishwashing area presenting potential for cross-contamination; a lack of bins etc; • different groups of staff entering the kitchens without wearing appropriate garments, leading to potential for contamination from ward areas; • some equipment which has had to be condemned, and further items which still need to be condemned; and • a lack of pride by staff in the environment eg, there had been work to remove a sink in the main kitchen area two weeks before our fieldwork visit, yet there was still building dust on the floor and a tiled wall which was covered in grime. <p>These issues have the potential to impact on the state of food provided and need to be addressed as a matter of urgency.</p>
<p>Arrangements are in place to ensure that patients receive the right meal.</p>	<p>✓</p>	<p>Catering bed plan systems are in place at each hospital although they vary in approach. There is potential to share approaches and learning to facilitate improvement.</p> <p>On a small number of wards, patients do not receive menu cards, and there was evidence to suggest that staff choose food for patients.</p> <p>There is generally good communication between dieticians, ward staff and catering staff with regard to individual patient requirements.</p> <p>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.</p>

Expected practice	In place?	Further information
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. At Ysbyty Glan Clwyd, ward hostess roles have been piloted. There has been useful learning from the pilot process and this initiative has been welcomed at ward level. It is planned to have these roles introduced across the Health Board by March 2011.
Staff involved in serving food have been trained in food presentation.	✓/x	Basic food presentation is part of the training of some staff. Ward managers were generally unclear whether all staff involved in delivering food to patients had received training of this type.
Staff involved in serving food have been trained in food hygiene.	✓/x	In principle all staff involved in serving food should have basic training in food hygiene. However, ward managers were not always clear as to the extent of formal training that various staff groups receive. There was also general uncertainty at ward level about whether food hygiene training follow-ups were routinely available.
The patient environment is prepared to receive the meals.	✓/x	During our ward observations we found that preparation generally took place at the point when 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 generally available by request to occupational therapy departments. It was not clear whether staff had sufficient awareness about patients' needs in this respect. It was also not clear whether provision is made quickly once a request has been made.
Patients have the opportunity to wash their hands before eating.	x	There was little evidence of staff encouraging patients to cleanse their hands before eating. Hand wipes are available in some areas, although it appeared that they were not being used. In one instance it was pointed out that their cost had to come out of the ward budget, suggesting that they were too expensive to use.

Expected practice	In place?	Further information
Food is delivered to the patient quickly and efficiently.	✓	<p>The length of the mealtimes we observed varied but were generally carried out efficiently once they had commenced. The longest elapsed times observed between the arrival of the trolley on the ward and the completion of tray collection after patients had finished eating was in Llandudno DGH on Marl Ward and Llewellyn Ward (1 hour 25 minutes and 1 hour 15 minutes respectively). This is unacceptably long.</p> <p>On one ward the trolley arrived earlier than was scheduled and ward staff were not ready to commence the meal process. There were two instances where there was a 20-minute interval between the trolley arriving on the ward and the food service commencing. This falls short of best practice</p> <p>One of these was on a ward in Wrexham Maelor Hospital where the impact of any delay on food quality is potentially greater because the trolleys only maintain ambient temperature.</p>

29. 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.
30. Our review included food tasting panels at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital. These involved various combinations of auditors, catering staff, ward staff, specialist nursing staff, dietetic staff, speech and language therapists, and Community Health Council (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.
31. 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.
32. A maximum score of 100 per cent is possible if all the criteria tested received a '5 rating'. The scores at Ysbyty Gwynedd, Ysbyty Glan Clwyd, and Wrexham Maelor Hospital were 88 per cent, 80 per cent, and 60 per cent respectively. Whilst the scores for Ysbyty Gwynedd and Ysbyty Glan Clwyd do not give any significant cause of concern, the score for Wrexham Maelor Hospital was the lowest recorded in any of the Welsh hospitals where we carried out the exercise (Exhibit 8).
33. At all three hospitals, the hot food options fell short of the 63°C temperature set in the health and safety legislation.

Exhibit 8: Hospital food quality panels overall scores



Source: Wales Audit Office

Meeting patients' nutritional needs and supporting recovery

34. Generally, ward managers are 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 at all. We have come to this conclusion because we observed that:
- patients receive nutritional screening on admission through use of a MUST-related tool, although this does not take place in some areas eg, the AMU at Wrexham Maelor Hospital;
 - the structure of nursing notes varies considerably across the Health Board;
 - the extent to which the calculation of patients' BMI takes place is variable;
 - ward staff are available to help patients eat, although the involvement of trained nurses is not consistent;
 - in the main, the Health Board's catering arrangements provide choice and respond effectively to meeting individual needs;
 - patients' food and fluid intake is not always recorded, and intake charts are not always signed off by registered nurses at the end of every shift; and
 - although some wards operate the Health Board's protected meal times policy very well, it is not consistently applied between different wards and hospitals.
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.</p> <p>The Health Board uses documentation based on the MUST tool. Different versions of the tool are used across the organisation. Not all patients are screened within 24 hours.</p> <p>Existing nursing documentation was largely established by the pre-existing trusts. As a consequence there are substantial differences in the formats used across the Health Board.</p> <p>With the exception of Wrexham Maelor Hospital, information associated with nutrition is recorded in a number of separate documents within the nursing notes (and medical notes). This fragmentation does not assist staff when they record and review a patient's nutritional status. At Wrexham Maelor Hospital there is an admission document which brings together most of the items of information we looked for in the notes.</p> <p>There is generally no recording of a patient's oral health status in the notes. This significant deficit has been recognised for some time and work had been underway in the previous Trust to develop a framework to take this forward. However, this framework was reported as being lost. The DNMPs is currently taking this issue forward.</p> <p>There was little evidence that patients' 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.	✓/x	Referrals are made when a MUST assessment threshold is reached. This threshold is different across the different variations of the MUST tool that are in place across the Health Board.
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.
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.
Menu provides patients with a good choice of food.	✓	A local two or four-week menu cycle is in place depending on the hospital. All provide a range of options for each course.
Menu contains options for vegetarians.	✓	Vegetarian choices are usually available.

Expected practice	In place?	Further information
Menu contains options for patients from specific religious/ethnic backgrounds.	✓/x	The level of demand for food by patients with specific religious and cultural backgrounds was said to be low. In general catering services said that they respond with appropriately sourced food on a case by case basis. Providing choice for these patient groups was acknowledged to be challenging. There may be potential to improve choice for these patients by looking at provision on a Health Board-wide basis.
Protected meal time arrangements are in place.	✓	<p>Most wards in the Health Board have introduced protected meal times although the AMU at Ysbyty Gwynedd does not operate a formal protected mealtime.</p> <p>There was a high level of commitment to protected meal times amongst ward managers. They remain generally vigilant, although practices vary between wards.</p> <p>Most ward managers reported progress in ensuring that ward rounds do not take place during the protected mealtime. There had been some problems at Wrexham Maelor Hospital in ensuring that pharmacists did not visit wards during mealtimes.</p> <p>Drug rounds are generally discouraged during mealtimes, although our ward observation suggested that there is still overlap in some areas. Staff said that this was primarily for drugs that needed to be taken with food. There may be scope to adjust processes.</p> <p>Protected meal time notices at the entrance to wards vary in size and nature across the Health Board. Some were prominent, while others were small and poorly positioned.</p> <p>Most wards close their doors during the meal time, although some do not. Lighting levels in ward corridors are adjusted in some wards to discourage unwanted intrusions.</p> <p>Visiting times overlap with some protected meal times on a small number of wards.</p>
Arrangements are in place to identify patients who may need specific help eating their food.	✓	<p>Some adult wards operating a red tray system identifying patients requiring support.</p> <p>In some wards symbols are in place above beds to identify patients with particular needs.</p>
Patients are given assistance to eat if required.	✓	<p>Observing ward practice we found most patients received assistance where it appeared to be necessary.</p> <p>The extent of involvement of trained nursing staff and healthcare assistants varied across wards. The mealtimes observed were led by a Registered Nurse.</p>
Patients are able to get snacks outside mealtimes.	✓	<p>Arrangements for snack provision on wards vary across the Health Board, as does the policy as to which patients are entitled to snack food.</p> <p>Staff sometimes request food from kitchens outside regular mealtimes. Catering staff are said to be obliging to such requests although nursing staff comments suggested that the extent of this service varies depending on which catering staff are on duty.</p>

