

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services
Prif Swyddog Nyrsio - Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer - Nurse Director NHS Wales



Llywodraeth Cymru
Welsh Government

Our ref: JW/PAC/012015

Darren Millar, AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff CF99 1NA

30 January 2015

Dear Mr Millar,

UPDATE TO PUBLIC ACCOUNTS COMMITTEE ON INQUIRY INTO HOSPITAL CATERING AND PATIENT NUTRITION

I am pleased to provide an update to the Committee on progress that has been made on the inquiry on hospital catering and patient nutrition which was requested by Tuesday 3 February 2015. This follows on from the last time the issue was discussed by the Committee on 20 May 2014. We understand that the Wales Audit Office will be following up on the recommendations made to the Health Boards on hospital catering and patient nutrition as part of their local programme of audit work in 2015.

This update therefore provides context to the work undertaken on the seven original recommendations from the Committee as well as clarifying issues that have arisen during the course of your scrutiny.

Recommendation1:

We recommend that the Welsh Government issues supplementary guidance to all NHS bodies in Wales clearly stating that the protected meal times policy should not be used to exclude relatives and carers from providing assistance with eating to patients, and that where relatives and carers wish to assist at mealtime that they are actively encourage to do so by ward staff.

A Chief Medical Officer/Chief Nursing Officer circular entitled 'Hospital catering and food provision' was sent to all NHS provider organisations in 14 March 2012. This communication provided additional information and clarification on the protected meal

times policy and on providing patient information, specifically the WAO publication 'Eating Well in Hospital – What You Should Expect'

The section on protected meal times includes the following statement:

"We would like to emphasise that the protected meal times policy should not be used to exclude relatives and carers who wish to provide assistance with eating at meal times. In fact where relatives and carers wish to assist, they should be actively encouraged to do so."

The matter has also been discussed by the Chief Nursing Officer with the Nurse Directors to reinforce the message contained within this circular.

Welsh Government has evidence of compliance with the protected meal time policy through the annual Fundamentals of Care audit. In the 2014 audit, which gathered data in October and November 2013 and is published in June 2014, a specific question was included that refers to the policy:

'Is there a system in place to allow family/friends to assist with meal times?' Results of this audit showed 87% of areas had systems in place.

The eating and drinking section of the audit also asked patients *'Throughout your stay, how often did you feel that you were given help with feeding and drinking if you needed this?'* Results from this patient experience question indicated 93% were happy with the level of support they received.

Recommendation 2:

We recommend that the Welsh Government ensures that Local Health Boards provide the Wales Audit Office guidance note 'Eating Well in Hospital – What You Should Expect' to every hospital patient in Wales at the point of admission.

In the Chief Medical Officer/Chief Nursing Officer circular entitled 'Hospital catering and food provision', sent to all NHS provider organisations in 14 March 2012 there is specific reference made to providing all patients admitted to hospital with the WAO publication 'Eating Well in Hospital – What You Should Expect'. The circular provided information about accessing copies of the leaflet and included a link to the WAO website where the leaflet could be downloaded:

<http://www.wao.gov.uk/news/eating-well-hospital-what-you-should-expect>

Recommendation 3:

We recommend that the Welsh Government takes action to ensure that the progress of NHS organisations in delivering their own action plans is rigorously monitored and made publicly available.

The NHS organisations' respective actions plans have been implemented in the intervening years since the recommendations were made in 2011 and progress was monitored by Welsh Government during this process, as previously reported to Committee. While responsibility to ensure the actions are fully embedded in practice rests with the NHS organisations, on-going compliance with the standards occurs through a variety of mechanisms including the Healthcare Inspectorate Wales inspections; quality and delivery meetings; and national audits.

Recommendation 4:

We recommend that the Welsh Government monitors the progress of NHS bodies in delivering its guidance, including sourcing local food which contributes to a healthy balanced diet for patients where possible.

