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Hospital Catering

Velindre NHS Trust

Velindre NHS Trust's (the Trust) catering service and nutrition management demonstrate many aspects of recognised good practice, however both nutritional screening and communication between nursing and catering staff can each be improved.

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

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

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

5. The Wales Audit Office decided, therefore, that it would be timely to undertake further audit work on hospital catering to review progress since the work by the Audit Commission in Wales in 2001-02, and to examine the extent to which practices set out in the *Hospital Nutritional Care Pathway* are being embedded.

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

7. Our work at the Trust in May 2010 included a fieldwork visit to the Central Production Unit (CPU) at Cwm Taf Health Board as it has supplied patient and non-patient meals since 2005. Our audit findings are informed by an analysis of financial data relating to patient and non-patient elements of the catering service, observations of meal times on the three inpatient wards, a case note review of 13 patients' records and a patient survey that captures the views of eight patients about their experience of hospital food. Further details of the audit approach are provided in Appendix 1.

8. Our overall conclusion is that the Trust's catering service and nutrition management demonstrate many aspects of recognised good practice, however both nutritional screening and communication between nursing and catering staff can each be improved. We reached this conclusion because:

- Catering service planning is effective:
  - the Trust has a well established approach for the provision of catering services supported by catering and nutrition policies; and
  - the Nutrition Inpatient Improvement Group provides an appropriate means of reviewing plans and service delivery.
- Although the Trust actively monitors costs, more needs to be done to control the costs of catering services:
  - expenditure is actively monitored and steps taken to improve efficiency;
  - net costs for catering services per patient day are the lowest in Wales but un-served food waste is high; and
  - the Trust is subsiding non-patient meals by £106,000 per annum.
- Patients receive meals in good condition but arrangements for sharing information between nursing and catering staff need to improve:
  - patients are helped to prepare for their meals and are given the opportunity to wash their hands prior to eating;
  - food is well presented and received in good condition with patients being served their meals quickly and efficiently; and
  - arrangements for sharing information about patients' dietary needs are sometimes not effective.

- The Trust's catering service is flexible enough to ensure patients receive the nutrition that they require but compliance with the nutritional pathway needs to improve:
  - menus provides a wide choice of food and patients are generally satisfied with the choice available;
  - protected mealtimes are generally working well;
  - patients are not always screened on admission in relation to nutritional risk;
  - some patients at high risk of malnutrition are not referred for dietetic assessment; and
  - there is an inconsistent approach to nutritional care plans.
- The Trust actively seeks patients' views and their participation in quality reviews, and patient satisfaction is relatively high:
  - patients' views and participation in quality reviews are actively sought to improve services; and
  - patients are generally satisfied with the food they receive.

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

Recommendations

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

The Trust should ensure its arrangements for catering and nutrition services address the following:	
R1	Assess whether the current arrangements for reviewing performance and potential service risks via the Trust's Infection Control Group and the Divisional Risk Management Group are adequate, and if not, expand the scope of reporting to the Trust Board to include performance indicators and potential service risks.
R2	Complete its plans to reduce the level of subsidy used to support non-patient catering services.
R3	Review the current arrangements for monitoring food waste by: • examining the reasons for regenerating too many portions, if wastage levels exceed an agreed threshold; • recording the reasons for regenerating too many portions to seek solutions to over production; and • checking that the one day each month used to compile annual wastage rates is typical for that month.

R4	Improve arrangements for communication in relation to patients' dietary requirements by: • developing and agreeing a format for identifying the dietary requirements of each patient so that ward-based catering staff can take patients' orders and prepare meals efficiently, effectively and safely.
R5	Improve compliance with nutritional screening by: • exploring the reasons for non-compliance with nursing staff; • ensuring that reasons for not screening patients in relation to nutritional risk are recorded in the nursing case notes; and • providing guidance for using the Moreland nutritional screening tool, including re-enforcing the threshold at which patients should be referred for dietetic assessment.
R6	Agree an approach for nutritional care plans that sets out a basic number of actions for the different levels of risk depending upon the Moreland risk score.

Strategic planning and management arrangements

11. Catering service planning is effective. We have come to this conclusion because:
    - the Trust has a well established approach to providing catering services supported by catering and nutrition policies; and
    - the Nutrition Inpatient Improvement Group provides an appropriate means of reviewing plans and service delivery.
12. The following table summarises the findings supporting the conclusion.

Strategic planning and management arrangements

Expected practice	In place?	Further information
Service Planning		
The Trust has a clear strategy and policy for providing efficient and effective catering services	✓	The Trust's strategic approach for outsourcing the production of main meals for patients and non-patients was agreed some time ago. At the time of our audit, the contract was due to expire in the summer and plans were underway to tender for the service. Policies and procedures are in place to support the delivery of catering and nutrition services with roles and responsibilities of staff set out.
Dieticians and clinicians are fully involved in strategy and policy development and menu planning	✓	Dieticians and clinicians, through the multidisciplinary Nutrition Inpatient Improvement Group, are involved in developing policies in relation to catering and nutrition and reviewing tenders for catering services.
Evidence of matching catering staff to demand	✓	The Trust takes active steps to match staff resources to the demand for catering services, for example, when reducing the opening hours of the staff/visitor dining room.
Management arrangements		
Executive accountability for catering and nutrition is clearly identified	✓	As lead for safety and quality, the Executive Nurse Director is accountable for catering and nutrition.

Expected practice	In place?	Further information
Management arrangements		
The Trust Board receives sufficient information on performance and practice in relation catering and nutrition	✓	The Trust Board has considered catering and nutrition issues through elements in the Healthcare Standards and Fundamentals of Care audit. Currently, performance indicators and potential service risks are highlighted at meetings of the Trust's Control of Infection Group and the Divisional Risk Management Group. The Trust Board should consider whether these arrangements provide adequate assurance or consider expanding the scope of its reports on catering and nutrition to include performance against targets and potential service risks, such as patient satisfaction, environmental health inspection issues, food waste and financial performance. The Trust Board currently receives regular updates on the progress in implementing the Cancer Centre Financial Sustainability Plan. One element of this plan is the need to reduce the subsidy to the staff canteen.
A multidisciplinary group is in place to oversee the delivery of the catering services	✓	A multidisciplinary Nutrition Inpatient Improvement Group is in place to provide a focus for nutrition with its membership drawn from catering, nursing, dietetics and the Patient Liaison Group. The group meets quarterly to discuss and resolve issues relating to catering and nutrition.
Lead nurse identified to help implement strategy and embed good nutritional practices	✓	A number of nurses take the lead for different aspects of nutritional practice, such as protected meal times and at the time of our audit, the Trust was recruiting a clinical nurse specialist. The post holder will lead on nutritional issues, such as enteral feeding, nurse education and airway management for patients with head and neck cancers.
Job descriptions and salary ranges for catering staff are harmonised across the Trust	✓/✗	The Trust's catering assistants receive Band 1 payments. Although this may be appropriate for the Trust, neighbouring health boards have tended to grade similar posts at Band 2 because of their patient facing role. This may impact on future recruitment and retention, although recruitment was not a problem at the time of our audit. At the time of our audit, the Trust was reviewing the roles of catering and domestic staff with the aim of creating a more flexible workforce through dual roles in catering and cleaning. These dual roles would be graded at Band 2. However, many health boards have found real benefits in having dedicated staff for each of these roles, as their focus is different.