Expected practice	In place?	Further information
Patients' food intake is regularly monitored using the All Wales Food Record Chart.	✓/x	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. 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 patient's account of what they have eaten.
Food record chart is counter-signed by a registered nurse at the end of each shift.	✓/x	Food charts are in use across the Health Board although we observed that they were not always countersigned by a trained nurse.
Daily and weekly fluid input and output charts are in use.	✓/x	All-Wales Fluid charts are in place but not always completed on a regular basis. Staff commented that the chart format is difficult to use and does not provide space for all information they might need to record.
Weekly fluid input and output charts are counter-signed by a registered nurse once a day.	✓/x	Fluid charts were not always countersigned by a trained nurse.

Gathering views from patients and sharing information

36. Patient views on hospital food and the catering services are collected through a number of mechanisms and there is scope 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 separately by catering and nursing staff; 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 three 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.	✓/x	Although the nutrition and catering implementation groups involve the relevant CHCs there are no arrangements in place to directly involve patient groups.
Service users participate in quality reviews of the service.	✓/x	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.
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. Fundamentals of Care audits now offer significant scope to compare practice across the Health Board, and to share findings across professional groups.

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, particularly at Wrexham Maelor Hospital. A significant number of patients reported not choosing the portion size of their food. Around 20 per cent of patients thought that they did not have enough to eat.
39. A summary analysis (Exhibit 8) 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 could not always recall being weighed or talking to nursing staff or dieticians about their nutritional needs.
40. The overall satisfaction rate with the service was reasonable, although the level was below the Welsh average in this survey. Around 28 per cent of patients were not satisfied with the food they had received. This suggests that there could be scope for catering departments to look at the quality of meals and to consider more cross service and patient involvement panels as a means of achieving more effective feedback.

Exhibit 9: Patient survey key findings

Question	BC Health Board	Wales
Percentage of respondents weighed during their hospital stay	63%	67%
Percentage of respondents whose height was measured during their stay in hospital	32%	32%
Percentage of respondents where a member of the hospital staff talked to them about their dietary needs	41%	41%
Percentage of respondents who were able to choose their meals portion size	74%	65%
Percentage of respondents who missed a meal, and had a replacement provided	77%	80%
Percentage of patients who felt they had enough to eat	80%	87%
Percentage of respondents who were satisfied with the food they received	72%	82%

41. 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

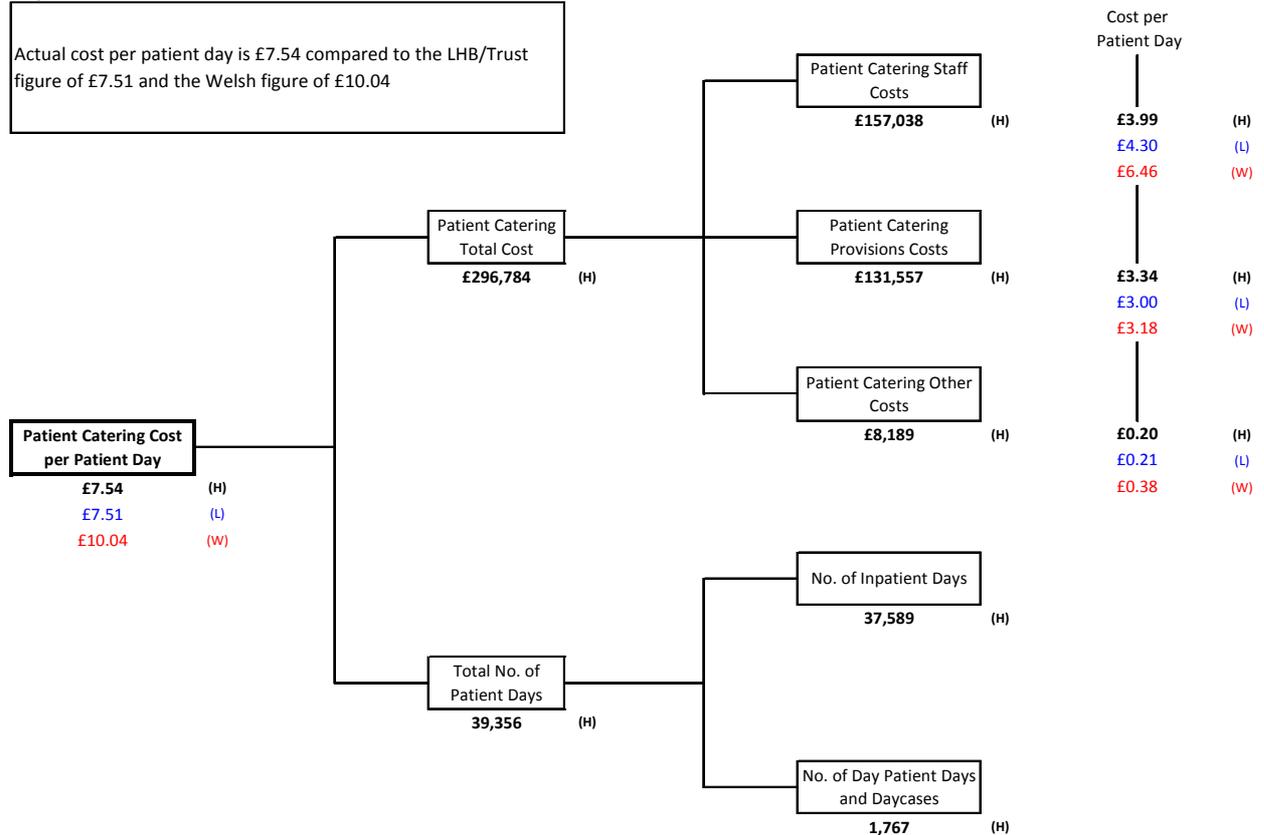
Cost comparison

Patient Catering Costs

Hospital: **Llandudno General Hospital**
 LHB/ Trust: **Betsi Cadwaladr University Health Board**

Key Issues

Actual cost per patient day is £7.54 compared to the LHB/Trust figure of £7.51 and the Welsh figure of £10.04



Prime cooking method: Conventional 0
 Food regeneration: Not applicable
 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 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd Apportionment of staff costs between patient and non-patient activities is based on the Welsh average, rather than provided by the HB "Other" costs have been apportioned between patient and non-patient activities based on the Welsh average rather than on figures provided by the HB

