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Nick Ramsey AM
Chair
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National Assembly for Wales
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Dear Mr Ramsey

RE: Hospital Catering and Patient Nutrition

Many thanks for your letter of 27 October 2016 following the inquiry which considered the variation in cost, planning and delivery of catering services across NHS organisations within Wales.

Please find attached the Health Board responses to your questions in order to provide an overview of hospital catering and patient nutrition.

Yours sincerely

Steve Moore
Chief Executive

**HYWEL DDA UNIVERSITY HEALTH BOARD
HOSPITAL CATERING AND PATIENT NUTRITION**

QUESTION 1

How do you monitor the standard and quality of written nursing documentation and nursing assessments in respect of patient nutrition? What steps are you taking to improve the standard and quality of nursing records?

Percentage compliance with Nutritional risk assessment is audited on a monthly basis. This is reported externally via the Care metrics to Welsh Government, and the performance data is scrutinised; and actions agreed as required, on a monthly basis across each in-patient site. Nursing record keeping in general, including nutritional care planning, and food and fluid intake documentation, is monitored via two monthly audits undertaken across all nursing services within the Health Board. In addition, there are regular unannounced spot audits of care standards undertaken by Senior Nurses, one of which has a focus on nutrition and hydration care. Ward/Hospital performance in relation to nutritional risk screening compliance is reported into the HB's Quality Safety and Assurance infrastructure through the HB's (four) Operational Nutrition and Hydration groups and upwards through the HB Nutrition and Hydration Task group where monitoring/trends across sites etc are looked for and acted upon. This latter group is accountable for escalation through to Quality, Safety and Assurance Sub Committees as appropriate if concerns exist and escalation deemed to be required.

QUESTION 2

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

On a weekly basis, the dietetics team carefully monitor high risk referrals into the service and service responsiveness to these referrals; adjusting resources across the HB in order ensure an equitable service is made available to all patients. The cumulative data that emerges from such data is then used to inform proposed adjustments to establishments when planning the Dietetic and Specialist nutritional nurse service workforce. In some pilot wards which have enhanced their Health Care Support Worker staff levels in order for these post holders to focus on meeting the specific nutrition and hydration care needs of frail elderly patients, more detailed patient outcome measures (patient weight, calorie intake) are currently being captured in order to support service and workforce planning although this level of data capture is likely to prove challenging to maintain beyond the boundaries of the current pilot work.

QUESTION 3

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

The recording of food and fluid intake is monitored as Question 1 above. In the 2015 Fundamentals of care Audit, the questions on fluid balance and food chart compliance were as follows and all wards scoring below 85%, (W/G target for compliance), were required to put in place an action plan to remedy, some of which were enacted across all sites (e.g. introduction of spot checks by Senior Nurse this year, as referred to in Q1 above). In addition, Patient Status at a glance magnetic boards have been introduced across the HB this year with standardised symbols used to identify those patients at risk. This assists the mealtime Coordinator role, (another improvement relating to Nutritional Care rolling out across the HB during the past year), to prioritise support and care, and record such care, at mealtimes.

		2013	2014	2015	
Inpatients, neonates, MH, LD, OPD only	For patients who require a food chart, is there evidence that they are being kept up to date.	94%	93%	97%	↑
Inpatients, MH, LD, OPD only	For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	n/a	77%	85%	↑
ALL except OPD, theatres	For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	84%	90%	88%	↓
ALL except neonates, OPD, Theatres	For patients who require a weekly fluid chart, is signed by a registered nurse for each 24 hour period?	n/a	70%	69%	↓

QUESTION 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 recorded compliance with the e-learning programmes, (nutritional care pathway and hydration/fluid intake care), remains low across both the nursing and facilities workforces. The actual level of compliance is difficult to assess with a degree of accuracy due to the difficulties in connectivity between e-learning platform and ESR training records module.

The HB is holding an extraordinary meeting to prioritise its education and training plans in respect of Nutrition and hydration care on November 22nd and the detailed planning to achieve compliance is due to be developed, for both nursing and facility staff, at that forum.

The main barrier relates to the ability to release staff to attend training, although it is anticipated that mobile access to e-learning modules within the workplace and facilitated sessions in IT training rooms will be part of the solution to be put in place later this month.

QUESTION 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?