Expected practice	In place?	Further information
Management arrangements		
Sickness absence is within acceptable levels and is well managed	✓	Sickness absence is effectively managed by the catering service and absence rates are within acceptable levels. The catering service completes a weekly financial report in relation to expenditure on catering staff, which includes hours lost through sickness absence.

Food production and cost control

13. Although the Trust actively monitors costs, more needs to be done to control the costs of catering services. We have come to this conclusion because:
    - expenditure is actively monitored and steps taken to improve efficiency;
    - net costs for catering services per patient day are the lowest in Wales but un-served food waste is high; and
    - the Trust is subsiding non-patient meals by £106,000 per annum.
14. The following table summarises the findings supporting the conclusion.

Procurement, production and cost control

Expected practice	In place?	Further information
Procurement		
Food is procured from approved suppliers, in line with arrangements set out in the all Wales NHS Procurement Strategy	✓	The Trust's procurement arrangements for catering use Welsh Health Supplies (WHS), and the all-Wales and NHS Supply Chain contracts. Food products are purchased from approved suppliers, such as the CPU. The CPU subjects its food safety arrangements to external scrutiny by Support, Training and Services (STS), a company specialising in food safety audits. The CPU retained its food safety certification following an STS audit in April 2010. At present, all companies supplying catering produce to Velindre Cancer Centre must be STS accredited and be an approved supplier for the NHS. Products not covered by NHS contracts are purchased from approved suppliers with the appropriate food safety accreditation in agreement with the Trust's procurement department. The catering manager represents the Trust at the All-Wales Commodity Group to ensure the Trust gets value for money from food contracts negotiated at an all Wales level.

Expected practice	In place?	Further information
Procurement		
Sustainable procurement arrangements are in place	✓	The Trust has not established its own sustainable procurement policy, although the all-Wales and WHS contracts meet the Assembly Government's guidance.
Procurement arrangements support the delivery of planned menus	✓	The Trust receives its order from the CPU twice a week enabling the delivery of planned menus a few days in advance. The Trust's order is based on historical demand for individual cook-freeze products.
Production		
Patients order meals less than 24 hours in advance	✓	Patients order meals two to three hours before mealtimes. Ward-based catering staff take patients' orders, based on the menu for that day, and regenerate food to meet the predicted demand.
Standard costed menus are in use to ensure consistency of quality and cost	✓	The CPU uses the same standard costed recipes for all its 'customers' and all products are labelled with the following information: • product name; • production date and use by date; • ingredients and other special notes like 'may contain nuts or seeds'; • portion numbers; and • cooking instructions.
Nutritionally evaluated recipes are in use	✓	One of the criteria used when tendering for catering services is the need to demonstrate that meals have been nutritionally analysed and will meet patients' nutritional needs. Recipes used by the CPU have been nutritionally assessed.
Portion controls in place and supported by training	✓/✗	Portion control is well established with portion size determined by the size of food foils. The number of portions per foil varies between patients and the staff/visitor restaurant. However, our patient survey found: • three out of the eight patients were always able to choose their portion size but three patients said they were rarely or never able to chose their portion size with one patient commenting *'portions are good and always to my needs'*; and • five out of the eight patients were given enough to eat and the rest given too much.

Expected practice	In place?	Further information
Food safety		
Robust arrangements in place to ensure food safety (eg, food temperature checks)	✓	Robust arrangements are in place throughout the food regeneration process to check that correct temperatures are reached and food probes are calibrated regularly. Ward-based catering staff also monitor and record all ward fridges and freezer temperatures three times a day. We saw evidence that temperatures were rechecked within 30 minutes if the correct temperature was not reached or maintained. Ward-based catering staff also monitor the 'use by dates' of foods kept in ward fridges. Patients and their relatives are discouraged from bringing their own food into hospital to maintain food safety. Ward-based catering staff will, however, record any food items brought in for patients on a separate monitoring form. Before it is stored, the food is labelled with the patient's name and the date it was brought in. However, food brought in by patients or their relatives is not prepared or reheated by catering staff. Other food safety arrangements include: • daily cleaning in ward kitchens where patient food is regenerated or prepared for service; • visiting premises of food suppliers and obtaining assurance that suppliers' processes and procedures are safe; and • submitting high-risk food products for microbiological testing.
A Hazard Analysis Critical Control Points (HACCP) policy is in place	✓	HACCP systems are in place and revised in line with recommendations made by the Environmental Health Officer (EHO).
Catering facilities regularly inspected by local EHOs and action taken in response to EHO recommendations	✓	Local authority environmental health officers (Cardiff Council) carry out routine inspections at the Trust. No major contravention notices were issued during the EHOs' last visit in February 2010. The Trust was eligible for the Silver Food Hygiene Award because of the high standards found during the inspection. Any actions needed to comply with inspections are taken immediately by catering staff but we were told that in the past it has taken longer to address less urgent actions when other departments, such as estates, need to complete the actions.

Expected practice	In place?	Further information
Cost control		
Computerised catering system in place to support service management and monitoring	✓/✗	There is a heavy reliance on paper-based systems although Excel spreadsheets are used to monitor budgets, expenditure and waste. Many of the paper documents support the HACCP. The catering manager is currently exploring ways to reduce reliance on paper-based systems while ensuring compliance with relevant legislation.
Cost of catering service known and monitored	✓	The inpatient and non-patient services (mainly the Parkside restaurant for staff and visitors) are identified separately and costs reconciled against separate budget lines. The Trust closely monitors the catering service's budget, expenditure and the levels of income generated to maintain financial balance. Procurement arrangements, the split between patient and non-patient provisions and changes in the pricing structure for non-patient services are all discussed with the Trust's finance team when reviewing budgets and expenditure. Last year, the Trust took active steps to save money by closing the Parkside restaurant three hours earlier each day because demand was low; 18 months ago, it was closed at weekends. Catering services cost £603,000 in 2008-09 with catering services for patients accounting for over half (£335,000) of the expenditure. More than £162,000 was generated by the catering service in 2008-09 offsetting total costs, giving a net cost per patient day of £8.06, which is significantly less than the average (£11.08) across Wales. The average cost of catering services for patients per patient day was £10.04 across hospitals in 2008-09 with those for Velindre the lowest (£6.12). There are differences in the split between staff and provision costs for patient catering services at the Trust compared with other hospitals reflecting the external contracting arrangements for patient meals. Staff costs accounted for 80 per cent of the expenditure and provisions accounted for 19 per cent; across Wales the figures were 64 per cent and 32 per cent respectively. Provision costs per patient day were the lowest (£1.15) across Wales and considerably less than the Welsh average (£3.17). The differences in cost probably reflect the arrangements for outsourcing the provision of cook-freeze products.

