

**Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee**  
**PAC(5)-12-16 P11**



**GIG**  
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Bwrdd Iechyd  
Cwm Taf  
Health Board

Your ref/eich cyf: AW/LW  
Our ref/ein cyf: 15<sup>th</sup> November 2016  
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Nick Ramsay AM  
Chair  
National Assembly for Wales  
Public Accounts Committee  
Cardiff Bay  
Cardiff  
CF99 1NA


Dear Mr Ramsay AM

**RE: HOSPITAL CATERING AND PATIENT NUTRITION**

With reference to your letter dated 27<sup>th</sup> October 2016. Please find attached response from Cwm Taf UHB following the request for Health Boards to respond to questions provided by the Public Accounts Committee in relation to Hospital Catering and Patient Nutrition.

If you need any further information, please let me know.

Yours sincerely

  
ALLISON WILLIAMS  
CHIEF EXECUTIVE OFFICER

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**Return Address:**

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

Chair/Cadeirydd: Dr C D V Jones, CBE

Chief Executive/Prif Weithredydd: Mrs Allison Williams

Cwm Taf Health Board is the operational name of Cwm Taf Local Health Board/Bwrdd Iechyd Cwm Taf yw enw gweithredol Bwrdd Iechyd Lleol Cwm Taf





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Bwrdd Iechyd Prifysgol  
Cwm Taf  
University Health Board

## **Cwm Taf University Health Board (CTUHB) response to the key issues emerging from the Auditor General for Wales's reports and the Committee's evidence session.**

### **1. How do you monitor the standard and quality of written nursing documentation and nursing assessments in respect of patient nutrition?**

All patients' nutritional risk should be screened within 24 hours of admission using the MUST screening tool. The standardised nursing documentation consists of the MUST screening tool supported by a prescribed nursing action plan which can be individualised to reflect patients' nutritional management.

A monthly audit is undertaken to monitor compliance with the nutritional screening. The most recent results show an overall Health Board compliance of **93%**.

This information can be broken down by ward/dept which allows us to target poorer scoring areas and concentrate improvement efforts in these areas. Likewise we are also able to identify areas of notable practice which enables shared learning.

### **What steps are you taking to improve the standard and quality of nursing records?**

CTUHB Patient Documentation group are currently reviewing the nursing documentation in its entirety. This would include the nutritional screening and prescribed nursing action plans specific to nutrition and hydration. The purpose of the review is to ensure that patient documentation accurately reflects the patients' needs by reducing waste and variation in the documentation.

It is important to note that the food and fluid charts are All Wales documents and will therefore not be modified, however should there

be suggestions for improving these, we would escalate through the All Wales Nutrition groups.

We also deliver record keeping sessions on our nurse induction programmes enforcing good practice for record keeping and linking all patient assessments ensuring a holistic approach in care delivery

**2. What information do you collate and analyse on patients' nutritional status to support service planning and to monitor patient outcomes?**

Through the use of the All Wales food and fluid documentation regular audits are carried out. The compliance to timely completing of the MUST screening tool and the subsequent actions are audited on a monthly basis. Our current compliance rate is 93%

**3. What action are you taking to ensure that food and fluid intake is recorded appropriately, particularly for those patients at risk?**

CTUHB are using the All Wales food and Fluid monitoring charts to record and monitor what patients are eating and drinking.

- The food and fluid charts should be audited on a monthly basis.
- The responsibility and accountability for recording of diet and fluids is enforced in training on nurse induction.
- Staff are mandated to complete the online e-learning
- The Annual HCS Audit asks questions regarding completion of food and fluid charts. Again whilst this is mandated annually there is scope for collecting this information more frequently.

**The 2015 audit Results are outlined below:**

<b>Standard 3.5 Record Keeping</b>		<b>RAG</b>	<b>%</b>
	For patients who require a food chart, is there evidence that they are being kept up to date.	<b>96</b>	
	For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	<b>70</b>	
	For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	<b>93</b>	
	For patients who require a weekly fluid chart, is signed by a registered nurse for each 24 hour period?	<b>54</b>	

