“An Appetite to Improve”
A Delivery Plan for Food and Fluid
2017 to 2020
Welcome to our Powys Teaching Health Board ‘Food and Fluid’ Plan, which outlines our ambitions over the next three years to provide high quality, nutritious food and drink for patients, staff and visitors across the food chain.

Malnutrition and dehydration are a significant risk to older people and both contribute to significant harm. They are associated with increased mortality rates, hospital admissions and the development of various co-morbidities such as impaired cognitive function, falls, poor control of diabetes and hyperthermia. Malnourished patients in hospitals stay longer and are more likely to develop complications or infections.

Sir Robert Francis QC in his final report of the Mid Staffordshire Foundation Trust Public Inquiry detailed some shocking examples of poor nutritional care and recommended that the “arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation”. The ‘Trusted to Care’ report published by Professor June Andrews, following an independent review of care in two hospitals in ABMuHB in 2014, also highlighted issues with poor practice with regards nutrition and hydration care for older people. Despite a plethora of guidelines and reports for the standards of nutrition and hydration in hospital, the statistics with regards to malnutrition in hospitals remains startling.

In 2011 the Welsh Government published the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients, aiming to address the risks of malnutrition of patients in hospitals, as well as the needs of those considered to be nutritionally well. The report aimed to improve food and drink across the NHS so that everyone has a healthier food experience and that everyone involved in its production is properly valued and educated. The standards within this report have been assessed by the Wales Audit Office in 2011 and followed-up in 2015, and whilst improvements were noted it is evident that more needs to be done to improve catering, nutrition and hydration standards. The recommendations from the Wales Audit Office, as well as best practice guidance, have been captured within our plan: ‘An Appetite to Improve’.

Introduction
Malnutrition is common in the UK, affecting more than three million people at any one time (AHP, 2012). Around 1 in 3 of patients admitted to acute care will be malnourished or at risk of becoming so (NICE, 2011), and 35 percent of individuals admitted to care homes will be affected; for those living in the community 93 percent of those will be suffering from malnutrition, (Wise, 2015). The under nutrition of children and young people is usually associated with poverty and poor food choices. Dehydration is also common although the overall numbers affected are less clear. The excess annual health costs associated with malnutrition alone are estimated to exceed £13 billion (Elia & Russell for BAPEN, 2009). Therefore it is essential that malnutrition and dehydration problems are better recognised and treated. An additional benefit could also be the reduction of pharmaceutical waste, resulting in better use of scarce resources.

For the purpose of this plan the focus is for hospital care and the following definitions apply, as stated by NICE (2006):

**Malnutrition**: “a state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function (including social and psychological) and clinical outcome.”

**Dehydration**: “a state in which a relative deficiency of fluid causes adverse effects on function and clinical outcome. In the elderly being short of fluid is far more common, results from limited fluid intake, and is reflected in raised osmolality”.

Malnutrition and dehydration are both causes and consequences of illness, have significant impacts on health outcomes and are integral to all care pathways. Surprisingly, these problems are still poorly recognised in community and health care settings despite numerous reports which have highlighted the fact that individuals in these settings often receive inadequate nutrition and hydration.

The cost for disease-related malnutrition for health and social care expenditure is estimated as being more than £13 billion (Elia and Russell for BAPEN, 2009). Improving the identification and treatment of malnutrition is estimated to have the third highest potential to deliver cost savings to the NHS. (The National Institute for Health and Care Excellence (NICE, 2011).
Unrecognised and untreated malnutrition and dehydration also have a substantial impact on the health economy with increased demands on General Practice services, out of hours’ services and increased rates of transition across pathways of care. Once in hospital patients’ average length of stay is three days longer (Guest et al, 2011; Stratton et al, 2003; Elia et al, 2009), mortality rates are high and failed discharges are frequent. NICE has shown that better nutritional care reduces complications and length of stay and NICE cost saving calculations show that better nutritional care is achievable with substantial savings in net NHS costs. (NICE, 2011).

