

<b>MAIN REPORT</b>		ABM University Health Board
<b>Health Board Quality and Safety Committee.</b>		Date of Meeting: 5 <sup>th</sup> April 2018 Agenda item : 3.1
<b>Subject</b>	<b>Progress Report and Update on Patient Nutrition and Catering</b>	
<b>Prepared By</b>	Helen Griffiths, Interim Corporate Head of Nursing Joanne Jones, Head of Support Services Carol Milton, Head of Therapies(Nutrition & Dietetics & Physiotherapy)	
<b>Approved and Presented by</b>	Christine Morrell Director of Therapies & Health Sciences Sian Harrop-Griffiths Director of Strategy	

## 1. PURPOSE

The purpose of the paper is to update the Quality and Safety Committee on progress around patient Nutrition and Catering including key objectives achieved in 2017/18, key priorities & associated risks for 2018/19.

These issues have also been highlighted in the Public Accounts Committee Report on Hospital Catering & Patient Nutrition in Wales which was issued in March 2017.

## 2. INTRODUCTION

The Welsh Government recognises the importance of nutrition, hydration and catering as an essential part of the care patients receive in hospitals and have developed a number of policies and guidance in this area, which include the All Wales Nutrition Care Pathway, Nutrition and Hydration Awareness week, Water keeps you well campaign, and also the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Patients (2011).

ABMU Health Board supports a team approach to nutrition and catering management and has a Director lead with responsibility for overseeing all aspects of nutrition, co-ordinating the activities of Clinicians, Dietitians, Catering, Nursing, Patient Experience and other support services to ensure the availability of correct Nutrition for all patients/clients. As a requirement, the Health Board has adopted the All Wales Catering and Nutrition standards for Food and Fluid provision for Hospital inpatients, which were published in 2011 and the findings from the Welsh Audit Office initial review in 2010, follow up reviews in 2014 and 2016 and developed an action plan with the aim to fully comply and implement.

The ABMU Health Board Nutrition Steering Committee is composed of membership from a senior multi-disciplinary team from across the Health Board. The group is chaired by the Director of Therapies, Health Sciences with responsibility for nutrition. The role of the Committee is to co-ordinate the Health Boards nutrition agenda including nutritional care and catering services, developing strategy and monitoring against standards and the Health Board's action plan.

There are a number of sub groups of the Steering Committee which include;

- Nutrition & Food Service Group
- Paediatric Nutrition Group
- Community Nutrition Group
- Clinical Nutrition Group

The groups report progress made against their annual work plans to the Steering Committee.

### **3. KEY ACHIEVEMENTS 2017/18**

There are a number of key achievements made across the Health Board and include the following from the Welsh Audit Office External Audit Hospital Catering and Patient Nutrition and the Health Board's action plan as follows :-

#### **3.1 Training**

- All Registered Nurses & Health Care Support Workers receive Nutrition Training as part of the Health Care Induction training. For example the Nutrition and Dietetic and Speech and Language Therapy Services deliver a Nutrition and Hydration Workshop as part of the Nurse Induction Programme. There are five different work stations the group attend during the session with short practical presentations, these include :-
  - Safe Management of Nasogastric Feeding Tubes
  - Nutrition Risk Screening + Care Plan
  - Swallow Screening
  - Swallow Care Plan
  - Safe Management of Gastrostomy Feeding Tubes

This model of delivery is positively evaluated by participants.

- Nursing Home Nutrition Training

The Nutrition and Dietetics Nursing Home service has provided training on Food Fortification (Food First) and on Nutritional Screening in 23 Nursing Homes.

#### **3.2 Nutritional Pathway/ Screening**

- Compliance with nutritional care pathway including screening and care planning is monitored on a monthly basis via the Health and Care Standards – care indicators.
- The Nutrition & Dietetic Department has undertaken a Health Board wide spot check audit of the nutrition risk screening (Dec 2017- Jan 2018). Findings from the audit are being discussed with the Service Delivery Units and action plans developed.

#### **3.3 Review Menu**

The patient menus have been reviewed and some of the recipes have been analysed, however this work needs to be completed.

#### 3.4 Meal Ordering

Work has commenced with catering and nursing staff to improve the meal ordering process for patients. A system was piloted on one ward with electronic tablets this has proved to be very successful. A business case has been prepared by the IT Department.

#### 3.5 Protected Meal Times

The Health Board continues to monitor and reinforce adherence to the protected mealtime guidance across the Health Board.

#### 3.6 Patient Meal Times

To reduce the gap between the supper meal and breakfast service times (twelve hours). The Health board has ensured that snack provision is available to reduce the risk.

#### 3.7 Patient Bedside Booklet

The pilot undertaken in 2016, was partially successful, the learning points from this were considered and included as part of the April 2017 pilot. Unfortunately this pilot of the Patient Bedside Booklet was not successful so it is envisaged that the information will be included in the electronic ordering system.