Standard 3.5 Record Keeping		RAG	%
	For this episode of care, are the patient's demographic details clearly recorded (and where required, has a photograph) on all the patient's documentation?	94	
	For this episode of care, is there documented evidence that each plan of care has been assessed and discussed with the patient or advocate?	82	
	For this episode of care, are the contact details of the first point of contact recorded in the patient's documentation?	97	
	Is the patient's preferred language clearly indicated in the nursing documents?	80	
	Does the patient's documentation capture their preferred name and/or title?	83	
	For this episode of care, where the patient has an identified swallowing problem, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	80	
	For patients who require a food chart, is there evidence that they are being kept up to date.	96	
	For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	70	
	For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	93	
	For patients who require a weekly fluid chart, is signed by a registered nurse for each 24 hour period?	54	

#### **4. What is the level of compliance with the e-learning training package on the nutritional care pathway in your health board?**

**If you have yet to achieve full compliance, what steps are you taking to improve it? Do you anticipate being able to achieve 100% compliance, and if not, what are the barriers?**

The level of compliance with the e-learning package is quite poor with longstanding issues of getting staff to undertake training due to time constraints. In addition the e-learning platforms have proved to be unreliable and staff have reported issues in getting access to the e-learning modules.

We are looking at innovative and supportive ways to assist staff in undertaking their required training. We are currently exploring the use of a mobile device such as a tablet or chrome book that may help staff undertake their e-learning. We are also looking at



introducing supported sessions whereby staff can attend for a whole day and complete several of the required e-learning packages.

We anticipate that hitting the 100% target will be a challenge, primarily due to releasing staff to undertake the training, however if we can adopt a number of ways to support we are confident that we will achieve the 100% target.

**5. What is the level of compliance with nutritional screening across hospitals within your health board? What are you doing to improve/sustain compliance with nutritional screening?**

A monthly audit is undertaken to monitor compliance with the nutritional screening. The most recent results show an over all health board compliance of 93%.Where compliance is not to the required standard action plans are in place to improve performance.

Education and monitoring are our key approaches to improving/sustaining the compliance

**6. Is there a named individual for ensuring compliance with nutritional screening is improved and sustained across the hospitals?**

Yes, the Executive Director for Nursing, Midwifery and Patient Safety is the named responsible officer for CTUHB.

**7. What difference has the all-Wales menu framework made to food in your hospitals?**

The introduction of the all-Wales menu framework has made the following differences since its introduction within CTUHB:

- A standardised approach to meal production with approved recipes within our Central Production Unit.
- Assurance with the all-Wales Nutritional Framework through the use of approved standardised recipes.
- Ensuring all meals served within all properties in CTUHB are made to the same standard and provide the same nutritional values.

In addition CTUHB has been pro-active and fully engaged in supporting the All Wales Menu Framework. We have undertaken extensive work with both local and national dieticians to develop the recipes on the framework using many of our original recipes as some traditionally cooked recipes needed refining for the cook freeze process.

**8. How have you used the national patient survey findings to improve catering and nutrition services in your health board? What other ways do you gather patient's views on hospital food?**

CTUHB is always looking for ways to improve its catering and nutrition services in our Health Board we have used patient satisfaction surveys and have received excellent feedback; we will also be using and benchmarking our feedback against the National Survey for Wales. In addition we also receive feedback through our 'Putting Things Right' concerns and complaints team.

Improving the patient's meal and service experience is a key priority for CTUHB, to achieve this we have gathered information direct from patients using our own bi-monthly patient satisfaction and experience audits, it forms part of the patient mealtime audit process using key performance indicators to monitor compliance with food safety, Health Care Standards and quality improvement. Overall findings are reported quarterly to the Health Board's multi-discipline Nutrition and Catering group and Quality, Safety and Corporate Risk Committee to Board.

This audit tool has recently been reviewed and will be re-launched in November 2016 using a survey application which can be accessed by patients/relatives whilst in hospital using their mobile/devices or when they return home. Ward based catering staff will also be able to gather feedback from patients using the app. The aim is to widen the audience and therefore increase the data gathering to improve reporting on patient meal service experience and satisfaction.

**9. What actions have been taken to improve catering services in response to patients' views?**

Through using our auditing tool we have received very few patient complaints regarding our menu or the standard of our meals served to patients however any suggested dishes from patients or relatives we have tried to accommodate in our A La Carte style menu. The following are some examples of the suggestions we have received and the changes we have introduced to improve our service.

Feedback received from our community hospitals was that the menu could be of a repetitive nature. To address this issue we introduced an A La Carte style seasonal menu which provided added variety and change to the menu.

Patients and nursing staff feedback was that there was not enough variety in 24 hour snacks and beverages. We have responded to this with improved access and variety to 24 hour food and beverages as follows; Provision during the 24 hour period is through ordering from the main catering kitchen or the restaurant, or when these are closed from the hot and cold vending machines. High protein sandwiches can also be provided at ward level on request. The products in the hot and cold vending machines are procured to meet the nutritional standards.