The All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients were introduced in 2011 and the All Wales Menu Framework was launched by the then Minister for Health and Social Services on 31 January 2013 to implement the standards and ensure an all Wales approach. There is a focus on meeting the needs of vulnerable patients and those at risk of malnutrition.

Food procurement is the responsibility of NHS Shared Services and a dietician's post has been funded within Shared Services to support healthy food procurement.

Standard 9 of the Fundamentals of Care standards relate to eating and drinking. The National Fundamentals of Care Audit report published in June 2014 indicated 89% of patients reported that they always or usually felt that they were provided with nutritious food and snacks throughout their stay while 94% of patients reported that they were always or usually provided with fresh drinking water and plenty of drinks when they needed them. 93% of patients stated that they were always or usually given help with feeding and drinking if they needed. A number of areas of good practice were noted:

- Patients are given assistance to achieve a comfortable position prior to mealtimes
- Bed and communal areas are made clear and tidy in preparation for meals
- Patients are given assistance to use the toilet and wash hands before meals
- Food and fluid charts are kept up to date

The spot checks ordered by the Minister for Health and Social Services following publication of the Trusted to Care report, included assessment of whether older patients are being kept hydrated. The spot checks into adult in-patient care on 70 wards in 20 hospitals completed in the summer found no systemic failures but some areas where improvements could be made, for example, ensuring that water jugs are changed 3 times daily. The second phase of the spot checks undertaken in November and December 2014 in 25 elderly mentally ill in-patient areas included assessment of whether people's basic healthcare needs are being met in relation to dietary and fluid intake. This second phase will report in early 2015. Good practice from both phases of spot checks will be incorporated into a new toolkit being developed in partnership with the 1000 Lives Service Improvement team that will enable front line NHS staff to drive local improvement activities. It is planned that the toolkit will be issued for use by organisations by April and its subsequent use by frontline staff will be supported by their local service improvement leads.

In response to one of the recommendations from the Trusted to Care report, a national campaign on the importance of hydration based on the 'drink a drop' initiative in Cwm Taf University Health Board is in the early development stage and will be run from March 2015. The campaign is being organised through the 1000 Lives service improvement team which has previous experience of running such health campaigns. The campaign sets out to encourage health staff as well as family/carers to offer a small drink during each patient contact for those patients able to take oral fluids. This campaign is a practical way to embed the standard around good hydration into everyday practice. The campaign developers are considering how this campaign could expand beyond hospital settings, as the principle of good hydration equally applies to those people receiving care in residential and care home settings.

Healthcare Inspectorate Wales has a rolling programme of Dignified and Essential Care Inspections, which includes assessment of nutrition and hydration of patients. The frequency and scope of inspections has significantly increased in 2014/15. Welsh Government officials meet HIW on a monthly basis and themes arising from inspections are discussed. All reports from the inspections are posted on the HIW website and these provide a summary of noteworthy practice as well as areas identified for improvement. During 2014 there were several examples of DECI inspection reports that specifically referred to nutrition and hydration, for example an inspection in June 2014 to Ward 4 (medical ward) at Prince Philip Hospital identified the following area of noteworthy practice: the appointment of a dedicated nutrition lead nurse on the ward who liaises with hospital catering services regarding special diets.

In addition to reflect the concerns and recommendations of the Francis Enquiry report for the first time during their annual Hospital Patient Environment programme of visits in 2013 the Community Health Council (CHC) teams commented on the availability of and assistance with hydration in hospital wards. The 2013 report commended Health Boards for ensuring that patients have access to fresh water and the assistance they need to keep hydrated. This is an important message coming from an independent CHC report.

The CHCs have a rolling programme of visits to clinical areas, which focusses on fundamentals of care, which includes nutrition and hydration, and seeks the experience of patients receiving care. Feedback is provided to the NHS organisations but can be escalated to HIW or Welsh Government if there are serious concerns.

