

# Solutions in Practice Putting the Patients **FIRST**

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Improving the mealtime experience for  
patients in NHS Greater Glasgow and Clyde

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*Delivering better health*

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

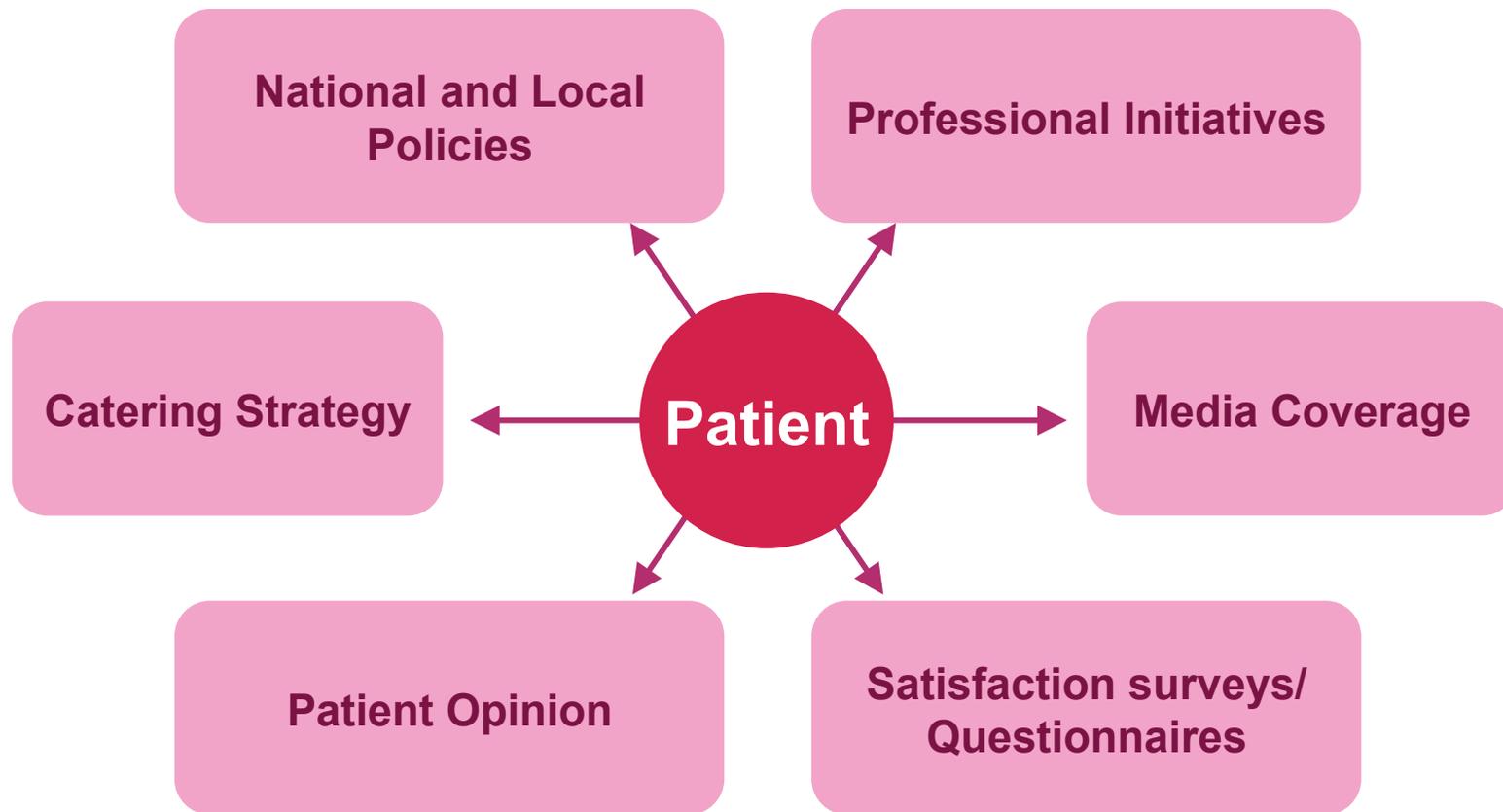




Food, fluid and nutrition are fundamental to health and wellbeing, and therefore to quality and safety in healthcare

## **Food, Fluid and Nutritional Care Standards (2014)**

‘Nutritional care’ embodies a co-ordinated approach to the delivery of food and fluid by different healthcare professionals, and recognises the patient as an individual with needs and preferences



**The journey so far...**





# NHSGGC Catering Service

Since 2011 the provision of food to patients has been supported by two cook freeze central production units





# NHSGGC Food Service

- Food regenerated in a trolley close to the ward
- Choice
  - Bulk order requested and patients are asked at the mealtime
  - Patients asked by nursing staff in advance
- Food is plated at ward level





# Patient Menu Cycle

NHS Greater Glasgow & Clyde  
Patient 3 Week Cycle - Standard Service  
Week 1 - Lunch

