

The Power of Three

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Hospital Caterers Association Conference 2019

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Welsh Government

Hippocrates said "Let food be thy medicine and medicine be thy food"

Often stated today as "Food is the best form of medicine" (Hospital Caterers Association)

Power of Three



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Menu

Service Excellence > Power of 3

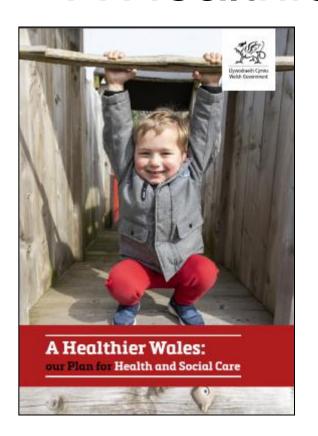


Power of 3 – Working together to aid patient care

The Power of Three campaign brings together catering (the HCA), dietetics (the BDA) and nursing (the National Nutrition Nurses' Group) to help improve nutritional outcomes for patients. The team are campaigning to ensure that nutrition and hydration is recognised as a crucial part of patient's care plan, and that nutritious food continues to be available.

The annual "Power of Three" event is an opportunity to share positive experiences, be inspired by patient stories, and debate national directives. The event is supported by all three groups of staff. It is an opportunity to invite leaders and motivators that will share their skills, passion and inspiration for the teams to further develop the working partnership.

A Healthier Wales: Vision



We will build on the philosophy of Prudent Healthcare, and on the close and effective relationships we have in Wales, to make an impact on health and wellbeing throughout life. We will have a greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home.

The ten national design principles to drive change and tansformation – and examples of how they could be applied are:

Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.

Safety – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.

Independence – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.

Voice – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on 'what matters' to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.

Personalised – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.

Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

Higher value – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and no harm.

Evidence driven – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.

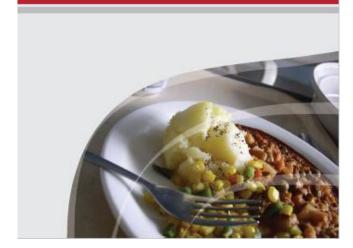
Scalable – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.

Transformative – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.



24 March 2011 www.wao.gov.uk

Hospital Catering and Patient Nutrition



The mealtime experience

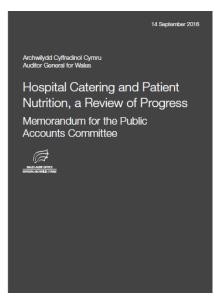
Most hospitals provide an appropriate choice of meals and patients are generally satisfied with the food they receive, but the nutritional assessment of menus and patients' mealtime experiences need to improve



The mealtime experience

2.3 In 2015, I found that that mealtime experiences were improving but there was still more to do to ensure all patients get timely support and written information on what to expect and to further minimise lunchtime interruptions on some wards.
My findings are summarised below under the following themes:

- patient menus;
- food and beverage services;
- preparing for mealtimes
- protected mealtimes;
- information for patients;
- monitoring mealtime services; and
- food hygiene ratings.

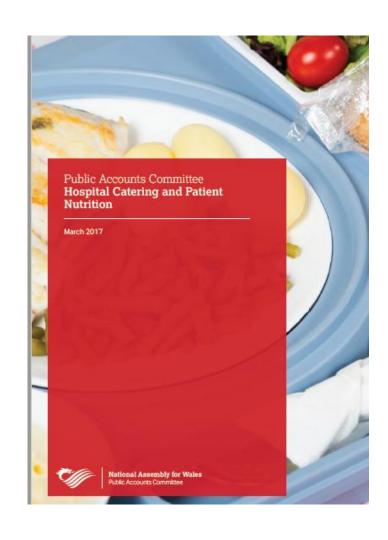


Patient experience drivers to work together in a seamless fashion

2.11 However, findings from the all-Wales Menu Framework survey show that not all patients have a positive experience. One in six patients (15 per cent) reported being advised to eat extra snacks but were not provided with them, while one in four patients (26 per cent) was never offered a snack after the evening meal. Where patients missed a meal, only one in eight patients (12 per cent) was offered

a replacement.