## 10. How do you promote good hydration on all your wards?

One of the key developments for improving hydration has been the introduction of the 'Drink a Drop' campaign. The campaign aimed to ensure all staff working in CTUHB encouraged patients to drink.

### Drink a Drop – Improving Patient Hydration

*Improving hydration brings well-being and better quality of life for patients. It can support reduced use of medication and prevent illness. It is good healthcare and dietary practice – and the right thing to do. Providing fresh water also demonstrates care of patients in a way that relatives and friends can see, enjoy and become involved.*



#### What is Drink a Drop?

It is a set of 4 simple interventions consistently applied:

1. Place a droplet picture above the bed of patients who need help to maintain optimum hydration
2. Offer the patient a drink at every contact point (doing observations, wash time, medication times) and encouraging them to drink about 50mls of fluid – this is about a third of a patient tumbler.
3. Encourage family members to offer drinks to the patient by making them aware of the scheme via communication from all MDT members and also visual prompts (posters) on the wall behind the patient's bed and around the ward area.
4. Education of MDT members of the importance of regular hydration and the benefits of maintaining hydration levels.

The medical evidence for good hydration shows that it can assist in preventing or treating ailments such as:

- ▲ Pressure ulcers
- ▲ Cognitive impairment
- ▲ Kidney stones
- ▲ Constipation
- ▲ Urinary infections and incontinence
- ▲ Dizziness and confusion leading to falls
- ▲ Heart disease
- ▲ Low blood pressure
- ▲ Diabetes
- ▲ Poor oral health
- ▲ Skin conditions



The campaign has been recognised by the Chief Nursing Officer for Wales as exemplar practice.





In addition we have questions included in the annual Health and Care Standards audit and the monthly patient survey (please note that whilst the HCS audit is mandated annually there is opportunity for areas to audit more frequently). The 2015 audit Results are outlined below:

<b>Standard 2.5 Nutrition and Hydration</b>		<b>RAG %</b>
Are water jugs changed 3 times daily?		<b>52</b>
Is fresh drinking water available for patients?		<b>98</b>
Are drinking water jugs and glasses within the patient's reach?		<b>96</b>
During a 24 hour period, are a minimum of 7 beverage rounds are carried out within your clinical area?		<b>42</b>

<b>User Experience Survey</b>		<b>RAG %</b>
Throughout your stay/attendance, how often did you feel that you were provided with fresh drinking water and plenty of drinks when you need them?		<b>99</b>

### **11. What information is provided to patients about catering and nutrition services when admitted to hospital?**

CTUHB believes that the provision of information to all patients is vitally important and this information is also available for patient meal choice. The provision of this information is provided through a bedside patient information booklet which provides information about the caterings services. There is a 3 fold A La Carte style menu is beside each patient bedside and ward based caterers are trained

to answer any questions regarding the menu, allergies, Halal or Kosher patient meal requirements.

## **12. How do you ensure protected mealtimes are adhered to within your hospitals?**

There is a CTUHB approved protected meal time policy and this is well established and compliance is monitored as part of the catering and nutrition audit tool observational audits and through Health and Care Standards audits.

We are currently undertaking a review of our compliance to protected mealtimes as observations and feedback has suggested that they are not happening consistently. It is anticipated that a focused piece of work will be required to reinforce and reinvigorate protected mealtimes.

The HCS audit does ask for assurance with elements of the protected mealtime process. The 2015 audit Results are outlined below:

<b>Standard 2.5 Nutrition and Hydration</b>		<b>RAG %</b>
	Does a Registered Nurse co-ordinate every meal time?	<b>76</b>
	Is there evidence that all members of the nursing team are engaged in the mealtime service?	<b>81</b>

## **13. How do you ensure patients are provided with timely support to prepare for mealtimes and prompt help with eating?**

The patient mealtime is supported by nursing and catering assistant staff before during and after meal times. Roles and responsibilities are highlighted in the CTUHB Catering & Nutrition Audit Procedure which clearly defines nursing, dieticians and caterers responsibilities around the patient mealtimes. Compliance is monitored as part of the catering and nutrition audit tool observational audits and through fundamentals of care audits.

