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Professor Adam Cairns
Chief Executive

18 November 2016

Nick Ramsay AM
Chair Public Accounts Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

Dear Nick,

Re: Hospital Catering and Patient Nutrition Public Accounts Committee Response

Please find the response to the questions you asked, from Cardiff and Vale UHB.

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

In 2015, the integrated patient assessment document developed in partnership with Social care colleagues was rolled out across the Health Board. The assessment prompts for information in relation to communication, nutrition, special diet, assistance to eat and a prompt to ensure that the nutrition risk assessment is completed within 6 hours of admission. Although the National standard is to complete the nutrition risk assessment within 24 hours of admission, 6 hours brings it into line with the other risk assessments undertaken and need to be completed within 6 hours, for example, falls.

Unannounced spot checks of the documentation undertaken during ward inspections, undertaken by the Corporate Nursing team, have identified that there is inconsistency in the standard of documentation and more work needs to be done to make sure that documentation is completed. Improvement work is being taken forward to redesign the assessment document and provide examples of what a good, proportionate assessment looks like.

The standard of documentation is also monitored by Clinical Board teams and improvement in the standard has been recently reported following inspections undertaken by Welsh Risk pool and Health Inspectorate Wales. In order to drive improvements across all areas, standards of documentation have been integrated into existing courses for nurses and midwives and as from this month, stand alone sessions have also been introduced.

Nursing risk assessment of nutrition is monitored monthly using a national care indicator and reported via the All Wales Health and Care Standards monitoring system. Compliance is reviewed at Clinical Board performance review as well as Professional Nursing performance reviews undertaken by the Executive Nurse Director with the Clinical Board Directors of Nursing.

2. What information do you collate and analyse on patients' nutrition status to support service planning and to monitor patient outcome.

Individual ward nutritional screening audits are currently completed with feedback on compliance to ward managers and senior nurses. This includes timeliness, accuracy of completion and appropriate ongoing referral. A new biannual nutritional screening audit tool has been developed to assess the compliance with the nutritional care pathway. This will be undertaken April and September across all wards within the Health board reporting to the UHB Nutrition and Catering Steering Group. The Nutrition Champion training programme includes practical aspects of nutritional screening, accuracy of completion and the appropriate action that needs to be taken.

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

This is monitored on a local level within Clinical Boards and spot checks are undertaken as part of the unannounced inspections undertaken to ensure that they are completed contemporaneously. For example, All Wales food record chart in use for all patients identified at risk by the WASP nutritional risk assessment tool For Mental Health Services for Older People, this forms part of the ward monitoring programme and is a mandatory discussion item on the ward round template. An accredited Nutrition and hydration training programme has been developed which incorporates the importance of completion of food and fluid charts. This will reinforce the importance of accurate documentation.

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

UHB cumulative compliance 31st August 2016 = 48%

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?

Compliance remains poor and request to Welsh Government to allow for group training has been declined. Group training would allow for more individuals to complete the e- learning package, and allows for additional learning from discussion and questions during the sessions. It would also be a more valuable method of education and enable better compliance with the e-training package. We consider the current format and requirement to be unsatisfactory and would welcome review of this.

One clinical board has included this e- learning as part of the criteria for pay progression and early indication is that this is improving compliance, but if group education was allowed many more would benefit.