Recommendations

Recommendation 1. We recommend that the Welsh Government put formal mechanisms in place to ensure the work of the All-Wales Menu Framework
Strategic Monitoring and Evaluation Group is maintained and monitored and
that patient feedback on meals is considered as part of every evaluation.
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Recommendation 2. The Committee recommends that the Welsh Government
makes public the results of future all Wales patient surveys in a timely fashion.
Recommendation 3. The Committee recommends that the Welsh Government
develops a suite of questions to be included within both the standardised
nursing documentation and on future all Wales patient surveys to monitor
whether health boards are recording and meeting the cultural, religious and
dietary needs of patientsPage 16
Recommendation 4. The Committee recommends that the Welsh Government
provide an update on the key stages for standardising the documentation
identified in the Nurse Informaticist work plan, and report to the Committee any
slippages in the proposed timescalePage 22
Recommendation 5. The Committee recommends that a review of workforce
planning arrangements within the NHS Wales Informatics Service is undertaken
to ensure that future vacancies or gaps in resources do not cause significant
delays to key workstreams, and specifically to prevent a recurrence of the
problems that have been experienced in relation to development and roll out of
standardised nursing documentationPage 22
Recommendation 6. The Committee recommends that the Welsh Government
carry out an assessment as a matter of urgency to categorise and prioritise
areas of training that should be compulsory or alternatively determine whether
there should be flexibility within Health Boards to prioritise the training needs of their staff Page 24
Recommendation 7. The Committee recommends that the Welsh Government
works with health boards to develop and put in place the most effective methods
for delivering training including consideration of e-learning, and group training.
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Recommendation 8. The Committee recommends that the Welsh Government issue a direction to health boards that a named non-executive director must have responsibility for hospital catering and patient nutritionPage 27
Recommendation 9. The Committee recommends that the Welsh Government gives utmost priority to making a decision on whether or not to procure an all Wales computerised information. We expect to receive an update on the decision and a timetable for implementation by September 2017. If a decision is taken not to procure such a system, the Welsh Government needs to give clear guidance to NHS bodies on what they need to do individually to strengthen the IT systems supporting hospital catering and patient nutrition
Recommendation 10. The Committee recommends that the Welsh Government

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2.14 The Trusted to Care report highlighted hydration as a major area of concern. Following a pilot study in 2015, NHS Wales launched the 'Water Keeps You Well' campaign in February 2016, to ensure patients stay hydrated while in hospital. The campaign aims to inform people about the role good hydration plays in managing and preventing many health conditions, and the harm caused by not drinking enough.

ThePeopleOrganisation

Trusted to Care

An independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board

Professor June Andrews Mark Butler

Proposed approach





Visitors - Posters



Patients – physical intervention

Staff – Poster and briefings





Wellbeing – Patients' view of food and drink



"From caterers' menus and ingredients, to dietitians' safe-guarding of nutritional content, to the final ward end delivery supported via the nursing teams, working together we can deliver excellence to each and every patient."

Current collaborative 'Power of three' developments in Wales

- All Wales Nutrition and Catering Forum with representatives from nursing, dietetics and catering
- Each health board is working up their business case for the IT Catering solution which will link to the All Wales Menu Framework.
- Allergen risk assessment the aim is to have all the information up to date on the centralised all Wales menu site to avoid individual health boards having to do it themselves.
- Developing more vegan choices in line with public demand

Current collaborative 'Power of three' developments in Wales

- Continued work on food waste management
- Refresh of food and fluid standards
- Health boards are continuing to work on an All Wales basis to share good practice and work up all Wales approach to the new International Dysphagia Diet Standardisation Initiative (IDDSI), with descriptors for textured modified diets