Expected practice	In place?	Further information
Cost control		
There is an agreed approach to subsidy/contribution from non-patient services	✘	The Trust is explicit about the need for non-patient catering services to break even within the next two years and it is actively seeking to lower the level of subsidy for 2010-11 and reduce it by 100 per cent by 2011-12. Although, the catering service generated a substantial sum of income, it was enough to recover only 60 per cent of the total cost of non-patient catering services. The Trust subsidised non-patient meals by £106,000 in 2008-09. Across Wales, only one hospital (Royal Gwent Hospital) was able to recover all non-patient catering costs and make a surplus. It is likely to get harder in the future to generate the level of income needed to break even given the current economic climate and further falls in revenues from vending machine sales.
A pricing policy for non-patient meals is in place	✓	A differential pricing structure is in place in the Parkside restaurant with an additional 35 per cent mark up on the price paid by visitors. In other hospitals, the mark up on prices paid by visitors was as high 50 per cent.
There are effective and flexible ordering systems in place between the wards and the catering department	✓	Ward-based catering staff used their knowledge and experience combined to make menu production decisions. For example, at the time of our visit to the First Floor ward, only two of the seven patients wanted a hot meal. Instead of regenerating meals on the ward, the ward-based catering assistant obtained hot meals for these patients from the Parkside restaurant.

<table>
<tr><th>Expected practice</th><th>In place?</th><th>Further information</th></tr>
<tr><td colspan="3">Cost control</td></tr>
<tr><td>Ward wastage is monitored (un-served meals and plate waste)</td><td>✓/✗</td><td>Catering staff monitor waste in relation to un-served portions at the end of every meal service. One day each month, the cost per day of every un-served portion at lunch and supper is calculated. Monthly wastage fluctuated between 11 per cent and 21 per cent and the cost per day for waste ranged from £9.66 to £19.40. Average waste in 2009-10 was 14 per cent with an average cost of £14.81 per day. In provision terms, this equates to £5,800 per annum (or nine per cent of expenditure on provisions).

The table below shows the levels of waste we observed in relation to un-served portions at lunchtime on Princess Margaret Ward (PMW) and the Assisted Support Unit (ASU). We found a high proportion (38 per cent) of un-served portions overall, although ward-based catering staff took patient orders a few hours in advance of meal times. In other Welsh hospitals visited as part of the audit, un-served waste ranged from nine per cent to 32 per cent. Some of the waste may reflect a sudden change in patients' appetites because of their condition or treatment.

Un-served food waste
<table>
<tr><th>Wards</th><th>Total portions regenerated (meat and vegetables)</th><th>Un-served portions</th><th>Un-served waste</th></tr>
<tr><td>PMW</td><td>64</td><td>13</td><td>20%</td></tr>
<tr><td>ASU</td><td>45</td><td>28</td><td>62%</td></tr>
<tr><td>Total</td><td>109</td><td>41</td><td>38%</td></tr>
</table>
We reviewed the catering departments own un-served waste records for 2009-10 and found daily wastage rates on PMW and ASU were similar to the overall rate we observed. A review of the daily wastage rates on these wards showed that too many portions were sometimes regenerated, for example, regenerating eight portions in order to serve one portion.</td></tr>
<tr><td>Dining room wastage is monitored</td><td>✓</td><td>Catering staff monitor un-served waste in the Parkside restaurant and while waste is reportedly low, we did not validate these claims as part of this audit.</td></tr>
</table>

Delivery of food to patients

15. Patients receive meals in good condition but arrangements for sharing information between nursing and catering staff need to improve. We have come to this conclusion because:
    - patients are helped to prepare for their meals and are given the opportunity to wash their hands prior to eating;
    - food is well presented and received in good condition with patients being served their meals quickly and efficiently; and
    - arrangements for sharing information about patients' dietary needs are sometimes not effective.
16. The following table summarises the findings supporting the conclusion.

Delivery of food to the patient

Expected practice	In place?	Further information
Meal service		
Food arrives at the ward at the right time	✓	Meal services started at the scheduled times.
Food arrives at the ward in a good state (eg, right temperature)	✓	Ward-based catering staff maintained temperature records for all food products regenerated, kept chilled or sourced from the Parkside Restaurant for patients. As part of the ward observation, we found temperatures greater than 80°C at the point of service. Our patient survey found that: • five of the eight patients told us that the food was always served at the temperature that they would expect; across Wales, just over half (53 per cent) of the patients said that the food was always served at the temperature that they would expect.
Food is delivered to the patient quickly and efficiently	✓	Meal services were quick and efficient with serving times ranging from 10 to 25 minutes.
Staff involved in serving food have been trained in food presentation	✓	Ward-based catering staff receive training in food presentation and the impact of this training was observed during mealtimes.
Staff involved in serving food have been trained in food hygiene	✓	All catering staff are trained in food hygiene and we observed ward-based catering staff following safe food hygiene practices at mealtimes by hand washing and wearing aprons and gloves when handling food during the meal service.

Expected practice	In place?	Further information
Meal service		
Dedicated staff (hostesses, housekeepers or ward based caterers) are present to help serve the meals and are familiar with processes to meet patients' nutritional requirements	✓	Ward-based catering staff, who regenerate the food, also serve patients their meals. One patient responding to our survey commented that 'the catering staff are always pleasant and helpful'. The dietetic department works closely with ward-based catering staff to ensure they have a basic understanding about nutrition and the importance of different therapeutic or modified texture diets. A Catering Manual, drafted by dietetic staff, sets out information for catering staff about the importance of nutrition, types of therapeutic diets and nutritional supplements and the role of ward-based catering staff in supporting good nutrition. At the time of our audit, dietetic staff were developing a training course for catering staff comprising sessions on healthy eating, therapeutic diets, oral nutritional supplements and modified texture diets.
Patient experience		
Arrangements are in place to ensure that patients receive the right meal	✓/✗	Nursing staff do not routinely compile bed plans, which highlight the dietary requirements of each patient to aid catering staff when taking patients' food and drink orders. In the absence of a bed plan, ward-based catering staff rely on nursing staff to tell them about any changes in the dietary needs of patients or the need to take special precautions when serving patients. In 2008-09, the Trust's analysis of its strengths and weaknesses in relation to Healthcare Standard 9 highlighted a lack of communication from nursing staff regarding patients admitted with special dietary needs. It was evident at the time of our visit that the role nurses play in this process needs to be strengthened; the lack of a bed plan resulted in catering staff not taking their usual precautions when preparing and serving food to a patient with neutropenia. There were different arrangements in place on the wards to flag quickly patients with special dietary needs or needing assistance. On the First Floor ward, nursing staff hang a sign above a patient's bed to indicate that the patient needs a special diet while ASU ward is introducing a white board for communication, including information on type of diet, for example purée. Our patient survey found that: • six of the eight patients always got the meal that they ordered while two got it most of the time; across Wales just over half the patients responding to our survey said that they always got the meal they ordered.

