



WALES **AUDIT** OFFICE  
SWYDDFA **ARCHWILIO** CYMRU

# Follow-up review of progress implementing recommendations from the catering and consultant contract studies

## **Velindre NHS Trust**

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# Status of report

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The person who delivered the work was Andrew Strong.

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Velindre NHS Trust (the Trust) has made reasonably good progress in implementing the recommendations arising from our previous audit work on hospital catering and consultant contract benefit realisation. However, not all the recommendations have been fully implemented and work is still in progress in a number of important areas which now needs to be completed as a matter of priority.

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## Summary report

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# Summary report

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## Summary

1. Our previous audit work on hospital catering (reported in November 2010) and NHS consultant contract benefit realisation (reported in March 2011) identified a number of areas where the Trust could make improvements to the arrangements that existed at the time of the audit. The overall conclusions from these two studies were:
  - catering service and nutrition management demonstrate many aspects of recognised good practice although nutritional screening and communication between nursing and catering staff can be improved; and
  - while the Trust recognises the importance of job planning, the current approach is not yet sufficiently robust to ensure that the full benefits of the consultant contract are realised.
2. In both reviews auditors made a number of recommendations to assist service improvement. As part of our programme of follow up audit work in the Trust, we undertook work that sought to gauge the progress the Trust is making in addressing the issues identified in the previous audit reports.
3. Our review sought to answer the question:
  - ‘Has the Trust made good progress in implementing the previous audit recommendations from the hospital catering and NHS consultant contract benefit realisation reviews?’
4. Our overall conclusion is that the Trust has made reasonably good progress in implementing the recommendations arising from our previous audit work on hospital catering and consultant contract benefit realisation. However, not all the recommendations have been fully implemented and work is still in progress in a number of important areas which now needs to be completed as a matter of priority.
5. In reaching this conclusion we have found that:
  - the Trust has made good progress in a number of Hospital catering areas specifically in nutritional screening and improving communications between nursing and catering staff; and
  - the Trust has made some good progress in updating consultant job plans, and further work is in progress to address the remaining actions from the consultant contract report.
6. These findings are considered in more detail in the following sections of this report.

## Recommendations

7. As a result of this review, we have not made any further new recommendations although we have made some comments that the Trust should consider against some recommendations that remain in progress.

# Detailed report

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## The Trust has made good progress in a number of hospital catering areas specifically in nutritional screening and improving communications between nursing and catering staff

8. We have reviewed the progress made by the Trust on implementing our performance audit recommendations reported in the Hospital Catering study in November 2010. We have liaised with appropriate staff to establish the actions taken to complete the recommendations reported and assess the progress made where recommendations have yet to be fully implemented.
9. Overall, the Trust has made good progress in implementing the audit recommendations on hospital catering. Progress made in 2011 across a number of catering issues includes:
  - reviewing the arrangements for monitoring performance and service risks via Trust groups and its committee structure;
  - strengthening the arrangements for monitoring food waste by more detailed recording of over production and the reasons for excess waste;
  - improving communications between nursing and nutritional staff for patients dietary requirements by implementing the all Wales nutritional care pathway (based on the Moreland guidance);
  - increasing compliance with nutritional screening standards by assessing all inpatient dietary requirements on admission; and
  - developing individual nutritional care plans for patients who are assessed at risk or having additional dietary requirements.
10. Although most of the recommendations have been addressed, one recommendation remains in progress. This relates to the plans to reduce the level of subsidy for non-patient catering services. An options paper on the subsidy has been drafted and these are expected to be considered by the Trust Board in March 2012.
11. Appendix 1 shows in detail the progress made by the Trust against each of the recommendations made in our original review.

