



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	02 December 2019	Agenda Item	2.8
Report Title	Food Safety within Swansea Bay Health Board		
Report Author	Joanne Jones, Head of Support Services		
Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Joanne Jones, Head of Support Services		
Freedom of Information	Open		
Purpose of the Report	<p>The purpose of this report is to outline the range of indicators used for monitoring and benchmarking the Health Boards Catering Services, highlight actual and potential risks, set improvement objectives and outline planned developments within the service.</p> <p>The report covers financial, performance, food waste and patient satisfaction measures, and includes both the Health Boards internal measures and external review of the service.</p>		
Key Issues	<p>This paper will provide an overview of the current service and in order to provide assurance to the Board will cover the monitoring arrangements in place, EFPMS (Estates and Facilities Performance Management System), patient feedback, financial performance, key risks and improvement targets for next year. (Some of the EFPMS information is from 2018 and refers to Bridgend Locality)</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the content of the report 		

Food Safety within Swansea Bay Health Board

1. INTRODUCTION

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

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

2. BACKGROUND

This paper will provide an overview of the current service and in order to provide assurance to the Board, will cover the monitoring arrangements in place; EFPMS (Estates and Facilities Performance Management System), patient feedback, financial performance, key risks and improvement targets for next year.

Catering services are provided across the Health Board to patients, staff and visitors. Cook – freeze production kitchens at Singleton and Morriston provide food for the majority of hospital sites. The catering serviced provided 2,201,048 patient meals during the year, and has a 'ward hostess' service in operation throughout Singleton, NPTH and Cefn Coed hospitals, with partial service at Morriston.

Departmental activity falls under the requirements of the Food Safety Act and the All Wales Catering and Nutritional Standards for Food and Fluids for Hospital In-Patients, and dishes are drawn from the All Wales Menu Framework. The Health Board is currently covered by two different Local Authorities. To avoid differing interpretations and allow consistency in our operations and HACCP (Hazard Analysis and Critical Control Points) plans, the Health Board is exploring the option of working with the Environmental Health Team from Swansea as 'Primary' authority for Food Hygiene matters across the Health Board.

In addition to Patient Catering, a restaurant service is provided at the Acute hospital sites and a cafeteria service at Cefn Coed. Acute sites have a coffee shop operation under the In-House 'Mwy Na' brand, focussing on freshness, high quality and where possible, local ingredients.

In line with other Hotel Services functions, as part of the departments Support Services Management Board agenda the Catering Services has a Strategy Group, whose membership is drawn from staff, staff side representatives, supervision and management. The group has been instrumental in developing both the strategic direction of the service and in delivering service improvements.

3. GOVERNANCE AND RISK ISSUES

3.1 Introduction

To ensure the governance and risks are managed the catering department has the following in place:

- Monitoring
- EFPMS
- Patient feedback
- Financial performance

3.1.1 Monitoring

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

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

Site	Current Score	Date of Inspection
Cefn Coed	4	June 18
Gorseinon	5	May 18
Llwyneryr	5	June 18
Morrison	4	July 18
NPTH	5	Nov 18
Singleton	4	Oct 19
Tonna	4	Oct 19

Fig. 1 Current EHO scoring

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

	HACCP Score
Morrison Hospital	85.75%
Singleton Hospital	90.41%
NPTH	88.33%
Cefn Coed Hospital	100%
Gorseinon	94%
Tonna	93.5%
Llwyneryr	95.33

Fig. 2 Catering Quality Assurance Audit Scores

HACCP (Hazard Analysis and Critical Control Points) is a risk based method of ensuring safety and compliance, and each site has a documented HACCP plan outlining the control measures and processes in place to ensure food and ingredients are purchased, prepared, stored and served safely. Compliance with the HACCP plan is measured as part of the in-house performance monitoring system, and also reviewed by Environmental Health Officers during their visits. The building structure/equipment maintenance/waste provision and pest control measures are also reviewed as part of the in-house performance, but are identified separately within the scoring matrix as they are outside of the direct control of the Catering service.

3.1.2 **EFPMS**

EFPMS (Estates and Facilities Performance Management System) returns are completed annually by the Health Board on a wide range of Estates and Facilities services. Information is provided to Shared Services for Welsh Government scrutiny.

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

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

Gross Catering Costs

Total Gross Catering costs (as described by EFPMS Data definitions) for the Health Board fell by £91k to £9,419k in 2017/18, a reduction of 0.9%.

Gross Non-patient costs for 2017/18 were £,3042k, an increase of £55k (4%) over the previous year.

Gross Patient Catering costs for 2017/18 were £6,377k, a reduction of £146k (2.2%) over the previous year.

Cost per Patient meal

Average cost per Patient meal across the HB for 2017/18 was £2.81, an increase of £0.22per meal (9.3%) Cost per Patient Meal varies significantly between sites, and is shown on the chart at fig 3. below.