The scale of dehydration in the UK is unknown but it is associated with a number of known causes of harm to people. If undetected, the effects of dehydration can be serious and rapid. Mild dehydration can contribute to confusion, falls, pressure ulcers and urine infections. Serious dehydration can cause a person’s condition to deteriorate rapidly, to include Acute Kidney Injury and even resulting in death. Earlier this year the Government launched its ‘Water Keeps You Well’ Campaign to address the issue of dehydration, particularly among older patients in hospitals. The campaign informs people about the power of good hydration in managing and preventing many health conditions, which can cause harm and distress. Powys Teaching Health Board were a pilot site for the initial campaign.

The link between nutrition and hydration and a person’s health is evidently a fundamental part of any stage of life, but particularly significant for people who are sick or vulnerable. Person-focused, quality, compassionate care involves looking at what matters to a person as a whole, and not only concentrating on their specific medical condition. This plan highlights the importance of nutrition and hydration and outlines our approach for the central role of nutrition and hydration in caring for people.

We also have a responsibility to the health and well-being of staff to provide wholesome, healthy and nutritious food. It is known that there are strong links between staff experience and patient outcomes, so investing in the health and well-being of the workforce through the values of the “Corporate Health Standard”, can have patient benefits. We also have a wider social responsibility. As a major purchaser and provider of food and catering services, we have the
This strategy has been developed to facilitate achievement of a number of key aims, namely to:

**Strategic Aims**

- An appetite to improve
  - Meet the nutrition and hydration needs of all patients and ensure a positive patient mealtime experience
  - Procure sustainable food and catering services
  - Ensure that food and drinks offered and provided meet patients cultural and religious needs
  - Promote healthier eating for staff and visitor

**Objectives**

- Raise the profile and importance of catering, nutrition and hydration across the Health Board, to include at Board level to prevent malnutrition and dehydration from occurring;
- Identify when malnutrition has occurred or the patient is at risk through the use of active nutritional screening using the Malnutrition Universal Screening Tool (‘MUST’) for adults;
- Specifically treat those at risk from malnutrition or dehydration using documented, appropriate, NICE compliant care pathways (utilising food, drinks, oral nutritional supplements and safely administered tube or intravenous feeds);
- Educate staff, voluntary workers, patients and carers on the importance of good nutrition and hydration in maintaining better health and wellbeing, improving recovery from illness or injury and in the management of long-term conditions.
- To have a vibrant and effective catering, nutrition and hydration steering group with multidisciplinary membership.
- To secure compliance with Welsh Government standards for catering, nutrition and hydration.
- To develop service specifications and ensure management structures support high standards of nutrition and hydration care and are using food and drink, oral nutritional supplements, enteral tube feeding provision or intravenous support as necessary, ensuring appropriateness and safe standards of practice in line with NICE Clinical Guidance CG32 and associated QS24 and CG 174.
- To produce annual all-inclusive work plans with delivery through the Catering, Nutrition and Hydration Steering Group and oversight via the Patient Experience, Quality and Safety Committee.
- To produce a Catering, Nutrition & Hydration annual report for the Board.
- To view malnutrition and dehydration as a safeguarding issue and incorporate into local improvement plans.
- To raise awareness, knowledge and skills amongst the workforce and ensure staff have the competencies required to meet the nutritional needs of patients.
- To raise awareness amongst the public, patients, service users and carers of the risk of malnutrition and dehydration and how to prevent or re-address.
- To implement the recommendations from the Wales Audit Office review of catering, hydration and nutrition and NICE Guidance 32.
- To develop a wholesome, healthy and nutritious staff menu to support the workforce’s health and well being.
This plan sets the direction and context in which high quality nutrition, hydration and catering services are provided by Powys Teaching Health Board.

Provision of these services will be evidence-based and will support the identification of opportunities for integrated working with Community Services, Allied Health Professionals and key partners, such as Powys County Council.

Good nutritional and hydration care is a quality matter which supports the Boards’ Annual Quality Statement (Annual Quality Statement, PTHB 2016) and aligns to Powys Teaching Health Board organisational aims, which are:

- Improving health and wellbeing;
- Ensuring the right access;
- Striving for excellence;
- Involving the people of Powys;
- Making every pound count;
- Valuing, supporting and developing our staff.

The Welsh Government has clearly recognised the importance of nutrition, hydration and catering as an essential part of the care patients receive in hospitals and the below highlights some of the national drivers, policies, standards and guidance in this critical area.
All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients (2011) aiming to address the risks of malnutrition in hospital patients as well as the needs of those considered to be “nutritionally well”. It also reinforces the ethos behind the All Wales Nutrition Care Pathway for hospitals and becomes part of the new Nutrition and Catering Framework for NHS hospitals in Wales.