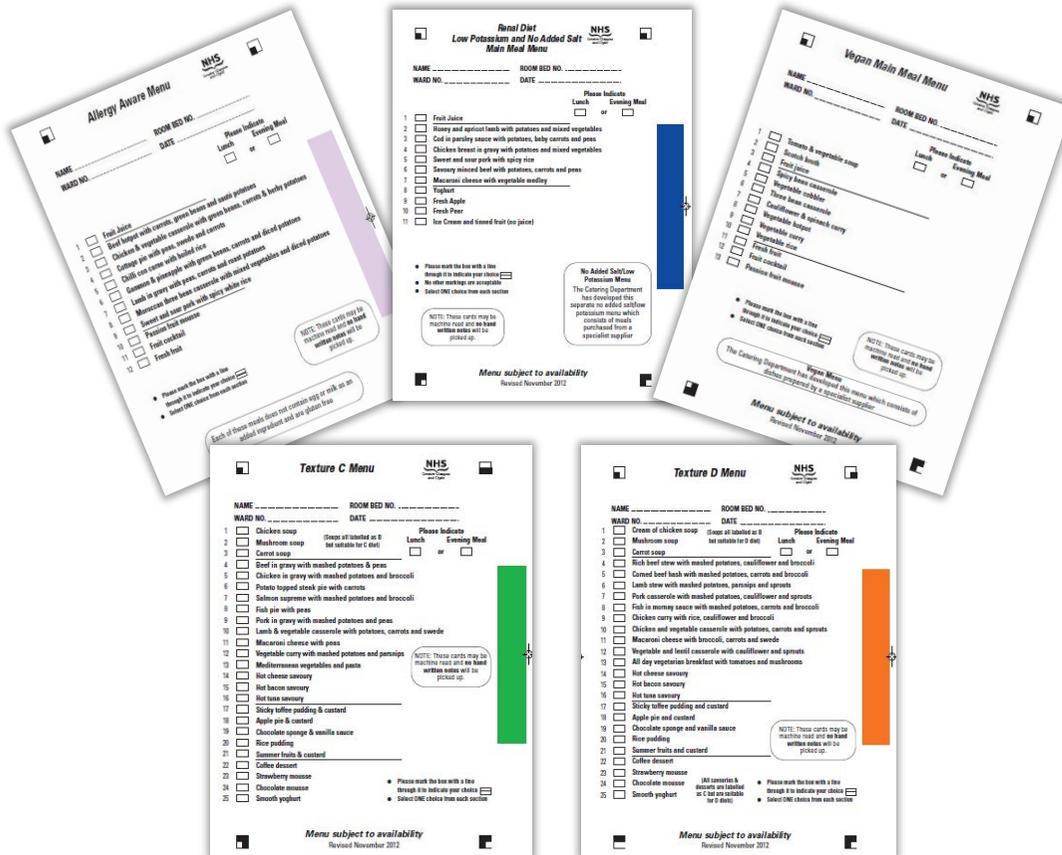
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Starters</b>	<b>Starters</b>	<b>Starters</b>	<b>Starters</b>	<b>Starters</b>	<b>Starters</b>	<b>Starters</b>
Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice
Scotch Broth <b>V</b>	Lentil Soup <b>V</b>	Vegetable Soup <b>V</b>	Yellow Split Pea Soup <b>V</b>	Leek & Potato Soup <b>V</b>	Lentil & Tomato Soup <b>V</b>	Green Split Pea Soup <b>V</b>
<b>Main Choices</b>	<b>Main Choices</b>	<b>Main Choices</b>	<b>Main Choices</b>	<b>Main Choices</b>	<b>Main Choices</b>	<b>Main Choices</b>
Chicken & Mushroom Pie <b>⚡</b>	Minced Beef <b>E</b>	Chicken Casserole <b>●</b>	Sausage Hotpot <b>⚡</b>	Fried Fish <b>⚡</b>	Savoury Minced Beef & Dumplings <b>E</b>	Roast Beef & Gravy
Chilli con Carne <b>⚡</b>	Chicken Curry <b>⚡</b>	Ham & Leek Pasta Bake <b>⚡</b>	Roast Chicken in Gravy <b>●</b>	Pork Meatballs & Tomato Sauce <b>E</b>	Chicken in Blackbean Sauce <b>⚡</b>	Salmon & Pasta Bake <b>E</b>
Cauliflower Cheese <b>● E V</b>	Sweet & Sour Vegetables <b>● V</b>	Mushroom Ravioli in Cheese Sauce <b>● E V</b>	Macaroni Cheese <b>⚡ E V</b>	Country Vegetable Pie <b>● V</b>	Vegetable & Bean Cottage Pie <b>● V</b>	Vegetarian Haggis <b>⚡ V</b>
Corned Beef White Sandwich <b>E</b>	Cheese & Tomato Brown Sandwich <b>V</b>	Chicken Mayo White Sandwich	Honey Roast Ham Brown Sandwich	Cheese White Sandwich <b>V</b>	Corned Beef & Tomato White Sandwich	Turkey Wholemeal Sandwich
Savoury Cheese Brown Sandwich <b>V</b>	Tuna Mayo White Sandwich <b>E</b>	Egg Mayo Brown Sandwich <b>E V</b>	Egg Mayo White Sandwich <b>E V</b>	Tuna Mayo Brown Sandwich <b>E</b>	Egg Mayo Brown Sandwich <b>E V</b>	Egg Mayo White Sandwich <b>E V</b>
<b>Vegetables</b>	<b>Vegetables</b>	<b>Vegetables</b>	<b>Vegetables</b>	<b>Vegetables</b>	<b>Vegetables</b>	<b>Vegetables</b>
Peas	Mixed Vegetables	Sweetcorn	Tomato	Peas	Peas	Green Beans
Turnip <b>E</b>	Carrots <b>E</b>	Broccoli <b>E</b>	Cauliflower <b>E</b>	Sliced Carrots <b>E</b>	Carrot & Turnip <b>E</b>	Carrots <b>E</b>
<b>Potatoes/Rice</b>	<b>Potatoes/Rice</b>	<b>Potatoes/Rice</b>	<b>Potatoes/Rice</b>	<b>Potatoes/Rice</b>	<b>Potatoes/Rice</b>	<b>Potatoes/Rice</b>
Boiled Rice	Boiled Rice	Boiled Potatoes	Baby New Potatoes	Chips	Boiled Rice	Roast Potatoes
Creamed Potatoes <b>E</b>	Creamed Potatoes <b>E</b>	Creamed Potatoes <b>E</b>	Creamed Potatoes <b>E</b>	Creamed Potatoes <b>E</b>	Creamed Potatoes <b>E</b>	Creamed Potatoes <b>E</b>