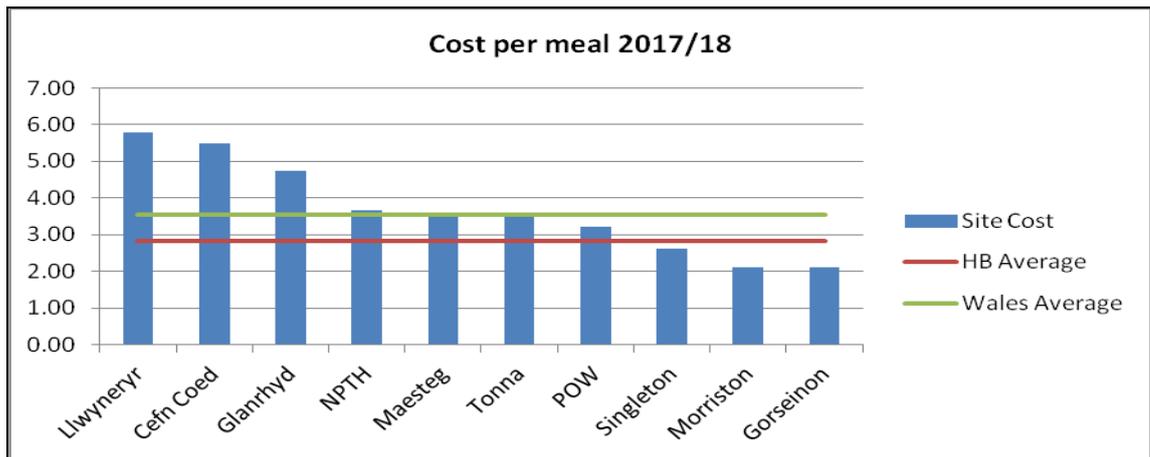


Fig.3 Cost per meal

Costs vary due to a number of factors, production type, size of site and patient type all affect costs. Mental Health sites in particular incur higher feeding costs due to the availability of snacks and beverages throughout the day.

Total Non-Patient income

Total income for the financial year from dining rooms and coffee shops was £2,369k, an increase of £12k (0.5%) from the previous year. In house Dining Room and Mwy Na outlets at Princess of Wales have performed particularly well over the year, and therefore overall income for ABMU in 2019/20 will be adversely affected by the forthcoming boundary change.