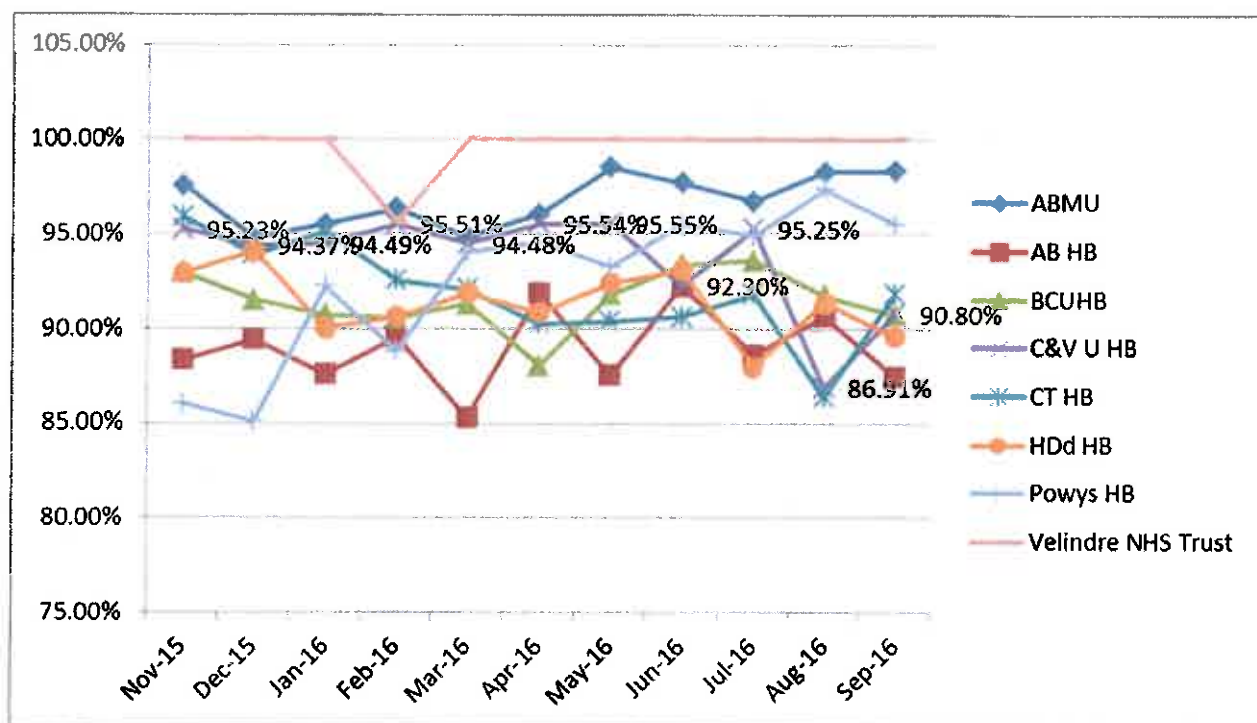
Additional training has now commenced at the UHB and the pilot of the Nutrition Champion Training commenced in June 2016.

A schedule of monthly programmes has been planned for the next year, with the aim of ensuring that all clinical areas have trained champions in place. It has been identified that specific days will be needed for paediatrics and maternity. We are also planning a celebration event in 12 months and encouraging champions to submit abstracts regarding their successes to future conferences.

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

Nutrition screening is reported by each inpatient patient area on a monthly basis and compliance is reported through clinical Board Performance review as well as through Professional Nursing Performance review as a means to improve and sustain compliance.

Compliance levels are reported via the All Wales Health and Care Standards monitoring system, and compliance for the last few months is shown in Graph 1.



The UHB Multi-disciplinary Nutrition & Hydration audit tool incorporates regular assessment of nutritional screening and other mealtime quality data will provide additional assurance of compliance to the nutritional care pathway.

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

Yes



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

The All Wales menu Framework has had a significant impact on the quality and nutritional consistency of meals offered through recipes that have been developed by catering and dietetic staff. It has supported the development of new menus allowing sharing of expertise across sites. This is evidenced by patient satisfaction surveys.

Although some benefits have been realised however last minute products on Oracle ordering system are de-listed severely compromising patient food service delivery as menu cycle is a one week.

The main issue has been main protein menu items e.g. Lamb/Chicken have resulted in significant cost increases, 6- 10% with only short notice periods within the current financial year with no real alternatives, significantly impacting budget and patient experience. We would have expected more economic procurement and cost avoidance as this has added unplanned financial pressure for the UHB. Should not this cost have been offset by procurement savings in other products, rather than LHBs facing a cost pressure that was neither envisaged nor budgeted for?

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?

The patient survey has provided substantial information about the Cardiff and Vale UHB patient meal service. It has provided a focus for the development of a multidisciplinary management action plan and a UHB service improvement plan. As part of the UHB Nutrition & Hydration audit tool the mealtime audit tool includes patient feedback on all aspects of the meal service.

