

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Nick Ramsey, AM  
Chair – Public Accounts Committee  
National Assembly for Wales  
Cardiff Bay, Cardiff, CF99 1NA

Our Ref: AG/JW/SB

10 October 2016

Dear Mr Ramsey

**Public Accounts Committee – Hospital Catering and Patient Nutrition – Monday 17 October 2016 – 15.00-16.00**

Please find attached an evidence paper to support the short inquiry by the Public Accounts Committee on Monday 17 October on the costs, planning and delivery of NHS Wales catering services; standardisation of nursing documentation to promote consistent nutritional screening; and management of food wastage. I confirm that Professor Jean White, Chief Nursing Officer, and I will be attended to answer the members' questions.

The attached paper provides evidence on the following issues:

- Implementation of recognised good practice in relation to nutritional screening and care planning across all health boards in Wales;
- Assistance available on wards to improve help for patients at mealtimes;
- Minimisation of food wastage including the findings of the food waste pilot study at Llandough Hospital. The Welsh Government received the report in April 2014;
- Latest position on health board and local authorities working together to collect and dispose of food waste by either anaerobic digestion plants or in-vessel composting;
- Explanation for the low uptake of electronic systems for planning and monitoring of catering services; and
- Objectives in the short, medium and long term for the incoming new informatics nurse.



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Yours sincerely

A handwritten signature in black ink, appearing to read "Andrew Goodall". The signature is written in a cursive, flowing style with some loops and flourishes.

**Dr Andrew Goodall**

Public Accounts Committee Briefing

Nutrition and Catering Review

Monday 17 October 2016

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## **Introduction**

Dr Andrew Goodall and Professor Jean White are attending the Public Accounts Committee on the 17 October 2016. The Committee are focusing on a short inquiry considering the wide variation in the costs, planning and delivery of catering services across NHS organisations in Wales and standardisation of nursing documentation to promote consistent nutritional screening together with food wastage.

It is understood the Committee session will cover the following issues:

- Implementation of recognised good practice in relation to nutritional screening and care planning across all health boards in Wales;
- Assistance available on wards to improve help for patients at mealtimes;
- Minimisation of food wastage including the findings of the food waste pilot study at Llandough Hospital. The Welsh Government received the report in April 2014;
- Latest position on health board and local authorities working together to collect and dispose of food waste by either anaerobic digestion plants or in-vessel composting;
- Explanation for the low uptake of electronic systems for planning and monitoring of catering services, and
- Objectives in the short, medium and long term for the incoming new informatics nurse.

## Section 1

### **Implementation of recognised good practice in relation to nutritional screening and care planning across all health boards in Wales;**

The revised Health and Care Standards (2015) contain a specific standard related to nutrition. Standard 2.5 stipulates:

“People’s nutritional needs and physical ability to eat and drink are assessed, recorded and addressed. They are reviewed at appropriate intervals and are referred to dietetic services as required for specialist advice and support.”

The overarching framework that guides practice in hospital nutrition is the Hospital Nutrition Care Pathway introduced in 2009.

The pathway requires that within 24 hours of admission to hospital all patients should be weighed and screened for malnutrition or at risk of malnutrition using a validated nutritional screening tool. Patients identified with swallowing difficulties should be referred for formal assessment by a Speech and Language Therapist. A referral to a Dietician should be made if advice on a textured modified diet or artificial nutritional support is required. In patients where enteral nutrition is contra-indicated total parenteral nutrition should be considered.

When a nutrition risk score and weight has been established a multi-professional nutrition care plan should be implemented. The care plan developed will depend on the nutrition risk score. The risks are categorised into low, medium or high.

Health boards and Velindre NHS Trust will continue to use a variety of mechanisms to monitor compliance with the Hospital Nutrition Care Pathway. This will include internal audits and quality spot checks along with external audits such as the Community Health Council (CHC) surveys. The Quality Checks Spot Check toolkit that was developed following the Trusted to Care review (Andrews (2014) includes a section to prompt spot checks on patients’ hydration. This toolkit has recently been launched to enable spot checks in hospitals.

There is also work under way to create closer links between the All Wales Hospital Menu Framework (AWMF) group and the Nutrition Coordinators group to ensure closer links between nursing and catering. This will enable more effective oversight of catering and nutrition policy implementation. This is an important mechanism to ensure that the oversight of respective strands of policy on catering and nutrition is joined up and coordinated.

The Ward Sister/Charge Nurse will continue to be responsible for ensuring adherence to the pathway in the ward area while senior nurses monitor compliance.

The NHS Wales Informatics Service (NWIS) will be leading work to modernise nursing record keeping and ensure fitness for purpose on behalf of NHS organisations. NWIS is looking at how nursing documentation can be rationalised and moved from a paper-based to an electronic system, although there are currently no definitive timescales for completion. Project oversight will be provided by the NHS Wales Informatics Management Board, which is currently chaired by Andrew

Goodall, NHS CEO/DG. NWIS has recruited a new nurse informaticist who is due to start on 31 October 2016. This individual will support the development of the all Wales electronic documentation system.