Compliance with nutritional screening assessment is measured through a sample audit once a month in all in-patient areas. The results for the past twelve months show a range of compliance in each hospital site, with monthly compliance levels ranging from 75% to 97%. The compliance levels are reviewed as described in Question 1 above on a monthly basis through each hospital nursing team. A range of improvements, appropriate to the outcome of the review process are put in place. These will range from in-ward training sessions, documentation improvement interventions, purchase of new weighing equipment etc. There is a plan to undertake a whole Health Board Screening tool education refresh programme during 2017 which it is anticipated will result in overall and sustained improvements in screening and therefore the identification of, and the opportunity to improve the care delivered to the Health Board's most vulnerable patients.

QUESTION 6

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

The four hospital Heads of Nursing are accountable for the standards of care, including nutritional screening compliance, in the unscheduled care clinical areas within the four acute hospital sites. The Head of Nursing for Scheduled Care is accountable for this in all scheduled care areas across the four acute sites. The three Senior Nurses for Community/Primary care are accountable for monitoring the compliance with this standard of care in community hospital sites in each county.

QUESTION 7

What difference has the all-Wales menu framework (AWMF) made to food in your hospitals?

From a catering provision perspective the AWMF has enabled the Health Board to improve the patient Catering Service in a number of ways as follows:

- Served as a catalyst and raised awareness in relation to the importance of nutrition and hydration and the positive impact that good quality food can have on the patient's experience and patient recovery
- Introduced nutritionally analysed standardised recipes and menus which has brought about a greater level of consistency of end-product where meals are produced in-house
- Introduced a consistent menu structure and menu cycle e.g. homemade soups which have been received very favourably by patients and staff

QUESTION 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 national patient survey findings have been used routinely as part of the All Wales survey programmes and also to evaluate the quality of catering services when significant changes have occurred through using the national survey findings as a baseline e.g. the provision of meals to Prince Philip Hospital changes in January 2016 from an in-house supply to buying-in cook/frozen meals from an alternative Health Board. The national patient surveys were used in August 2016 to gain data which has allowed a comparison of patients' views with the new provision against their views when the previous provision was in place: These results will form an important element of the HB's approach to developing an action plan to make permanent provision arrangements going forward.

Other ways in which patients views are gathered are via Chefs and Supervisors attending the wards at mealtimes/on a regular weekly basis and having face to face interaction with patients, views are gathered informally and formally via the patient meal audits undertaken at patient bedsides.

The Health Board also collects patient views on the Health Board catering provision and nutritional care via the patient survey element of the annual Fundamentals of Care audit. Within the survey, it is recognised that the All Wales Nutrition & Catering Standards for Food and Fluid for Hospital inpatients state that patients must be supported in meeting their nutritional needs and the vast majority of our patients felt that we met their needs with results of 2015 survey showing that 97% of the patients stated that they felt that they were always/usually given help with feeding and drinking if they needed help (this compares with 98% of patients in 2014 and 96% in 2013).

95% of the patients felt that they were always/usually provided with nutritious food and snacks (this compares with 93% in 2014 and 2013). The narrative for this survey shows that the comments about the food are very diverse with some patients commenting that the "*the food is amazing*" and "*first class*" whilst other patients noted that the

“the food is badly prepared, cooked and presented” and “not always appetising”.

97% of the patients felt that they were provided with water and drinks (this compares to 97% in 2014 and 96% in 2013).

The All Wales Patient Catering survey mentioned previously noted that of the patients asked:

- 87% stated that they were always/usually offered a drink at mealtime.
- 88% stated that they were always/usually offered a drink in between meals.
- 85% stated that they were always/usually offered a drink at bedtime.
- 91% stated that they had never been thirsty because they hadn't been given enough to drink. It is unclear whether there was a clinical reason why the 5% who had been thirsty had not been given enough to drink e.g. a patient may have been nil by mouth.

QUESTION 9

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

Examples of actions taken in response to patients views include:

As a direct response to concerns raised in relation to the variety of patient meals offered in some Mental Health Units from the current bought-in service, a review of the service provision has been undertaken which has resulted in either increasing the number of choices and variety of meals available e.g. LSU, PICU, and Tudor Wards at Hafan Derwen. In other cases the whole service has been changed from a bought-in service to an in-house service provided from the Acute hospital e.g. St Non's and St Caradog wards at Worthybush General Hospital. This has resulted in significant improvements to patient satisfaction levels.

QUESTION 10

How do you promote good hydration on all your wards?

