

**Response to Public Accounts Committee request for information relating to  
Catering and Nutrition provision**

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

- **Nursing assessments in relation to patient nutrition are monitored through the monthly BCUHB Quality and Safety audits across all inpatient wards across the Health Board (Collection methodology of a random sample of 5 patient documents per month). Nutrition and Hydration documentation and assessments forms part of this monitoring tool.**
- **Within the Care Home sector for commissioned care in North Wales the Practice Development Team undertakes annual fundamentals of care audits using the Quality Monitoring Tool. Nutrition and Hydration documentation and assessments forms part of this monitoring tool.**

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

- **Nursing documentation for BCUHB has been under review for the last 12 months with an extensive stakeholder group. This included all the factors relating to the minimum core data set “What Matters conversation” and risk assessments which includes the MUST assessment tool (Malnutrition Universal Nutrition Tool).**
- **Within the Care Home sector if the Nutrition and Hydration record falls short of the required standard an improvement action plan is developed with the Nursing Home Manager to improve the standards with the support of the Practice Development Team**

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

- **MUST nutritional screening is undertaken on admission to the ward and a plan of care is put in place depending on the outcome of that score. The document has 3 levels of Nutrition Nursing Care Plans for low risk, medium risk and high risk patients with associated actions required by nursing staff.**
  - **Low risk – routine clinical care, repeat screening weekly**
  - **Medium risk – observe, commence food record charts. If no improvement assist with menu selection, encourage additional snacks and offer nourishing drinks, for example full cream milk, buildups soups, hot chocolate. Repeat screening weekly**

- **High risk – treat, commence Food Record Charts. Assist with menu selection, encourage additional snacks and offer nourishing drinks, for example full cream milk, buildups, hot chocolate. Trial M.U.S.T support menu (hospital snack menu). Refer to Adult Nutritional Support Policy. Refer to Dietitian. Repeat screening weekly**
- **From September 2016 datix incidents relating to nutritional issues are sent to the BCUHB Improving Nutritional and Catering meeting for scrutiny, review and action.**
- **The Community Health Council undertakes bi-annual “Foodwatch” audits to review the quality and patient acceptability of the food produced. The results of these audits are shared with the service teams.**
- **The Health Board use in the region of 40 recipes from the All Wales Menu Framework which include recipes that have been analysed to be compliant with the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients (2012).**

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

- **Food and fluid record charts are put in place for medium risk patients and a referral to dietetics would be made for high risk patients in line with MUST.**
- **There are also bundles in place for diabetic ketoacidosis and Acute Kidney Disease (AKI) whereby fluid record charts would be in place to monitor fluid balance more closely, as well as for patients on intravenous fluids, total parenteral nutrition (TPN) and Enteral Nutrition.**
- **Intentional rounding is also in place and high risk patients and fluid balance form part of this assessment. Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.**
- **Within the Care Home sector this is monitored using annual Quality Monitoring Tool within Nursing Homes across North Wales.**
- **The questions set within the monthly quality and safety audits for wards within the Health Board include completion of the All Wales Food Chart auditing registered nurse countersignature every 24 hrs. For the All Wales Fluid chart the audit question asks for the reviewer to check for evidence of the chart being up to date for the patient (collection methodology is evidence of documentation of fluids for the previous 6 hours on a random sample of**

5 patient documents). The Health Boards audit results for October 2016 as follows:

- **Registered Nurse countersignature 85% for October 2016**
- **Up to date fluid balance chart 93% for October 2016**
- **Cumulative 24 hour total 77% for October 2016**

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

**Compliance with the e-learning was measured up to May 2016 with a plan for this to be recorded as part of the Electronic Staff Record (ESR). Further work is required to ensure the e learning training package is monitored as core mandatory learning.**

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 monitoring arrangements and set up through ESR need to be established by the Health Board.**
- **For the Nursing Care Home sector, staff attend annual training which is provided by BCU Nutrition and Hydration Teams.**

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?

- **Nutritional screening is measured as part of the Quality and Safety metrics each month and compliance as of September 2016 for this metric was 97% on average across the Health Board.**
- **Care indicators on the health and care monitoring system. Each ward undertakes a monthly spot check of 50% of inpatients to ascertain whether the patient has had the relevant agreed Nutritional Risk Assessment tool completed within 24 hours of admission to the clinical area and that any action required has been completed.**
- **Scores are distributed to all matrons and ward managers to put in place any remedial actions to improve as required.**
- **Information regarding monthly quality and safety scores and care indicator for nutrition is provided as pre visit information for current leadership walk.**

**This provides an opportunity for the ward team to share good practice and discuss challenges with the senior management team to provide support.**

- **Leadership walks are undertaken and listening to patients views result in changes to improve nutrition and hydration. Access to choice of fruit and fruit smoothies for patients with a reduced appetite is an example. Following discussions with catering and other stakeholders fruit smoothies are now available daily.**

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

- **On behalf of the Executive Nurse Director the portfolio for nutrition and hydration is held by the Director of Clinical Services East Area.**

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

- **The All Wales menu framework has allowed change within the menu system across BCU.**
- **It has allowed consideration of the portion size required to meet the standard to be understood, the difference being that the products for the menu have been rationalised and the right products are only available for the menu through the purchase system. The use of reviewed recipes for items like soups have allowed the Health Board to make homemade soup that is compliant with the standards in nutritional terms rather than previous recipes used.**
- **It has allowed the Health Board to formally offer snacks to all patients where previously snacks were only offered to those nutritionally at risk via the MUST support snack menu which is still also in place. The snacks offered mid afternoon and evening are made available and can be pre-ordered on the menu - take up is about 50%. Wards also have access to these outside of this process. These snacks are based around biscuits and cakes, the latter of which was developed specifically for the All Wales Menu Framework through the procurement process.**
- **Changes in catering staff awareness is now underpinned by the importance of nutrition that the menu must offer.**