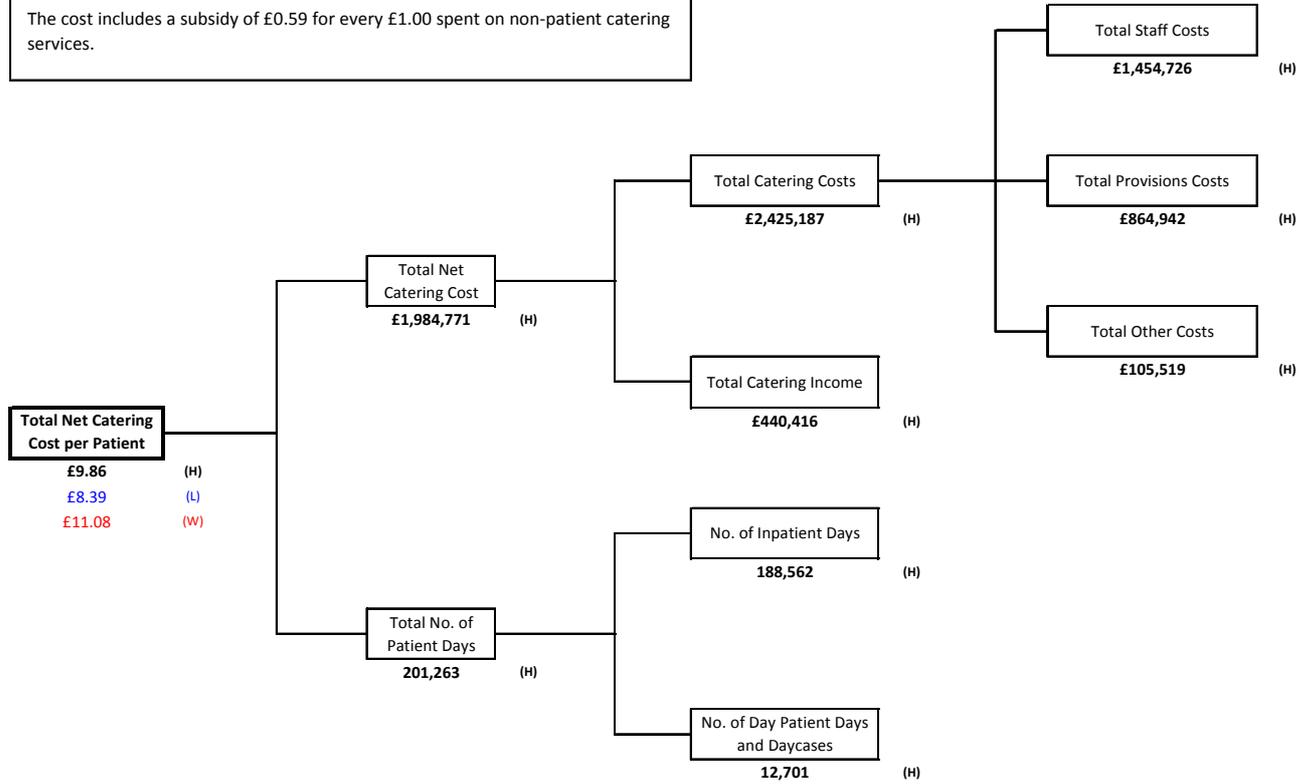
Total Catering Costs

Hospital: Ysbyty Glan Clwyd
 LHB/ Trust: Betsi Cadwaladr University Health Board

Key Issues

The total net cost per patient day to the hospital is £9.86 compared to an LHB figure of £8.39 and a Welsh figure of £11.08

The cost includes a subsidy of £0.59 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

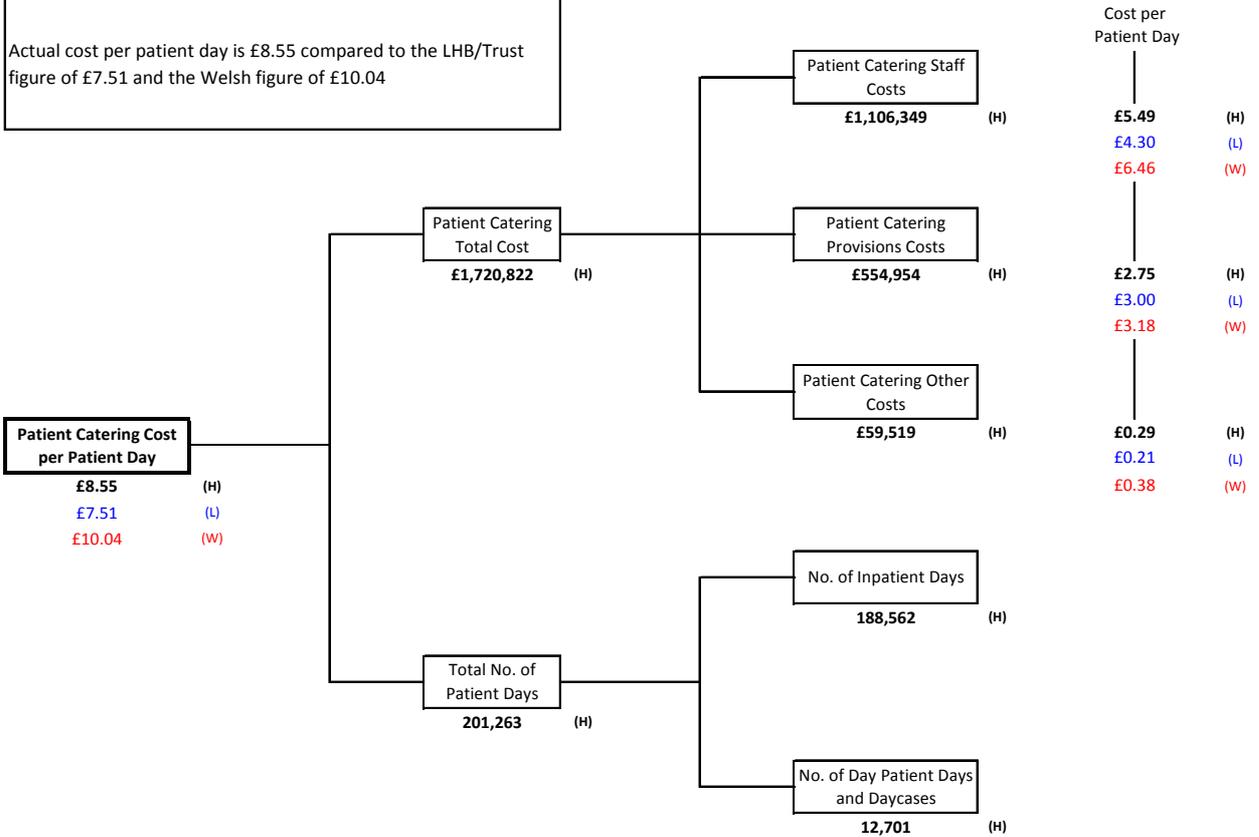
The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd

Patient Catering Costs

Hospital: **Ysbyty Glan Clwyd**
 LHB/ Trust: **Betsi Cadwaladr University Health Board**

Key Issues

Actual cost per patient day is £8.55 compared to the LHB/Trust figure of £7.51 and the Welsh figure of £10.04