**⚡** These dishes contain more energy (calories) and are suitable for those with small appetites or who need to gain weight  
**●** These dishes have controlled amounts of fat and sugar and are suitable for those wishing to eat healthily, have diabetes, following a lower fat diet or trying to lose weight  
**E** Suitable for Texture E diets    **V** Suitable for Vegetarians    Halal, Kosher and Vegan menus available on request



# Menus available

- Individual Menu Cards
- Light Bites
- Halal
- Kosher
- Therapeutic Diets
  - Allergy Aware, Low Fibre / Low Residue, Renal
- Texture Modified Diets



# Improving the mealtime experience

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**Introduction of the Mealtime Bundle  
on all Acute inpatient wards**

**Elaine Gordon**

Practice Development Nurse

*Delivering better health*

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)





# Mealtime Bundle Purpose

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- Support staff to deliver safe, effective, person-centred mealtimes that are consistent and repeatable and ensure every patient every time is satisfied with their mealtime experience
- Deliver the NHSGGC Right Patient, Right Meal, Right Time policy (2013)





# Mealtimes Bundle

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## Consists of 5 elements:

1. The Mealtimes Standard Operating Procedure (SOP)
2. Patients requiring assistance identified in safety brief
3. Mealtimes co-ordination
4. Meal choice
5. Measurement tools:
  - mealtimes observations
  - patient experience questionnaire
  - staff experience questionnaire

# Standard Operating Procedure for Mealtimes



## 1. Prerequisites

### Ensure:

- The protected mealtime signage is clearly displayed at the entrance to the ward
- The Mealtime Coordinator is identified and communicated to ALL staff on each shift
- The whiteboard in the kitchen and the patient bed boards are up to date
- Where possible patients are able to choose their own meals in advance and the menus are available to catering at the agreed times.
- The number of patients who require assistance is identified and highlighted in the safety brief
- The level of assistance each patient requires is assessed using the agreed GGC RAG system

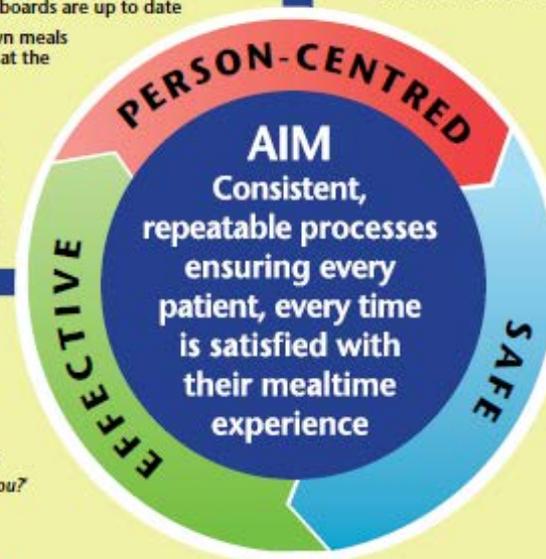


## 2. Before Meals

- Catering staff ensure the correct numbers of meals are in the trolley. If there are any shortages tell staff as early as possible.
- Staff are made aware what time the meals will be ready to serve.
- There is a brief from the Mealtime Coordinator 15 minutes before meals are served to advise on which patients:
  - require assistance and what level of assistance
  - have specific preferences
  - require to have their food intake monitored, and
- Patients are prepared 5 minutes before mealtimes i.e. help with toileting, hand washing and positioning
- Staff are allocated responsibility for monitoring food intake in their area and documenting this in food record charts

## 4. After Meals

- Full sweep by the Mealtime Coordinator to ensure all patients:
  - have eaten
  - have received the required level of assistance
  - are asked 'Is there anything more I can do for you?'
  - are satisfied with their mealtime experience
- All food and fluid charts are completed
- Any food issues are documented and communicated with the catering supervisor
- The Meal Choice sheet or equivalent is signed off by the mealtime coordinator and any meal or nutrition issues are highlighted to nursing at the next shift handover.



## 3. During Meals

The Mealtime Coordinator will direct the catering and nursing staff.

### Meals should be served:

- using the Meals Choice sheet or equivalent
- one course at a time and presented well
- at the correct temperature and placed within easy reach of the patient
- in a calm atmosphere without unnecessary interruptions
- with condiments

### Ensure patients receive:

- the right meal
- the portion size they requested
- help with eating and drinking. Staff delivering the meal should stay with the patient to provide the required assistance
- adapted plates or cutlery where required
- a drink suitable to them
- an alternative meal if they don't like what they ordered
- time to finish their meal. If patients need longer use plate covers to keep meal warm

Where appropriate, encourage relatives/carers to participate at mealtimes.