## Section 2

### Assistance available on wards to improve help for patients at mealtimes

Protected mealtimes were supported and introduced by ward sisters and charge nurses to enable patients to eat their meals without interruption and to ensure they received appropriate support for their needs during mealtimes. In essence this has meant the rescheduling of doctors' ward rounds, clinical interventions and visiting hours to accommodate this. However, it is recognised that some patients who require assistance with eating prefer to be helped by their relatives and/or friends. This requires flexibility around restricted visiting times and these decisions remain local decisions made at the discretion of health professionals and guided by the patients' best interests. Families and friends are encouraged to attend to assist in mealtimes where this is the patient's choice and where it benefits the patient.

In 2012 the Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) wrote to health boards and Velindre NHS Trust reinforcing the message that protected mealtimes are an important part of creating a ward environment that encourages patients to eat and enjoy their meals. The communication stressed the importance of engaging families and carers to assist at mealtimes. The CNO and CMO also highlighted the importance of using the Wales Audit Office guidance leaflet '*Eating Well in Hospital – What You Should Expect*' and required organisations to either incorporate this information into existing patient admission materials or to issue the Wales Audit Office guidance note '*Eating Well in Hospital—What You Should Expect*' to every hospital patient at the point of admission. Following the communication health boards have been auditing and continue to audit the implementation of protected mealtimes.

The closer links between the All Wales Hospital Menu Framework (AWMF) group and the Nutrition Coordinators group will enable closer links between nursing and catering and oversight of the implementation of the Hospital Nutrition Care Pathway and specifically the protected mealtime policy. A focus of these groups' work over the coming year will be the assistance available on wards to improve help for patients at mealtimes.

Mealtimes are coordinated by a registered nurse and the engagement of all nursing staff in mealtimes is sought. Ward based caterers have been introduced on some wards where the food is plated on the ward and served to patients by the caterers but assistance with eating is provided by nursing staff.

## **Section 3**

### **Minimisation of food wastage including the findings of the food waste pilot study at Llandough Hospital. The Welsh Government received the report in April 2014**

#### **Background**

The annual Estates & Facilities Performance Management System (EFPMS) data are collected by NHS Shared Services Partnership – Specialist Estate Services (NWSSP-SES) from NHS organisations. This includes data on food waste that are used to benchmark and assess food waste across NHS organisations.

NHS organisations were originally set a target to ensure that wastage from untouched meals did not exceed 10%; wastage at that time was around 16%. Main meals were monitored and only unused protein portions were measured. Plate waste was not measured.

The food waste pilot study at University Hospital Llandough, Cardiff was undertaken in March 2014. It was a one day pilot. The intention was to collect data, discuss potential changes with Health Board representatives, who deal with hospital catering and patient nutrition on a daily basis, and make suggestions for recommendations to the system.

A number of recommendations were made following the pilot study and these were disseminated to all health boards and Velindre NHS Trust. For example, modern food production means that insignificant levels of waste are generated within Central Production Units and hospital kitchens. The main focus should be on looking to reduce waste from hospital wards and food trolleys.

Following the pilot study NWSSP-SES has amended the definitions for the collection of EFPMS data in discussions with NHS representatives. The changes included taking account of plated meals and recommending that consideration is given to using external auditors.

Hospitals are recommended to monitor their food waste through the catering chain (procurement, production, ward orders, service, plate waste and untouched meals).

Acute hospital food wastage is now around 6%.



## Section 4

### **Latest position on health board and local authorities working together to collect and dispose of food waste by either anaerobic digestion plants or in-vessel composting**

#### **Background**

The implementation of the waste proposals outlined in the Environment (Wales) Act 2016 will be via a statutory instrument (S.I.) that will be subject to full consultation and scrutiny by the National Assembly for Wales. The consultation is planned around the middle of 2017 subject to the approval of the Cabinet Secretary.

The waste proposals outlined in the Act propose the ban of all food waste to foul sewer, including prohibiting the use of food macerators.

Waste colleagues have advised that they are considering the case for food treated by certain food treatment technologies to be exempt from such a ban. These would potentially include food waste digesters which produce 'grey water' and other new technologies such as shredding/de-watering equipment which could reduce weights and volumes significantly and produce a cleaner product for collection.

The aim though remains to maximise the use of food waste for high quality fertiliser and energy and the preferred method for this is separate collection and anaerobic digestion of the waste.

The main challenge around the separate collection of food waste and waste segregation more generally to comply with the Act is the lack of available space at hospital sites. There is also a logistical challenge in how food is delivered, prepared and returned etc in hospitals.

There is also a mixed picture of the provision of waste collection services by local authorities across Wales. This is particularly evident with some of the larger health boards who have 5 or 6 local authorities in their area often operating differently.

These challenges have resulted in some health boards and NHS trusts feeling that they need to explore alternative technologies.