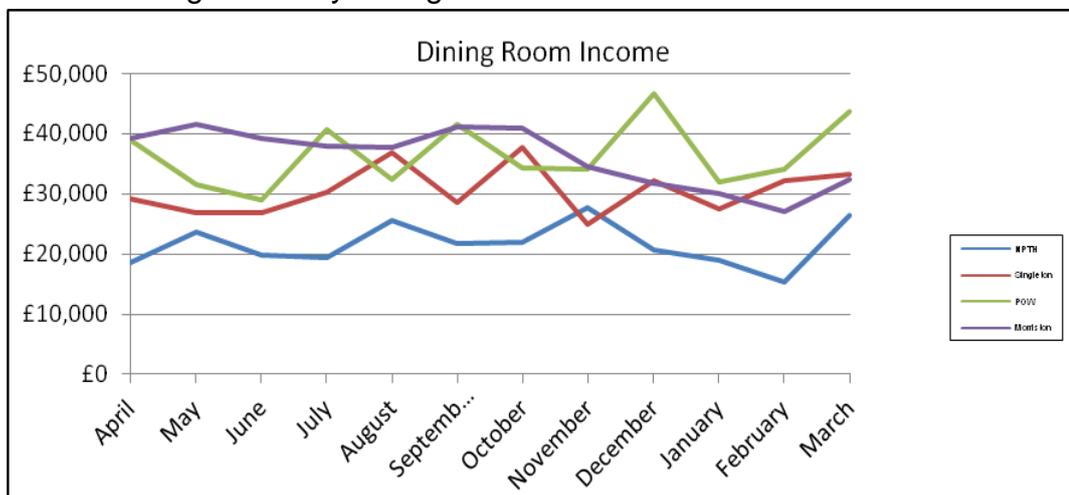


Fig. 4 dining room takings by site

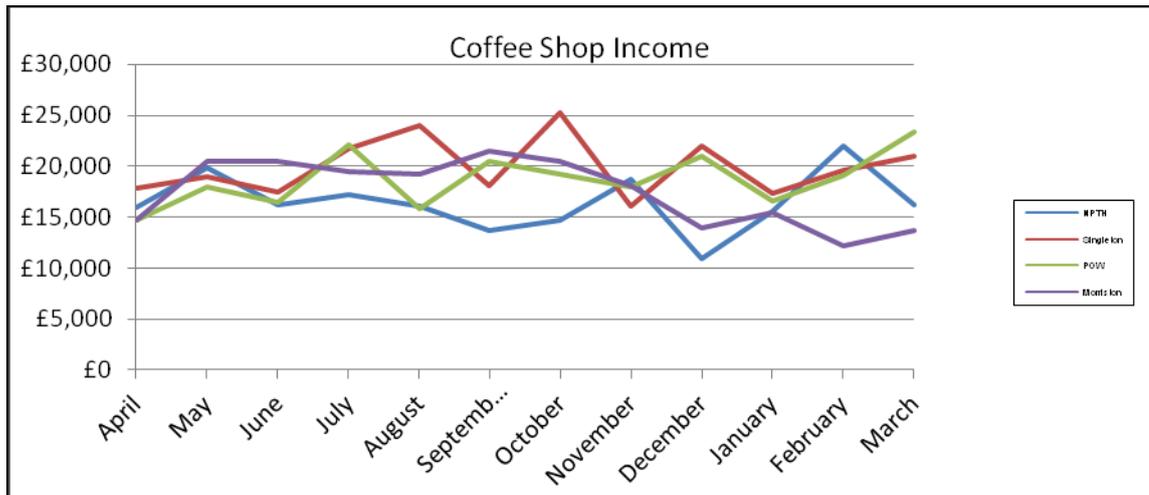


Fig. 5 Coffee shop takings by site

Net costs (contribution) of Non-patient Catering

The net cost of Non patient Catering is defined as the total cost of non-patient catering, less the income from Dining Rooms, Coffee shops, vending and hospitality. Where income exceeds costs the surplus is classed as a contribution and where costs exceed income, a subsidy. In 2017/18 the overall position across the HB was a subsidy of £240,913, showing an increase in the subsidy required to operate the service of £37k (19%). Whilst the In-house outlets at Princess of Wales have performed strongly, income from other sites remained static or declined during the year. The Costa and Subway franchises at Morryston in particular have contributed to this position.

Wastage

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

Average wastage across the Health Board for 2017/18 at 6.05%, was above the Welsh Government target of 5%. The total cost of Food Waste, calculated in accordance with EFPMS guidelines, was £189,414. This represents the cost of provisions only and does not include the cost energy and labour used in production, storage and regeneration.

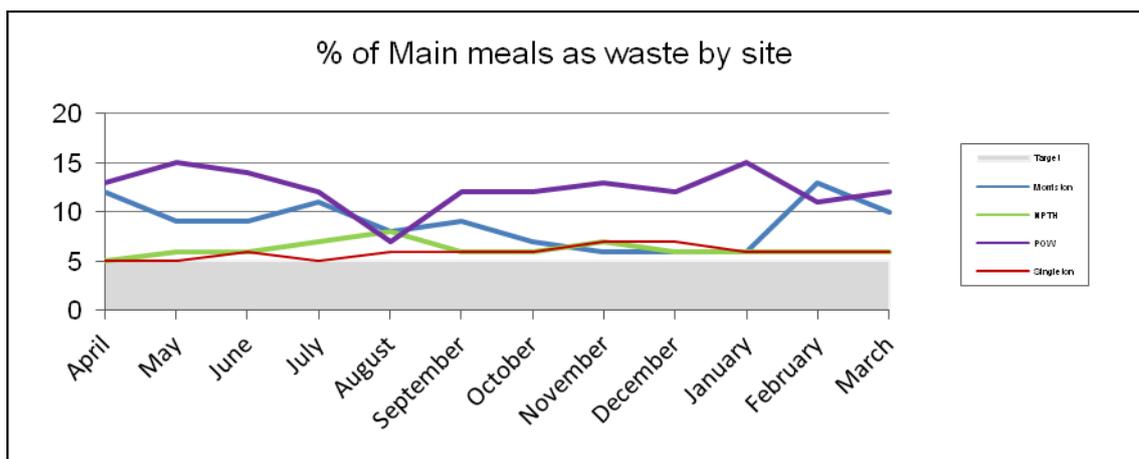


Fig. 6: % of Main meals as waste

3.1.3 Patient Feedback

Patient satisfaction

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

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

	% of Patients rating the Catering service as:			
	Excellent	Good	Average	Poor
Singleton	48.24	45.44	5.67	0.65
POW	33.84	46.27	17.07	2.82
Morriston	46.64	35.47	13.15	4.74
NPTH	56.74	30.75	10.05	2.46
Overall	44.51	40.67	12.02	2.80

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

Complaints

During the year the Catering service received 6 formal complaints, of which 3 were upheld, and 3 partially not upheld. All complaints were responded to within the specified timescale.