# Safety Brief

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- Ward Based Handover Tool
- Identifies Clinical Risks in the ward
- Number of patients who require assistance with eating and drinking to be recorded



# Levels of assistance

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## Criteria for assessing the level of assistance patients require for eating and drinking



**RED**

Patient requires full assistance with all aspects of eating and drinking

**AMBER**

Patient require assistance with opening packets / cutting up food / buttering bread etc

**GREEN**

Patient requires encouraging or prompting to eat



# Mealtime Co-ordinator

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## Key responsibilities include:

- Gathering staff prior to meals to prepare patients and to understand patients' needs at the mealtime
- Ensuring patients requiring assistance are identified
- Ensuring patients receive the required assistance
- Ensuring patients meal choices are in the trolley
- Using the meal choice sheet to coordinate meal service
- Ensuring patients have a positive mealtime experience
- Reporting any food quality issues to the catering supervisor
- Signing off the meal process as completed once patient feedback has been received



# Menu Choice

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- Menu cards
- Meal order sheets
- Choice at point of service
- Electronic Meal ordering



# Measurement Tools

During your stay on this ward the clinical team would like to know about your **mealtime experience**. To help us provide the best possible mealtime, we would greatly appreciate your answers to the following questions. Please tick yes, no or not applicable (N/A Q7) according to which one you feel applies to your experience of mealtimes in this ward.

Date	
Time	
Hospital	
Ward	

	YES	NO	N/A
1. Did you have the opportunity to clean your hands prior to eating?			
2. Was your eating area clean and tidy?			
3. Did you get the meal you ordered?			
4. Were you offered a drink that you liked with your meal?			
5. Was the portion size of your meal suitable for your appetite?			
6. Were you offered sauces or vinegar with your meal?			
7. If you needed help with eating and drinking did you get it? This includes opening packets, cutting up your food etc.			
8. If you didn't like what you had been given, did staff offer you anything else?			
9. Did you enjoy your meal?			
10. Were you given enough time to eat and drink your meal at your own pace?			
11. Was your mealtime completed without interruption?			

**Comments**

On a scale of 1-10, with 1 being poor and 10 being excellent, how would you score your overall satisfaction with the mealtime. Please circle

1	2	3	4	5	6	7	8	9	10
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Date	Hospital	Ward	Time
<b>Prerequisites</b>			Yes No N/A
1	Is the protected mealtimes sign clearly displayed at the entrance to the ward?		
2	Was a mealtime coordinator identified for this mealtime?		
3	Is there a clear process for identifying patients who are on a special diet, or require adapted equipment? (E.g. white board, safety brief.)		
4	Is the NHSGGC agreed RAG system in use to identify the level of assistance patients require at mealtimes?		
5	Is the number of patients who require assistance identified in the safety brief?		
<b>Before Meals</b>			
6	Did a mealtime brief take place?		
7	Did the patients have the opportunity to wash their hands or use hand wipes prior to eating?		
8	Were individuals positioned to allow them to eat safely?		
9	Were patients offered clothing protectors?		
10	Did staff wash their hands before they served the meals?		
11	Did staff wear appropriate protective clothing (e.g. apron)?		
12	Was the eating environment clean and tidy?		
<b>During Meals</b>			
13	Was there a choice of drinks available to the patients?		
14	Was adapted equipment made available to anyone that required it?		
15	Was the number of staff involved adequate to support all the processes in the Standard Operating Procedure for Mealtimes?		
16	Were the two courses served separately?		
17	Were patients offered condiments?		
18	Was everyone able to reach their food and drink easily?		
No of patients requiring assistance? Green Amber Red			
19	Did patient(s) requiring prompting and encouragement (green level of assistance) receive it?		
20	Did patient(s) requiring assistance to open packets/ cut up food (Amber level of assistance) receive it?		
21	Did patient(s) requiring full assistance with eating and drinking (Red level of assistance) receive it?		
22	Were family, carers or volunteers positively encouraged to assist at meal times for appropriate individuals?		
23	Were patients given sufficient time to eat and drink at their own pace?		
24	Was the mealtime completed without any unnecessary interruption?		
<b>After Meals</b>			
25	Did a meal time sweep take place?		
26	Were food and fluid charts completed after the meal service?		
<b>Comments</b>			

## Mealtime Experience: Staff Questionnaire



Date: \_\_\_\_\_ Ward: \_\_\_\_\_

1. What matters most to you in relation to patient mealtimes?										
2. What do you think matters most to patients in relation to mealtimes?										
3. In terms of priority what do you think are the three <i>Mealtime must do's</i> for patients at mealtimes?										
4. What changes would you make, if any, to ensure these <i>Mealtime must do's</i> are consistently delivered to patients?										
5. On a scale of 1-10, how would you rate the mealtime processes in your area. 1 being poor, 10 being excellent. Please circle.										
<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10	
6. Comments										

Thank you very much for taking the time to fill in this questionnaire.



