

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

Ein Cyf/Our Ref:JW/JM

14 December 2016

Dear Mr Ramsay,

**RE: Public Accounts Committee – Hospital Catering and Patient Nutrition – Monday 17 October 2016 – Agreed Actions – All Wales Hospital Menu Framework**

With reference to the Public Accounts Committee meeting on Monday 17<sup>th</sup> October 2016 regarding hospital nutrition, the Clerk of the Committee requested clarification by the end of October on 3 points

1. The revised project plan for the new nurse informacist who is scheduled to take up post at the end of October; and
2. The outcome of the consideration of the business case for the procurement of an IT catering system from the National Informatics Board meeting.
3. In addition, following earlier evidence from health boards, the Committee would be appreciative to seek clarification from the Welsh Government on who the All Wales Hospital Menu Framework Group reports to.

We responded to point 3 in our letter of 26 October 2016.

In response to point 1:

### **Nursing E Documentation Timeline Recommendation**

Following the appointment of a dedicated NHS Wales Informatics Service resource to support the ambition to standardise and digitalise nursing documentation a basic review of current documents and processes has taken place. A more detailed review is necessary. The work will produce a standardised nursing assessment document along with other standardised documents for use in care planning and care delivery. It is anticipated that the work to produce standardised E nursing documentation will take three years to complete.

This recommendation is based on the following requirements:

- Design to be embedded in the Welsh Care Records Service making the documentation patient specific therefore crossing healthcare settings. This is a “Once for Wales” concept. This requires analysis of existing e documentation
- In-depth review of current nursing documentation to include live clinical applications and national care standards, identifying current gaps and duplications in the existing documentation
- Develop governance strategies to support appropriate selection of documents and risk assessments for inclusion into the e documentation platform incorporating a multidisciplinary approach. This would also include high level sign off to reduce the risk of inappropriate risk assessment and document selection
- Introduction of health boards/trusts nursing documentation specialists, with high level sponsorship from Nurse Directors
- Recommendation **not** to implement on paper as this will not be like for like and will therefore not realise benefits, in addition paper will potentially reduce the quality of documentation due to dual processes and introduce patient risk
- Enable an agile approach to identification, design, testing, approval and implementation of e documentation as part of a rolling programme
- Sign off on selected current evidence based risk assessments with specialist nurse input
- Design to incorporate clinical decision support to improve patient safety and early identification of risk for patients
- Review and testing phase to include nursing input to ensure fit for purpose
- End user training to be completed. Required to ensure a smooth and safe transition and improve end user adoption
- Implement in one health board or trust for evaluation and issue resolution. Continuous roll out one health board/trust on a rolling schedule

The projected plan is dependent on IT infrastructure and the availability of equipment and resources to roll out this standardised approach.

The project plan overview is shown in Table 1

**Table 1**

Project task	Timeline		
	Year 1	Year 2	Year 3
Review of documentation			
Develop governance strategies			
Design clinical support system			
Review and test			
End user training year 3			

Finally, in response to point 2

**The outcome of the consideration of the business case for the procurement of an IT catering system from the National Informatics Board meeting**

As I advised, the catering business case was considered by the National Informatics Management Board (NIMB), including ensuring the technology would improve the existing systems and provide value for money. After a detailed discussion, whilst agreeing the principles of the case, NIMB requested that the business case be reviewed, with urgency, to ensure that costs and assumptions are accurate. Specifically, the potential benefits including invest to save principles needed to be confirmed. The provisional costs have also been challenged as these seemed to be excessive in contrast to some of the catering systems already in place. As a result, one practical option of procuring an existing health board system is being quickly reviewed as it may deliver both benefits and value for money. As I have indicated, the proposal must compete with other priorities for capital and revenue funding.

As part of this exercise, the different models of catering provision in place in Health organisations, including whether food is prepared locally at hospitals or centrally, and the impact those models might have on cost and savings potential, are also being examined to ensure a consistent all Wales provision. I have asked Health Boards and Trusts to work with the NHS Wales Shared Services Partnership to update information on the cost of patient and non-patient catering, wastage and the detail and length of current contracts, and this is continuing further to the business case assessment.

The National Dietetics Committee and the Informatics Planning and Delivery Group (a sub-group of NIMB made up of Associate Directors of Informatics, NWIS directors and Welsh Government officials) are also actively engaged in further scrutinising and advising on the updated business case. NIMB should make the final decision on the business case, informed by the findings and recommendations of those groups, in January. I will of course keep you informed.

Yours sincerely



**Dr Andrew Goodall**