The Health Board was a volunteer pilot site for the Public Health Wales “Water Keeps You Well” initiative, and has participated in the next phase of the implementation of this initiative i.e. enrolling 16 wards across the Health Board (including acute and community hospital sites) to take forward a variety of externally tested tools as well as local developments aimed at improving hydration care.

There is a task group within the Health Board taking this work forward with a view to extending this to other wards over the coming months as testing confirms that the tools and approaches are of value. This work links to the Health Board work on sepsis prevention in both the hospital and community settings (given that so much sepsis has catheter/urinary infection as its root cause); and to the emerging work on Acute Kidney Injury to ensure that all routes and pathways to raise awareness and embed key aspects of this work, are exploited.

QUESTION 11

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

Bilingual information is provided within the Patient Bedside Folder which is standardised across the HB. The content includes information about mealtimes; meal choices (and the assistance available to make these choices); and the foods that can be brought into hospital and those that are discouraged (due to linkages with outbreaks of food poisoning).

In addition there are some specific pieces of work underway to improve the information for specific client/patient groups e.g. The Parkinson's CNS have recently developed a patient information leaflet which also includes information for patients with specific dietary needs. This information leaflet is provided prior to patients coming into hospital, the initiative has been taken forward based on patient feedback / Learning from events. The development of the leaflet has been supported by patient groups and the patient experience facilitator. In addition, the (pilot) 'Frailty HSCW's' (see Q 2 response above) who are providing enhanced support to frail elderly patients in specific wards across the HB, provide additional information in relation to the additional provision of fruit, snacks and Milkshakes in these specific ward areas.

QUESTION 12

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

The Senior Nurse Managers observe practice during their spot check processes and also through their every day attendance on the wards. Protected Mealtime Signage is in place for all wards across the HB and is displayed prominently at each entrance during mealtimes. Multi-disciplinary team members are discouraged from attending wards at these times. All wards have Mealtime Co-ordinator role in place and a key element of this role is checking that signage is in place and any unnecessary interruptions are discouraged. However, family members are actively encouraged to attend the wards at these times to be able to support those patients who have Dementia and/or those patients whose Hydration and nutritional needs are best met with family/ carer support. This arrangement is also in place for those patients who have eating disorders and may require additional encouragement. This is based upon an individual's care plan.

QUESTION 13

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

Predominantly through the work and role of the Mealtime Coordinator as well as the leadership demonstrated by the Ward leaders that makes it clear that this is a vital element of the patients' therapeutic care interventions. Individual hand wipes are provided for every patient with every meal. The level of satisfaction demonstrated by patients during the 2015 Fundamentals of care audit suggests this is well achieved across the HB (see below)

Table 14: Whole UHB/ Standard 2.5 Nutrition and Hydration

	2013	2014	2015	
ALL except Maternity, neonates, LD, theatres	100%	98%	100%	↑
Patients are assisted to a suitable position to eat				
ALL except Maternity, neonates, LD, theatres	100%	97%	99%	↑
Prior to meal service, are bed tables and communal areas cleared and tidied prior to eating?				
ALL except Maternity, neonates, LD, theatres	100%	99%	100%	↑
Are patients meals placed within easy reach?				
Inpatient, paed, MH & LD only	100%	98%	97%	↓
Is there evidence that the systems in place to enable staff to identify patients with special eating and drinking requirements are being implemented and their effectiveness evaluated?				

QUESTION 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 Director of Nursing, Quality and Patient Experience is the accountable executive for nutritional care standards whilst the Director of Operations is accountable for the provision of the catering service operationally. The Nutrition and Hydration Task Group reports via the Quality, Safety and Experience Infrastructure to the Quality Safety and Experience Assurance Committee which is a sub committee of the Board. In addition, the Audit and Risk Assurance Committee monitors the compliance with the WAO report recommendations which forms the main bulk of the Nutrition and Hydration Care/Catering provision improvement plan.

QUESTION 17

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

In addition to information gathered via Chefs and Supervisors attending the wards at mealtimes and having face to face interaction with patients, and via the patient meal audits undertaken at the patients' bedside; feedback from the Patient Experience Manager via 'patients stories' when patients mention catering and nutrition related issues as part of their overall hospital experience

QUESTION 18

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

A proposal to revise the existing two-tier tariff structure is currently being considered by the Health Board and if approved it is anticipated that this will have a positive impact on the subsidy.
Additionally, there are changes being made to the current non-patient menu structure moving away from some of the more traditional meals towards more 'Grab and Go' style foods which is having the effect of reducing the food cost element relative to the sales price charged