Expected practice	In place?	Further information
Patient experience		
The patient environment is prepared to receive the meals	✓	The three wards had de-cluttered most bedside tables prior to mealtimes, including removing potential clinical waste although we were told that de-cluttering is not done consistently. If ward-based catering staff have difficulty finding space to set a patient's meal on the table, they will ask patients to move their belongings or if it is clinical waste they will inform nursing staff. Our patient survey found that: • seven of the eight patients reported that the area in which they ate their food was always clean while one said it was clean most of the time. Although the Trust encourages patients to eat in communal dining areas to promote the social aspects of eating and improve food intake, we did not observe any patients using these dining areas, instead they ate by their bedside.
Patients have the opportunity to prepare for their meals by washing their hands before eating and getting into the correct position to eat (in bed or out of bed)	✓	Ward-based catering staff provided individually wrapped hand wipes to patients as part of the meal service while those needing help to get comfortable were helped by nursing staff. Our patient survey found that: • all eight patients told us that they always had the chance to wash their hands before meals; across Wales only two-thirds of patients always had the chance to wash their hands; and • three patients told us that they needed help getting comfortable before eating their meals and two of them always received the help they needed while the third patient got help most of the time.

Meeting patients' nutritional needs and supporting recovery

17. The Trust's catering service is flexible enough to ensure patients receive the nutrition that they require but compliance with the nutritional pathway needs to improve. We have come to this conclusion because:
    - menus provide a wide choice of food and patients are generally satisfied with the choice available;
    - protected mealtimes are generally working well;
    - patients are not always screened on admission in relation to nutritional risk;

- some patients at high risk of malnutrition are not referred for dietetic assessment; and
- there is an inconsistent approach to nutritional care plans.

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

Meeting patients' nutritional needs and supporting recovery

Expected practice	In place?	Further information
Nutritional screening and care planning		
Patients are weighed and undergo nutritional screening within 24 hours of admission, supported by a validated nutritional screening tool and where appropriate, patients are referred to a dietician	✓/✗	The Trust has used the Moreland nutritional screening tool, since its development in house in the mid-1990s. The dietetic department regularly assesses the completion of the Moreland screening tool for all inpatients. The findings from their recent audit found: • 20 out of 22 patients had been screened; • 16 out of 22 patients were weighed; • 14 out 22 patients had their height recorded; and • 11 of the 20 patients screened were assessed as high risk, namely a Moreland score of 21 or greater; of these patients, only seven were referred to the dietician. The findings from our case note review generally mirror those above: • all 13 patients had been screened on admission using the Moreland nutrition screening tool; • nine out of the 13 patients were weighed within 24 hours of admission, or shortly thereafter; two patients were not weighed because their conditions precluded it while others were weighed daily as part of their nursing and medical care; • eight out of the 13 patients had their height recorded; and • one patient was not referred for a dietetic assessment despite being screened as at high risk i.e. a Moreland score greater than 21. Following the *Fundamentals of Care* baseline audit of, the ward manager on the First Floor Ward implemented a weekly check/audit to ensure the appropriate screening is carried out when patients are admitted. Gaps in nutritional screening, for example, are quickly identified and the reasons for not screening patients explored. At the time of our audit, dietetic staff were testing the reliability of the Moreland tool because it had not been validated previously. Reliability was tested by: • comparing the Moreland tool against the Patient Generated Subjective Global Assessment (PG-SGA), a nutrition assessment tool used for cancer patients; there was a significant correlation between the Moreland tool and the PG-SGA; and

Expected practice	In place?	Further information
Nutritional screening and care planning		
Patients are weighed and undergo nutritional screening within 24 hours of admission, supported by a validated nutritional screening tool and where appropriate, patients are referred to a dietician		• comparing the extent to which nurses and dieticians agreed (inter-rater reliability) when scoring nutritional risk using the Moreland tool; agreement between nurses and dieticians was described as fair with nursing staff identifying a smaller proportion of patients at risk; agreement between dieticians was found to be substantially higher. The Trust should consider implementing refresher training on the Moreland screening tool, particularly as nursing staff told us that continuing education or training about nutritional issues was limited or non-existent. Our patient survey found that: • six of the eight patients told us that hospital staff had talked to them about their dietary needs compared with 41 per cent across Wales; • six of the eight patients reported being weighed during their hospital stay compared with 66 per cent of patients across Wales; and • four of the eight patients reported having their height measured compared with 31 per cent across Wales. There were differences of opinion amongst nursing staff about what score triggered a referral to dietetic staff with some staff reporting that a score of 16 or 19 would trigger a referral. Multi-disciplinary ward rounds also provide another opportunity for informal referrals should a patient's nutritional risk score not trigger a referral.
A nutritional care plan is prepared and implemented, informed by a patient's nutritional risk score	✘	The approach to nutritional care plans was inconsistent. Nutritional care plans were in place for four of the 13 patients who case notes we reviewed while food intake for a further six patients was recorded using the all-Wales food chart irrespective of the risk score.

Expected practice	In place?	Further information
Nutritional screening and care planning		
Arrangements are in place to make sure that those serving meals are aware of patients' specific nutritional requirements	✓	Dietetic staff will notify catering staff about patients, who have special dietary requirements. Dietary requirements, like the need for snacks between meals, are recorded on a separate form, which is kept in the ward kitchen for catering staff to refer to. Dieticians will also record oral nutritional supplements, which they have prescribed for patients, on this form so it is a normal part of the food and beverage service provided by catering staff. We observed ward-based catering staff fortifying soups and custards as requested to ensure patients received sufficient calories when eating little or refusing a full meal.
Food choice and availability		
Menu provides patients with a good choice of food	✓	The Trust operates a two-week menu cycle with two main options at each meal time plus a vegetarian option. A light snack option, such as a jacket potato, salad, sandwiches, fresh fruit and ice cream, is offered at each meal time. All patients are encouraged to choose foods from the daily menu but if necessary, other meals can be sourced from the Parkside restaurant when it is open. The Trust also provides a cooked breakfast for patients, which is not typical in other hospitals visited as part of this audit. Patients' views about choice of food were mixed. Our patient survey found that: • five of the eight patients told us that there was always enough choice or enough choice most of the time while two patients said there was rarely enough choice; and • four of the eight patients reported that the menu always changed often enough; across Wales one in three patients told us that the menu always changed often enough.

Expected practice	In place?	Further information
Food choice and availability		
Menu contains options for patients with specific religious, cultural, lifestyle or medical needs	✓	The menu provides options to meet the needs of patients with specific dietary requirements. Our patient survey found that: • three of the four patients, who reported needing a special diet, were always given food suitable for their dietary needs while the fourth was given suitable food most of the time; • one of the eight patients, who needed a vegetarian meal, reported that there was enough choice most of the time to meet their needs; • four of the eight patients needed a diet suitable for their religious beliefs; three always had enough choice to meet their needs and one patient had enough choice most of the time; and • one of the eight patients needed a special diet for food allergies; (s)he told us that there was always enough choice to meet his/her needs.
Help with eating		
Protected meal times arrangements are in place	✓	The Trust actively promotes 'protected mealtimes', for example it is included in induction programmes for new doctors. The Trust assesses compliance with protected mealtimes. Clear signage was evident, indicating that mealtimes were not meant to be interrupted and additional time is built in to allow a suitable rest period after the meal. We observed few patients being interrupted unless their condition warranted medical attention. However, the cleaners were still undertaking activities on two of the ward corridors as the meal service got underway. Our patient survey found that: • seven of the eight patients reported that their meals were always free from disturbance or were free from disturbance most of the time while one patient told us that meal times were never free from disturbance; and • five of the eight patients felt they were always given enough time to finish their meals. Patient liaison representatives also take the opportunity to promote protected mealtimes at open evenings held for new patients.