The assistance of patients to prepare for mealtimes is a part of the protected mealtime process. Staff are encouraged to ensure that both the patient and the immediate environment is ready to receive their meal. This is monitored through the HCS audit. The 2015 audit Results are outlined below:

<b>Standard 2.5 Nutrition and Hydration</b>		<b>RAG %</b>
	Patients are assisted to a suitable position to eat	<b>100</b>
	Prior to meal service, are bed tables and communal areas cleared and tidied prior to eating?	<b>96</b>
	Are patients meals placed within easy reach?	<b>98</b>
	Is there a system in place to allow family/friends to assist with meal times?	<b>100</b>

**14. How do you measure food waste that is, the number of unserved meals at ward level, and are you confident that this is an accurate reflection?**

The number of un-served patient meals are recorded at the bedside, CTUHB are assured through its auditing processes that this information is robust.

Current waste performance within Cwm Taf is 2.1% equating to £56,629 of a £2.8m spend on provisions.

**15. What action are you taking to reduce food waste from unserved meals?**

Improvements have been made via the introduction of a seasonal A La Carte style menu, ordering 2 hours prior to meal times therefore patient movement/discharges can be captured ensuring the patient in the bed at the time gets exactly what he or she ordered.

Plate waste has been raised as an issue particularly for the older patients this is partly due to the need to ensure all lunch and evening main meal portions meet the nutritional standard (min 300 kcal .18 gms protein) To address this we are looking to introduce smaller portions accompanied by snacks which when totalled meet the nutritional standard required.

**16. What information does your board receive on hospital catering and patient nutrition and how frequently? Do you have a named individual at board level with responsibility for catering? If not, how does the Board receive assurances on the efficiency and effectiveness of catering services?**

Within CTUHB there is a Board Director with overall responsibility for Facilities which includes catering services within the portfolio.



Reporting of catering services to the Board is through the Quality, Safety and Corporate Risk Committee, in addition reporting routes are through the submission of the Facilities Integrated Medium Term Plan and a Multi Discipline Catering and Nutrition group where membership includes Nursing, Dieticians, Therapist's, Facilities, and Community Health Council colleagues.

**17. What feedback do you receive from patients on a regular basis about catering services and the mealtime experience?**

The improvement of the patient's meal and service experience is a key priority for CTUHB. To achieve this we gather information direct from patients using our own bi-monthly patient satisfaction and experience audits, it forms part of the patient mealtime audit process using key performance indicators to monitor compliance with food safety, Health Care Standards and quality improvement.

Overall findings are reported quarterly to the Health Board's multi-discipline Nutrition and Catering group and Quality, Safety and Corporate Risk Committee to the Board.

This audit tool has recently been reviewed and will be re-launched in November 2016 using a survey application which can be accessed by patients/relatives whilst in hospital using their mobile/devices or when they return home. Ward based catering staff are also able to gather feedback from patients using the app. The aim is to improve reporting emphasis on patient meal service experience and satisfaction through increased data gathering. The app will also be utilised to promote our restaurant and Barista coffee shop outlets.

Within our inpatient areas we also undertake a monthly patient experience survey. There are 3 questions relating to mealtimes and mealtime experience. The results for October 2016 are outlined below:

<b>User Experience Survey</b>		<b>RAG</b>	<b>%</b>
020	Throughout your stay, how often did you feel that you were given help with feeding and drinking if you needed this?	<b>97</b>	
021	Throughout your stay/attendance, how often did you feel that you were provided with fresh drinking water and plenty of drinks when you need them?	<b>98</b>	
022	Throughout your stay, how often did you feel that you were provided with nutritious food and snacks?	<b>93</b>	

## **18. What actions are being taken to ensure non-patient catering services break even?**

CTUHB non-patient feeding operation currently is in a surplus position, this has been achieved primarily through its separation from the patient feeding operation and managing the outlets with a clear business focus. The following actions along with the staff managing the outlets can be attributed for this achievement:

- Introduction of separate cost centres for commercial catering and patient catering ensuring a focus management of costs and income.
- Cost centre cleansing to provide accurate costing of the operation
- The provision of real time data through the use of EPOS technology at the outlets
- Development of profit and loss reporting to identify income verse expenditure accounts for each outlet
- Establishing a trading agency account for CPU to allow the maximisation of income generating opportunities
- The development of the Health Boards own brand of coffee shops Bar Barista together with the redevelopment of community restaurants into Bar Barista Plus models providing a coffee shop experience with a hot food offering.
- A signed up vision by the Board for commercial catering operations within CTUHB.