In addition to the national patient survey, patient's views are gathered from informal and formal compliments and concerns, the Health Board's 2 minutes of your time survey, and the annual Health and Care Standards monitoring audit with any shortfalls being addressed as necessary in our work plans. Patient stories are also undertaken on a regular basis. An overarching management action plan has been developed to take forward a range of initiatives around patient feeding and mealtime experience, and progress will be reported at every Nutrition and Catering Steering Group meeting.

'10 minutes of your time' is used for MHSOP- always positive responses.

A variety of comments are received overall regarding the choice and quality of the food available; lack of choice, availability of sandwiches and snacks, suitable of food for older children. Where we receive any concerns through the above channels and patients provide contact details, Catering Team Managers will visit the patients to discuss any concerns and ensure we cater for all their needs.

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

Patient feedback is reviewed on an ongoing basis at the Nutrition & Catering Working Group. An overarching management action plan has been developed to take forward a range of initiatives around patient feeding and mealtime experience.

and progress will be reported at every Nutrition and Catering Steering Group meeting. These include:

- i. A UHB multidisciplinary Menu Review Group has been set up to address menu related issues with the aim of developing a new two week menu, increasing choices for patients on vegetarian and Halal diets and healthier choices.
- ii. Menus will be printed and included in the new UHB Patient Bedside Information Folder for access by patients and carers.
- iii. Work is ongoing with Shared Services Lead Dietician and the Catering Commodity advisory Group to improve quality of food products procured for NHS. Continue to support the All Wales menu Framework in development of good quality recipes to meet the Welsh Government Food & Fluid standards. Review current equipment usage in relation to regeneration practices across all UHB sites and provide the necessary training to improve quality and timing of menu items served. A patient catering service review will be undertaken to ascertain the implications of introducing dedicated ward hostesses and a hand held tablet ordering system.
- iv. Revised WBC training to ensure service incorporates the offer of second helpings where applicable and embed in daily routine
- v. A review of where trolleys are sited during the meal service is required to ensure they are used appropriately within a particular ward area.
- vi. 6. The mealtimes and beverage round timings are being reviewed and implemented to meet the overriding evidence that supports change. Assessment of staffing levels needs to form part of this work with a full review of ward based caterers and housekeeper's role in relation to patient's nutrition & hydration. A pilot will be completed at UHW and UHL to support best practice.
- vii. Choice of drinks offered as a standard will need to be agreed to accommodate patient preferences.
- viii. Clarify timing of existing water jug changes and review this as part of the beverage service with clarity of where responsibility lies for each round of drinks provided.
- ix. The provision of snacks will need to form part of the beverage service review with clarity of where responsibility lies for each snack round
- x. As part of the review of mealtimes the impact of the current change to serving of desserts following main meals needs to be assessed and appropriate changes made
- xi. Review current patient catering cost mechanisms with consideration to linking this costing to all aspects of ward based catering. Consider best practice and benchmarking data available.

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

Specific examples are:

Intentional rounding tool includes a prompt to check that patients have had a drink, and food and fluid charts are used to monitor the amount that the patient drinks.

Adult Mental Health services all have open access beverage bays for patients. MHSOP – minimum standard (volume) adhered to and jugs of water always available.

Currently with Clinical Gerontology the 'Sip to Keep Fit' campaign has been successfully implemented on Ward East 7 and is currently being rolled out across the rest of Clinical Gerontology. The UHB are taking a universal approach with the implementation of '# I need a drink' which the Practice Development Nurses for both Clinical Gerontology and Internal Medicine will support.

Annual Nutrition Hydration events are held across the health board which includes highlighting the importance of patient hydration. The Nutrition champion training programme includes strategies and ways in which the ward staff can improve hydration on their wards. Dietetic assistants have supported a range of initiatives for example, additional milk and smoothie rounds. Dysphagic cups have been purchased for wards to improve hydration of vulnerable patients. We actively encourage a range of drinks to be offered at each meal and beverage time to improve hydration.

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

Nutrition and hydration information is available on the UHB website for people to access prior to admission; with hard copies in clinical areas. This information was agreed by the UHB Nutrition and Catering Steering Group prior to going to print.

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Inpatient%20Information%20Folder%20English%20Internet%20Final%20250815.pdf>

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Inpatient%20Information%20Folder%20WELSH%20Internet%20Final%20250815.pdf>

For Mental Health– menus are displayed and included in the welcome packs for patients.