The web based Nutrition and Catering Framework for NHS hospitals in Wales (2011) superseding the 2002 Nutrition and Catering Framework for NHS hospitals in Wales. This web based Framework brings together all the policy and supporting tools into one place. It is available through HOWIS, the Physical Activity and Nutrition Network for Wales website and the Nursing Portal on every ward in every hospital in Wales.

Francis Report (2013) The final Robert Francis report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published February 2013. The report indicated that nutritional standards were still a significant problem in hospitals despite multiple guidelines, standards and reports. Although this report was based on an English NHS establishment, its findings and recommendations were noted by all NHS providers who each undertook steps to give assurance that the same findings were not prevalent across the NHS.

Trusted to Care (2014) In May 2014 an independent review was conducted into aspects of care provided by two hospitals within Wales (in ABMuHB). Professor June Andrews, Director of the Dementia Services Development Centre at the University of Stirling (DSDC) and Mark Butler, Director of The People Organisation (TPO) undertook the review with findings and recommendations were produced. Nutrition and hydration care was found to be wanting. All Health Boards were required to submit action plans to Welsh Government against the recommendations.

The Food Hygiene Rating (Wales) Regulations 2013 – it is a legislative requirement that all businesses that service or sell food in Wales must prominently display their food hygiene rating at their premises.

Sustainable Development – The Sustainable Development Commission worked with the Welsh Government to implement the NHS Wales Sustainable Development Steering Group, assisting in the assessment process for the Corporate Health Standard (platinum) and reviewing the impact of ‘Healthy Futures: Food & Sustainable Development’. This explored the food chain from procurement and purchase to preparation and delivery, promoting the NHS as a good corporate citizen and realising the impact of sustainable food procurement on environmental and health outcomes.

Wales Audit Office Hospital Catering & Patient Nutrition (2011 & 2015) –

This audit explored the extent to which Health Boards across Wales provide efficient and effective catering services, based on best practice guidance, including planning, delivery and monitoring. Their conclusion was that there had been general improvements across Wales in response to the 2002 Audit Commission review, but more needed to be done to secure consistency. The findings of the 2015 follow-up audit have recently been presented to the Public Accounts Committee.

Prudent Healthcare - PTHB is committed to the four principles of prudent healthcare and each principle is wholeheartedly relevant to the nutrition, hydration and catering agenda.
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<thead>
<tr>
<th>Primary Deliverables</th>
<th>Secondary Deliverables</th>
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<tr>
<td>Flexible cost controlled appetising menu that meets the nutritional needs and preferences of the patients and staff whilst minimising waste.</td>
<td>Multi disciplinary menu planning&lt;br&gt;Financial control arrangements&lt;br&gt;Procurement of appropriate ingredients&lt;br&gt;System Audits including waste monitoring&lt;br&gt;Policy and procedures&lt;br&gt;Development of a wholesome, healthy and nutritious staff &amp; visitor menu</td>
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<td>The infrastructure to deliver a safe and robust catering service that is capable and responsive to meet patients need.</td>
<td>Catering service development&lt;br&gt;Recruitment and retention&lt;br&gt;Staff training and development&lt;br&gt;Policy and procedures</td>
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<td>A ward environment and multi-disciplinary meal time routine, that is commensurate with supporting and enhancing the patient eating experience.</td>
<td>Service development &amp; ward environments&lt;br&gt;Policy and procedures (to include the guidelines for bringing food into hospital &amp; Protected Mealtimes)&lt;br&gt;System audits&lt;br&gt;Multidisciplinary team engagement in the mealtime service&lt;br&gt;Staff training and development&lt;br&gt;Volunteer schemes</td>
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<td>Governance arrangements</td>
<td>Nutrition, Hydration and Catering Steering Group&lt;br&gt;Monitoring performance through the audit programme&lt;br&gt;Reporting to the PEQS Committee bi-annually&lt;br&gt;Producing an annual report for Board&lt;br&gt;Environmental Health audits</td>
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<td>Effective screening and monitoring of patient nutrition and hydration needs</td>
<td>Policies and Procedures&lt;br&gt;Monitoring performance through audit systems&lt;br&gt;Water Keeps You Well Campaign&lt;br&gt;Clear roles and responsibilities for the MDT</td>
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<td>Maintaining Food Hygiene Ratings Scheme at level 4 or above.</td>
<td>Environmental Health audits&lt;br&gt;Catering service development&lt;br&gt;Staff training and development&lt;br&gt;Policy and procedures</td>
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Our Actions WAO Review