Expected practice	In place?	Further information
Help with eating		
Patients are given assistance to eat if required	✓	At the time of our visit, none of the patients, we observed needed assistance and the eight patients responding to our survey did not need assistance. However, we did observe patients being encouraged to eat or one patient being monitored to see that they were coping because their condition required them to lie flat. We observed ward-based catering staff helping patients open food packaging and cutting up food. They also alerted nursing staff if patients were not eating or drinking.
Patients are able to get replacement meals or snacks outside of mealtimes	✓	Arrangements are in place to provide inpatients with replacement meals if treatments, like chemotherapy, mean they are too unwell to eat at mealtimes. In addition, snacks are available between meals for patients who want or need them. For patients attending for outpatient treatment, catering staff offer light refreshments and beverages three times a day. In March 2010, the catering and dietetic departments undertook a trial on the ASU to offer extra snacks mid-afternoon. Patients could chose snacks from a short menu consisting of foods like rice pudding, teacakes and fruit smoothies. Patients gave feedback on whether they would like to be routinely offered snacks, the preferred time for snacks and suggestions for other snacks. Nearly all of the 29 patients taking part in the trial wanted snacks offered routinely and their preferred snack time was 7 pm. The snack menu was in use at the time of our audit, with the exception of fruit smoothies until the cost of providing this snack was fully assessed. Our patient survey found that: • six of the eight patients who missed a meal were always able to get a replacement while two said that they got a replacement meal most of the time; • five of the eight patients responding to our survey told us that snacks were always available between mealtimes; and • five of the eight patients were always happy with the time meals were served.
Patients' food and fluid intake is regularly monitored using the All Wales Food and Fluid Record Charts	✓	Although we did not audit the completion of the all-Wales food and fluid charts, we did observe staff completing these for those patients whose food intake was being recorded. On the PMW patients were encouraged to be independent and maintain their own food and fluid charts under the close supervision of nursing staff.

Gathering views from patients and sharing information

19. The Trust actively seeks patients' views and their participation in quality reviews, and patient satisfaction is relatively high. We have come to this conclusion because:
    - patients' views and participation in quality reviews are actively sought for service improvements; and
    - patients are generally satisfied with the food they receive.
20. The following table summarises the findings supporting the conclusion.

Gathering views from patients and sharing information

Expected practice	In place?	Further information
There are regular activities to capture patients' views and experiences of catering services	✓	There are a number of mechanisms in place to capture patients' feedback: • the catering service conducts a quarterly patient satisfaction survey, carried out with the patient liaison representatives; overall satisfaction is generally high and exceeds the minimum standard set by the catering service; • patients' views are sought about catering services as part of the *Fundamentals of Care* audit – Standard 9; • formal reporting of complaints and compliments – in 2009-10, the catering service received 32 compliments from patients or their families; and • the catering manager regularly attends meetings of the Patient Liaison Group to discuss any issues specific to catering. Our patient survey found that overall satisfaction with the food received was high: • six of the eight patients said the taste of food was good or excellent while two said the taste was acceptable; one patient, however, commented that 'the food always looks good but is tasteless'; and • all eight patients said the appearance of food was good or excellent.
Service users are represented on catering planning groups	✓	Patients are represented on the Nutrition Inpatient Improvement Group.

Expected practice	In place?	Further information
Service users participate in quality reviews of the service	✓	Patients participate in quality reviews through taste testing sessions: • catering staff undertake monthly taste testing with patients to assess the taste, texture, temperature, appearance, colour and overall acceptability of food; • dietetic staff carry out yearly taste testing sessions for oral nutritional supplements; and • patient liaison representatives have been involved in taste testing products before tenders were awarded for the provision of cook-freeze products.
There are effective and co-ordinated arrangements in place to use patients' views and all staff group experiences to support service improvement	✓	Results from the patient satisfaction surveys are presented in the Trust's Facilities Management Newsletter and also displayed prominently on notice boards on each ward. The Trust is working with the Patient Liaison Group to find suitable ways to provide more direct feedback to patients. Results from the baseline Fundamental of Care audit – (Standard 9) were not shared more widely although many of the items are pertinent to catering staff. This is being addressed through the Nutrition Inpatient Improvement Group where nursing representatives can share issues more widely.

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

Appendix 1

Audit approach

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

The following sub-questions underpinned the question:

- Are strategic planning arrangements relating to catering effective?
- Are procurement arrangements effective and is food sourced from safe suppliers?
- Is food production well controlled?
- Are there efficient arrangements to deliver the food to 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?

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

Audit activities

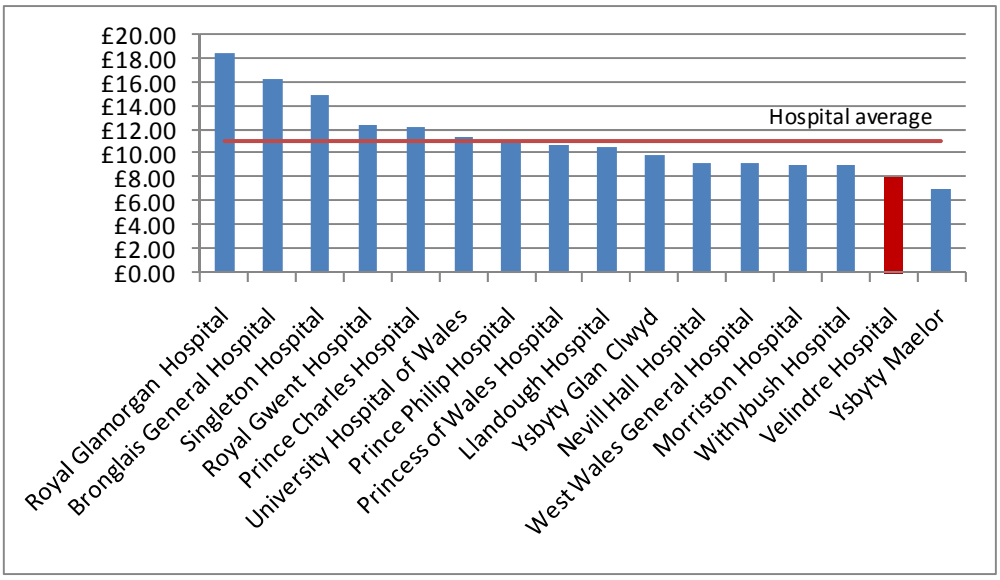
Questions	Audit activities
1. Strategic planning arrangements	Analysis of financial data Documentation review Case note review Patient experience survey Interviews with staff
2. Procurement arrangements	Process walkthrough Documentation review Interviews with staff
3. Production control	Process walkthrough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

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

Financial data

The Trust's catering services cost £603,000 in 2008-09 with patient catering services accounting for over half (£335,000) of the expenditure. Total costs were offset by income totalling £162,000 from non-patient catering services, namely the staff/visitors' restaurant and hospitality. Net costs of catering services were £441,000 in 2008-09 giving a net cost per patient day of £8.06, which was considerably lower than the Welsh average (£11.08).