Prime cooking method: Conventional Bought in teryure froxen meals
Food regeneration: Centrally before distribution
Service delivery: Hybrid
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
 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to mssing data from Llandudno General Hospital and Ysbyty Gwynedd

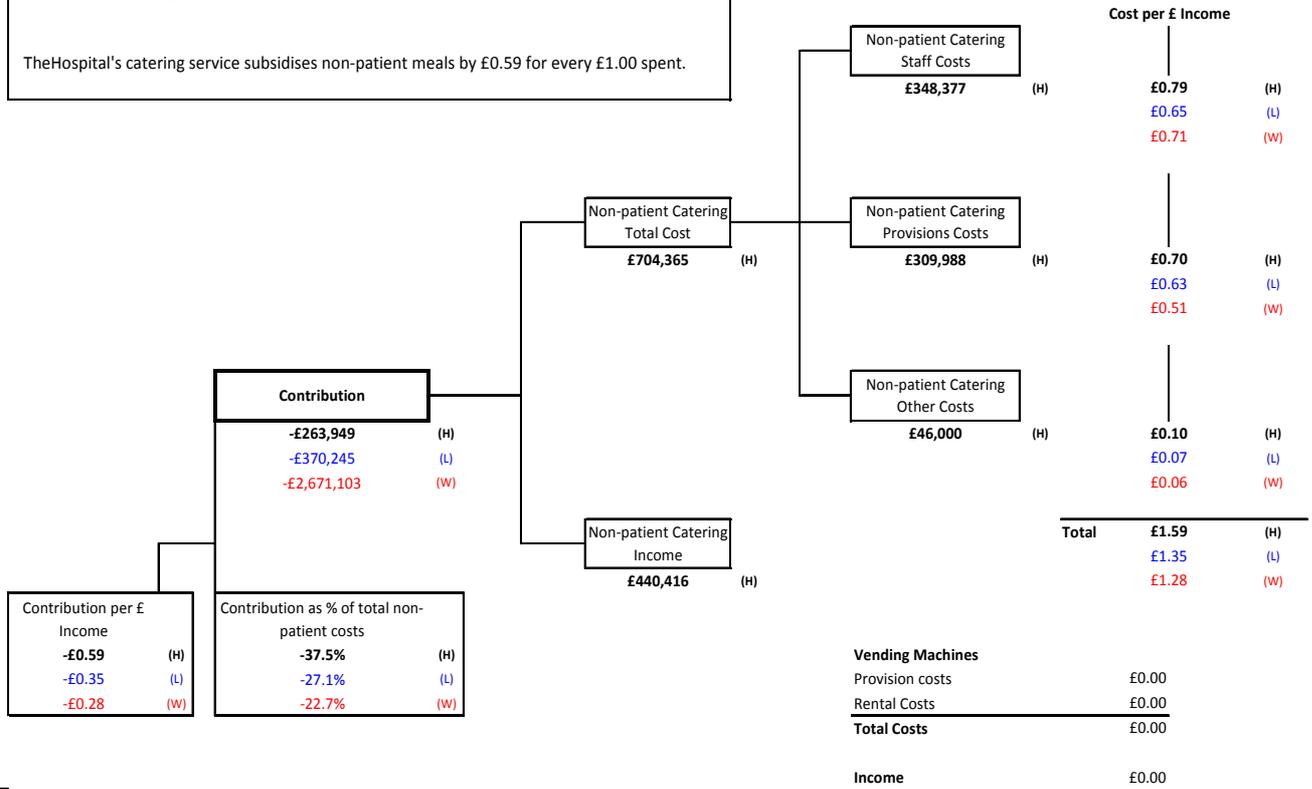
Non-Patient Activity Costs

Hospital: **Ysbyty Glan Clwyd**
 LHB/ Trust: **Betsi Cadwaladr University 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 £0.59 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
 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd

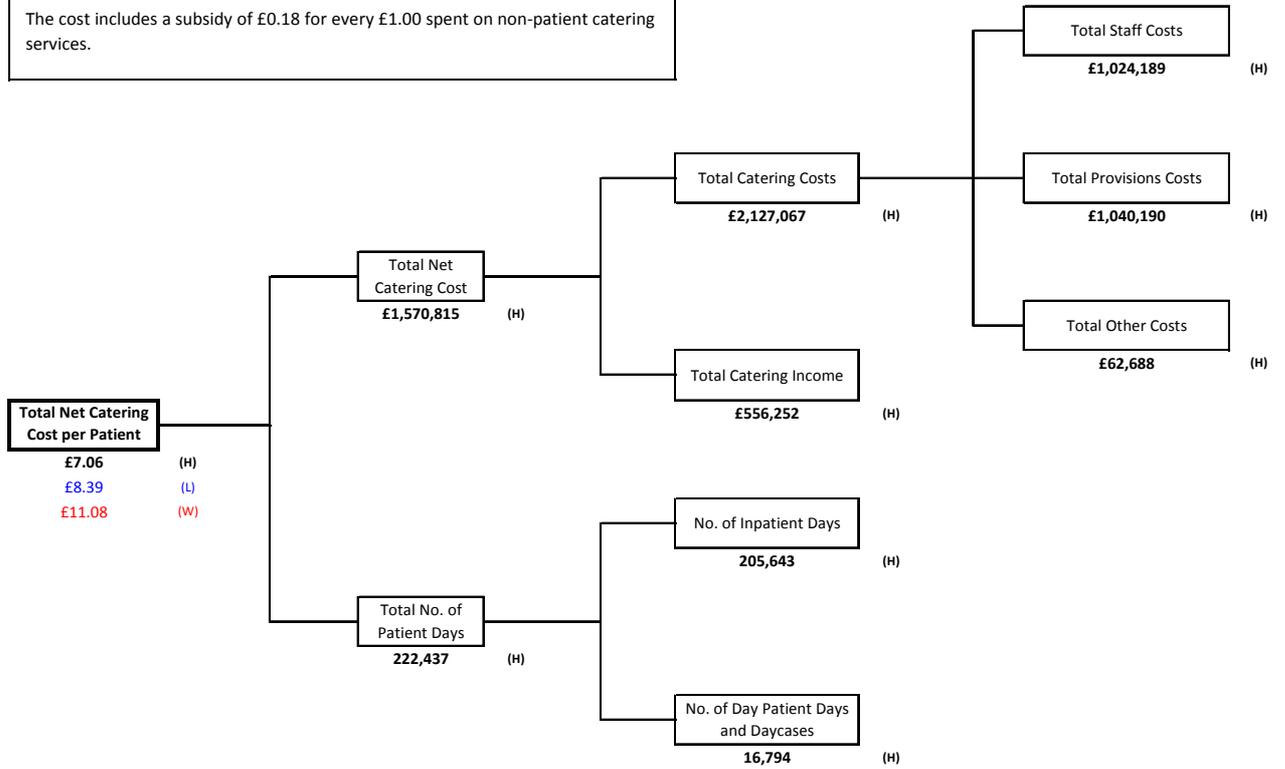
Total Catering Costs

Hospital: **Ysbyty Maelor**
 LHB/ Trust: **Betsi Cadwaladr University Health Board**

Key Issues

The total net cost per patient day to the hospital is £7.06 compared to an LHB figure of £8.39 and a Welsh figure of £11.08

The cost includes a subsidy of £0.18 for every £1.00 spent on non-patient catering services.