## What improved?

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- Raised profile of food, fluid and nutrition
- Consistent and coordinated mealtimes
- Improved knowledge of meal service for nursing staff
- Patients had choice of meals, drinks, and condiments
- Patients received the correct level of assistance





## Compliance with the mealtime bundle

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- Audit carried out Nov 2014
- 205 wards audited
- 82% of wards had implemented all 5 elements of the bundle
- Most challenging element of bundle was measuring mealtimes
- Continue to monitor this quarterly

# Improving the mealtime experience

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## Introduction of the Facilities Mealtime Bundle on all wards

**Helen Davidson**

Catering Strategy Dietitian

*Delivering better health*

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)



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### Hospital food investigation as patients fed on £4 a day

Saturday 9 November 2013

**PATIENTS** are being fed for little more than £4 a day in Scotland's largest health board - barely enough to buy a coffee and cake in a high street chain cafe.



Amid growing anger about the quality of food in hospitals, figures released by NHS Greater Glasgow and

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- Paul Murray to hopeful video Rangers creditors be paid in full
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- Rangers 1 Health Rowers 2: Cup shooter as Blues crash out at Torquay
- Rangers' senior insists his side can win the Cup
- In the age of coalition, the political map has yellow
- King maps out plan for the future

### Revealed: The 89p meals that shame NHS hospitals after catering budgets slashed by up to 10%

- Nutritionist condemns tiny portions of unappetising food and ready meals
- Hospitals have slashed food and drink budget by almost 10%
- Some patients are being asked to order their meals 24 hours in advance

By VICTORIA ALLEN FOR THE SCOTTISH DAILY MAIL

PUBLISHED: 08:53, 23 October 2014 | UPDATED: 18:44, 23 October 2014

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Thousands of NHS patients are being forced to eat meals costing less than a packet of crisps, after hospitals slashed spending on meals by almost 10 per cent last year.

Patients recuperating from major operations were served food costing as little as 89p, shock figures have revealed.

One woman revealed she was served a bowl of boiled water with an undissolved soup stock cube in it - while other patients are now being asked to order their food 24 hours in advance.

**Scroll down for video**

Page 4

Daily Mail, Thursday, October 23, 2014

# Meals that shame

Continued from Page One

Patients being asked to order meals 24 hours in advance. Incredibly, if they are going home that day, they are instead being told to order something for the next patient to occupy the bed.

During the referendum campaign, Alex Salmond claimed tax party had protected the health service from budget cuts.

But the latest figures from the Institute for Fiscal Studies show that the SNP Scottish Government will slash NHS spending by 1 per cent in real terms between 2009-10 and 2015-16, while England increases it by 4 per cent.

The Scottish Government's own figures show the NHS cut its food budget by 10 per cent.

## MADNESS OF ORDERING A DAY AHEAD

PATIENTS arriving on many wards are being left with limited meal options as many hospitals require food to be ordered 24 hours in advance.

Several patients have claimed that on the day they were to be discharged, they were asked to order meals for the person taking over their bed.

Catherine Hardy was admitted to Glasgow's Western Infirmary in January after she



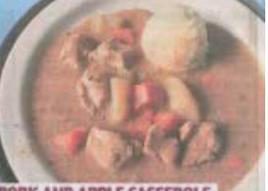
**CORNEBEEF HASH AND CARROTS**  
For Arlene Ogston at Aberdeen Royal Infirmary



**BAKED POTATO**  
Given to Jo Osborn at Edinburgh's Western General



**CHICKEN IN GRAVY WITH POTATOES**  
Eileen Douglas was confronted with this grey mess swimming in gravy at Wishaw General Hospital



**PORK AND APPLE CASSEROLE**  
Plenty of gravy - but not a great deal in it for Paul Duffy to eat at the Western General in Edinburgh



**BOILED CHICKEN AND MASH**  
The colourful and highly unappetising spectacle confronting Victoria Dunn at Wishaw General



**MACARONI CHEESE**  
Meals meet guidelines, says the SNP. Even Susan Buchanan's paltry pasta at Perth Royal Infirmary

## Disgrace as Scottish hospital patients are served appalling food on a tiny budget, including this... 89p NHS MEAL

Dr Victoria Allen  
Scottish Daily Mail

HOSPITAL dinners costing less than the price of a packet of crisps are being served up to patients.

Spending as little as 89p to buy a meal is an annual budget cut by health commissioners. Patients are also being told to order their food 24 hours in advance.

One woman revealed she was served a bowl of boiled water with an undissolved soup stock cube in it - while other patients are now being asked to order their food 24 hours in advance.

The British Medical Association in Scotland has warned that health

#HCA2015



# Facilities Mealtime Bundle

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## Consists of 4 Elements

1. Standard Operating Procedure
2. Mealtime Coordination
3. Meal Choice
4. Measurement Tools
  - Patient Feedback
  - Mealtime Observation

# Standard Operating Procedure for Mealtimes (Burlodge Trolley)



## Step 1 Meal Regeneration

- Food Service staff must know what's on the menu.
- Meals must be regenerated from frozen.
- Contact a supervisor/manager immediately if there is any damage to containers or seals
- Do not put damaged containers into the regeneration oven.
- Check label instructions.
- High density items should be placed in the TOP half of the oven
- Low density items & small containers must be placed in the BOTTOM half of the oven.
- Therapeutic and texture modified diets must always be placed in the BOTTOM of the Burlodge oven.
- Ensure that plates are heated properly for all hot meals prior to service.