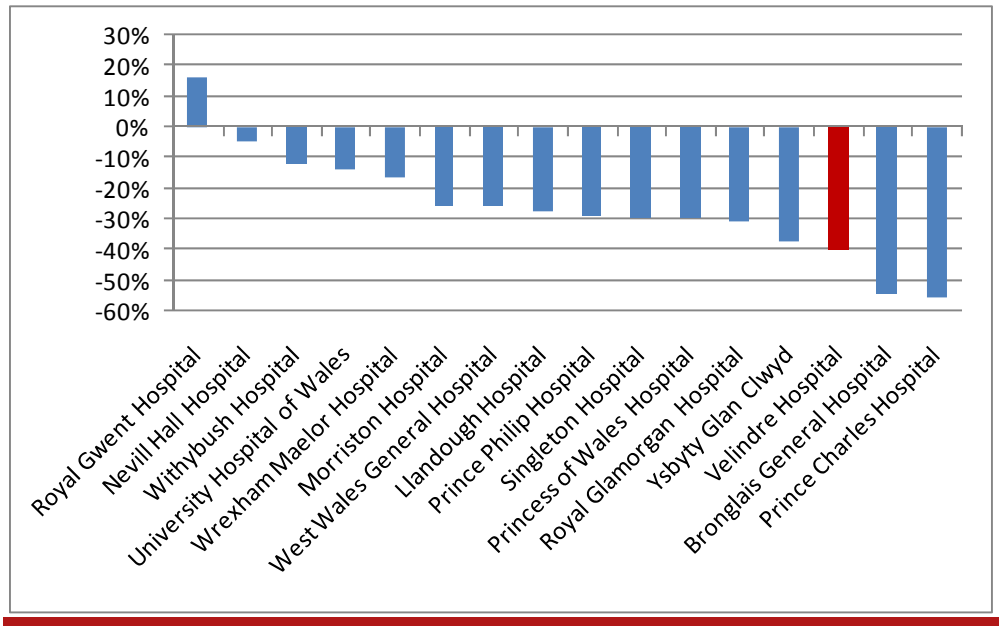
Exhibit 1: Net costs of hospital catering services per patient day in 2008-09



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

Although the catering service generated a substantial level of income relative to expenditure, it was enough to recover only 60 per cent of the total cost of non-patient catering services. The cost of food and beverages and consumables was fully met but not the cost of staff. The Trust has one of the biggest shortfalls in income needed to break even compared with other hospitals (Exhibit 2). However, across Wales, only one hospital (Royal Gwent Hospital) was able to recover all non-patient catering costs, and make a surplus.

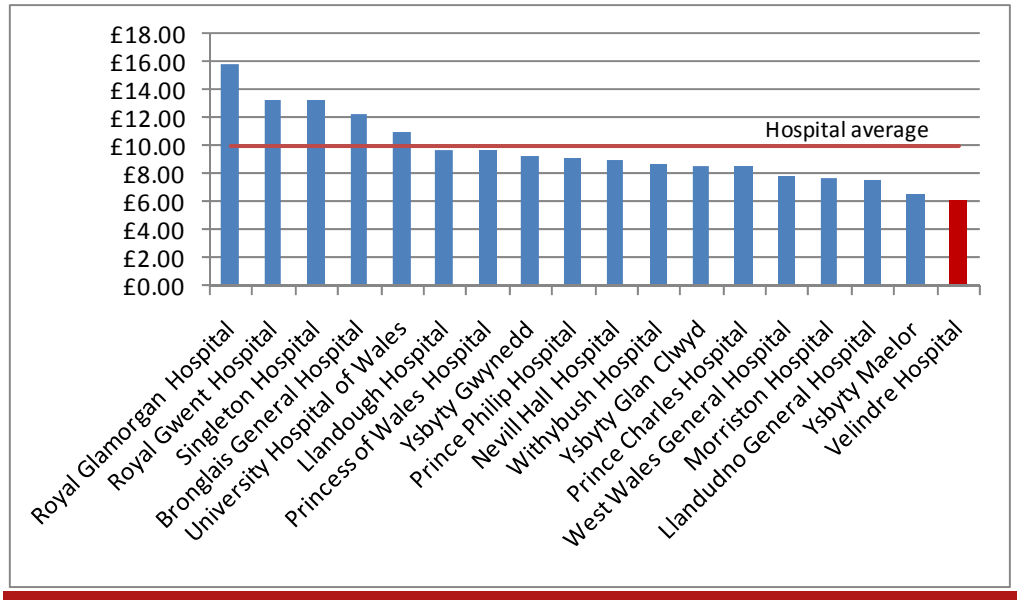
Exhibit 2: Percentage difference in income and costs for non-patient catering services in 2008-09



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

The average cost of catering services for patients per patient day was £10.04 across hospitals in 2008-09, ranging from £6.12 to £15.87 (Exhibit 3). Costs per patient day at the Trust were the lowest.

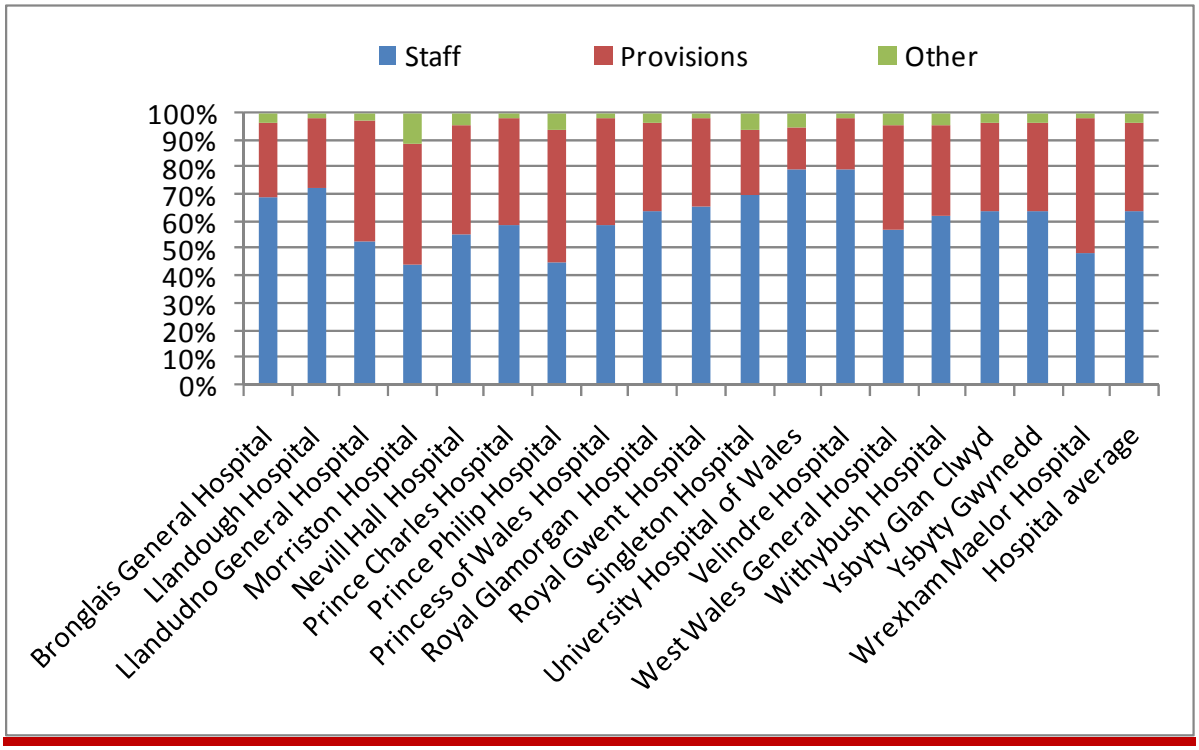
Exhibit 3: Cost of catering services for patients per patient day in 2008-09