There is a consultation underway to review the Health Care Standards for NHS Wales (2010) and the Fundamentals of Care (2003) standards (explicitly refers to nutrition and hydration), with a view to producing one integrated set of standards for publication in April 2015. The monitoring/inspection regime by Healthcare Inspectorate Wales and Welsh Government will be revised in line with these new standards.

The NHS look to source local food as far as possible. A large proportion of the expenditure on food is managed by NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) where 31 contracts are contracted and managed. These are supplemented by collaborative arrangements with the NHS. The value of these purchases, when the original information was provided in 2012 as part of the public sector food procurement survey, totalled approximately £10.1m per annum, of which around £7.7m is British produce. Of the UK figure of £7.7m approximately £567m is produced in Wales.

Recommendation 5:

We recommend that the Welsh Government provides us with details of how and when we can expect waste reduction targets to be met.

Progress of reducing food waste from patient meals

NHS Wales has met the overall target not to exceed 10% wastage of untouched meals. This was introduced in response to a recommendation in the 2011 WAO report. The data collected for EFPMS in 2013-14 shows that the average wastage of untouched

meals is 8.1%. At the major acute hospitals the average wastage of untouched meals is 5.6%. A number of other actions to reduce and monitor untouched waste are being actively pursued. By all Welsh NHS bodies including changes to the ordering process including the timing and size of portions etc. WAO will follow this up when they review the local recommendations in the 2011 WAO report on hospital catering in March 2015.

For example, Abertawe Bro Morgannwg University Health Board has signed a Hospitality and Food Services Agreement with the Waste Resources and Action Programme (WRAP). The Health Board is currently scoping a support project to look at reducing hospital food waste. This will look at options around patient meal ordering systems, menu planning and staff awareness and engagement.

In terms of actions to reduce other aspects of food waste, including production and plate waste there was a food waste pilot study undertaken at Llandough Hospital in February 2014. The purpose of the study was to look at how food waste practices could be improved across NHS Wales. Although the pilot was only at the one site for one day it provided sufficient data for the Welsh Government to consider the merits of taking it forward across NHS Wales.

An Outline Business Case (OBC) has been developed by NHS Wales Informatics Service and NHS Shared Services Partnership – Specialist Estate Services (NWSSP-SES). The OBC looks to consider a National Catering IT Solution for all of NHS Wales and builds on the work already being done by Aneurin Bevan University Health Board.

The National Catering IT Solution is intended to address many of the recommendations in the 2011 WAO report including cost variations, meal subsidies and food waste. By using the IT Solution to monitor meal preferences (for patients and non-patients), share standardised recipes and only accessing stock for the exact quantity of ingredients required, practices can be updated and aligned and wastage to reduce. Ordering closer to mealtimes through the use of mobile technology linked to the IT Solution will help improve patient satisfaction levels and also reduce food wastage.

The common theme when developing the OBC was that sites across the UK with different catering systems had all made financial savings as a result of implementing an electronic catering system in terms of the cost of provisions, staff efficiencies and non patient catering. The draft OBC is currently with NHS bodies for their validation and support before being formally submitted to Welsh Government.

Food waste disposal and engagement with local authorities

As part of their scrutiny the Committee has raised concerns about the way food is disposed of. This included the potential for collaboration with local authorities. NWSSP-SES has had a number of meetings with the Welsh Local Government Association (WLGA) around better collaboration between local authorities and NHS Wales. This work is being progressed.

The Minister for Health and Social Services has also asked officials from the Department of Health and Social Services and the Department for Natural Resources and Food to look at the potential for increased collaboration with local authorities. Meetings have been arranged to take this forward and the first meeting was on 15 January 2015.