## Step 2 Meal Service/at the end of the Regeneration Cycle

- Once the regeneration cycle is complete check the meals for quality & temperature.
- Burnt or over- regenerated food **MUST NOT** be served to patients.
- Inform a supervisor/manager immediately if there are any problems with the food.
- Probe one container of each menu item.
- Record each temperature on the HACCP sheet.
  - Food must reach a temperature of at least 85°C after regeneration
  - Food must not be served if below 63°C.
  - If some containers are not hot enough the boost function must be used. Push and hold button 3.
  - Check the Texture E coded item to ensure it is soft enough. If in doubt contact a supervisor/manager.

## Step 4 After Meals

- Before clearing away check with the meal coordinator if anyone would like more to eat.
- Record all food waste (per portion) on the HACCP/waste sheet before disposal.
- Check meal service has gone well with the mealtime coordinator
- Report any problems to supervisor/manager

## Step 3 During Meals/Service

- Report to the meal coordinator that the food is ready for service.
- Serve one course at a time.
- Place one container of each menu item on the top of the trolley.
- Do not remove film from any container unless you are about to serve it.
- Creamed Potatoes must be mixed through and served using a potato scoop.
- Use warm plates for hot food and cold plates for cold foods.
- During service check the appearance of your food and stir through regularly if necessary.





# Mealtime co-ordination

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- Most challenging for catering
- No set co-ordinator
- Communication is the key to improvement
- Every Facilities Staff member has a role
  - Food service assistant
  - Supervisor
  - Manager



# Measurement tools

**NHS**  
Greater Glasgow  
and Clyde

### Facilities Mealtime Observation Tool

Date	Time			
Hospital	Ward	Yes	No	N/A
<b>Meal Regeneration</b>				
1	Are the correct choices available in the meal trolley?			
2	Are the containers in the correct position in the trolley? (ref trolley guide)			
3	Was the food service assistant wearing an apron, hat and using oven gloves?			
4	Did you observe the food temperatures being done?			
5	Were the food temperatures satisfactory? i.e. above 85 degrees			
6	Did the food service assistant check each dish for quality before service?			
7	Was the quality of the meal good e.g. no burnt areas?			
8	Did you observe Texture E checks being made and recorded?			
9	Did the catering/integrated service supervisor meet with or see the food service assistant before the mealtime to check everything was ok?			
<b>Before Meals</b>				
10	Did the food service assistant report to the ward mealtime coordinator on arrival to say that the meal is ready to serve?			
11	Were patients informed in advance of this mealtime what is available?			
12	Was the eating environment clean and tidy?			
13	Are the plates, cutlery and trays clean?			
14	Has the patient been offered a napkin?			
15	Are the plates warm for serving hot food?			
16	Does the food service assistant have a supply of condiments available?			
17	Did the food service assistant have the following serving utensils available: Potato Scoop Ladle Fish slice (if applicable)			
18	Were dishes stirred through before service to ensure a good appearance?			
<b>During Meals</b>				
19	Did food service staff stir through dishes occasionally to maintain a good appearance?			
20	Was each course served separately?			
21	Were condiments offered to patients by ward staff?			
22	Was each meal presented well i.e. no spillages and looking attractive on the plate?			
23	Did any meal look good on the plate?			
24	Were patients given sufficient time to eat and drink at their own pace?			
25	Was the mealtime completed without any unnecessary interruption?			
<b>After Meals</b>				
26	If there was any food left over were patients offered more to eat?			
27	Was the food waste recorded by the food service assistant?			
28	Did the food service assistant liaise with the ward mealtime coordinator at the end of service?			

**NHS**  
Greater Glasgow  
and Clyde

### Mealtime Experience Patient Questionnaire

During your stay on this ward the catering team would like to know about your mealtime experience. To help us provide the best possible mealtime, we would greatly appreciate your answers to the following questions. Please tick yes or no according to which one you feel applies to your experience of mealtimes in this ward.