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

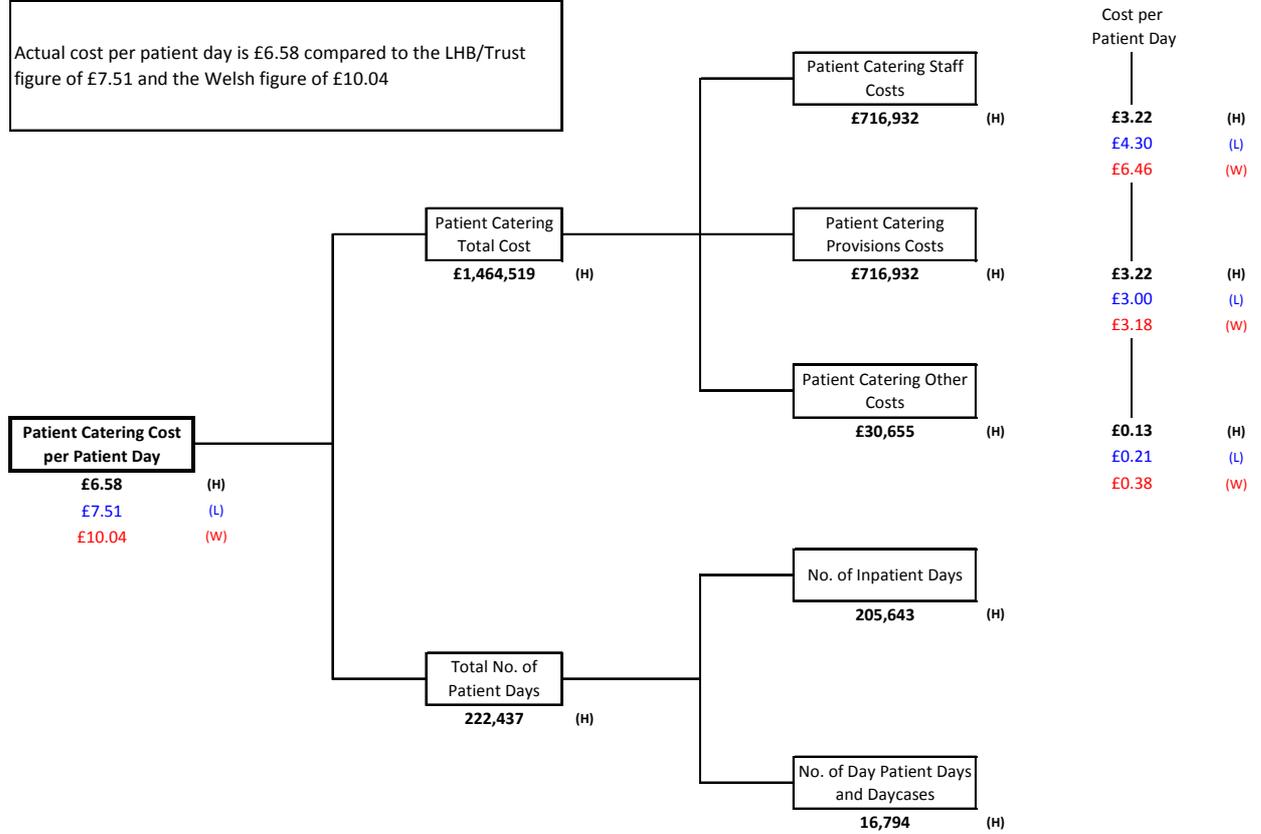
Notes
 The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated
 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd

Patient Catering Costs

Hospital: **Ysbyty Maelor**
 LHB/ Trust: **Betsi Cadwaladr University Health Board**

Key Issues

Actual cost per patient day is £6.58 compared to the LHB/Trust figure of £7.51 and the Welsh figure of £10.04



Prime cooking method: Hybrid (please specify) conventional and cook chill prepared on site
Food regeneration: Centrally before distribution
Service delivery: Hybrid
Washing up: Hybrid

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 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd

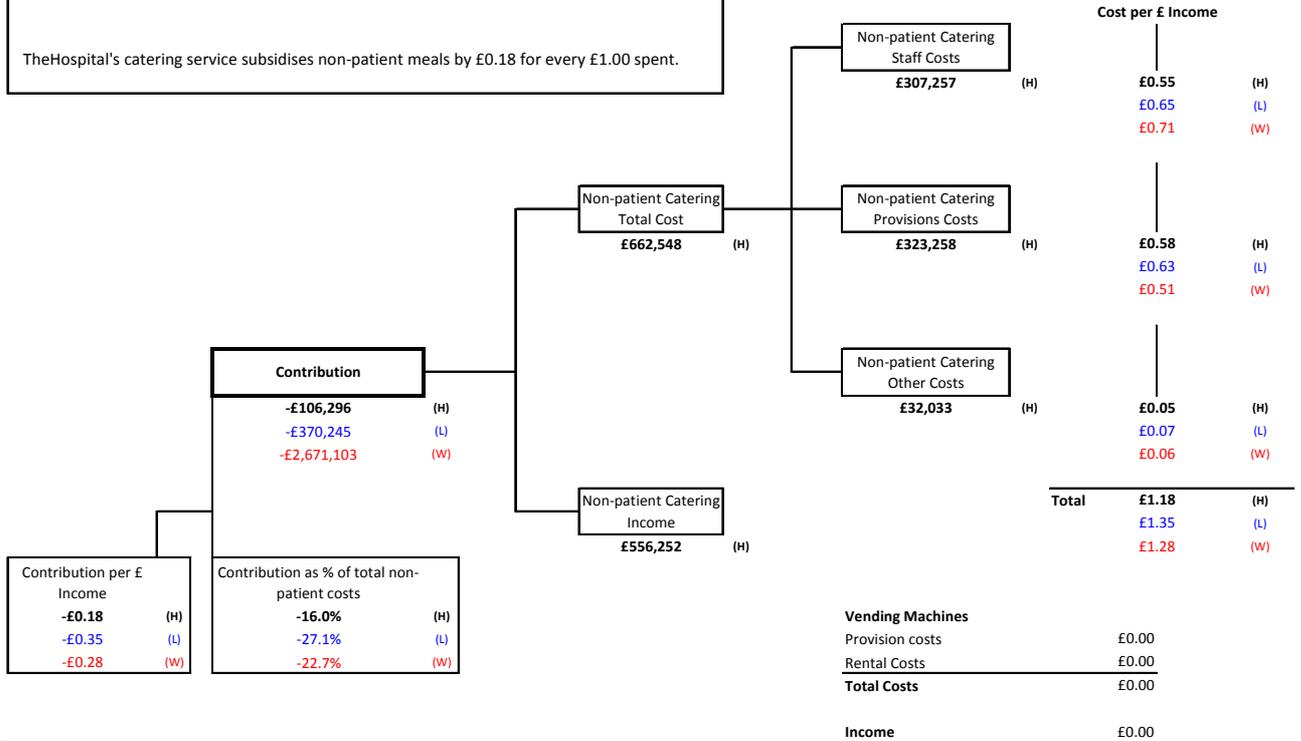
Non-Patient Activity Costs

Hospital: **Ysbyty Maelor**
 LHB/ Trust: **Betsi Cadwaladr University 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 £0.18 for every £1.00 spent.