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

3.1.4 Financial Performance

For 2018/19 the overall cost of the Health Boards Catering service was £12,667k, a fall of £243k (-1.9%). This represented an underspend of £300k on the budget for the service

3.2 Key risks

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

3.2.1 Catering Infrastructure

While a number of schemes have been funded through Discretionary Capital, there are some outstanding investment requirements to ensure that the department at Singleton can continue to operate safely, in particular the main dishwasher, fridges and freezers require replacement, and the kitchen roof requires remedial work.

In Morriston a number of outstanding issues still exist in particular the electrical infrastructure and the kitchen floor with the production area.

3.2.2 Food Hygiene Training.

Food Hygiene training for Food Handlers is a key element of food service. Where there is no Ward Hostess service and Nursing staff need to be involved in food service, the Environmental Health Officer has indicated that Food Hygiene Training for Food Handlers should be provided. Unfortunately, the Health Board is not able to financially support the introduction of a Ward Hostess service across all its sites, so there will be a requirement to train a significant number of nursing staff every 3 years, which will present a significant financial and logistical challenge.

3.2.3 Commercial competition

The introduction of branded catering outlets into hospital sites has undoubtedly had an impact on the financial performance of the service and impacted on efforts to reduce the net costs of non patient catering. These outlets could also undermine the Health Boards aims to improve the health of the population we serve.

3.2.4 Procurement

The requirement to subscribe to All Wales contracts continues to inhibit departmental efforts to control costs, and in some cases prevents locally produced produce being used within the Health Board. With a total provision spend of £4.66m, the department could achieve savings by the adoption of a more flexible and locally based procurement strategy. At the time of writing the impact of Britain leaving the European Union is not clear, however there is considered to be a medium risk to procurement, and the potential for increased provisions costs.

3.2.5 Discretionary Capital

Historically the department has received an annual Discretionary Capital allocation, which has been used to develop services and replace or upgrade essential

equipment. In the current financial climate this Discretionary allocation has been restricted or not available, resulting in a situation where there is a significant investment required to meet current service requirements, and without which the service incurs increased revenue and maintenance costs and reduced ability to make efficiency savings.

3.2.6 National catering software

Discussions continue on an All Wales basis with a view to implement a package that would also link to the All Wales Menu Framework and procurement contracts. ABM is participating in the scoping exercise currently being undertaken by external consultants. If this does not proceed the Catering service would be keen to explore the viability of a standalone system for ABM, integrating with the meal ordering system developed.

3.2.7 Statutory/Mandatory Training

Due to the nature of the workplace and wide variety of working hours undertaken in providing the Catering service, it has been challenging to achieve compliance with Statutory and Mandatory training, across the Catering service compliance at year end was 52%. Additional resources have been allocated on a temporary basis to facilitate staff access to training and therefore improve compliance.

3.3 Improvement targets 2019-20

The department has set the following Improvement targets for 2019-20:

- Improve level and consistency of in-house Quality Assurance audit scores, with a minimum target of 90%
- Reduce waste on all sites to consistently below the WG target of 5%
- Improve patient feedback scores, with a target of 90% of patients rating the service as Good or Excellent for each site
- Improve Statutory and Mandatory Training compliance
- Further expand Ward Hostess service on the Morriston site, subject to funding.
- Reduce non-patient catering subsidy.

4. FINANCIAL IMPLICATIONS

There are no financial implications as this is an assurance report.

5. RECOMMENDATION

To note the content of the report.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The purpose of this report is to outline the range of indicators used for monitoring and benchmarking the Health Boards Catering Services, highlight actual and potential risks, set improvement objectives and outline planned developments within the service.</p> <p>The report covers financial, performance, food waste and patient satisfaction measures, and includes both the Health Boards internal measures and external review of the service.</p>		
Financial Implications		
There are no financial implications as this is an assurance paper.		
Legal Implications (including equality and diversity assessment)		
<p>Departmental activity falls under the requirements of the Food Safety Act and the All Wales Catering and Nutritional Standards for Food and Fluids for Hospital In-Patients, and dishes are drawn from the All Wales Menu Framework. The Health Board is currently covered by two different Local Authorities. To avoid differing interpretations and allow consistency in our operations and HACCP (Hazard Analysis and Critical Control Points) plans, the Health Board is exploring the option of working with the Environmental Health Team from Swansea as 'Primary' authority for Food Hygiene matters across the Health Board.</p>		
Staffing Implications		
There are no staffing implications as a result of this paper.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

“The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- **Long Term** – It is important to balance the short-term needs of financial savings with the need to safeguard the ability to develop the service to also meet long-term needs.
- **Prevention** – Proactive management will prevent problems occurring or getting worse which will help the department meet their objectives.
- **Integration** – The Public Health approach to catering is an important consideration.

Report History

There has been no previous report

Appendices

There is no further information supporting this report.