#### **Food waste disposal arrangements by Health Board and Velindre NHS Trust and the Welsh Ambulance Services Trust**

| <b>Health Board/NHS Trust</b> | <b>Food waste disposal method(s) for main kitchens, canteens</b>   |
|-------------------------------|--|
| ABMU                          | Have focused on reducing the volume of food waste until there is clarity on the regulations. Maceration remains the main route for food disposal |

|           |  |
|-----------|--|
| ABHB      | At Ysbyty Ystrad Fawr there is an agreement with Olleco with all waste being separately collected and sent for anaerobic digestion. The Health Board plan to expand the recovery service but are waiting for clarity on the regulations. Otherwise maceration is the primary disposal method across the Health Board.  |
| BCUHB     | At Wrexham Maelor, food waste collected by Re-food which goes for anaerobic digestion. At Ysbyty Glan Clwyd food waste is collected by Denbighshire CBC that goes to anaerobic digestion. Gwynedd CBC collects from all community hospitals in their area and plan a trial at Ysbyty Gwynedd. Otherwise maceration is the primary disposal method across the Health Board. |
| C & V UHB | Food waste from all hospital sites is collected by Cardiff CC and disposed of by anaerobic digestion   |
| Cwm Taf   | All sites still use macerators except Royal Glamorgan Hospital where it goes to black bag. Plan to use Olleco for collections at Royal Glamorgan Hospital and to extend this to other sites. RCT CBC does not offer a service. Agreement with Merthyr Tydfil CBC to take food waste at Prince Charles Hospital to the new Biogen Anaerobic Digestion Plant at Bryn Pica.   |
| Hywel Dda | Food waste from all hospital sites goes for anaerobic digestion either by the local authority or a private company.  |
| Powys     | Food waste is collected by Powys County Council and goes for anaerobic digestion. This is being rolled out with 80% of sites already covered.  |
| Velindre  | At Velindre Cancer Centre food is disposed of via a bio-digester unit in the kitchen that produces grey water at the end of the process.   |
| WAST      | Only food waste collection is from the new Wrexham ASFRS by Wrexham CBC and goes to anaerobic digestion  |

## **Section 5**

### **Explanation for the low uptake of electronic systems for planning and monitoring of catering services**

#### **Background**

Welsh Government asked NHS Wales Informatics Service and NHS Shared Services Partnership to look to develop an all Wales IT Catering Solution.

The Outline Business Case (OBC) was produced to address the needs of the health boards and Velindre NHS Trust as outlined in the WAO report rather than Welsh Government. All NHS organisations need to agree to adopt the all Wales IT system.

The OBC is being discussed at the NHS Wales Informatics Management Board meeting in November. The Cabinet Secretary for Health, Well-being & Sport is keen to adopt an all Wales approach to IT systems across NHS Wales where appropriate.

The NHS Wales Informatics Management Board will be asked to approve the OBC. If approved a project plan will be developed to take forward the procurement of the system. This would be funded from the NHS All Wales Capital Programme.

A number of the health boards and Velindre NHS Trust are waiting for an all Wales system rather than putting any arrangements in place as an interim measure.

## **Section 6**

### **Objectives in the short, medium and long term for the incoming new informatics nurse**

The informatics nurse appointed by the NHS Wales Informatics Service (NWIS) takes up her post on 31 October 2016. A draft project plan exists for the development of an all Wales nurse documentation system. The plan will be discussed with the nurse informaticist during her induction but it is anticipated the project work streams will require 2 years to complete.

The activities required to complete the project will fall into 5 work streams.

#### **Work stream 1 - Core nursing documents (All Wales) to be completed in year 1**

This will include a review of nursing documents in current circulation within health boards, analysis of the information being captured and rationalisation to reduce duplication. The review will identify a suite of core nursing documents for use on an All Wales basis, including admission, assessment & risk assessment, care planning and discharge, and which satisfy information sharing together with professional obligations and quality assurance requirements.

#### **Work stream 2 – Governance to be completed in year 1**

Thus will establish a national governance process to approve, catalogue and version control national nursing documents. The process will enable a national governance process, to be adopted at local level to approve, catalogue and version control local nursing documents.

#### **Work stream 3 – Electronic documents pilot (milestones to be agreed with nurse informaticist)**

This will support the design, development, testing and quality assurance (in accordance with NHS Wales Informatics Service Assurance Process) of an electronic method to capture nursing information at the point of delivery of care, which meets the high level nursing requirements to capture, view, edit and share information with the patient's care providers.

#### **Work stream 4 – Electronic capture of clinical observations (milestones to be agreed with nurse informaticist)**

Work will be undertaken with NWIS to develop or review “off the shelf” electronic solution(s) to capture clinical observations associated with National Early Warning Score (NEWS) assessment.

#### **Work stream 5 – Improving the quality of nursing documentation (milestones to be agreed with nurse informaticist)**

This will make recommendations for a national framework for nursing documentation in Wales. It will include the use of care plans and core care plans and provide guidance on correct completion of the documents and support roll-out and training as required.