

**Velindre NHS Trust response to information requested from Nick Ramsey AM letter dated 27<sup>th</sup> October, Public Accounts Committee –Hospital Catering and Patient Nutrition.**

**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?**

Health & Care Standards audit is regularly undertaken. Ward audits are carried out on a monthly basis as well as the Global Trigger Tool.

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

The dietetic department collates information regarding type of dietetic intervention provided, number of new and review patients and tumour site. In some instances further in depth information is collated, i.e. %weight loss, for reporting in departmental audits which can then be utilised to support service planning.

The British Dietetic Association Oncology Specialist Group has developed an oncology specific outcome tool which the department is currently reviewing with the proposal to implement into their clinical practice.

Velindre Cancer Centre is a member of the All Wales documentation group, we are also currently undergoing a pilot of paper lite systems in Oncology Outreach.

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

Food record charts have been included locally as an action plan in the nutritional care plan when patients are identified as a medium or high risk. Fluid charts are also completed on all ward patients by nursing staff.

Within the fundamentals of care documentation eating and drinking is recorded and taken into account by the dietitian when assessing the patient.

As stated above documents that are relevant to food and fluid intake include; All Wales Food Chart, Fluid Balance Chart, Nursing Risk Assessment, NEWS scoring.

**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?**

Compliance is currently not running to 100% due to long term sickness, maternity leave and new starters who have not yet completed the training package. All staff are actively encouraged to complete the e-learning training package on the nutritional care pathway.

**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?**

The hospital has full compliance with nutrition screening. Issues have been identified with the local screening tool and the reliability of completion by nursing staff. The dietetic department is addressing the issues and is in the process of implementing a new nutrition screening tool that has been validated in oncology patients.

The dietetic department completes a nutrition screening tool audit on a quarterly basis. The information obtained from this is analysed and feedback to the nutrition improvement group.

Training on nutrition screening is provided to ward staff when required to update their knowledge and skills on the process.

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

Rhiannon Williams (Macmillan Specialist Oncology Dietitian)

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

It has standardised the level of nutritional content of food offered to the patients and has increased variety of choices throughout the menu cycle.

**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?**

Findings were fed back to the nutrition improvement group and catering department. Responses were positive but changes in the timing of when food is ordered have been amended in response to patient's requests.

Patient experience surveys, though does not include any specific questions on nutrition and catering, any comments applicable are fed back to the nutrition improvement group and the catering department.

Catering staff undertake regular surveys on the catering meal service as well as covering other Operational Services disciplines i.e. Portering & Domestic.

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

In responding to patients views, the catering department has worked in partnership with dietetics in reviewing the patient menu in line with the all Wales menu framework, we have taken into consideration patients likes and dislikes in regards to food choices from information sourced through patient questionnaires, patient liaison group feedback & our meal ordering process, this includes vegetarian and gluten free options to ensure the menu is tailored to patients preferences & includes choices for a wide range of patient nutritional requirements.

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

The catering team provides regular drinks rounds on all inpatient wards. The nursing staff complete Fluid Balance Charts for all admitted patients

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

On admission to Hospital patients are provide with information regarding our patients menu, including, Vegetarian choices, Textured modified choices, Gluten free meals & snacks and any adhoc items available to the patients.

The patients receive information on patient meal times and beverage services throughout the day. The patient is also informed that they can speak to a catering assistant at any time during service hours regarding any specific requests or concerns they may have.

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

Signs are visible on all wards and patients are informed of protected mealtimes on admission. Ward staff also manage these protected meal times which are embedded into daily routine

Regular audits are completed and findings fed back to the nutrition improvement group.

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

As with protected meal times, timely support at mealtimes and providing prompt help with eating has been embedded into ward routine. This has also been highlighted as an objective for ward manager

**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 recorded by the catering assistant at every meal service on a daily basis. Ad hoc observations are carried out by the Operational Services supervisory team to provide a level of assurance that records kept are accurate.

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

A patient orders their lunch & supper requirements 2.5 hours before a patient receives their meal this minimizes the likelihood of overcooking and reduces the volume of unserved meals.

Food waste figures are monitored regularly by the Operational Services supervisory team and any concerns are raised to an appropriate level.

**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 dietetic department recently provided an update to the Quality and Safety Executive Board on catering and nutrition.

Operational Services quarterly satisfaction results are also provided through Velindre NHS Trust Infection Control Committee.

Director of Nursing & Service Improvement have responsibility at board level for catering.

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

The catering department undertakes quarterly patient's satisfaction surveys; the survey includes questions regarding Layout of the menu, choices available, meal times, food temperature, the quantity & quality of the food provided, courtesy of and helpfulness of the catering staff , Sufficient and uninterrupted time to eat meals . Are snacks and beverage available throughout the day and the overall catering service?

The catering department receives the trust monthly patient experience report, the report includes feedback on the patient's experience of all services including compliments or concerns regarding patient catering services.

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

Efficiency savings are made year on year through reviewing Pay (Staff requirements) & Non-Pay budgets (reviewing & making the most effective use of each pound that is spent on provisions).

Early 2017 a review of the catering services will be presented to the Executive Management Board with an outline to provide a catering service that is fit for purpose.

**Sian Lewis, Rhiannon Williams – Dietetic Department**

**Viv Cooper, Stephanie – Nursing Department**

**Mark David, Susan Sheppard-Murphy – Operational Services Department**