Key

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

Notes

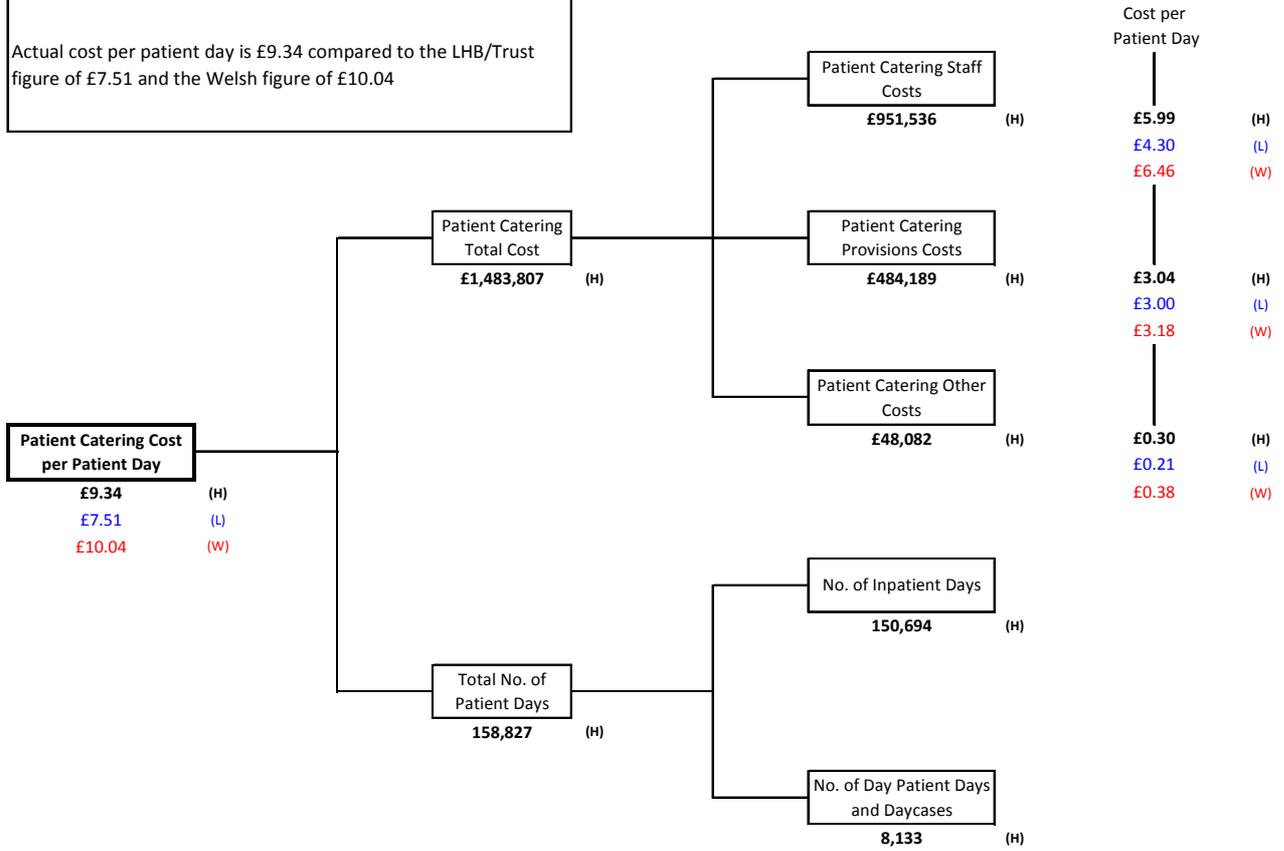
The LHB/Trust and Welsh figures are based on the hospitals that have participated in the survey, not all hospitals in Wales have participated
 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd

Patient Catering Costs

Hospital: Ysbyty Gwynedd
LHB/ Trust: Betsi Cadwaladr University Health Board

Key Issues

Actual cost per patient day is £9.34 compared to the LHB/Trust figure of £7.51 and the Welsh figure of £10.04



Prime cooking method: Conventional 0
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 LHB average based on Ysbyty Glan Clwyd and Ysbyty Maelor only, due to missing data from Llandudno General Hospital and Ysbyty Gwynedd Apportionment of staff costs between patient and non-patient activities is based on the Welsh average, rather than provided by the HB "Other" costs have been apportioned between patient and non-patient activities based on the Welsh average rather than on figures provided by the HB

Appendix 3

Patient experience – questionnaire

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 11 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, 139 questionnaires relate to the Health Board. The breakdown of responses across the Health Board is:

- Ysbyty Glan Clwyd – 38 responses
- Llandudno DGH – 25 responses
- Wrexham Maelor Hospital – 40 responses
- Ysbyty Gwynedd – 30 responses
- Community Hospitals – six responses

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

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

Betsi Cadwaladr Hospitals	Less than one day	2-3 days	4-7 days	8-14 days	More than two weeks	Number of responses
Ysbyty Glan Clwyd	3	15	11	3	3	35
Llandudno DGH	0	1	5	4	13	23
Wrexham Maelor Hospital	0	6	13	12	7	38
Ysbyty Gwynedd	0	4	8	5	11	28
Others	0	0	0	1	5	6
Betsi Cadwaladr	3 (2%)	26 (20%)	37 (28%)	25 (19%)	39 (30%)	130
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?

Betsi Cadwaladr Hospitals	Yes	No	Not sure	Number of responses
Ysbyty Glan Clwyd	16	20	2	38
Llandudno DGH	21	4	0	25
Wrexham Maelor Hospital	30	10	0	40
Ysbyty Gwynedd	16	14	0	30
Others	5	1	0	6
Betsi Cadwaladr	88 (63%)	49 (35%)	2 (1%)	139
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?

Betsi Cadwaladr Hospitals	Yes	No	Not sure	Number of responses
Ysbyty Glan Clwyd	8	28	2	38
Llandudno DGH	11	11	2	24
Wrexham Maelor Hospital	17	19	4	40
Ysbyty Gwynedd	4	25	1	30
Others	4	2	0	6
Betsi Cadwaladr	44 (32%)	85 (62%)	9 (7%)	138
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?

Betsi Cadwaladr Hospitals	Yes	No	Not sure	Number of responses
Ysbyty Glan Clwyd	7	29	2	38
Llandudno DGH	9	12	3	24
Wrexham Maelor Hospital	23	16	1	40
Ysbyty Gwynedd	15	15	0	30
Others	3	3	0	6
Betsi Cadwaladr	57 (41%)	75 (54%)	6 (4%)	138
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 for your dietary needs?

