

## STANDARDS FOR HEALTH SERVICES IN WALES

<h1 style="font-size: 2em; margin: 0;">S</h1> <p style="margin: 0;"><b>Situation</b></p>	<p><b>Healthcare standard 2.5 – Primary Outcome:-</b>  <b>People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury</b></p>
<h1 style="font-size: 2em; margin: 0;">B</h1> <p style="margin: 0;"><b>Background</b></p>	<p>The corporate review of the standard has enabled us to give the assurance that the UHB is <b>‘Progressing towards the standard’</b></p> <p>Key publications and nutritional care pathways underpin the delivery of this healthcare standard. The All Wales Nutritional care pathway and the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients was introduced by Welsh Government to improve nutritional care of hospital inpatients and to address the risks of malnutrition in hospital. The Andrews Report (2014), ‘Trusted to Care’ made a series of further recommendations for hospital nutritional practice.</p> <p>All menus are fully compliant with All Wales Menu Framework to meet food and fluid standards within the Health Board.</p> <p>EU Food Information to Consumers (FIC) food legislation came into force in December 2014 which states that patients must be provided with information regarding the allergen content of the meals provided by the Health Board.</p> <p>WAO Hospital Catering and Patient Nutrition Report 2015 reported issues relating to the recording of patient’s current therapeutic, lifestyle and cultural information on admission.</p> <p>The Public Accounts Committee on hospital catering and patient nutrition March 2017 made 10 further key recommendations.</p> <p>National Audit of Dementia care in General Hospitals 2016-2017</p> <p>A robust action plan developed by the Nutrition and Catering Steering committee pulls together all the legislative documents and standards resulting in twelve core themes. It encompasses the findings and recommendations of ongoing Health Board wide audits on assistance to eat, meal service audits for adults and paediatrics, nutrition risk screening and Nil by Mouth audits. A scoping exercise has been undertaken on all nutrition and hydration training undertaken across the UHB..</p>
<h1 style="font-size: 2em; margin: 0;">A</h1> <p style="margin: 0;"><b>Assessment</b></p>	<p>Evidence for this assessment has been collected through the audits and a cohort of questions to the clinical boards to provide a level of assurance against the standard.</p> <p>A model ward for nutrition and hydration was piloted on E2 at Llandough and A4 UHW for a 6 week period commencing May 2017. This was extended for a further 6 weeks to provide a level of assurance with the data outcomes. It sought to assess and explore sustainable robust nutrition and hydration practices through an integrated and collaborative approach across and nursing, facilities and therapies.</p>



Model ward report  
for SBAR (March 2018)

Please see the attached report.

Nutrition education training has been delivered across the UHB to a range of staff including qualified nursing, health care support workers and facilities staff. Nutrition nurses have a rolling programme of training for nasogastric tube placement, gastrostomy aftercare and competencies delivered to both qualified nurses and medical students.

The Nutrition & Hydration bed-plan was initially developed at UHL in response to a WAO recommendation and has been further developed to become part of the clinical workstation programme. This can be accessed across the UHB to ensure compliance with WAO, Welsh Government and EU Allergy legislation. A snapshot survey showed an increase in its use with areas of excellent practice.

With reference to the mealtime audits additional areas were reviewed, 32 meal service audits have been conducted across the HB between February 2017 and November 2017. These included a range of breakfast, lunch and supper services across the week, and including weekends. The audits were conducted by the dietetic and catering department. 10 audits were undertaken at UHW, 2 at Barry Hospital, and 18 at Llandough Hospital, including MHSOP and Adult Mental Health wards. St Davids and Rookwood were also audited. In total this represented the meal service for 675 patients.

From the 32 audits there were examples of good practice such as social dining, serving main meal and dessert separately thus allowing patients more time to eat, HCSW supporting the mealtimes.

As a result of UHB wide consultation a new 2 week menu cycle was launched in February 2018 and is currently under evaluation to ensure we are meeting both patient's nutritional requirements and patient preferences and across the health board sites.

The following are the collated responses from health and care standard audit.

**1 What is your clinical boards percentage compliance to**

**a. Undertaking nutrition risk screening within 24 hours of admission?**

Self reported responses from the clinical boards ranged from 92.6% to 98%

Results from dietetic WAASP audits are currently being collated from a UHB wide perspective. Model ward data showed significant improvements in screening within 24 hrs of admission compared to baseline.

During the winter month period in the EU, a seven day nutrition and dietetic service was implemented and all patients were nutritionally screened, with the exception of patients in the major's stream.

**b. Weighing patients within 24 hours of admission?**

Practice varies significantly across the clinical boards; clinical boards are unable to directly provide this information. Directorates generally report 90-100% compliance.

