Our Ref: JP/LW/lb Direct Line: 01633 435949 21 November 2016

Nick Ramsay AM
National Assembly for Wales
Cardiff Bay
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Dear Mr Ramsay

Re: Hospital Catering and Patient Nutrition

Thank you for your recent correspondence relating to the short inquiry by the Public Accounts Committee on Hospital Catering and Patient Nutrition.

As requested, the questionnaire has been completed by the Health Board and is appended to this letter. If you have any further queries or require any additional information please do not hesitate to contact me.

Yours sincerely

Judith Paget
Chief Executive/Prif Weithredwr

Enc.

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Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

<u>Hospital Catering and Patient Nutrition</u>

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

Qualitative and quantitative assessments are undertaken across all divisions of the Health Board which identify the number of patients who have been appropriately assessed utilising the Malnutrition Universal Screening Tool (MUST) and the standard of written nursing documentation. The number of patients assessed using the MUST tool is captured by the electronic Health & Care Standards Audit tool, whilst the standard of nursing documentation is identified via a range of audit tools including the Healthcare Inspectorate Wales – Dignity and Essential Care tool and the Quality Checks audit too.

Work is currently underway to standardise the fundamentals of care audit approach across the Health Board utilising the same tools and subsequent data presentation.

The data, once standardised, will be presented at all levels of the organisation through a revised assurance framework which will report to the Clinical Nutrition & Hydration Group and then upwards to a multidisciplinary "Trusted to Care" Steering Committee. Divisions will be expected to "own" the data and implement quality improvement initiatives through their Quality and Patient Safety Forums. An annual report will be provided to the Health Board's Quality and Patient Safety Committee.

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

As discussed above quantitative data is collated relating to compliance with MUST scores. Such data is triangulated through in-depth reviews of patients who have acquired pressure ulcers etc. The outcome of such data collection has resulted in the implementation of afternoon snacks for all patients – not just those who have been at risk.

The review of "Protected Mealtimes" has resulted in friends and relatives visiting the wards at meal times – to help the patient with their food – with the added advantage of turning mealtimes into a social occasion.

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

As discussed above the fundamentals of care audit approach is under review. A structure has been compiled and will be agreed within the next two months. Using a multidisciplinary approach, the proposed audit structure will ensure food and fluid intake charts are closely monitored by ward sisters, senior nurses and dieticians across all acute and community sites. A multidisciplinary approach will mean that the information is triangulated and appropriate action taken.

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

Data from the e-learning programme indicates that the following numbers of staff have undertaken e-learning in respect of these modules.

	Food Record Chart	Fluid Record Chart	*Food Safety*
Aneurin Bevan	776	512	*2532*

Whilst 100% compliance is desirable, barriers to this target relate to the volume of statutory and mandatory training nurses are required to undertake.

The Health Board in the first instance intends to set a local target whereby all ward sisters and a designated "link" nurse on each ward undertakes the training.

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

Audit of the MUST indicates overall compliance ranging between 89% and 98% across all hospitals. Improvement outlined above in terms of audit and action. Additionally, wards that consistently identify best practice will be acknowledged through intranet promotion.

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

The Director of Nursing provides assurance to the Board on this matter.

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

The Framework ensures consistency of recipes across the Health Board. All recipes are nutritionally analysed. Improved information regarding allergens. Tried and tested recipes improving quality. This has led onto an All Wales approach to standardising training and development of ward based services using best practice.

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 patients views on hospital food.

Patient questionnaires are undertaken at ward level. Multi–disciplinary food quality audits are undertaken. The Health Board is about to undertake a large patient survey to inform an in-depth review of the patient menus and service models.

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

When the Health Board has local menu review group meetings unpopular dishes are substituted on the patient menu. See above. The pilot referred to in question 15 will, it is hoped, be rolled out across the Health Board – this will lead to ward based caterers taking over direct engagement with patients over aspects of the food service with individual requirements more easily catered for. Ordering meals nearer to consumption and staged approach to service should greatly assist patient satisfaction.

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

The Health Board participated in Water Keeps You Well Campaign in March this year. The campaign was highly successful, promoted on the intranet and the utilisation of water dials and posters. Nevertheless there needs to be sustained promotion of hydration across all wards.

To that end the Health Board has increased the range of drinks offered to patients and further campaigns will be considered next year.

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

This is under review by the Nutrition & Hydration Group.

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

The Health Board is assured that each and every ward implements a protected mealtime policy but further work is underway to examine the quality of the initiative. To that end there is an intention to undertake an audit of all wards to establish compliance with the policy. Results will be fed into the Clinical Nutrition and Hydration Group and Trusted to Care Steering group for further action.

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

The infection prevention team is promoting and monitoring the use of hand wipes prior to eating.

Preparing patients for mealtimes is also promoted through local hospital based nutrition and hydration groups attended by Registered Nurses and Healthcare Support workers.

Additionally two hospitals in the Health Board utilise suitably trained volunteers to help patients with food. The volunteer project has been highly successful and the spread of this initiative to other hospitals is under consideration.

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?

Food waste is measured in portion sizes and recorded on a daily basis. At Ysbyty Ystrad Fawr the waste which is recycled is currently weighed and recorded. A plan is being developed to roll this out to all sites.

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

We are currently undertaking a pilot at YYF of same day ordering using IPads. The software also facilitates patient satisfaction surveys. It can highlight unpopular dishes etc, which can be used in menu review. Whilst we already use tablets to order meals elsewhere in the Health Board – this pilot should indicate the level of waste attributable to ordering patterns and improve the meal experience for patients.

16) What information does your board receive on hospital catering and patient nutrition and how frequently? Do you have a named board 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 Board receives evidence of food hygiene ratings within each hospital on a monthly basis. There has been agreement that an annual report relating to nutrition and catering will be present to the Quality and Patient Safety Committee.

The Chief Operating Officer has Executive responsibility for catering.

17) What feedback do you receive from patients on a regular basis about catering and mealtime experiences?

As outlined in a previous question.

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

Accurate apportionment of costs attributable to staff catering are separated from patient services. Then a price strategy reflecting appropriate profit margins allied to sufficient footfall will generate income to negate the need for an overall subsidy throughout the Health Board. The introduction of chip and pin along with other retail initiatives will generate additional income streams. Following an overhaul of our retail operations a more commercial approach will be applied.