All wards have a cafe style dining area and menu choice to improve nutrition.

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

Training days have been developed for ward based Nutrition Champions, with the first cohort attending the 2 days training in June. The training is being delivered by the Learning and Education Department and the Nutrition and Dietetic Team. The training emphasises the role of the Registered Nurse in directing meal and beverage rounds to ensure that patients receive an appropriate meal and are provided with support as required (this support includes carers). The training also emphasises the basic principles for protected mealtimes so that core elements of practice around protected meal times is consistently applied across the Health Board.

A review of practice around protected meal times is integral to the ward inspections undertaken by the Corporate Nursing team

As well as additional training, the Health Boards' Clinical Standards and innovation group which reports to the Nursing and Midwifery Board has a standing agenda item for Nutrition and hydration. A Protected meal teams' poster developed by the group in response to the findings of the Fundamentals of Care audit will be revised where

necessary and re- issued as an aide memoire to ward teams. Examples of initiatives to promote protected meal times:

MHSOP have set meal times where carer input is encouraged.

Entrance doors to wards are closed during protected mealtimes and reception staff monitor entrance to the wards during this time.

Of note, protected meal times is difficult to maintain in critical care areas due to time slots available for patients to attend tests. Despite this, every effort is made to ensure that critical patients who are able to eat their meal are not disturbed.

The Nutrition Nurse Champion training also emphasises the basic principles for protected mealtimes so that core elements of practice around protected meal times is consistently applied across the Health Board. A review of practice around protected meal times is integral to the ward inspections undertaken by the Corporate Nursing team. As well as additional training, the Health Boards' Clinical Standards and innovation group which reports to the Nursing and Midwifery Board as a standing agenda item for nutrition and hydration. A Protected meal teams' poster developed by the group has been revised where necessary and re- issued as an aide memoire to ward teams.

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

In addition to the above, the CSIG is looking at a method of alerting all staff that a patient may require a level of assistance with eating. The methods currently being explored are a red tray or red table mat to be left on the bed side table throughout the patient's stay.

There are examples of cafe style dining with ward staff in attendance, and where staffing allows, dinning clubs where patients are encouraged to eat in the ward dining room. Patients needing assistance are also highlighted in safety briefs, which is part of the ward hand over discussion.

The training programme reinforces the Registered Nurse in directing meal and beverage rounds to ensure that patients receive an appropriate meal and are provided with support as required.

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?

In some specialist areas, there needs to be more recognition that food wastage will be higher. Patients who are nauseous from treatment need a variety of food to encourage them to eat at least a little of something at any given mealtime. Ordering from menus does not work; it is too restrictive and leads to a patient not eating anything if they don't want the meal they chose the previous day when feeling well. In some areas there are patients that as a general view require the smaller portions which may lead to higher volume waste. This will be due to making sure we cater up to standard and larger portions should patients require this.

All unserved meals are recorded and the information is collated into a catering KPI report. This is submitted to the UHB nutritional and Catering steering Group and forms part of the information required for the EFPM's annual returns.

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

A Catering ordering and consumption software system is currently being considered, reviewed and costs worked up for implementation in 2017/18. Within the MDT mealtime audit tool food waste is audited and reports will be provided to relevant managers.

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?

The Nutrition & Catering Steering Group is chaired by the Executive Director of Therapies and Health Sciences and meets on a quarterly basis. The Catering and Nutrition Steering group regularly report any issues that impact on the nutritional quality of care to the Quality Safety and Experience Committee.

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

Feedback is received from patient surveys and there are a variety of comments and suggestions are made by patients / carers regarding the quality and choice of food.

Patient comments are received via:

- 2 minutes of your time / 10 mins of your time
- National patient survey
- Patient experience comments received during MDT mealtime audit
- Patient stories

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

A commercial Catering strategy has been implemented effective 2016 which includes a convenience store, Aroma coffee outlets and a main catering facility. To date the Convenience store and Aroma coffee outlets are generating a surplus with the main catering facility anticipated to be trading at nil costs in 2017/1.8

I hope this gives you sufficient information for the Public Accounts Committee.

Yours sincerely



Professor Adam Cairns
Chief Executive