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Darren Millar AM
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Dear Mr Millar

#### Follow up to Public Account Committee on 4 February 2014 on Hospital Catering and Patient Nutrition

Following my appearance at the Public Accounts Committee meeting on 4 February you asked that I provide you with

# 1. An evaluation of the pilot project being undertaken on food waste at Llandough Hospital.

The objectives of the pilot study at Llandough Hospital were to look how patient food waste could be monitored more effectively and to identify aspects of the patient food service process that could reduce levels of food waste. The report of the pilot study was received on 16 April 2014, the recommendations are still being considered. The attached Annex provides further details of the study and lists the recommendations.

### 2. An update on the discussions health boards are having with local authorities on the collection of food waste

Information was requested from Local Health Boards and Velindre Trust asking how they dispose of and treat their food waste. The information provided indicates that there are opportunities for organisations in NHS Wales to improve their food waste disposal practices. More details are also included in the attached Annex.



Yours sincerely

Jean White

Professor Jean White Chief Nursing Officer Nurse Director NHS Wales

## 1. FOOD WASTE PILOT STUDY AT UNIVERSITY HOSPITAL LLANDOUGH, CARDIFF

NHS organisations have been set a target to ensure that wastage from untouched meals does not exceed 10%. Main meals only are monitored and currently only unused protein portions are measured. Plate waste is currently not measured. LHBs and the Trust carry out a 1 day annual assessment based on 6 wards at each hospital. These data are included in the annual Estates Facilities Performance Management System (EFPMS) Report produced by NHS Shared Services Partnership – Facilities Services (NWSSP-FS).

The two key objectives of the pilot study at Llandough Hospital were:-

To identify the scope for monitoring patient food waste more effectively; To identify aspects of the patient food service process that provided scope for reducing levels of food waste.

On the 3 March 2014, NWSSP-FS and colleagues from Cardiff and Vale University Health Board (CVUHB) carried out a Food Waste Pilot Study on Ward East 4 of the University Hospital Llandough (UHL). It was agreed that the pilot would be undertaken in a single day and would be limited to one of the wards in UHL.

Early soundings with a number of Health Boards clearly pointed to the fact that hospital wards and food trolleys were the key areas the pilot should focus on. This was because modern ways of food production mean that insignificant levels of waste are generated within Central Production Units and hospital kitchens. For the purpose of the pilot all trolley waste was measured.

Closely associated with this is the meal ordering process which requires fit for purpose tools capable of responding in a timely way to the nutritional requirements of patients. The pilot demonstrated that it is possible to capture all trolley waste and not just protein waste as is currently the case.

It was felt that the amount of plate waste would be impossible to control given the infinite reasons why patients may not eat the whole portion served. It was seen as more important for nurses to continue to record plate waste in the patients' notes for nutritional purposes. The amount of plate waste was also viewed as generally insignificant.

The pilot team spoke to a number of patients and staff regarding the quality of food, the delivery service and any suggestions to improve the catering system. It was recognised that interaction with patients is a fundamental feature and should help to ensure that the correct number of patients' meals are ordered and meals are appropriately matched to patients' dietary requirements.

The pilot study showed that trolley waste, measured in terms of unused portions was approximately 10%. It was considered that this level of wastage

was not unreasonable. Since ordering, some patients had lost their appetite, some were too ill to eat and one patient had to leave the ward for diagnostic tests. The relatively small amount of waste was due to the implementation of the Health Board's Patient Nutrition & Hydration Bed Plan which is designed to ensure that the number and type of meals ordered meet patients' therapeutic needs

Food waste could be monitored either at lunch or supper as the patients' menu is very similar. Measuring breakfast waste, however, was seen as impractical given the variation in breakfast menus.

The pilot reinforced the important role played by the food hostess. It was recognised that it is important that the hostess is trained in all aspects of food hygiene, portion control, therapeutic, cultural and religious diets and the presentation of food.

#### Recommendations following the pilot

Welsh Government received the report on the food waste pilot study at Llandough Hospital on 16 April 2014. The recommendations detailed below are still being considered.

NHS organisations to introduce an All Wales Standardised Patient Nutrition & Hydration Bed Plan linked to a robust meal ordering system to help reduce food waste;

NHS organisations to introduce a standardised tool capturing food journey and ward environment data such as the Mealtime Observation Audit Tool 1 & 2 used in UHL;

To review the EFPMS food waste data definitions as part of the current review being undertaken on the EFPMS process;

To set up a task and finish group to review meal service documentation used in the pilot to asses it potential use across the NHS in Wales; and NHS organisations should ensure their staff are appropriately trained in the discharge of their food service duties.

### 2. FOOD WASTE DISPOSAL IN NHS WALES AND LINKS WITH LOCAL AUTHORITIES

On 11 March 2014 information was requested from Local Health Boards (LHBs) and Velindre Trust on the means of disposal and treatment of food waste from their hospitals. This included details of the different disposal methods used such as macerators, separate segregated collections, disposal to general landfill waste and on-site bio-digester treatments.

The information requested was limited to hospitals which had over 30 beds to make it more manageable and practical. The Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust were not asked to provide the information as neither organisation has any hospitals within its estate.

The information requested showed:-

Macerators are currently in use at most hospitals (48 out of 59 hospitals surveyed);

Food waste is segregated out for separate collection and disposed of by the local council at 11 hospitals of the 59 surveyed;

At 39 hospitals food waste is still disposed of in the general waste stream to landfill; and

2 hospitals have bio-digester units installed in their central kitchens.

Discussions have also been held with the Welsh Local Government Association (WLGA) about the food collection activities undertaken by local authorities in Wales and how the NHS could become involved. The position of local authorities in Wales is that large anaerobic digestion plants and in-vessel composting (IVC) is seen as the way forward. They are collecting large quantities of food waste and these two methods are well suited to meet the demand.

WLGA has explained that in many cases local authorities have joined together to form a number of regional consortia to invest in new facilities. Many of these facilities are still at a planning or construction stage and interim arrangements are being used for treatment and disposal.

It is understood through discussions between NWSSP-FS and the WLGA that local councils will look into the possibility of working together with NHS Wales bodies to increase the uptake of food waste segregation and collection. NWSSP-FS together with the WLGA will facilitate this process. This will happen once the new facilities are operational.

#### **Summary**

Opportunities have been identified for NHS Wales to improve food waste disposal practices. The proposal to ban the disposal of food waste to sewer (i.e. macerator) included in the Environment Bill White Paper if it became law would also have a significant effect on current food waste practices.

Through closer engagement with the WLGA and closer links between LHBs/Trust and their respective local council's levels of food waste segregation and collection will increase. We will have a better understanding of progress once the new facilities referred to above are operational.

Information is being shared between organisations and more hospitals will be encouraged to install bio-digester units in their kitchens. Both organisations with these units currently report high levels of satisfaction in terms of factors such as the running costs, reliability, noise and odour etc.