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# What Matters to Me?

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## Patient Dining

Proud to Care: Perfect Dining Week at Central  
Manchester University Hospitals NHS Foundation Trust



@CMFTNHS





# What Matters to Me?

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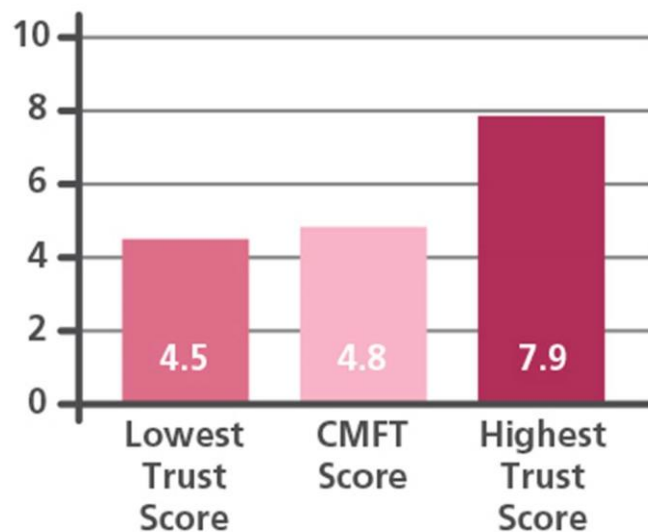
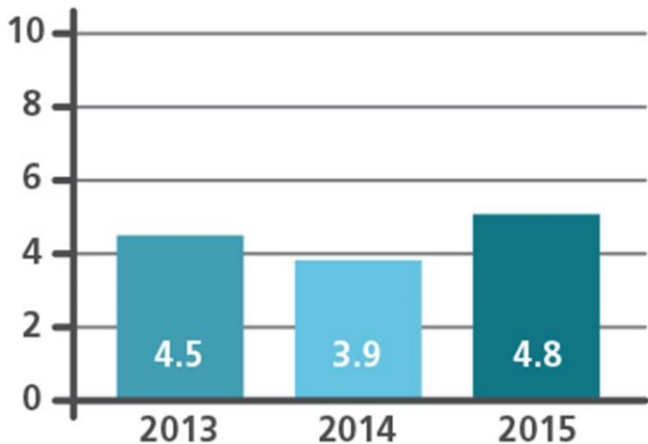
## Patient Dining





# What are our patients telling us?

National Inpatient Survey (2015)  
Q21: How would you rate the hospital food?





# What are our patients telling us?

Overall Trust Nutrition Scores April 2014 – July 2016





# Perfect Dining Week

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Perfect Dining Week was scheduled and undertaken between 4th – 10th July 2016.

The intention of **Perfect Dining Week** was to **deliver a perfect, personalised dining experience to all patients at every meal throughout the week and beyond**, developing long term learning that would inform future continuous improvements.





# Perfect Dining Week

- Engagement
- Planning
- Communication and Briefings
- Preparation
- Co-ordination and the Command Centre
- Data Capture
- Divisional Activities
- Atrium Displays
- De-brief Meetings







# Divisional Activities





# Data Capture

## Delivery of Food Process:

- Menu submission time compared to agreed timeline
- Number of food items 'picked'
- 'Picking Error Rate'
- Missing items (i.e. unavailability of food item)
- Orders of food related items (cutlery, trays), snack box orders and timeliness of snack box delivery

## Quality Standards:

- Process, leadership, care standards were assessed



## Patient Experience:

- Every area was asked to survey 5 patients after every meal by asking 11 patient experience questions
- Change-1-Thing







# Data Capture Tool

10 July 2016 10:46
Perfect Dining Week 2016
Central Manchester University Hospitals **NHS**  
NHS Foundation Trust

09:17: We have received 273 out of 285 expected surveys.  
Last Patient feedback survey from C Broome (TGH Ward 1), Last Meal Process Checklist Survey from Ward 55

Ward / Area Breakdown															
CSS	DMACS	RMCH	SMS	SMH	Surgery	TGH	REH								
Adult HDU	✓ 5 13	AM1	✓ 5 26	Ward 75	✓ 5 27	AM3	✓ 7 27	Ward 47A	✓ 2 2	MVC	✓ 5 22	TGH Ward 1	✓ 5 13	Ward 55	0 11
TGH HDU	✓ 2 2	AM2	✓ 5 27	Ward 76 SS	✗ 0	AM4	✓ 5 27	Ward 47B	✓ 5 17	HNSU	✓ 10 16	TGH Ward 2	✓ 5 21		
		MRI AMU F	✓ 5 27	Ward 77	✓ 5 16	Ward 3	✓ 5 26	Ward 62	✓ 5 25	ESTU Fema	✓ 6 23	TGH Ward 3	✗ 0 28		
		MRI AMU M	✓ 5 27	Ward 78	✓ 5 26	Ward 4	✓ 5 27	Ward 64 C	✓ 5 7	ESTU Male	✓ 6 22	TGH Ward 4	✓ 5 30		
		Ward 5	✓ 5 27	Ward 81 Bur	✓ 5 7	ACC (Ward	✓ 5 17	Ward 65	✓ 5 25	Ward 8 HPE	✓ 5 26	TGH Ward 6	✓ 6 32		
		Ward 15	✓ 5 22	Ward 82 PHU	✓ 2 2	Ward 37A	✓ 3 4	Ward 66	✓ 5 26	Ward 9	✓ 5 25	TGH Ward 12	✓ 5 10	Other Areas	
		Ward 45	✓ 5 27	Ward 83	✓ 2 2	Ward 36 Rev	✓ 5 21			Ward 10	✓ 5 20	TGH AMU	✓ 5 23	Gorton F	0
		Ward 46	✓ 5 28	Ward 84 IP	✓ 5 18	Ward 37 Rev	✓ 5 26			Ward 11	✓ 6 17				
		Ward 30	✓ 6 16	Ward 84 Tra	✓ 2 1	Ward 44	✓ 5 16			Ward 12	✓ 5 22				
		Ward 31	✓ 5 23	Ward 85	✓ 4 4	CSICU	✓ 5 10			Ward 14	✓ 5 13				
		Ward 32	✓ 5 15							ETCSS	✓ 6 22				
		OMU	✓ 5 9												

Dining Audits	55	93%
Patients Dining	1038	

4<sup>th</sup> - 10<sup>th</sup> July 2016

	0%	20%	40%	60%	80%	100%
Enjoyed Meal	90%					
Offered Drink	93%					
Reasonable Choice	95%					
Received Ordered Meal	94%					
Presentation Satisfaction	88%					
Quality Satisfaction	94%					
Temperature Satisfaction	94%					

Last Patient Comment: (Bonne Sante) - SMS: CSICU: The patient thinks that we have a very good choice of foods on the menu. The only thing that is bad is the toast it is not very nice and it is very dry.





# Real Time Quality Standards

10 July 2016 10:46

Perfect Dining Week 2016

Central Manchester University Hospitals **NHS**  
NHS Foundation Trust

09:21: We have received 273 out of 285 expected surveys.

Last Patient feedback survey from C Broome (TGH Ward 1). Last Meal Process Checklist Survey from Ward 55

Select Area: **ACC (Ward 35)**

Patients Eating: 17  
Hospital Corporate Area: SMS  
Meal Service Type: Bonne Sante  
Survey Entered By: Ajitha Aju  
Survey Contact Number: 64200

**Patient Experience Questions - ACC (Ward 35)**



**Dining Experience - Meals Process Checklist - ACC (Ward 35)**

Q1: Meals Process	Achieved	Q13: Presentation standards	Achieved
Q2: Protected Mealtimes	Achieved	Q14: Correct choice delivered	Achieved
Q3: Preparation and Presentation	Achieved	Q15: Meals accessible	Achieved
Q4: Professional Communication	Achieved	Q16: Drinks offered	Achieved
Q5: Infant Feeding facilities	Not Applicable	Q17: Patients Prepared	Achieved
Q6: Food Temperature Checks	Not Applicable	Q18: Assistance given	Achieved
Q7: Clean probes used	Not Applicable	Q19: Nutrition records updated	Not Achieved
Q8: Timely process	Achieved	Q20: Red Trays used appropriately	Not Applicable
Q9: Clean Hands	Achieved	Q21: Patient Satisfaction	Achieved
Q10: Timely Delivery	Achieved	Q22: Timely collection of trays	Not Achieved
Q11: All grades of staff involved	Achieved	Q23: Area left clean	Achieved
Q12: Blue Aprons worn	Achieved		

**Comments from Meals Process Checklist**

Patient on red tray refused breakfast.  
Plates and cups were cleared at 09:00





# Results

- Process: 21,724 meals delivered
- Quality Standards: 1,174 audits completed
- Patient Experience: 5,870 patient feedback

## Overall Patient Experience Quality Score

Baseline Data (22/06/16)	Breakfast	Lunch	Dinner
	90%	87%	90%

Perfect Dining Week	Breakfast	Lunch	Dinner
Monday	94%	92%	92%
Tuesday	94%	92%	90%
Wednesday	95%	94%	94%
Thursday	96%	96%	90%
Friday	95%	93%	91%
Saturday	95%	93%	92%
Sunday	96%	93%	93%





# Results

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## Identified areas for improvement:

- High use of 'snack boxes' in some areas
- Unavailability of cutlery
- Issues with Food Choice / Food Temperature / Maple Ordering / Special Diets
- There were significant variations across wards / divisions and mealtimes for the preparation of patients
- Uptake of the Protected Mealtimes (PM) remains variable between wards
- Variations in quality were identified between the different food delivery methods
- Lack of knowledge about Kosher Meal / utensil provision
- Cold toast!
- Staff were engaged and very motivated to be involved and deliver improvements





# Results

## Positive Comments:

- 'Excellent service and meals lovely' Patient
- 'Satisfied customer' Patient
- 'The HCA very good at his role' Patient
- 'Enjoyed my toast today' Patient
- 'Nice to be offered a selection of both hot and cold food' Patient
- 'Always served with a smile' Patient
- 'Gorgeous food' Patient
- 'The meals were wonderful this evening' Patient
- 'Excellent team work to improve scores compared with previous day' Staff



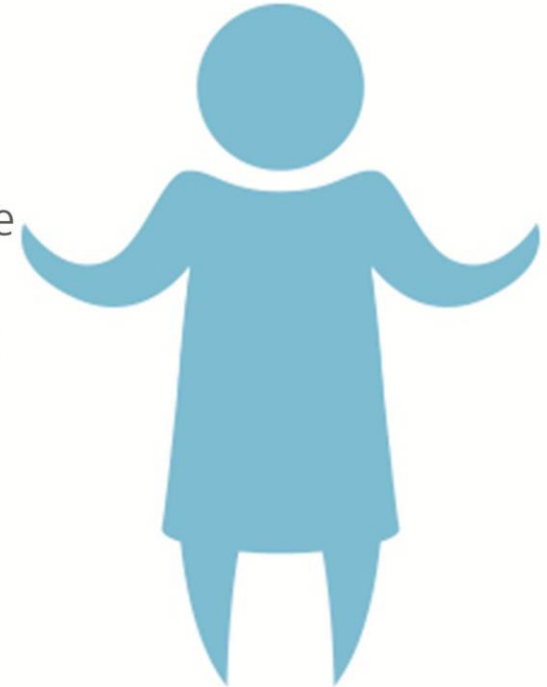




# Results

## Change-1-Thing:

- 'Nothing everything is perfect' Patient
- 'I want to look at the menu' Patient
- 'The food I would change to be more edible as the texture is very soggy is fish and chips' Patient
- 'Before I came here, I wasn't eating. But ever since I came to this fine establishment, I've eaten every morsel. Food here is really good. I wouldn't change a thing' Patient
- 'It's good – keep it up. Thanks' Patient
- 'Smaller / plastic cutlery for toddlers' Parent
- 'Food can often be dry and portions not always big enough for teenagers' Patient





# Results

## What Matters to Me: Staff Experience

The Perfect Dining Week is a perfect opportunity to give the patients a voice –  
Housekeeper,  
Surgery

By observing processes you can see that small things really make a difference to the patients –  
Sister, CSS

It's been really great to see how a few simple steps can make such a difference to patient experience –  
Matron, SMS

This week has been much more improved because everyone has been engaged and involved –  
HSA, Sodexo





# Results

## What Matters to Me: Staff Experience

PDW has been the ideal process for all staff engaged in food service to focus on the specific needs of children and young people – LN, RMCH

It has been great to see shared understanding of the processes and developing ownership of the service being established over the week – Deputy Head of Facilities Management

Interesting to see the quality improvement process; this has highlighted areas for our own learning for example MAPLE training – Student Nurse





# What Was Next?

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- Detailed data analysis and written report
- Dissemination of results
- Development of local work-streams
- Identification of 10 Trust-wide high impact actions
- Continue to seek regular patient feedback
- Aim for Excellence
- Finally:

## Do we do it all again next year?