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## The Trust has made some good progress in updating consultant job plans and further work is in progress to address the remaining actions from the consultant contract report

12. We have reviewed the progress made by the Trust on implementing our performance audit recommendations reported in the Consultant Contract review in March 2011. We have reviewed the audit action plan and liaised with appropriate staff to establish the actions taken to complete the recommendations reported and assess the progress made where recommendations have yet to be fully implemented.
13. Overall, the Trust has made some good progress on completing updated job plans for all consultants and implementing a number of audit recommendations although further work is still needed in a number of other areas. Progress made in 2011 includes:
  - completing updated job plans for all consultants;
  - developing an electronic version of the job plan template and making this available to consultants for use in job planning and giving consultants adequate notice to prepare for job planning meetings;
  - balancing consultant workloads by sharing sessions more equitably and reducing the average consultant sessions from 11.84 in March 2011 to 10.3 in January 2012;
  - printing the number of sessions worked by consultants on their payslips;
  - confirming the level of management time in consultant job plans and the level of management input to job plan meetings is appropriate; and
  - submitting the Welsh Blood Service data on consultant sessions to the Welsh Government.
14. Not all the recommendations have been actioned, and some are extending beyond their originally planned implementation date. The Trust should address these areas which remain in progress as a matter of urgency:
  - completing consultant training on job planning;
  - reviewing guidance used by local health boards on consultant job planning and using this to promote a shared understanding among Trust consultants;
  - strengthening the performance information used in job planning and developing new outcome indicators where necessary; and
  - completing the work the Trust has started to measure the current and average level of Supporting Professional Activity (SPA) and issue guidance to consultants on SPA.
15. Of the 11 recommendations made 11 months ago three of the recommendations remain incomplete. Appendix 1 shows in detail the progress made by the Trust against each of the recommendations made in our review.

# Appendix 1

## Progress made on recommendations

| Ref  | Recommendation   | Progress made   | Target completion date | Wales Audit Office comment |
|--|--|---|------------------------|----------------------------|
| <b>Hospital Catering review – November 2010 (progress based on review of audit action plan and discussions with the Trust’s Cancer Centre Director of Operations and Catering Manager)</b> |  |   |                        |                            |
| 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. | <p><b>Completed</b></p> <p>The Trust reviewed the adequacy of the arrangements for reporting performance and potential service risks early in 2011. These were reviewed by the Director of Operations for the Cancer Centre.</p> <p>This review found the arrangements were adequate but clarified and strengthened the understanding of the arrangements which include:</p> <ul style="list-style-type: none"> <li>• service performance indicators are reviewed by the inpatient nutrition group which is a sub-group of the inpatient-site specialist team;</li> <li>• quality issues on the food quality or service performance are reported to the Cancer Centre division infection control group and the Trust’s Quality and Safety Committee;</li> </ul> | N/A                    | N/A                        |

| Ref  | Recommendation   | Progress made   | Target completion date | Wales Audit Office comment  |
|--|--|---|------------------------|---|
| <b>Hospital Catering review – November 2010 (progress based on review of audit action plan and discussions with the Trust’s Cancer Centre Director of Operations and Catering Manager)</b> |  |   |                        |   |
|  | <ul style="list-style-type: none"> <li>risks relating to performance and quality are reported to the Cancer Centre risk management group and to the Trust’s Quality and Safety Committee; and</li> <li>financial risks, for example, the non-patient catering subsidy are considered by the Trust’s financial stability group.</li> </ul> <p>The Trust Board is not routinely presented with performance indicators on the catering service as part of wider Cancer Centre performance monitoring arrangements. Potential service risks are reported by exception to the Trust Board depending on the level of risk.</p> <p>The Trust plan to review later in 2012 the whole performance management arrangements and reporting these to the Trust Board.</p> |   |                        |   |
| R2   | <p>Complete its plans to reduce the level of subsidy used to support non-patient catering services.</p>  | <p><b>Partially complete</b></p> <p>Although, the level of subsidy for non-patient catering services has already been reduced from £105,000 in 2010-11 to £80,000 in 2011-12. A paper has been prepared by the Trust’s financial stability group to consider the potential options on reducing the subsidy further. This paper is pending a decision from the Trust Board in March 2012. The outcome of the options paper will be implemented in quarter one 2012-13.</p> | Q1 2012-13             | <p>The work to consider how the level of subsidy used to support non-patient catering services can be further reduced needs to be completed and any actions arising need to be implemented.</p> |