The Environment Bill White Paper included a number of proposals which would have a major effect of food waste segregation, monitoring and disposal. The proposals support the Welsh Government's policy to maximise the amount of food waste separately collected and sent to anaerobic digestion for energy generation and high quality fertiliser. One proposal is to ban the disposal of food waste from non-domestic premises (including public sector premises) to sewer. The Committee may recall that when we gave evidence on 6 February 2014 the food waste digesters at Velindre NHS Trust and Hywel Dda Health Board were highlighted as best practice at the time. However, it is likely that the proposed Environment Bill provisions will ban the disposal of food waste to sewer (including the output of technologies such as food waste digesters). This has implications for NHS bodies planning food waste disposal which will need to be considered.

Recommendation 6:

We recommend that the Welsh Government takes action to ensure food ratings are displayed publicly in all hospitals in Wales.

95% of hospitals in Wales have a good or very good food hygiene rating. Officials from the Welsh Government and the Food Standards Agency, the non-Ministerial Government Body with UK-wide responsibility for food safety and consumer information have held a number of meetings with hospital catering managers and local authority representatives to discuss the display of food hygiene rating scheme stickers in hospitals and wider food related matters. The first meeting revealed that there was a need to promote a consistent approach on the display of hygiene ratings in hospitals.

There was little support for putting food hygiene rating stickers on every ward door, on the grounds of practicality for both the hospital and local authorities. Hospitals confirmed that they would prefer to display their food hygiene rating stickers at their main public entrances, main reception desks and on their information boards in hospital reception areas. Recent feedback has confirmed that generally hospitals are now finding appropriate places to display their hygiene rating stickers but there were still some examples of varying approaches of where to display. The Food Standards Agency (FSA) and the Welsh Government are continuing to work with hospitals to address any remaining issues concerning the display of rating stickers.

The hospital catering managers found these meetings helpful and this led to wider discussions around food safety. Some hospitals had a number of separate registrations for their food businesses e.g. staff canteen, main kitchens and ward kitchens. There was an overall consensus that hospitals would benefit by moving to one registration for their food business. This would exclude other food businesses operating on hospital grounds, coffee chains etc. The Food Standards Agency, local authorities and hospitals will work to this principle in future.

Local authorities are responsible for the enforcement of food safety and food standard controls on food products and inspect food premises including hospitals to check compliance with food law. Health Boards have to work with different local authorities depending on where their hospitals are located. Some concerns were raised about local authorities delivering a consistent approach and hospital catering managers identified occasional inconsistencies particularly around approaches to record keeping.

It was agreed that local health boards in Wales could benefit from forming a primary authority partnership in relation to food hygiene compliance. The Better Regulation Delivery Office (BRDO) operates a Primary Authority Scheme, which offers organisations the opportunity to form a legally recognised partnership with one local authority, which then provides robust and reliable advice for other councils to take into account when carrying out inspections or dealing with non-compliance. The nomination of one local authority to act as the primary authority establishes a consistent approach on advice, inspection and enforcement. Large food businesses such as Tesco, Sainsbury's and Iceland take advantage of the Scheme. This approach provides consistency in advice that the Health Board receives, and a consistency of approach to registration and inspection between health facilities within the Health Board's area.

In Wales, Aneurin Bevan University Health Board was the first health board to take this approach when it formed a Primary Authority partnership with Monmouthshire County Council. So far it is the only Health Board to have formed such a partnership although Betsi Cadwaladr University Health Board is currently exploring a Primary Authority Scheme with Flintshire and Wrexham County Borough Councils.

The Director General for Health and Social Services has recently written to all Chief Executives of Local Health Boards to encourage them to consider the Primary Authority Scheme run by the Better Regulation Delivery Office (BRDO). BRDO will be providing a training event shortly for hospital catering managers to advise how the Primary Authority Scheme works and to further encourage take-up of the scheme.

Recommendation 7:

We ask that the Accounting Officer provides us with a plan of how and when the Welsh Government and Local Health Boards will have made the improvements recommended by the Auditor General.

Welsh Government officials have provided WAO with an updated plan to demonstrate progress against the Auditor General for Wales' recommendations to Welsh Government in the March 2011 report.