Date												
Time												
Hospital												
Ward												
	YES	NO										
1.	Did you get the meal you ordered?											
2.	Were you offered a light bites menu?											
3.	Was your meal well presented?											
4.	Were you offered a drink that you liked with your meal?											
5.	Were you aware you could choose a small or large portion size?											
6.	Did you enjoy the taste of your meal?											
7.	Did you enjoy your meal?											
8.	If you didn't like what you had been given, did staff offer you anything else?											
9.	If you required a different meal such as a special diet, Halal meal etc did you get a menu to choose from? (do not answer if no special meal is required)											
10.	Did you receive salt, pepper, vinegar, sauces etc?											
Comments												
On a scale of 1-10, with 1 being poor and 10 being excellent, how would you score your overall satisfaction with the mealtime. Please circle												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">10</td> </tr> </table>			1	2	3	4	5	6	7	8	9	10
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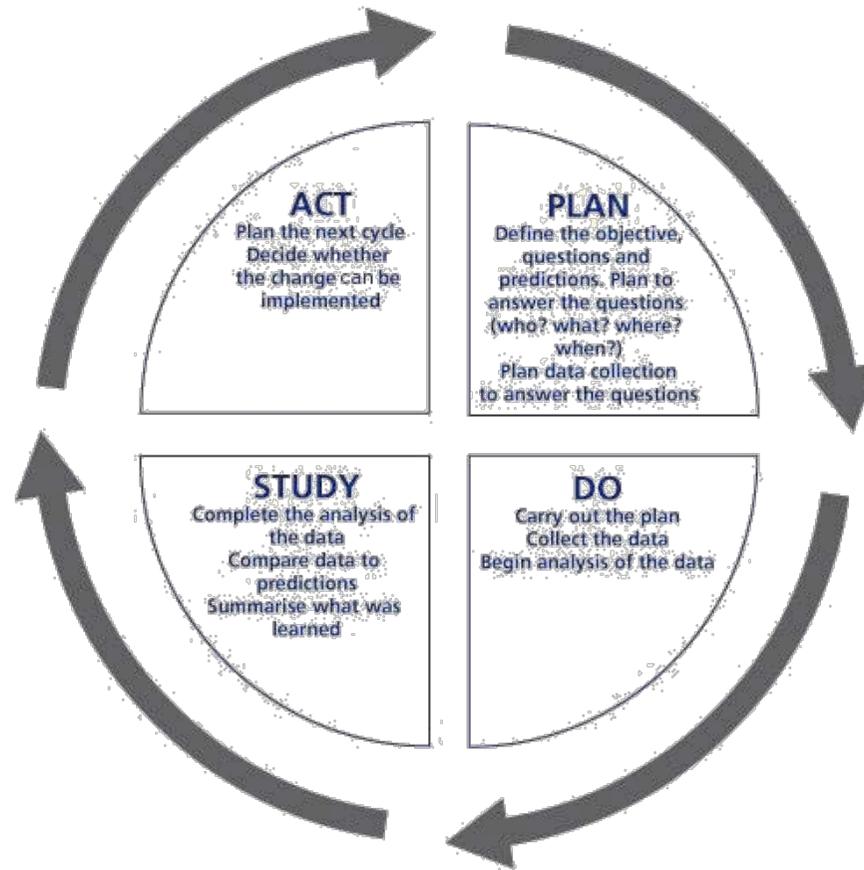
# Other improvement techniques

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- The Model For Improvement
- Tried and Tested model of service improvement in the NHS
- Used in Scottish Patient Safety Programme
- Three Questions
  1. What are we trying to do?
  2. What changes can we make that will lead to an improvement?
  3. How will we know if a change is an improvement?



# PDSA Cycle





# The model for improvement

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- Identify what needs to improve
- Identify a possible solution
- Put the solution into place
- Check if it makes an improvement
  
- If it does – keep measuring to ensure it's not by chance
- If it doesn't – **try another solution** and measure to see if it improves the issue
  
- PDSA (Plan:Do:Study:Act)



## Why? Just get it done...

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- Ideas are often introduced before testing
- Learning through the process helps sustainability and transferability
- Because people have been involved in testing change and developing ideas they are more likely to adopt them as practice
- We often never check to see if changes bring about any improvement
- We often never change how we do things – we just say “that didn’t work” but then don’t try anything else



# Catering improvements

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- Working with individual departments to improve specific challenges
- Clinical effectiveness team support
- 5 data points per week
- Creation of graphs/charts to show success





# Improvements examples

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## RAH

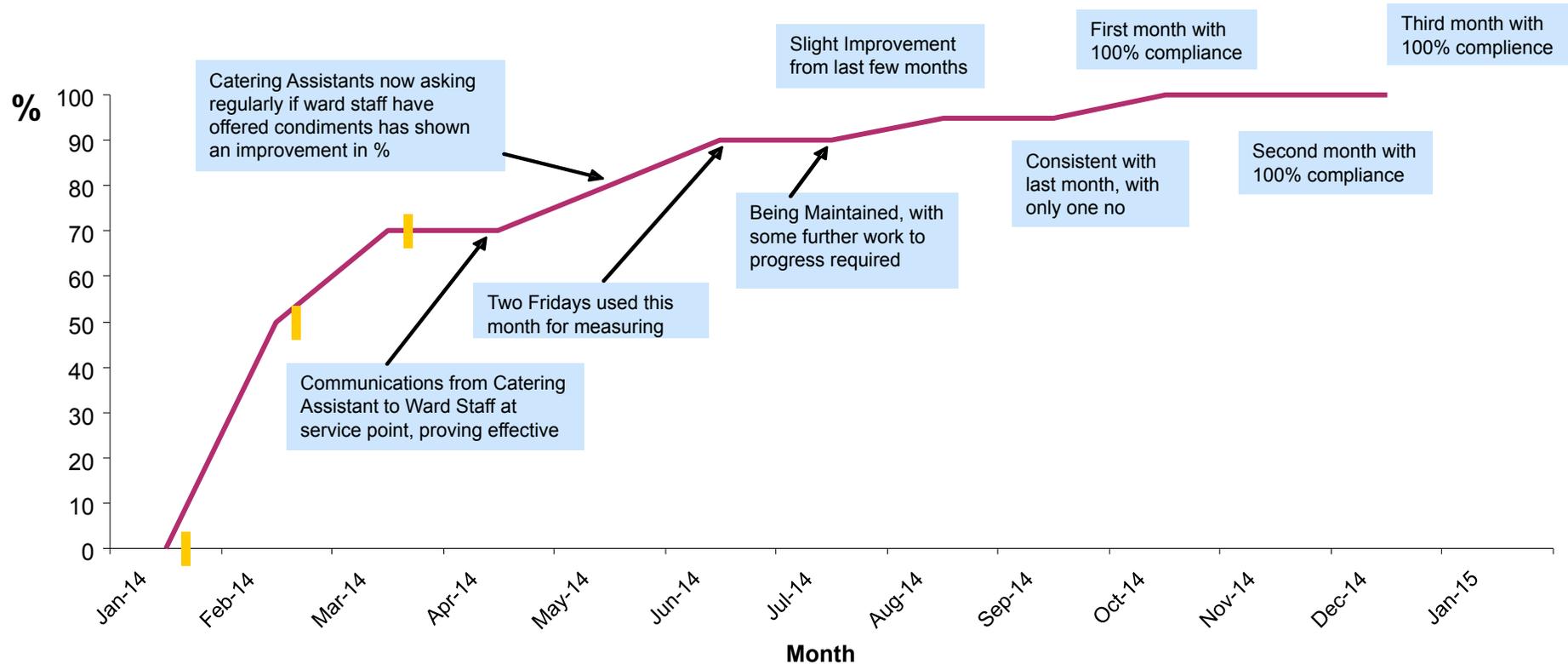
- Improvement required- increase the number of patients offered condiments with their meal (measured in pt satisfaction survey)
- Catering manager working with catering staff and ward team to ensure this happens
- Taken several months but processes can now be transferred to other wards