| Ref  | Recommendation   | Progress made  | Target completion date | Wales Audit Office comment   |
|--|--|--|------------------------|--|
| <b>Hospital Catering review – November 2010 (progress based on review of audit action plan and discussions with the Trust’s Cancer Centre Director of Operations and Catering Manager)</b> |  |  |                        |  |
| R3   | <p>Review the current arrangements for monitoring food waste by:</p> <ul style="list-style-type: none"> <li>examining the reasons for regenerating too many portions, if wastage levels exceed an agreed threshold;</li> <li>recording the reasons for regenerating too many portions to seek solutions to over production; and</li> <li>checking that the one day each month used to compile annual wastage rates is typical for that month.</li> </ul> | <p><b>Completed</b></p> <p>Progress in this area includes:</p> <ul style="list-style-type: none"> <li>Since the original report the process for ordering patients’ food has changed. Patients are now asked, where possible, approximately two hours before meal times for their meal choice. This has helped prevent the regeneration of too many portions.</li> <li>Although a formal waste threshold has not been set, if wastage is regarded as high (for example, 15 per cent (or above) the reasons are investigated. Feedback, when required, is then provided to the catering staff to reduce food waste.</li> <li>The number of days a month when recording food waste occurs has increased to represent a ‘typical day’. Wastage is now recorded for one day each week to provide a more detailed analysis for the compilation of annual wastage rates. If wastage was high then the reasons were investigated.</li> </ul> | N/A                    | <p>The Welsh Government has set a target of 10 per cent for food wastage from unserved meals. The Trust will be expected to ensure wastage remains within this target.</p> |

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| <b>Hospital Catering review – November 2010 (progress based on review of audit action plan and discussions with the Trust’s Cancer Centre Director of Operations and Catering Manager)</b> |  |  |                        |                            |
| R4   | <p>Improve arrangements for communication in relation to patients’ dietary requirements by:</p> <ul style="list-style-type: none"> <li>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.</li> </ul> | <p><b>Completed</b></p> <p>The Trust reports that nutritional screening on inpatients takes place on admission by dieticians and nutritionists as required by the All Wales nutritional care pathway. The Moreland nutritional screening tool is used to assess patients’ dietary requirements. Patients identified as being at risk will have an individual care plan developed. Any special requirements, for example, the need for supplements, are communicated to the catering team. Communication between nursing and ward-based catering staff has been strengthened through an ‘at a glance’ notice board. This contains patients’ nutritional status and any additional requirements.</p> | N/A                    | N/A                        |

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|--|---|---|------------------------|----------------------------|
| <b>Hospital Catering review – November 2010 (progress based on review of audit action plan and discussions with the Trust’s Cancer Centre Director of Operations and Catering Manager)</b> |   |   |                        |                            |
| R5   | <p>Improve compliance with nutritional screening by:</p> <ul style="list-style-type: none"> <li>exploring the reasons for non-compliance with nursing staff;</li> <li>ensuring that reasons for not screening patients in relation to nutritional risk are recorded in the nursing case notes; and</li> <li>providing guidance for using the Moreland nutritional screening tool, including re-enforcing the threshold at which patients should be referred for dietetic assessment.</li> </ul> | <p><b>Completed</b></p> <p>Since the original report the Trust reports that all inpatients’ dietary requirements are assessed on admission as part of the screening requirements set out in the all-Wales Nutritional Care Pathway.</p> <p>All nursing staff have had refresher training in 2011 based on the Moreland nutritional screening tool. This includes the trigger points or thresholds at which patients are referred for dietetic assessment and when supplements are needed.</p> <p>Under the 1000+ lives project two sets of patient case notes are reviewed each month. This would identify if the nutritional screening and assessment were not effective. Feedback from these reviews in early 2011 before the refresher training was completed included the potential to improve the documentation of the nutritional assessment. This case note review has showed improvement in nutritional screening since the refresher training.</p> <p>A paper copy of the all-Wales nutritional care pathway and Moreland nutritional screening tool is kept on each ward.</p> | N/A                    | N/A                        |