WAO have also asked Welsh Government to consider the recommendations for the Health Boards. This would be to highlight any action on the recommendations that has been taken forward centrally by the Welsh Government. We have also been asked for suggestions on any specific issues that could be looked at when WAO carry out their wider follow up work with the Health Boards.

Considerable improvements have been in addressing the improvements recommended by the Auditor General. Additional work is being progressed.

E-learning

The e-learning training package in the use of the All Wales Nutrition Care Pathway and All Wales Food Record Chart was introduced in September 2011. The packages include the Nutritional Screening and Food Chart e-learning module and the Fluid Chart e-learning module. 5333 members of staff had completed these modules by the end of December 2013. The e-learning modules were placed on a new 'Moodle' site in 2014 and 1292 members of staff have completed the modules in 2014.

In total, therefore, 6625 members of staff have completed the nutrition e-learning modules. Health Boards continue to encourage staff to complete the programme and 'shared' e-learning sessions are being held to enable group learning and discussion. This equates to roughly a third of all grades of nursing staff deployed on hospital wards.

The e-learning modules have also been made available to non medical health care students to complete during their pre-registration training.

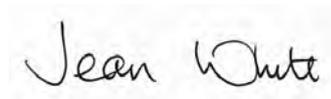
E-learning modules have been developed to address poor compliance with statutory and mandatory training across a number of NHS bodies. Over the last 18 months, there has been a significant increase in the use of e-learning materials as a means to complying with statutory and mandatory minimum levels of competence. This increased use of e-learning has also resulted in increased dissatisfaction with regards to access, processes, usability and quality of learning.

In order to address these issues, a Technology Enabled Learning Strategy (TEL) was developed with the engagement of the NHS Wales workforce community. It was agreed by the NHS Wales Directors of Workforce and Organisation Development (Sept 2014) that the TEL strategy would be managed by the NHS Wales Shared Service Partnership (NWSSP) Workforce Information Systems (WfIS) Team and short term funding was provided by Welsh Government to support the TEL programme of work which included the following:

- **Development of e-Learning** – a process has been drafted that effectively manages the development of e-learning from the identification of a need through to sign off by the sponsor.
- **Governance** – A new governance structure has been established to ensure e-learning is appropriately supported, developed, targeted and utilised across organisations.
- **Prioritisation** - A streamlined process has been developed to prioritise e-learning requirements across NHS Wales.
- **Quality Assurance** – Accredited e-learning development and quality assurance programmes were commissioned to up-skill e-learning leads across organisations and enable capacity for the ongoing development of e-learning programmes.
- **Standardisation** - Articulate e-learning software licences were procured and provided to e-learning leads along with training on how to use the software. This enabled e-learning programmes to be developed on a "Once for Wales" basis removing duplication and providing standard learning objectives, refresher periods and targeting of e-learning to staff groups.
- **Competence Assessment** – An assessment strategy was developed in partnership with WfIS and Skills for Health. This assessment strategy enabled the development of question banks so competence to be awarded to the learner making repeat training unnecessary.

- **Reporting** – An interim workaround developed by WfIS in the form of a ‘bridge’ between Learning@NHSWales and ESR has proved unreliable so an alternative solution has been agreed by WfIS and the DH ESR team which will involve a weekly upload of competences into ESR. This is a short term solution as ESR 2 will provide a national e-learning system which will allow automatic updating of competence on successful completion of e-learning.
- **Portability** - Standardisation and competence assessment means portability can now be achieved. Employees moving across NHS Wales organisations will no longer be required to undertake unnecessary repeat training as the competence and validity of training will travel with the individual.
- **Accessibility** – In addition to the NHS Wales workforce, access to e-learning materials hosted on Learning@NHSWales is now available to primary care, local government and the voluntary and education sectors. Undergraduates in Wales universities are also able to access statutory and mandatory e-learning modules as well as the IQT module and other health related e-learning.

Yours sincerely

A handwritten signature in black ink that reads "Jean White". The signature is written in a cursive, slightly slanted style.

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales