Solutions in Practice
Putting the Patients FIRST

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

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Practice Development Nurse

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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.
Catering Strategy

National and Local Policies

Patient Opinion

Professional Initiatives

Media Coverage

Satisfaction surveys/Questionnaires
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

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starters</td>
<td>Fruit Juice</td>
<td>Fruit Juice</td>
<td>Fruit Juice</td>
<td>Fruit Juice</td>
<td>Fruit Juice</td>
<td>Fruit Juice</td>
<td>Fruit Juice</td>
</tr>
<tr>
<td>Main Choices</td>
<td>Chicken &amp; Mushrooms Pie</td>
<td>Minced Beef</td>
<td>Chicken Casserole</td>
<td>Sausage Hotpot</td>
<td>Fried Fish</td>
<td>Savory Minced Beef &amp; Dumplings</td>
<td>Roast Beef &amp; Gravy</td>
</tr>
<tr>
<td>Main Choices</td>
<td>Chilli con Carne</td>
<td>Chicken Curry</td>
<td>Ham &amp; Leek Pasta Bake</td>
<td>Roast Chicken</td>
<td>Pork Meatballs &amp; Tomato Sauce</td>
<td>Chicken in Blackbean Sauce</td>
<td>Salmon &amp; Pasta</td>
</tr>
<tr>
<td>Main Choices</td>
<td>Cauliflower Cheese</td>
<td>Sweet &amp; Sour Vegetables</td>
<td>Vegetable Lasagna</td>
<td>Macaroni &amp; Cheese</td>
<td>Country Vegetable Pie</td>
<td>Vegetable &amp; Rice Cottage Pie</td>
<td>Vegetables &amp; Rice</td>
</tr>
<tr>
<td>Main Choices</td>
<td>Corned Beef White Sandwich</td>
<td>Cheese &amp; Tomato Brown Sandwich</td>
<td>Chicken Mayo White Sandwich</td>
<td>Turkey Breast Ham Brown Sandwich</td>
<td>Cheese White Sandwich</td>
<td>Corned Beef &amp; Tomato White Sandwich</td>
<td>Turkey Wholemeal Sandwich</td>
</tr>
<tr>
<td>Main Choices</td>
<td>Savory Cheese Brown Sandwich</td>
<td>Tuna Mayo White Sandwich</td>
<td>Egg Mayo Brown Sandwich</td>
<td>Tuna Mayo White Sandwich</td>
<td>Egg Mayo Brown Sandwich</td>
<td>Egg Mayo White Sandwich</td>
<td>Egg Mayo White Sandwich</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Peas</td>
<td>Mixed Vegetables</td>
<td>Sweetcorn</td>
<td>Tomato</td>
<td>Peas</td>
<td>Peas</td>
<td>Green Beans</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Turnip</td>
<td>Carrots</td>
<td>Broccoli</td>
<td>Cauliflower</td>
<td>Sliced Carrots</td>
<td>Carrot &amp; Turnip</td>
<td>Carrots</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Potatoes/Rice</td>
<td>Potatoes/Rice</td>
<td>Potatoes/Rice</td>
<td>Potatoes/Rice</td>
<td>Potatoes/Rice</td>
<td>Potatoes/Rice</td>
<td>Potatoes/Rice</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Boiled Rice</td>
<td>Boiled Rice</td>
<td>Boiled Potatoes</td>
<td>Baby New Potatoes</td>
<td>Chips</td>
<td>Boiled Rice</td>
<td>Roast Potatoes</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Creamed Potatoes</td>
<td>Creamed Potatoes</td>
<td>Creamed Potatoes</td>
<td>Creamed Potatoes</td>
<td>Creamed Potatoes</td>
<td>Creamed Potatoes</td>
<td>Creamed Potatoes</td>
</tr>
</tbody>
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*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.

*Suitable for Texture E diets

*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

Introduction of the Mealtime Bundle on all Acute inpatient wards

Elaine Gordon
Practice Development Nurse

Delivering better health
www.nhsggc.org.uk

#HCA2015
Mealtime Bundle Purpose

- 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).
Mealtime Bundle

Consists of 5 elements:

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

1. Prerequisites
   - Ensure:
     - The protected mealtimes 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 stability brief
     - The level of assistance each patient requires is assessed using the agreed GCC 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

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.

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.
Safety Brief

- 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

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Assistance Required</th>
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<tbody>
<tr>
<td>RED</td>
<td>Patient requires full assistance with all aspects of eating and drinking</td>
</tr>
<tr>
<td>AMBER</td>
<td>Patient require assistance with opening packets / cutting up food / buttering bread etc</td>
</tr>
<tr>
<td>GREEN</td>
<td>Patient requires encouraging or prompting to eat</td>
</tr>
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</table>
Mealtime Co-ordinator

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

- Menu cards
- Meal order sheets
- Choice at point of service
- Electronic Meal ordering
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 mealtime in this ward.