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| <b>Hospital Catering review – November 2010 (progress based on review of audit action plan and discussions with the Trust’s Cancer Centre Director of Operations and Catering Manager)</b> |   |  |                        |                            |
| R6   | Agree an approach for nutritional care plans that sets out a basic number of actions for the different levels of risk depending on the Moreland risk score. | <p><b>Completed</b></p> <p>Nutritional care plans and a pathway tool have been established and used based on the national guidance. The Trust reports that patients identified at risk from the nutritional care plan and tool have an individual nutritional care plan developed based on their nutritional needs. The monthly patient case note review mentioned above is used to check that care plans are being developed where appropriate.</p> | N/A                    | N/A                        |

| Ref   | Recommendation   | Progress made  | Target completion date | Wales Audit Office comment   |
|---|--|--|------------------------|--|
| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with the Trust’s Executive Director of Workforce and Organisational Development)</b> |  |  |                        |  |
| <b>Recommendations for both the Cancer Centre and Welsh Blood Service</b>   |  |  |                        |  |
| 1   | Provide consultants with clear written guidance to promote a shared understanding of the Trust’s approach to job planning including its approach to developing SMART outcomes. | <p><b>Ongoing</b></p> <p>The existing job planning guidance on an all Wales basis has been reviewed by the Welsh Government and British Medical Association (BMA). The outcome of this review is that the guidance is sufficient but further training is planned for consultants to promote a shared understanding. It is planned to complete the training by spring 2012.</p> <p>The Trust’s Executive Director of Workforce and Organisational Development attended in late 2011 the above working on behalf of NHS Wales group to agree with the BMA a way forward on job planning guidance and training.</p> <p>The Trust plans to use the training to promote a shared understanding of the Trust’s approach to job planning and developing SMART outcomes.</p> <p>The Trust is aware of job planning guidance issued to consultants at local health boards and will also aim to obtain and potentially use this if appropriate to the Trust as guidance as job plans fall due for renewal.</p> | Spring 2012            | The Trust should complete the planned training on job planning and developing SMART outcomes. In the meantime, guidance for consultants used by other local health boards can also be potentially used for job planning. Although these will need to be tailored to the Trust’s strategic objectives and priorities. |

| Ref   | Recommendation   | Progress made  | Target completion date        | Wales Audit Office comment  |
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| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with the Trust’s Executive Director of Workforce and Organisational Development)</b> |  |  |                               |   |
| <b>Recommendations for both the Cancer Centre and Welsh Blood Service</b>   |  |  |                               |   |
| 2   | Strengthen existing arrangements for using performance information in job planning and, where necessary, develop new outcome indicators where there is insufficient information. | <p><b>Ongoing</b></p> <p>The Trust’s Medical and Clinical Directors acknowledge the need to strengthen the performance information used in job planning and develop new outcome indicators where necessary.</p> <p>Work is ongoing to identify and access appropriate outcome indicators.</p> <p>A new information post has been approved within the Cancer Centre which will help identify and develop appropriate performance information.</p> | To be confirmed by the Trust. | The Trust should set a target implementation date to establish performance information for job planning.              |
| 3   | Develop an electronic version of the job plan template to ensure complex job plans are accurate and are presented in a clear and transparent way.                                | <p><b>Completed</b></p> <p>An electronic version of the job plan template is now available to consultants for use in job planning.</p> <p>The Trust understands that the BMA (England) has introduced new guidance on job planning and this is being considered by BMA (Wales).</p> <p>The Trust plans to update its electronic version of the job plan template if new guidance is issued.</p>  | N/A                           | The Trust should update its electronic version of the job plan template, as appropriate, when new guidance is issued. |

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| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with the Trust’s Executive Director of Workforce and Organisational Development)</b> |  |  |                        |                            |
| <b>Recommendations for both the Cancer Centre and Welsh Blood Service</b>   |  |  |                        |                            |
| 4   | Set out a clear message of what constitutes SPA activity, and develop clearly defined outcomes for all SPAs included in the job plan, including information on the location of SPA sessions. | <p><b>Ongoing</b></p> <p>The job plan review meetings completed since the report have reduced SPA activity where it is not appropriate. The Trust is currently measuring the average consultant SPA activity.</p> <p>In spring 2012 the Trust plans to issue guidance to set out a clear message of what constitutes SPA activity, and develop clearly defined outcomes for all SPAs included in the job plan, including information on the location of SPA sessions.</p> <p>The information obtained from local health boards in this area will be used to inform the Trust guidance although the level of SPA should be tailored to the Trust.</p> | April 2012             | N/A                        |