#### 3.8 Capital

Capital was allocated to Princess of Wales Hospital to undertake essential maintenance, work to change the use of the kitchen from a production to “receiving” kitchen, a new dishwasher, replacement furniture and some of the food / patient trolleys.

#### 3.9 Artificial Nutrition

##### Enteral

- A Task & Finish Group was organised to develop a Clinical Policy for the Insertion and Maintenance of Nasogastric or Orogastric Feeding and Draining Tube in Adults. The draft policy has been circulated as part of the consultation process.
- Commenced the development of a competency based training model for Medical & Nursing staff involved in nasogastric tube placement and maintenance. A training options paper was discussed in Nursing Midwifery Board in January and in March 2018.

#### 3.10 Non Patient Food Provision

A review of in-house and commercial, non-patient food provision was undertaken to support the Health Promotion of the local population. As a result of the review a pilot of a “healthy themed” service is due to commence in Neath Port Talbot Hospital in April 2018. The result of this pilot will help to inform the way forward for others in house and commercial facilities.

#### 3.11 Community Nutrition Pathway

Training of District Nurses on the updated community nutrition pathway (in own home) Health Board wide was completed. The implementation of the new Nursing Home Community Nutrition Pathway has commenced, 23 Nursing Homes across the Health Board have been trained. The training within the Nursing Home continues to be rolled out.

#### **4. Actions to be completed for 2018 / 2019**

The following actions are to be completed in 2018/ 19, these actions are monitored via the Nutrition Steering Committee. These actions incorporate requirements & key learning points from external & internal audits/reviews and identified risks,

##### **4.1 Training**

Due to the current compliance levels nurse training needs to be enhanced in the following areas;

- Food Hygiene training for all Health Care staff who are involved in food handling at ward level. See section 6 identified risks as this is a statutory requirement and a high priority for the Health Board.
- Food and Fluid chart compliance (E Learning)

##### **4.2 Nutritional Pathway/ Screening**

Continue to improve compliance with nutritional screening and care planning by :-

- Undertaking regularly audits to monitor compliance at ward level and as part of the Service Delivery Units Assurance Framework.
- Nutrition and Dietetics to continue to undertake the Annual spot check audit regarding compliance with all aspects of the nutritional care pathway, share the results with all relevant staff groups and develop required action plans.

##### **4.3 Review Menu**

To complete the analysis of recipes and review patient menus.

##### **4.4 Meal Ordering**

The pilot that was undertaken by catering and nursing staff to improve the meal ordering process for patients by using a bedside electronic meal ordering system was successful. It is hoped if the business case that has been developed is supported this model will then be rolled out throughout the Health Board.

##### **4.5 Protected Meal Times**

Continue to reinforce adherence to the protected mealtime guidance across the Health Board and review compliance.

##### **4.6 Waste**

The level of un-served food waste recorded in the Health Board is above the All Wales average. Therefore a waste reduction programme will commence in April 2018 to reduce the current level to below 5% which was previously 10%. (2017). Plans are in place to reduce the waste including reviewing the meal ordering system.

##### **4.7 Capital**

Further infrastructure work in the Princess of Wales Hospital Kitchen will be included in the future business cases.

##### **4.8 Computerised System / Cost Control**

Introduce a computerised catering information system. This is currently being considered by Welsh Government. An All Wales Group has been established to consider the best way to proceed.

#### 4.9 Catering Subsidy

The financial recovery board has confirmed that reducing the catering subsidy should be considered. Plans are currently being prepared to outline the options available to reduce expenditure for non-patient catering services. It is recognised that engagement with staff will be required as part of this discussion.

#### 4.10 Artificial Nutrition

##### Enteral

- Ratification of the Clinical Policy for the Insertion and Maintenance of Nasogastric or Orogastric Feeding and Draining Tube in Adults
- A requirement to complete the development and roll out competency based training for Medical & Nursing staff involved in nasogastric tube placement and maintenance.

##### Parenteral

- Development of a Health Board multidisciplinary nutrition support team to improve patient safety and effective use of resource. This is being discussed within some units.

#### 4.11 Non-Patient Food Provision

Singleton Hospital commercial catering service is due to be retendered in 2019.

It is hoped that a pilot trial which is due to be undertaken in April 2018 in Neath Port Talbot Hospital will inform the process.

#### 4.12 Community Nutrition Pathway

Continue the roll out of the nursing home community nutrition pathway. This will be reviewed monitored & evaluated via the Community Nutrition Group

#### 4.13 International Dysphagia Diet Standardisation Initiative (IDDSI)

There is a requirement to implement the new IDDSI framework by April 2019. The framework consists of a continuum of 8 levels (0 – 7) and includes descriptors, testing methods and evidence for both liquid thickeners and food texture levels. This will replace the current dysphagia diet food & texture descriptors. . An MDT working group will be set up within the health board to scope and implement the framework.

