

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-663
Ein cyf/Our ref MD/03407/15

William Powell AM
Chair - Petitions Committee
Ty Hywel
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18 December 2015

Dear William,

Thank you for your letter of 25 November on behalf of the Petitions Committee in relation to petition P-04-663 about food in Welsh hospitals.

The Welsh Government recognises food is an essential part of patient care. We know good-quality food can encourage people to eat well, giving them the nutrients they need to recover from surgery or illness and we have put in place standards to ensure quality.

In 2011, the Welsh Government introduced the All-Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients, which are mandated and monitored.

Health boards have worked, and continue to work, extensively to provide a wide range of options for hospital patients which meet these standards, using the All Wales Hospital Menu Framework to ensure consistency in quality and choice. Ongoing improvement is reflected in the overall positive responses to the all-Wales survey of catering and food service provision.

The most recent survey indicated an overall high satisfaction with food and catering systems, including menu and dietary choices, with 70% of people indicating overall satisfaction in the 2015 survey, an increase of 6% on the 2013 survey. Feedback indicates that people want choice and food options that are culturally appropriate, which can vary across health boards and hospitals. The outcome of the survey enables health boards to make changes to improve quality and provision where necessary.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The general menu provided in each health board aims to meet a wide range of needs, including for patients with higher energy needs; those who seek healthier options and some therapeutic diets, but the general menu will not be able to cater for all. When patients are admitted with complex medical conditions requiring a therapeutic diet, they often require diets and food that are individualised.

The food and nutrient standards state that there must be a hospital protocol for the provision of all therapeutic diets:

- Patients must be given choice for all food and fluid options provided, including therapeutic and/or texture modified diets;
- Hospitals whose patients require certain therapeutic diets irregularly and in minimal numbers must include in their policy a formal contingency for the provision of these diets in the event they are required, for example by using an a la carte menu;
- Therapeutic diets must meet the requirements of the clinical treatment and appropriate nutritional standards. Caterers must work with dieticians in developing systems for planning, ordering and delivery of therapeutic diets, which are appetising and suit the preferences of the patient;
- Where relevant, catering service contracts must be sufficiently detailed and cover the provision of both therapeutic and special diets.

Catering departments work closely with the nutrition and dietetic services to ensure individual requirements for specific conditions are met.

There are more than 100 hospitals across Wales and the arrangements for the preparation for food vary from one location to another; some have their own central kitchens, others may have to use alternative arrangements. However, we expect health boards to ensure all hospitals provide food which meets the required nutritional standards and meet patients' individual needs.

The Welsh Audit Office has recently undertaken a follow-up audit in all health boards' food and catering services and its final report is due soon making specific recommendations to each individual health board, which will inform further improvements to services.

I am reassured by the work of the All Wales Menu Framework group that health boards are committed and take opportunities to continually improve the quality and provision of food for the hospital population. This is also reflected in the robust NHS procurement mechanism for food, which has nutrition and dietetic expertise integrated into the national service to provide advice on nutritional requirements.

While I cannot comment on individual cases, I expect health board to take up individual concerns or complaints and act accordingly.

Best wishes,



Mark Drakeford AC / AM

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