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| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with the Trust’s Executive Director of Workforce and Organisational Development)</b> |  |  |                        |                            |
| <b>Recommendations for both the Cancer Centre and Welsh Blood Service</b>   |  |  |                        |                            |
| 5   | Develop an approach to reduce excessive workloads and ensure workloads are balanced, to support equitable sharing of work within consultant teams. | <p><b>Completed</b></p> <p>Following the last round of job planning in 2011 the number of job plan sessions between consultants has been equalised.</p> <p>This has reduced the average consultant sessions from 11.84 to 10.3.</p> <p>Since the review in March 2011, five additional consultants have been recruited and this has helped ease the pressure on the number and level of consultants’ sessions.</p> | N/A                    | N/A                        |
| 6   | Investigate how to print consultants’ sessions on their payslips in order to provide clarity for all concerned.                                    | <p><b>Completed</b></p> <p>The Trust has investigated with the NHS Wales Shared Services Partnership how to print consultant sessions on payslips.</p> <p>Since the end of February 2012 all consultants have the number of sessions printed on their payslips.</p>  | N/A                    | N/A                        |

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|---|---|---|------------------------|----------------------------|
| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with Trust’s Executive Director of Workforce and Organisational Development)</b> |   |   |                        |                            |
| <b>Recommendations for the Cancer Centre</b>  |   |   |                        |                            |
| 7   | Ensure that all consultants have an up-to-date job plan and that all consultants have a job plan review on an annual basis. | <p><b>Completed</b></p> <p>All consultants now have an up-to-date job plan and have a job plan review on an annual basis.</p> <p>The Trust had acknowledged that the job planning and appraisal process has put an administrative workload on both the Medical and Clinical Directors. Therefore, the administrative support arrangements have been reviewed and an additional administrative support officer will be made available from early 2012 following a recruitment process.</p> | N/A                    | N/A                        |

| Ref   | Recommendation   | Progress made  | Target completion date | Wales Audit Office comment |
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| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with Trust’s Executive Director of Workforce and Organisational Development)</b> |  |  |                        |                            |
| <b>Recommendations for the Cancer Centre</b>  |  |  |                        |                            |
| 8   | Ensure that consultants have adequate notice of job plan meetings (four to six weeks) so that they have time to prepare fully.                       | <b>Completed</b><br>Consultants are provided with a reminder of the job plan meeting approximately four to six weeks in advance. An administrative support officer sends consultants an email reminder in order for them to prepare for the meeting.   | N/A                    | N/A                        |
| 9   | Clarify and document in the job plan what consultants are doing in management time to ensure that the high level of average sessions is appropriate. | <b>Completed</b><br>The Trust’s Medical Director has investigated the high level of average management time recorded in consultants’ job plans.<br>The Medical Director is content that the level of management sessions is appropriate and necessary.<br>The job plan has since been changed to record the activities that constitute management time in more detail. | N/A                    | N/A                        |

| Ref   | Recommendation  | Progress made   | Target completion date | Wales Audit Office comment   |
|---|---|---|------------------------|--|
| <b>NHS Consultant Contract study – March 2011 (progress based on review of audit action plan and discussions with Trust’s Executive Director of Workforce and Organisational Development)</b> |   |   |                        |  |
| <b>Recommendations for the Cancer Centre</b>  |   |   |                        |  |
| 10  | Agree whether it is appropriate that there is no management input into the majority of job plan meetings.                         | <p><b>Completed</b></p> <p>The Director for Cancer Services has agreed that it is not necessary for management input into the majority of job plan meetings and that it is appropriate for the Clinical Director to attend.</p> <p>The Director of Cancer Services will provide management input to those job plan meetings where major changes or issues are expected.</p> | N/A                    | The decision taken by the Director of Cancer Services is noted, although the Trust should ensure that it is not missing an opportunity to secure a closer working relationship between consultants and management. |
| <b>Recommendations for the Welsh Blood Service</b>  |   |   |                        |  |
| 11  | Ensure that data on consultants’ sessions is submitted on a timely basis to the Assembly Government as part of annual monitoring. | <p><b>Completed</b></p> <p>Shortly after our review, in June 2011, the Welsh Blood Service data on consultants’ sessions was submitted to the Welsh Government as part of the annual monitoring process.</p>  | N/A                    | N/A  |



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