# Catering improvement project RAH - Ward 8



## Patient Offered Choice of Condiment





# GGH

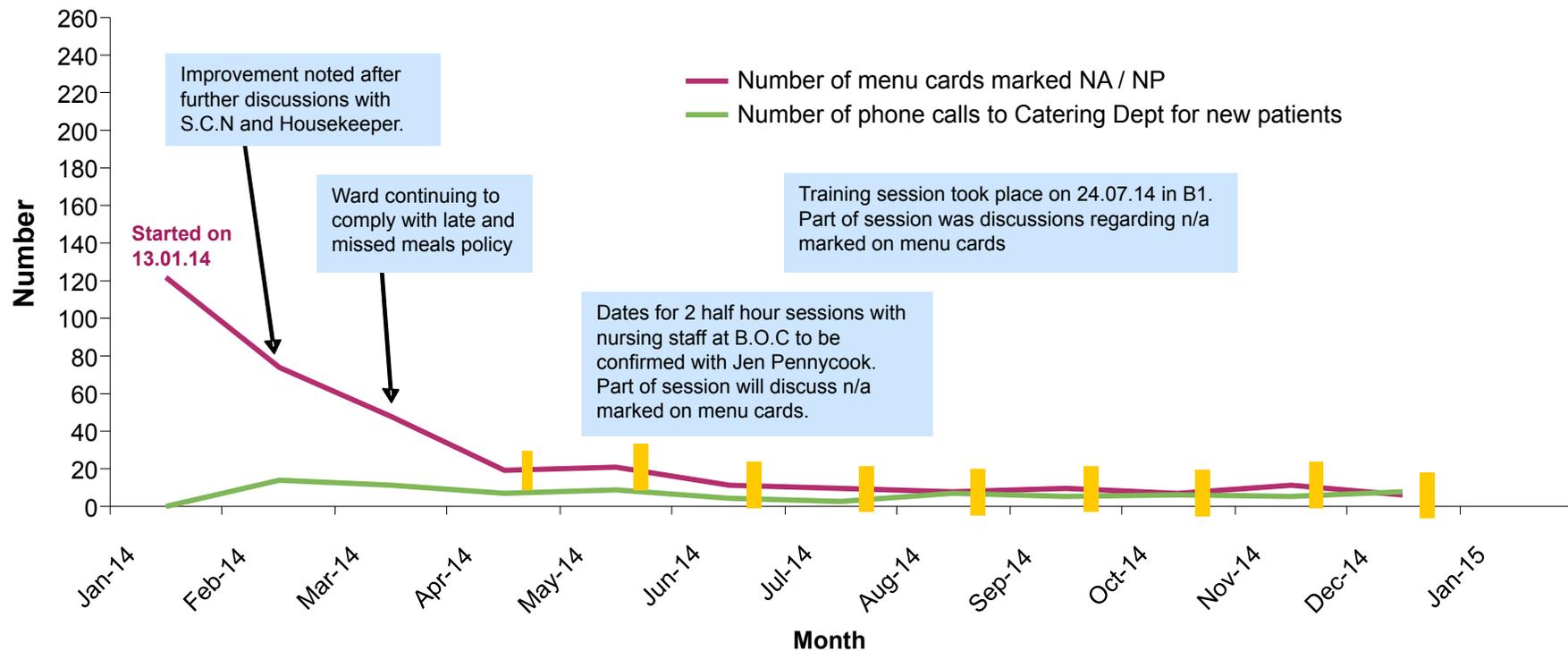
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- Improvement - to reduce food waste and improve patient choice
- Wards traditionally send menus for patients expected into beds rather than using the late and missed meals policy
- Practice results in food wasted if patients not admitted on time and poor satisfaction from patients who do not get to choose their own meal
- Catering manager working with worst ward to improve real time communication between ward and catering
- Measuring number of new patient cards vs. number of phone calls for late and missed meals service

# Catering improvement project GGH - Beatson B2



## Correct procedure for new patient meals is followed





# Public Partnership

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- Open and Transparent Working
- Patient Rights Act
- Pilot Project
- 8 Public partners recruited
- Visit to Cook Freeze Production Units
- Series of ward audits/observations
- Feedback
- Evaluate





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**The journey continues...**





# Any questions?

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# Foodmatters

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