The following actions are aligned to the Wales Audit Office Review of Catering and Nutrition (2015) and the subsequent recommendations, together with ‘An Appetite to Improve’ strategic aims and objectives.

### Governance Arrangements

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<tr>
<th>Recommendations</th>
<th>What we will do</th>
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<tr>
<td>WAO R3c – Develop a Nutrition, Hydration and Catering Procedure</td>
<td>We will develop an implementation plan to deliver the plan once ratified.</td>
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<td>WAO R10b - To develop a system to systematically collate the information from nutritional screening on the number of patients identified with, or at risk of, nutritional problems to understand the scale of the problem and the likely impact on catering and nutrition services to meet these patients’ needs.</td>
<td>Continue to embed the use of the MUST assessment for all patients and extend the monitoring process to ensure compliance.</td>
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<td>WAO R10a - To develop a more comprehensive approach to reporting performance on catering services and patient nutrition to the Board, which brings together information on implementation of the nutritional care pathway, performance data on the costs of patient and non-patient services, food wastage and patient and relative feedback and this information should be presented to the Board at least annually and should make appropriate use of the EFPMS data.</td>
<td>Include nutrition in the annual directorate audit programme.</td>
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<td>Continue to monitor effectiveness of care planning for those patients at high risk of malnutrition or with specific dietary needs.</td>
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<td>Continue to monitor the Nutrition, Hydration and Catering service elements using the 360 monitoring tool, introducing a rolling programme of audits across all wards.</td>
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<td>Develop a suite of clinical metrics to assess nutritional status, utilising the Health &amp; Care Monitoring System.</td>
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<td>Report performance to the Board annually and PEQS Committee bi-annually.</td>
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### Staff Training and Development

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<td>WAO R4 - to ensure that the Health Board meets national e-learning nutrition training requirements. Issues such as access to IT and staff availability for training need to be resolved.</td>
<td>Introduce a rolling programme of education for all staff involved in catering and nutritional care and provide educational resources for patients and visitors.</td>
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<td>Recommendations</td>
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<td>WAO R2 - Ensure overall costs and costs per patient are more consistent across sites and closer to target costing.</td>
<td>Introduce an electronic catering costing solution to provide a more accurate information in relation to standard costed recipes, menu planning, and the separation of costs between patient and non-patient catering and any contribution made to non-patient catering.</td>
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<td>WAO R2 - To ensure that there is improved consolidation and coordination of product and resource cost centrally.</td>
<td>Introduce enhanced control arrangements of catering budgets, including income targets and income/expenditure of non-patient catering services and a suite of site level cost performance indicators.</td>
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<td>WAO R2 - To ensure total costs for catering do not exceed the planned budget and that cost improvements are achieved. Cost improvements should come from better control of expenditure, waste and efficiency, and not result in any detriment to the quality of nutrition provided to patients.</td>
<td>Procure and produce foods to highest possible sustainability standards, considering issues such as food produced to higher environmental standards, fish from sustainable sources, seasonal fresh food, animal welfare, ethical trading considerations and minimising waste.</td>
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<td>WAO R4b - Introduce computerised catering information systems, supported by clear cost benefit analysis in comparison to existing manual based information systems.</td>
<td>Continue to improve the menu design, structure and planning with involvement of service users to ensure that the patients needs are fully met. Focus on our provision of food snacks plus and additional consideration for patients requiring special diets, including allergy free/gluten free meals for in-patients.</td>
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<td>WAO R7a - Ensure that set pricing policies and income generation targets that aim to ensure that non-patient catering services at least break even, or, if they do not, it is the result of a deliberate subsidy policy that is based on a detailed analysis of costs.</td>
<td>Provision of drinking water in out-patients areas and emergency food snacks for waiting diabetic patients.</td>
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<td>WAO R7b - Monitor income and expenditure of non-patient catering services to ensure that the financial performance of these services is as expected and that unacceptable deficits are not being incurred.</td>
<td>Maintaining safe working environments for catering staff and residential patients to prepare food and drinks. Work towards 5* food hygiene rating for all hospital premises, with a minimum of 4*.</td>
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<td>Engage more closely with Directorates to ensure all staff recognise the opportunity of raising health promoting and wellbeing activities with patients and their families.</td>
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<td>Offer increased opportunities for patients, visitors and staff to consume healthier food and drink options.</td>
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## Patient Engagement

