

**Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol**

**Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group**



**Llywodraeth Cymru  
Welsh Government**

Nick Ramsay AM  
Chair  
Public Accounts Committee

Our Ref: AG/MS/JW/JM

21 November 2017

Dear Mr Ramsay

### **Hospital Catering and Patient Nutrition**

Further to your letter dated 16 October 2017 and your invitation to attend committee on 4 December 2017, I wish to provide the committee with a response addressing the concerns raised, which I hope will be helpful in advance of my attendance.

Firstly, I would like to reassure PAC members that all of the issues and recommendations raised are regarded as serious and represent an opportunity for improvement across our system. There will always be a need for any recommended area of activity to be balanced with the range of responsibilities discharged by the NHS and the available resources in place to implement them. As an example, many of the ICT systems in implementation across Wales will represent for any organisation one of the most significant local change programmes they are taking forward; this becomes even more complex when implementing this consistently across Wales. Our emphasis and priority will inevitably always be on national clinical systems that support both staff and patients in providing clinical care and treatment. Examples of these systems would include: Patient Management System (Myrddin) rollout across Wales, the national clinical portal, GP systems, WCCIS (as national social care and community system), RADIS (national radiology system), Emergency Department systems and LIMS (national laboratory system). Whilst respecting recommendations, there will be a need to align and choose priorities within available resources.

Following the Public Accounts Committee meeting in October 2016, two recommendations have been completed:

- With reference to recommendation 8, a directive was issued and I can confirm that all health boards and trusts have identified a non executive director lead linked to an executive officer.

- With reference to recommendation 10, I can also confirm that a Welsh Health Circular was issued to health boards and Velindre NHS Trust in May 2017 revising the target for food waste from 10% to 5%. This acknowledges good progress made on wastage, as reflected by the WAO report, but reflects the importance of setting a revised target for improvement.

### Standardisation of Nursing documentation

I am concerned that through our previous evidence and responses, the development of electronic systems that would support nurses has perhaps over-focused on the role of a single individual working in NWIS. Many of the national clinical systems I have referred to above, provide support for all clinical teams, including nursing, to undertake their clinical activities and have access to electronic clinical records. While the work continues towards a single electronic nursing record that can capture the breadth of nursing documentation used, nurses and other staff use electronic systems in a range of ways in their daily work.

As examples of this:

- All patients' pathology and X ray results are now delivered and viewed electronically enabling quicker communication of results to clinical staff caring for and treating patients.
- Patients requiring blood glucose monitoring have their blood analysed and reported using an electronic system enabling rapid delivery of results.
- Hospitals provide electronic discharge letters to GPs when patients are discharged from hospital to community.
- The Health and Care Standards Monitoring System is electronic and captures the results of fundamentals of care audits facilitated by nursing teams.
- Patient flow records are electronic enabling knowledge of how many patients are in particular clinical environments (e.g. A&E) and how long individuals wait in particular areas.
- Patient feedback is increasingly enabled through technology such as iPads in clinical areas and wards or web-based surveys.
- An electronic 'acuity tool' is used to assess the number of nurses required to care for patients in line with the Nurse Staffing Levels Act.
- GPs use electronic patient records to record all the care and treatment provided to patients and primary care systems are used by all clinical practice staff.
- Some district nurses use iPads to record the care of patients in their own homes and the implementation of WCCIS as the national system for community services will provide an agreed national template that supports Health Visitor and District Nursing duties.
- Other developments are taking place which focusing on nursing records: ABMUHB are piloting an electronic nurse record in one adult elective surgical ward. This system was built in house. BCUHB have procured an electronic nurse record and is using this in children's ward settings. Both have broader applications as a minimum locally.

With reference to recommendation 4, the nurse informaticist at NWIS has completed extensive engagement over the past 12 months with staff from health boards and trusts across Wales and with specific groups to identify the types of nursing documentation currently being utilised and to gather high level requirements for a digital solution. Feedback

from all the above contributed to the development of a specification for the all Wales electronic document with 29 identified requirements.

Despite the broader use of systems outlined above, all Health Boards were found to be utilising paper documentation with identified variations of the national nursing and core data sets. Visits identified that there were two digital documentation solutions currently being piloted, one at Abertawe Bro Morgannwg University Health Board (ABMU) and another in Betsi Cadwaladr University Health Board (BCU). The mapping included feedback from staff in the health boards that are using digital documents.

The Welsh Government Efficiency Through Technology Fund (ETTF) provided funds for the development of eForms with nursing documentation as the priority including an understanding of impact on professional practice. The translation of all nurse documentation to electronic processes is a major process for any system, requiring a balance between technical solutions and professional assessment and remains an area of work across the UK.

Nurse Directors confirmed the specification for the all Wales electronic document with 29 identified requirements 22<sup>nd</sup> September 2017. Now that the requirements have been agreed a Project Board and Operational group has been established. This includes Welsh Government representation on the Project Board and progress will be monitored by officials.