<table>
<thead>
<tr>
<th>Prerequisite</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the protected mealtime sign clearly displayed at the entrance to the ward?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Has a mealtime coordinator identified for this mealtime?</td>
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<td></td>
</tr>
<tr>
<td>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)</td>
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<tr>
<td>4. Is the RAG/SAFETY agreed RAG system in use to identify the level of assistance patients require at mealtime?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the number of patients who require assistance identified in the safety brief?</td>
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</tr>
</tbody>
</table>

Before Meals

1. Did a mealtime brief take place?
2. Did the patients have the opportunity to wash their hands or use hand wipes prior to eating?
3. Were individuals positioned to allow them to eat safely?
4. Were patients offered clothing protectors?
5. Did staff wash their hands before they served the meals?
6. Did staff wear appropriate protective clothing (e.g. apron)?
7. Were patients offered a drink that they liked with their meal?
8. Did the patients have the opportunity to clean their hands prior to eating?

During Meal

1. Did a meal time sweep take place?
2. Were patients required assistance to open packets/ cut up food (Amber level of assistance)?
3. Did patients require full assistance with eating and drinking? (Red level of assistance)?
4. Did patients require full assistance with eating and drinking (Black level of assistance)?
5. Was everyone able to reach their food and drink easily? (White level of assistance)?
6. Was the eating environment clean and tidy?
7. Did staff wear protective clothing (e.g. apron)?
8. Did staff wash their hands or use hand wipes or use hand wipes or use hand wipes?
9. Did patients wear appropriate protective clothing (e.g. apron)?
10. Were patients given sufficient time to eat and drink at their own pace?

After Meals

1. Did the patients receive anything else?
2. Did staff offer the patients anything else?
3. Was the number of staff involved adequate to support all the processes in the mealtime?
4. Was adapted equipment made available to anyone that required it?
5. Did patients who require assistance receive it?
6. Did family, carers or volunteers positively encouraged to assist at meal times identified in the safety brief?

Other

1. Did a mealtime coordinator identify the level of assistance needed for each patient?

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...

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

- 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

- 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

Introduction of the Facilities Mealtime Bundle on all wards

Helen Davidson
Catering Strategy Dietitian
Hospital food investigation as patients fed on £4 a day

Saturday 6 November 2015

PATIENTS are being fed for less than £4 a day in Scotland’s largest health board — barely enough to buy a coffee and raise in a high street chain cafe.

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

- Nutritionist condemns tiny portions of unappealing 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

Thousands of NHS patients are being forced to eat meals cooking 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 unseasoned soup stock cube in it, while other patients are now being asked to order their food 24 hours in advance.

#HCA2015
Facilities Mealtime Bundle

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 60°C after regeneration.
  - Food must not be served if below 60°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 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 masher.
- 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.

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.

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Mealtime co-ordination

- 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
Other improvement techniques

- 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

- **ACT**
  - Plan the next cycle
  - Decide whether the change can be implemented

- **PLAN**
  - Define the objective, questions, and predictions
  - Plan to answer the questions (who? what? where? when?)
  - Plan data collection to answer the questions

- **STUDY**
  - Complete the analysis of the data
  - Compare data to predictions
  - Summarize what was learned

- **DO**
  - Carry out the plan
  - Collect the data
  - Begin analysis of the data
The model for improvement

- 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...

- 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

- 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

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

- Catering Assistants now asking regularly if ward staff have offered condiments has shown an improvement in %
- Communications from Catering Assistant to Ward Staff at service point, proving effective
- Two Fridays used this month for measuring
- Slight Improvement from last few months
- Being Maintained, with some further work to progress required
- Consistent with last month, with only one no
- First month with 100% compliance
- Second month with 100% compliance
- Third month with 100% compliance

Month

Jan-14  Feb-14  Mar-14  Apr-14  May-14  Jun-14  Jul-14  Aug-14  Sep-14  Oct-14  Nov-14  Dec-14  Jan-15

%
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

- Improvement noted after further discussions with S.C.N and Housekeeper.
- Ward continuing to comply with late and missed meals policy
- Training session took place on 24.07.14 in B1. Part of session was discussions regarding n/a marked on menu cards
- Dates for 2 half hour sessions with nursing staff at B.O.C to be confirmed with Jen Pennycook. Part of session will discuss n/a marked on menu cards

Number of menu cards marked NA / NP
Number of phone calls to Catering Dept for new patients

Compliance with late and missed meals policy noted after further discussions with S.C.N and Housekeeper.

Ward continues to comply with late and missed meals policy.

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Public Partnership

- 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
The journey continues…
Any questions?