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<td>WAO 11b - Demonstrate how they have taken patients’ views into account when developing catering and nutrition services. Communicate with CHC regarding attendance at 360 audit, to support the patient experience element.</td>
<td>Ensure that the 360 audit programme includes elements to test patient experience. Patient representatives will be invited to participate in the 360 audit programme team. Patient representatives will be invited to assist with menu planning processes such as food tasting and testing the menus popularity and quality standards with patients.</td>
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<tr>
<td>WAO 11b - Communicate with CHC regarding attendance at 360 audit, to support the patient experience element.</td>
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<tr>
<td>WAO 11c Establish mechanisms to involve patients’ in activities that assess the quality of catering and nutrition services.</td>
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## Patient Care initiatives

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<tr>
<td>Introduce oral hydration standards to ensure that patients receive adequate oral hydration, embedding the ‘Water Keeps you Well’ campaign across all wards</td>
<td>Support the implementation of the 'water keeps you well' campaign, receiving updates on progress at the steering group. Ensure consistent and robust use of fluid balance charts. Provide further adaptations including specialised cutlery and hi-low tables to complement hi-low beds. Enhance mealtime support to ensure the patient has the most appropriate level of assistance and encouragement to eat and drink. Introduce a mealtime coordinator role to all wards. Continue with the Acute Kidney Injury identification, prevention and management (1000 Lives).</td>
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<td>Explore the introduction of Enhanced Mealtime Support Volunteer roles to all wards &amp; introduce a mealtime coordinator role to all wards.</td>
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<tr>
<td>Raise awareness of Acute Kidney Injury identification, prevention and management procedures.</td>
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Accountability

Accountability for all aspects of nutrition, hydration and catering lies with the Chief Executive and the Board. The Director of Nursing is the designated executive board member responsible for nutrition and hydration and the Director of Primary Care, Community Care and Mental Health is the executive responsible for catering services. These Executive Directors are responsible for ensuring appropriate systems and processes are in place to achieve high standards of nutrition, hydration and catering in the most effective and efficient way to meet needs and ensure policy compliance.

Infrastructure

The health board has a responsibility to ensure that the appropriate infrastructure is in place to support, direct and enable the implementation of the strategy and its supporting policies and work programme. The health board acknowledges that a whole systems approach encompassing all disciplines is essential for success and this will be achieved by:

- promoting roles and responsibilities of staff throughout the organisation in relation to nutrition, hydration and catering;
- ensuring appropriate committees and reporting mechanisms are in place;
- supporting and encouraging integrated working relationships ensuring a patient centred approach; harmonisation of systems and processes across and between professions and disciplines to minimise any unnecessary barriers to delivery.

Finance and Resources

The health board acknowledges that nutrition, hydration and catering is therapeutic, significant and therefore essential to the well-being of the population and patient’s recovery. The quality and nutritional content of food provided will be maintained through training, effective procurement and cooking processes whilst minimising waste and inefficiencies.

Monitoring and Audit

The health board will ensure surveillance and audit programmes to monitor cost, quality and effective services are in place. Patient satisfaction surveys and quality monitoring programmes will also form part of this. External audit will be supported and encouraged.

The health board will establish formal systems to accurately reflect cost and activity and benchmark these against other service providers to demonstrate best value. This will include the full adoption of a catering costing back office system.

Public Engagement

The health board is committed to involving the public and patients in implementation and monitoring of its nutrition, hydration and catering practice.
References and Bibliography


Hungry in Hospital, Association of Community Health Councils for England and Wales 1997.


Still Hungry To Be Heard, Age UK 2010.

Wales Audit Office Hospital Catering & Patient Nutrition (2011)

Welsh Government Health and Care Standards (2015)