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

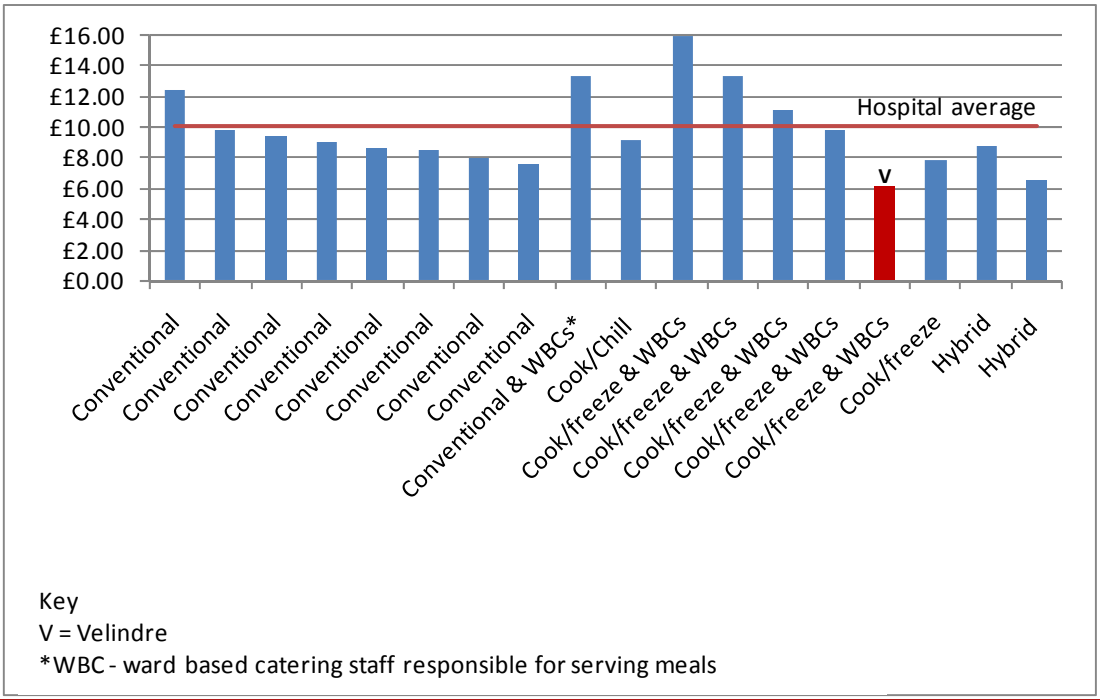
Across Wales, provisions accounted for one-third (32 per cent) of the expenditure on patient catering services with the biggest share (64 per cent) attributed to staff costs (Exhibit 4). Provisions accounted for one-fifth (19 per cent) of the patient catering services costs at the Trust with the rest on staff. However, there were big differences across hospitals, which are not easily explained by the different service models (Exhibit 5).

Exhibit 4: Breakdown of the cost of hospital catering services for patients in 2008-09



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

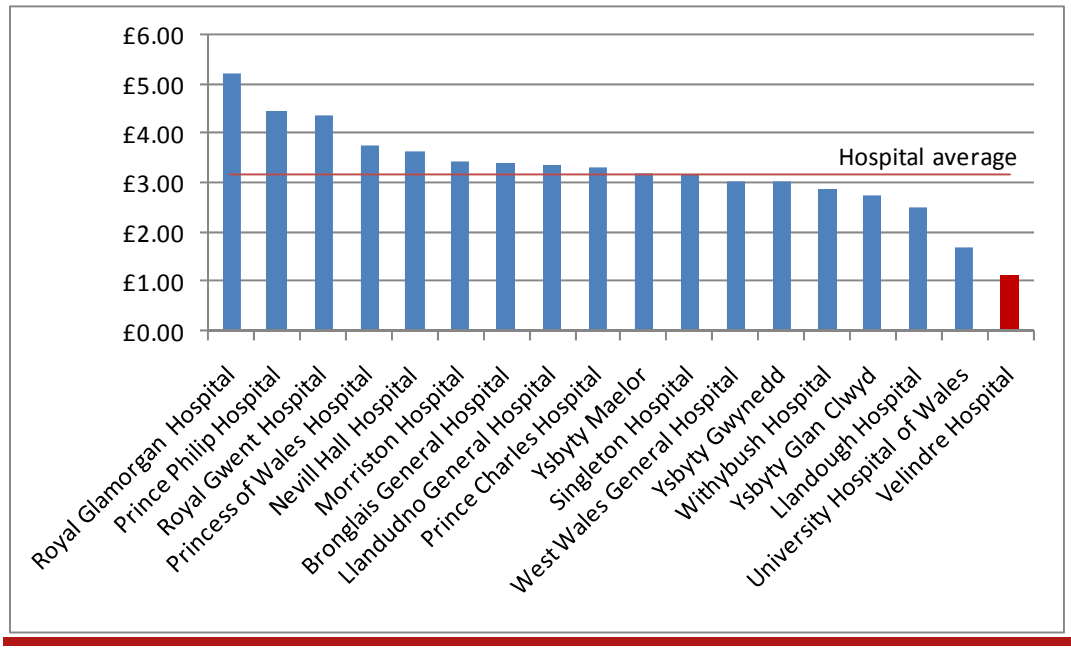
Exhibit 5: Comparison of costs of catering services for patients per patient day with models of provision in 2008-09



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

In 2008-09, the average cost of provisions per patient day across Wales was £3.18, ranging from £1.15 to £5.23 (Exhibit 6) with provision costs at the Trust the lowest.

Exhibit 6: Costs of provisions per patient day in 2008-09



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

Patient experience

As part of this audit, we conducted a questionnaire survey to gather patients' views about the food they received during their stay in hospital. We targeted patients on the three inpatient 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, eight questionnaires relate to the Trust. The breakdown of responses across the Trust is shown:

- First Floor – two responses (at the time of our visit there were seven patients, two of whom it was inappropriate to survey)
- PMW – four responses
- ASU – two responses

The tables below show a breakdown in the number of responses to each question. Comparative data (percentage) for the all-Wales response are included. [Please note that a 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?