As a specific response to recommendation 3, I can confirm that issues in respect of cultural, religious and dietary needs are included as part of the nursing e-documents work.

#### Workforce planning issues

With reference to recommendation 5, NWIS has been addressing the workforce planning issues raised by the Public Accounts Committee. A workforce plan has been developed, set out in the NWIS 3 year plan, which aims to address the difficulties recruiting to specialist technical roles in a competitive recruitment area. Therefore, retaining the knowledge and expertise of existing staff has become an important factor in NHS Wales; particularly in the Informatics Service as health informatics staff have specialist technical skills which are desirable to other public and private sector organisations. A number of workforce strategies are in development including the development of a flexible working toolkit, workshops for staff and continuous review of existing flexible working practices and advising managers on flexible options, development of a recruitment strategy and an increase in apprenticeships and graduate interns. There are also significant ICT specialist staff employed directly by Health Boards and Trusts across Wales, who support local infrastructure, developments and roll-out of national programmes also.

#### IT catering solution

Whilst the introduction of an all-Wales IT catering solution across NHS Wales could deliver some benefits, the decision to assign both funding and resources to this programme must be considered within the wider context of digitalisation across all health and social care services; this includes the development and rollout of key clinical systems, and the pressure to deliver improvements in those committed areas. There are many calls on the limited capital and revenue budgets available which are focussed on delivering national clinical systems. It is also essential that we deliver the value for money of such a solution,

particularly in light of the fact that significant progress has already been made against the WAO recommendations, for example in relation to reducing food wastage. At the time of the original recommendations, a system was seen as a solution to support this outcome, but progress has been made without needing a national system in place.

The business case was considered and reviewed at NIMB in January and March this year, following which Aneurin Bevan University Health Board were tasked to lead a process to review the business case in consultation with key stakeholders including the All Wales Estates & Facilities Directors, the All Wales Commodity Advisory Group, the All Wales Caterers group as well as Dieticians, Procurement, Finance and IT professionals. My judgement was the case was not good enough to compete with other national clinical systems being considered within limited funding allocated to NWIS and therefore its broader benefits, and potential to be self-funding, needed to be clear. Any process will need therefore to ensure that the financial benefits are properly delivered as this will be the future funding source for the system.

As a result of this necessary work I can confirm, as outlined in the update provided to the Public Accounts Committee in September, that NHS Wales Shared Services Partnership has been working with NWIS, health boards and trusts to make a national IT catering system available across all Wales. This system is being developed through next year, to allow each health board and trust to align any investment in an improved IT system to their broader catering service improvement plans.

My personal preference had been, whilst ensuring compliance with procurement criteria, to see if there was the option to extend an existing system out to other health boards; unfortunately, advice is clear that a new procurement process is required. Therefore, shared services will continue with the specification and procurement process nationally to allow Health Boards and Trusts to take up the new system.

#### Additional updates

In response to recommendations 1 and 2, I can confirm that the all Wales nutrition and catering forum and the all Wales menu framework group discussed patient feedback. Feedback is already used locally for improvement within health boards. As a result, they are working with the all Wales menu framework group to set out and share common themes across Wales.

With reference to recommendation 7 regarding the blend of e-learning and face to face learning, this was the subject of debate at the NHS Wales Digital Learning Conference in September 2017. As a result, health organisations have been examining the delivery of nutrition learning and identifying the e-learning and face to face learning components. It is felt that nutrition learning should be provided in both electronic and face to face formats in order to facilitate different individual learning styles and preferences for learning approaches.

At the November 2017 all Wales nutrition/catering meeting, members debated the identification of compulsory learning referenced in recommendation 6. Each health organisation is currently examining its requirement for compulsory learning in relation to nutrition and next steps will be agreed at the January 2018 all Wales nutrition/catering forum.

Your letter also referred to the timescale for implementation of the electronic prescribing system. Welsh Government has recently received an Outline Business Case (OBC) for Welsh Hospital Electronic Prescribing, Pharmacy and Medicines Administration (WHEPPMA). This would require a significant level of national funding, not yet available or allocated, to deliver a consistent system across Wales. The initial case estimates the cost of the preferred option as £36.5m over the seven-year contract period. This OBC is currently being reviewed by senior officials and other experts from within the NHS. The outcome of this review will determine the next steps and timetable but, if agreed, this would represent a major ICT programme and require a clear allocation of funding. In order to support the national case, a decision has already been made to establish a hospital electronic prescribing and medicines administration (HEPMA) pathfinder project in ABMU Health Board, funded by all-Wales capital. The project will provide significant learning for national HEPMA programme, ensuring the specification for the national solution meets service requirements and represents an agreed initial phase to the implementation of this system, now supported by national project arrangements.

I hope this letter supports your discussions in advance of my attendance. I look forward to further discussions with the committee on 4 December.

Yours sincerely



**Dr Andrew Goodall**