Betsi Cadwaladr Hospitals	I did not require a special diet	Yes, always	Yes, most of the time	Rarely	Never	Don't know	Number of responses
Ysbyty Glan Clwyd	18	4	6	1	4	4	37
Llandudno DGH	15	5	3	1	1	0	25
Wrexham Maelor Hospital	18	9	6	4	2	0	39
Ysbyty Gwynedd	13	6	8	1	1	1	30
Others	3	2	1	0	0	0	6
Betsi Cadwaladr	67 (49%)	26 (19%)	24 (18%)	7 (5%)	8 (6%)	5 (4%)	137
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	20	8	2	2	32
Llandudno DGH	10	7	0	3	20
Wrexham Maelor Hospital	29	8	2	1	40
Ysbyty Gwynedd	26	4	0	0	30
Others	4	2	0	0	6
Betsi Cadwaladr	89 (70%)	29 (23%)	4 (3%)	6 (5%)	128
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	16	10	2	2	30
Llandudno DGH	8	7	0	3	18
Wrexham Maelor Hospital	28	9	2	0	39
Ysbyty Gwynedd	22	7	1	0	30
Others	3	2	0	0	5
Betsi Cadwaladr	77 (63%)	35 (29%)	5 (4%)	5 (4%)	122
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	10	8	9	3	30
Llandudno DGH	7	6	4	4	21
Wrexham Maelor Hospital	13	14	8	4	39
Ysbyty Gwynedd	12	9	6	1	28
Others	1	2	0	3	6
Betsi Cadwaladr	43 (35%)	39 (31%)	27 (22%)	15 (12%)	124
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	13	8	3	5	29
Llandudno DGH	6	9	1	6	22
Wrexham Maelor Hospital	17	9	8	5	39
Ysbyty Gwynedd	19	7	4	0	30
Others	2	2	0	1	5
Betsi Cadwaladr	57 (46%)	35 (28%)	16 (13%)	17 (14%)	125
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I was not in hospital long enough to tell	Number of responses
Ysbyty Glan Clwyd	9	8	3	4	9	33
Llandudno DGH	6	13	2	2	1	24
Wrexham Maelor Hospital	13	16	5	1	5	40
Ysbyty Gwynedd	10	12	3	0	5	30
Others	0	2	1	2	0	5
Betsi Cadwaladr	38 (29%)	51 (39%)	14 (11%)	9 (7%)	20 (15%)	132
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I have no beliefs which require a special diet	Number of responses
Ysbyty Glan Clwyd	6	3	1	2	24	36
Llandudno DGH	9	2	0	0	10	21
Wrexham Maelor Hospital	11	4	1	3	20	39
Ysbyty Gwynedd	5	1	0	1	23	30
Others	0	0	0	1	4	5
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Betsi Cadwaladr	31 (24%)	10 (8%)	2 (2%)	7 (5%)	81 (62%)	131
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I am not a vegetarian or a vegan	Number of responses
Ysbyty Glan Clwyd	0	2	2	0	30	34
Llandudno DGH	0	1	0	2	20	23
Wrexham Maelor Hospital	1	5	1	2	29	38
Ysbyty Gwynedd	0	0	0	1	27	28
Others	0	0	0	0	6	6
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Betsi Cadwaladr	1 (1%)	8 (6%)	3 (2%)	5 (4%)	112 (87%)	129
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I do not have a food allergy	Number of responses
Ysbyty Glan Clwyd	3	2	2	0	27	34
Llandudno DGH	0	2	1	0	19	22
Wrexham Maelor Hospital	1	4	1	1	30	37
Ysbyty Gwynedd	2	1	0	0	26	29
Others	0	0	0	1	5	6
Betsi Cadwaladr	6 (5%)	9 (7%)	4 (3%)	2 (2%)	107 (84%)	128
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?

Betsi Cadwaladr 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
Ysbyty Glan Clwyd	18	8	6	0	2	1	35
Llandudno DGH	2	1	14	0	5	0	22
Wrexham Maelor Hospital	35	1	2	0	0	1	39
Ysbyty Gwynedd	30	0	0	0	0	0	30
Others	3	0	()	0	0	0	6
Betsi Cadwaladr	88 (67%)	10 (8%)	25 (19%)	0 (0%)	7 (5%)	2 (2%)	132
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?

Betsi Cadwaladr Hospitals	Before the day of a meal	On the day of the meal	From the trolley	There was no choice	Number of responses
Ysbyty Glan Clwyd	14	8	12	2	36
Llandudno DGH	16	2	1	4	23
Wrexham Maelor Hospital	34	1	3	0	38
Ysbyty Gwynedd	20	10	0	0	30
Others	2	4	0	0	6
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Betsi Cadwaladr	86 (65%)	25 (19%)	16 (12%)	6 (5%)	133
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	23	6	2	6	37
Llandudno DGH	20	4	0	1	25
Wrexham Maelor Hospital	27	11	1	0	39
Ysbyty Gwynedd	22	7	1	0	30
Others	3	0	2	1	6
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Betsi Cadwaladr	95 (69%)	28 (20%)	6 (4%)	8 (6%)	137
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need help to get comfortable	Number of responses
Ysbyty Glan Clwyd	9	7	3	3	14	36
Llandudno DGH	5	14	1	0	5	25
Wrexham Maelor Hospital	7	9	5	3	14	38
Ysbyty Gwynedd	5	3	3	3	16	30
Others	0	1	2	1	1	5
Betsi Cadwaladr	26 (19%)	34 (25%)	14 (10%)	10 (7%)	50 (37%)	134
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?

Betsi Cadwaladr Hospitals	In a chair near my bed	In a communal dining area	In bed	Other	Number of responses
Ysbyty Glan Clwyd	24	2	11	1	38
Llandudno DGH	18	3	3	1	25
Wrexham Maelor Hospital	25	0	14	0	39
Ysbyty Gwynedd	21	0	9	0	30
Others	2	4	0	0	6
Betsi Cadwaladr	90 (65%)	9 (7%)	37 (27%)	2 (1%)	138
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Sometimes	Never	Number of responses
Ysbyty Glan Clwyd	22	10	6	0	38
Llandudno DGH	14	10	1	0	25
Wrexham Maelor Hospital	25	12	3	0	40
Ysbyty Gwynedd	19	11	0	0	30
Others	3	0	2	1	6
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Betsi Cadwaladr	83 (60%)	43 (31%)	12 (9%)	1 (1%)	139
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need them	Number of responses
Ysbyty Glan Clwyd	2	1	1	6	28	38
Llandudno DGH	1	2	0	0	19	22
Wrexham Maelor Hospital	0	3	0	2	35	40
Ysbyty Gwynedd	1	0	2	0	27	30
Others	0	2	0	0	4	6
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Betsi Cadwaladr	4 (3%)	8 (6%)	3 (2%)	8 (6%)	113 (83%)	136
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need help	Number of responses
Ysbyty Glan Clwyd	5	2	1	3	26	37
Llandudno DGH	1	4	0	0	17	22
Wrexham Maelor Hospital	0	2	0	1	36	39
Ysbyty Gwynedd	2	0	1	0	27	30
Others	0	2	0	0	3	5
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Betsi Cadwaladr	8 (6%)	10 (8%)	2 (2%)	4 (3%)	109 (82%)	133
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?