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 Community Health Council undertake regular “Foodwatch” audits and feedback the results of those through the Food Safety Group and the Improving Nutrition, Catering and Hydration Standards (INCHS) Group. This information is shared with ward managers.**
- **The following methods are routinely used to assess catering requirements:**
  - **Paper and electronic comment cards.**
  - **Weekly real-time patient feedback (iWantGreatCare iWGC).**
  - **Telephone surveys of patients who leave the department without being seen.**
  - **Patient Stories.**
  - **Quality Audits.**
  - **Complaints.**
  - **Compliments.**
  - **Incidents.**

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

- **The Catering Services are working very closely with the Community Health Council to ensure that actions are put in place to ensure patient views are listened to and put in place where appropriate.**
- **Internal comment cards and questionnaires are used to influence continuous improvements in the service.**
- **A system has been put in place to enhance the present Foodwatch audits (“Follow the Trolley”) where CHC members visit the main hospital kitchens to monitor food production, service and undertake food sampling prior to following the trolley to the ward area to undertake the main audit. Verbal reports are given at the point in time, followed up by a written report and recommendations. Agreed plans are used to determine the required actions, milestones and feedback process.**

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

- **Hydration is promoted through various events held during the year such as “Nutrition and Hydration week”, held in March of each year and the Health Board has a coordinated MDT approach to this.**
- **The “Water for Health: Hydration Best Practice Toolkit for Hospital and Health Care” (August 2007) has been circulated to all matrons/ward**

managers to highlight the benefits of good hydration and support best practice.

- An improvement project is in development to scope the use of tri-coloured jugs and drinks dials and training plans to support nutrition and hydration will be developed.
- The Health Board support Johns campaign and has this in place. An audit of the effectiveness of this has been undertaken, and a plan of response is being developed. The revised dementia strategy will be launched early 2017. Including an extension of open visiting.
- Nursing staff access the Glyndwr University Enhancing Quality through Transforming Healthcare module which is co-delivered by Health Board staff. The participants are encouraged to complete the quality improvement relating to Health Board priorities that include Nutrition and Hydration.

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

- This is currently under review following the Improving Nutrition and Hydration meeting in September 2016 as there is currently not a uniform approach to this across the Health Board. Some wards do provide access to the leaflet “Eating Well in Hospital – What You Should Expect”, which came out of the Welsh Audit office work in 2012.
- “A Guide to Hospital Stay” is under development and this will incorporate a full package of information to inform patients of what they can expect during their stay, including the provision of food and fluid.

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

- The Protected mealtime policy was reviewed and ratified in 2016, circulated and is in place across the Health Board. Compliance is audited through the monthly Quality and Safety audits. The emphasis of this policy is to provide supportive mealtimes, whereby family members can support their relative with eating and drinking where necessary.
- Monthly quality and safety audit question observation by peer reviewer :
  - Are patient appropriately prepared for meal times? The observational criteria includes hand hygiene of patients, clear tables and correct positioning of patients; audit score 98.5 % October 2016;
  - Evidence that mealtimes are calm without unnecessary interruptions; audit score 98% for October 2016;

- **Are unregistered and registered staff assisting with the meal time experience? audit score 100% in October 2016.**

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

- **This forms part of the protected meal time policy.**
- **House keepers are in place on the wards and play a key role in preparing the ward environment. Supporting patients with hand hygiene pre meals is part of the preparation.**
- **Patient experience questions as part of the monthly quality and safety audit include, 'did you feel that you were given help with eating and drinking if you needed?'; audit score was 100% for October 2016.**

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?

- **Data is collected daily across all acute sites in regards to patient untouched meals. This is reported on a monthly basis via the Hospital Management Teams (HMT) and Senior Nurse Leads.**
- **Monitoring is in place to ensure the data provided reflects the actual number of untouched meals being returned for disposal. This has been reviewed as part of the internal audit process and by the senior finance team.**

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

- **The reduction of untouched meals forms one of the Cost Improvement Plans for the organisation. Progress is reported via the Performance Management Office on a monthly basis.**
- **Catering Managers are work closely with clinical staff to highlight the cost in regards to the over ordering of patient meals at ward level and the on costs for the disposal.**

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 Health Board receives exception and quarterly reports on Hospital Catering and Food Safety and food safety scores are published on the Intranet. The Executive Lead at Board level is the Chief Operating Officer.**

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

- **CHC undertake Foodwatch audits twice a year to ascertain patients views regarding hospital food and this is reviewed at the food safety group by the catering managers and through oversight by the nutrition and hydration improvement group.**
- **Patient experience questions form part of the monthly audit whereby 5 randomly selected patients are asked, 'did you feel that you were provided with nutritious food and snacks?' The score for October 2016 was 90%.**

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

- **The Health Board has segregated patient & non patient feeding into different cost centre's to ensure accurate reporting on retail catering services.**
- **MenuMark, a back office catering system has been procured for use across the Health Board for patient feeding and retail food sales to provide detailed costing with regards to purchasing, stock control, menu planning and Electronic Point Of Sale (EPOS) management.**