Hoist weighing has been highlighted as a concern due to people's physical and mental frailty on admission. All children are weighed on admission as all drug dosages are calculated on body weight. PCIC clinical board use upper arm circumference as an indication of weight, as portable scales are not provided scales within the community for some years due to reliability of equipment and the transferability of the devices for staff within the community setting.

**2 Describe the strategies within your clinical board to ensure that inpatients are prepared for a mealtime with respect to:**  
**a. Preparing the environment**

Patient tables/trolleys are cleared of any clutter and cleaned, and placed near the patient. Some areas have lunch clubs and will ask patients to join a group of patients to socialize whilst having their meals  
 All of our wards try to protect mealtimes with varying degrees of success; the Health Board fully supports the principles of John's campaign in families' involvement at mealtimes.

**b. Preparing the patient**

Patients are assisted to wash hands or use hand wipes, ensure that they are positioned correctly to eat meals and ensure appropriate oral care/dentures are available. This was a particular focus within the model ward. Mobilising patients to and from bathroom facilities before and after meals supports the Health Board's focus on preventing deconditioning.

**c. Supervision of the mealtime**

The principles of John's campaign and the Model Wards for Nutrition & Hydration have renewed focus on mealtime supervision and roles and responsibilities.  
 Directorates employ protected mealtimes wherever possible barring emergencies/urgent patient issues, with the exception of unscheduled care.  
 In the EU environment, during the winter months, dietetic assistants ensured patients who were able to eat and drink received meals and drinks.  
 In the health board, Carers are able to support patients during meal times if required. Patients being specialised are supported by their nurse.  
 Bed plan identifies patients requiring assistance and identified at safety briefing.  
 Parents supervise their own children at meal times, if parents not present which is rare, then play specialists/HCSWs supervise  
 Where possible qualified staff are allocated to oversee mealtimes but again this is dependent on to acuity of the patients on the ward.  
 The Nutrition & Hydration Bed plan is available in all areas across the UHB. Nurse handover information and safety briefings includes key information from the bed plan.



SBAR Nutrition  
 Hydration Bedplan 4 /

**3 Health standard 2.5 states 7 beverage rounds should be undertaken within a 24 hour period. Facilities services are responsible for 6 of these, nursing teams should undertake the 7th at bedtime. Across your clinical board what is the percentage compliance with a nursing bedtime drinks round?**

All ward areas responded that they offer bedtime drinks undertaken by the nursing teams, some areas have a higher proportion of patients on fluid restrictions. Critical care will provide patients with drinks when patient desired as no set beverage rounds. Nurses always endeavor to provide the 7th drinks round in all areas. Overall score of 70% across the wards with 100% on model wards

**4 What are your attendance figures for the nasogastric and gastrostomy study days delivered by the UHB in the previous 12 months, and what percentage of your registered nurses have competencies for nasogastric tube insertion?**

LED are undertaking a formal review to improve the achievement and logging of competence and escalation of competence for this high risk skill. There are 50 Adult NG tube Assessors and additional specialist child health assessors who undertake a structured programme of training. 12 community nursing RGNs over 3 sessions have additionally been trained.

The following improvement actions have been identified as key deliverables for 18/19 from audit work and direct questioning;

- Roll out of model ward to additional wards within the Medicine directorate
- The Nutrition & Hydration Bed plan to be embedded in ward routine and processes as the tool that is used to record patients dietary needs and for the Nursing and Midwifery Board to mandate its use for all wards across the UHB
- Ward managers take up the role of supporting the implementation of the bed plan on the ward through raising awareness of the benefits of using the tool and auditing its use on the ward
- Explore where within the Core Patient Risk Assessment booklet a tick box is best incorporated which asks the question 'Has the patients been asked about their dietary needs on admission and has this been recorded on the bedplan?' This will be incorporated in to the e-nursing documentation
- Continuation of annual nutritional audits to allow comparison with self reported compliance from the clinical boards
- Evaluation of new 2 week menu and enhancement to incorporate finger foods and special provisions for MHSOP and longer stay areas
- Roll out across the UHB coloured crockery for adults and paediatrics and audit its use
- Review the role of the qualified nurse in overseeing the meal service and develop a role profile
- Continue to increase the uptake in attendance of nasogastric tube and gastrostomy study days and competencies
- Champion the nutrition and hydration training for the multidisciplinary team and incorporate additional multi -media messaging around nutrition and hydration practices.
- Secure resources for a nutrition and hydration service at the front door to ensure patients receive hydration and nutrition whilst waiting for treatment, waiting for admission to a hospital bed and waiting for return to their place of residence.

**R**

**Recommendations**

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