Betsi Cadwaladr Hospitals	Carer / volunteer	Family member	Friend	Nurse	I did not need help	Number of responses
Ysbyty Glan Clwyd	0	2	0	5	30	37
Llandudno DGH	0	1	1	2	18	22
Wrexham Maelor Hospital	0	0	0	0	38	38
Ysbyty Gwynedd	0	0	0	1	28	29
Others	0	0	0	2	4	6
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Betsi Cadwaladr	0 (0%)	3 (2%)	1 (1%)	10 (8%)	118 (89%)	132
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 arrived?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	I did not need help	Number of responses
Ysbyty Glan Clwyd	3	1	3	1	29	37
Llandudno DGH	1	3	0	0	18	22
Wrexham Maelor Hospital	0	0	1	0	38	39
Ysbyty Gwynedd	0	1	0	0	27	28
Others	0	0	2	0	4	6
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Betsi Cadwaladr	4 (3%)	5 (4%)	6 (5%)	1 (1%)	116 (88%)	132
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	14	18	3	3	38
Llandudno DGH	15	10	0	0	25
Wrexham Maelor Hospital	23	11	5	0	39
Ysbyty Gwynedd	14	15	1	0	30
Others	1	2	2	1	6
<hr/>					
Betsi Cadwaladr	67 (49%)	56 (41%)	11 (8%)	4 (3%)	138
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	18	11	6	2	37
Llandudno DGH	10	11	2	0	23
Wrexham Maelor Hospital	15	19	6	0	40
Ysbyty Gwynedd	13	15	2	0	30
Others	2	1	2	1	6
Betsi Cadwaladr	58 (43%)	57 (42%)	18 (13%)	3 (2%)	136
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	25	10	2	0	37
Llandudno DGH	16	7	1	0	24
Wrexham Maelor Hospital	25	13	2	0	40
Ysbyty Gwynedd	20	9	0	0	29
Others	4	2	0	0	6
Betsi Cadwaladr	90 (66%)	41 (30%)	5 (4%)	0 (0%)	136
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	15	9	5	4	33
Llandudno DGH	13	4	1	2	20
Wrexham Maelor Hospital	15	16	2	4	37
Ysbyty Gwynedd	18	4	3	1	26
Others	0	0	3	2	5
Total					
Betsi Cadwaladr	61 (50%)	33 (27%)	14 (12%)	13 (11%)	121
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	14	13	4	0	31
Llandudno DGH	7	11	3	2	23
Wrexham Maelor Hospital	13	25	2	0	40
Ysbyty Gwynedd	18	12	0	0	30
Others	0	2	3	1	6
Total					
Betsi Cadwaladr	52 (40%)	63 (48%)	12 (9%)	3 (2%)	130
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	17	13	4	3	37
Llandudno DGH	8	8	4	5	25
Wrexham Maelor Hospital	27	10	3	0	40
Ysbyty Gwynedd	18	8	3	1	30
Others	3	1	0	2	6
Total					
Betsi Cadwaladr	73 (53%)	40 (29%)	14 (10%)	11 (8%)	138
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	19	12	1	2	34
Llandudno DGH	13	7	1	0	21
Wrexham Maelor Hospital	25	13	1	0	39
Ysbyty Gwynedd	19	6	4	1	30
Others	4	1	1	0	6
Betsi Cadwaladr	80 (62%)	39 (30%)	8 (6%)	3 (2%)	130
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	4	10	5	13	32
Llandudno DGH	1	8	8	7	24
Wrexham Maelor Hospital	8	6	14	9	37
Ysbyty Gwynedd	6	5	10	7	28
Others	0	0	4	2	6
Betsi Cadwaladr	19 (15%)	29 (23%)	41 (32%)	38 (30%)	127
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	32	4	0	2	38
Llandudno DGH	20	5	0	0	25
Wrexham Maelor Hospital	25	12	1	0	38
Ysbyty Gwynedd	26	4	0	0	30
Others	5	0	1	0	6
Betsi Cadwaladr	108 (79%)	25 (18%)	2 (1%)	2 (1%)	137
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?

Betsi Cadwaladr Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Ysbyty Glan Clwyd	15	12	7	3	37
Llandudno DGH	10	12	1	1	24
Wrexham Maelor Hospital	11	16	4	7	38
Ysbyty Gwynedd	14	15	0	0	29
Others	2	2	0	2	6
Betsi Cadwaladr	52 (39%)	57 (43%)	12 (9%)	13 (10%)	134
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?

Betsi Cadwaladr Hospitals	Yes	Yes, too much	No, not enough	Number of responses
Ysbyty Glan Clwyd	26	0	10	36
Llandudno DGH	20	2	2	24
Wrexham Maelor Hospital	26	3	10	39
Ysbyty Gwynedd	25	2	3	30
Others	4	0	2	6
Betsi Cadwaladr	101 (75%)	7 (5%)	27 (20%)	135
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?

Betsi Cadwaladr Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Ysbyty Glan Clwyd	2	13	9	7	6	37
Llandudno DGH	4	7	5	6	1	23
Wrexham Maelor Hospital	5	15	12	7	0	39
Ysbyty Gwynedd	5	11	10	2	2	30
Others	0	1	1	2	2	6
Betsi Cadwaladr						
Betsi Cadwaladr	16 (12%)	47 (35%)	37 (27%)	24 (18%)	11 (8%)	135
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?

Betsi Cadwaladr Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Ysbyty Glan Clwyd	1	12	10	6	8	37
Llandudno DGH	4	10	7	0	2	23
Wrexham Maelor Hospital	6	11	12	8	1	38
Ysbyty Gwynedd	5	14	8	2	1	30
Others	1	1	1	0	3	6
Betsi Cadwaladr						
Betsi Cadwaladr	17 (13%)	48 (36%)	38 (28%)	16 (12%)	15 (11%)	134
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?

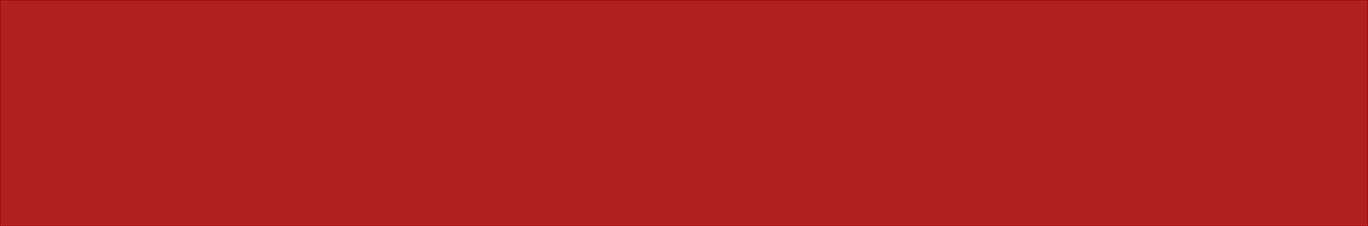
Betsi Cadwaladr Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Ysbyty Glan Clwyd	2	19	8	6	2	37
Llandudno DGH	5	3	11	3	1	23
Wrexham Maelor Hospital	7	12	13	5	1	38
Ysbyty Gwynedd	6	12	10	0	1	29
Others	0	1	0	2	3	6
<hr/>						
Betsi Cadwaladr	20 (15%)	47 (35%)	42 (32%)	16 (12%)	8 (6%)	133
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 your overall satisfaction with the food you received?

Betsi Cadwaladr Hospitals	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Ysbyty Glan Clwyd	2	14	7	10	4	37
Llandudno DGH	3	11	4	3	3	24
Wrexham Maelor Hospital	7	9	14	4	4	38
Ysbyty Gwynedd	7	8	9	3	2	29
Others	1	0	1	3	1	6
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Betsi Cadwaladr	20 (15%)	42 (31%)	35 (26%)	23 (17%)	14 (10%)	134
All responses (Wales)	125 (19%)	243 (37%)	178 (27%)	64 (10%)	55 (8%)	665

Source: Wales Audit Office Survey of Hospital Patients



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