### 5. **Patient Experience**

The Health Board currently collects information regarding nutrition from two sources.

#### 5.1 Family and Friends

Within the Family and Friends survey which is led by the Patient Experience Team there are no specific questions in regard to catering or nutrition however key words contained in the free text narrative which may relate to nutrition, hydration, catering or food are identified and reported upon weekly to the wards, and monthly to the Unit Directors. Urgent issues are identified and dealt with immediately by the PALS teams.

#### 5.2 Catering

Catering specific surveys are led by Facilities Management. Monthly surveys are conducted across random wards on the four main hospital sites and Glanrhyd coffee

shop. These surveys yields on average a return of 20 – 25 forms and monthly reports are provided to the Facilities Managers. Issues identified are dealt with and actions taken e.g. following on from information received as part of the surveys a Healthy eating option pilot scheme is planned to be implemented in Neath & Port Talbot Hospital in 2018.

## **6. Risks**

There are a number of key areas of risk for the Health Board in relation to the delivery of the 2018/ 2019 actions these are:

### **6.1 Ward Hostesses & Food Hygiene Training.**

- Currently the position in the Health Board is that there is an inequitable hostess service as across all Health Boards sites except Morriston & Princess of Wales which only have a service on some wards which is unfunded.
- Papers have been submitted to the Board which explore the costs and benefits of introducing a ward based catering service in the Morriston and Princess of Wales sites.
- Proposals have been agreed on four occasions, however, it has not been possible to progress proposals due to funding constraints. This results in inequitable service to patients, but also means that the Health Board is non-compliant in food hygiene training for nursing staff.
- Food Hygiene training is a key element of food service, and where there is no Ward Hostess service, Nursing staff need to undertake Food Hygiene Training. The Environmental Health Officer has indicated that nursing staff should have training commensurate to their food service duties.
- Environmental Health Officers have shown some discretion in enforcing this to date due to the ongoing intention of the Health Board to introduce a Ward based catering service however at present this has not been funded. If the current position continues, the requirement to train nursing staff will present a significant logistical and financial challenge, as less than 5% of health care staff who are required to undertake this training have been trained so far (Morriston & POW). Over 4,000 nurses will require training within the next twelve months with an ongoing requirement of refresher training every three years. The food hygiene rating has reduced from 5(the highest score) to 3 on the POW site as result of this situation. The responsibility for this training sits with the Service Delivery Unit & Unit Nurse Directors.

### **6.2 Welsh Government Vending Policy**

Welsh Government guidance on vending, issued in 2009 had a significant effect on vending income, although the (then) Trust took a pragmatic view on the adoption of the guidance. Subsequent guidance issued, if adhered to, would have an anticipated effect of reducing vending income by 30-40% which would represent a loss of £50-60k per annum.

### **6.3 Commercial competition**

The introduction of branded catering outlets into hospital sites has the potential to undermine the department's financial performance and could significantly impact on efforts to reduce the net costs of non patient catering. However, it is recognised that

they also bring valuable external revenue to the organisation. These outlets could also undermine the Health Boards aims to improve the health of the population we serve. In future, a comprehensive benefits assessment should be undertaken prior to awarding such contracts to reflect all impacts are considered.

#### 6.4 Discretionary Capital

Historically the department has received an annual Discretionary Capital allocation, which has been used to develop services and replace or upgrade essential equipment. In the current financial climate the pressures on the Discretionary capital programme are significant, and a departmental allocation has restricted or not available, resulting in a situation. Applications for discretionary are made in the same way as other Service Units and are considered by the Capital Prioritisation Group on a risk assessed basis. The Princess of Wales, Morriston and Singleton catering infrastructure is in need of investment so that the service can continue to function safely.

#### 6.5 National Catering Software

The Catering service does not currently use a dedicated Catering software package, and there is no system currently in use in NHS Wales. Such a package would facilitate improved stock and cost control, and also provide valuable management information which it is not currently practical to compile, which would inform more accurate production figures and help to control waste.

Previously discussions have been held on an all-Wales basis with a view to central procurement of a package that would also link to the All Wales Menu Framework and procurement contracts, enabling live pricing of production, however there has been no progress for some time. If this does not proceed the Catering service would be keen to explore the viability of a standalone system for the Health Board.

An all- Wales Group has been established to investigate the viability of this option.

#### 6.6 International Dysphagia Diet Standardisation Initiative (IDDSI)

Implementing the new IDDSI framework by April 2019 which will replace the current dysphagia diet food & texture descriptors will be a challenge to the organisation. The MDT working group that will be set up within the health board will scope and develop an action plan to implement the framework, but the risk is the ability of services to complete this work.

### 7. **RECOMMENDATION**

The Quality and Safety Committee is asked to receive the report and note progress, action for 2018/19 and associated risks