	Less than one day	2 - 3 days	4 - 7 days	8 - 14 days	More than two weeks	Number of responses
Velindre NHS Trust	0	0	4	3	1	**8**
Wales	2%	15%	28%	24%	32%	**654**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes	No	Not sure	Number of responses
Velindre NHS Trust	6	2	0	**8**
Wales	67%	30%	3%	**685**

Source: Wales Audit Office Survey of Hospital Patients

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

Cwm Taf Hospitals	Yes	No	Not sure	Number of responses
Velindre NHS Trust	4	4	0	**8**
Wales	32%	59%	9%	**681**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes	No	Not sure	Number of responses
Velindre NHS Trust	6	2	0	**8**
Wales	41%	54%	5%	**675**

Source: Wales Audit Office Survey of Hospital Patients

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

	I did not require a special diet	Yes, always	Yes, most of the time	Rarely	Never	Don't know	Number of responses
Velindre NHS Trust	3	3	1	0	0	1	**8**
Wales	52%	23%	12%	4%	5%	3%	**679**

Source: Wales Audit Office Survey of Hospital Patients

Question 8a: Could you understand the menu?

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	2	0	0	**7**
Wales	76%	19%	1%	3%	**631**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	4	2	0	0	**6**
Wales	74%	21%	3%	2%	**609**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	2	3	2	0	**7**
Wales	46%	27%	18%	9%	**621**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	3	1	1	2	**7**
Wales	46%	19%	8%	27%	**623**

Source: Wales Audit Office Survey of Hospital Patients

Question 9: Did the menu change often enough?

	Yes, always	Yes, most of the time	Rarely	Never	I was not in hospital long enough to tell	Number of responses
Velindre NHS Trust	4	2	0	0	2	**8**
Wales	29%	39%	12%	5%	15%	**670**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	I have no beliefs which require a special diet	Number of responses
Velindre NHS Trust	3	1	0	0	4	**8**
Wales	24%	6%	1%	3%	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?

	Yes, always	Yes, most of the time	Rarely	Never	I am not a vegetarian or a vegan	Number of responses
Velindre NHS Trust	0	1	0	0	7	**8**
Wales	4%	4%	3%	3%	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?

	Yes, always	Yes, most of the time	Rarely	Never	I do not have a food allergy	Number of responses
Velindre NHS Trust	1	0	0	0	7	**8**
Wales	7%	5%	2%	2%	84%	**630**

Source: Wales Audit Office Survey of Hospital Patients

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

	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
Velindre NHS Trust	0	1	7	0	0	0	**8**
Wales	43%	15%	35%	2%	4%	2%	**676**

Source: Wales Audit Office Survey of Hospital Patients

Question 14: When did you choose what to eat?

	Before the day of a meal	On the day of the meal	From the trolley	There was no choice	Number of responses
Velindre NHS Trust	1	7	0	0	**8**
Wales	49%	30%	17%	4%	**671**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	8	0	0	0	**8**
Wales	65%	19%	8%	8%	**685**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	I did not need help to get comfortable	Number of responses
Velindre NHS Trust	2	1	0	0	5	**8**
Wales	28%	19%	7%	9%	36%	**677**

Source: Wales Audit Office Survey of Hospital Patients

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

	In a chair near my bed	In a communal dining area	In bed	Other	Number of responses
Velindre NHS Trust	5	0	3	0	**8**
Wales	68%	3%	28%	1%	**689**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Sometimes	Never	Number of responses
Velindre NHS Trust	7	1	0	0	**8**
Wales	70%	25%	5%	1%	**687**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	I did not need them	Number of responses
Velindre NHS Trust	0	0	0	0	8	**8**
Wales	6%	5%	1%	4%	83%	**671**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	I did not need help	Number of responses
Velindre NHS Trust	0	0	0	0	8	**8**
Wales	9%	5%	2%	2%	82%	**667**

Source: Wales Audit Office Survey of Hospital Patients

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

	Carer/ volunteer	Family member	Friend	Nurse	I did not need help	Number of responses
Velindre NHS Trust	0	0	0	0	8	**8**
Wales	1%	5%	1%	6%	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?

	Yes, always	Yes, most of the time	Rarely	Never	I did not need help	Number of responses
Velindre NHS Trust	0	0	0	0	8	**8**
Wales	7%	5%	2%	1%	85%	**658**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	3	0	0	**8**
Wales	59%	34%	4%	2%	**685**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	2	0	1	**8**
Wales	50%	38%	9%	3%	**672**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	2	0	0	**8**
Wales	76%	21%	3%	0%	**680**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	6	2	0	0	**8**
Wales	55%	25%	11%	9%	**583**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	6	2	0	0	**8**
Wales	56%	34%	5%	4%	**641**

Source: Wales Audit Office Survey of Hospital Patients

Question 23f: Was fresh fruit available?

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	4	3	0	0	**8**
Wales	51%	22%	16%	11%	**651**

Source: Wales Audit Office Survey of Hospital Patients

Question 23g: Were drinks available between meal times?

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	3	0	0	**8**
Wales	69%	21%	7%	3%	**665**

Source: Wales Audit Office Survey of Hospital Patients

Question 23h: Were snacks available between meal times?

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	2	0	0	**8**
Wales	23%	15%	26%	35%	**615**

Source: Wales Audit Office Survey of Hospital Patients

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

Cwm Taf Hospitals	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	6	2	0	0	**8**
Wales	85%	13%	2%	1%	**673**

Source: Wales Audit Office Survey of Hospital Patients

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

	Yes, always	Yes, most of the time	Rarely	Never	Number of responses
Velindre NHS Trust	5	3	0	0	**8**
Wales	53%	30%	10%	7%	**677**

Source: Wales Audit Office Survey of Hospital Patients

Question 24: Were you given enough food to eat?

	Yes	Yes, too much	No, not enough	Number of responses
Velindre NHS Trust	5	3	0	**8**
Wales	73%	14%	13%	**681**

Source: Wales Audit Office Survey of Hospital Patients

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

	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Velindre NHS Trust	2	4	2	0	0	**8**
Wales	17%	37%	28%	11%	6%	**678**

Source: Wales Audit Office Survey of Hospital Patients

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

	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Velindre NHS Trust	2	6	0	0	0	**8**
Wales	17%	39%	28%	9%	7%	**667**

Source: Wales Audit Office Survey of Hospital Patients

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

	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Velindre NHS Trust	2	5	1	0	0	**8**
Wales	18%	39%	30%	9%	5%	**667**

Source: Wales Audit Office Survey of Hospital Patients

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

	Excellent	Good	Acceptable	Poor	Very poor	Number of responses
Velindre NHS Trust	2	4	2	0	0	**8**
Wales	19%	37%	27%	10%	8%	**665**

Source: Wales Audit Office Survey of Hospital Patients

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