NHS
Institute for Innovation
and Improvement

Releasing Time to Care

The Productive Ward

Meals

Version 2
This document is for Ward Leader, Lead Nurse, Matron, Nursing Director, Directors with responsibility for improvement and Catering Manager

Meals

MLS

Releasing Time to Care
The Productive Ward

HYGIENIC HAND RUB

Rub hands together until dry

DH INFORMATION READER BOX

Policy	Estates
HR/Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

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For Recipient's Use	

Introduction

From a patient's perspective meal times provide the rhythm of the day. Meal times break up the day, provide interaction with staff and are, of course, vital for correct nutritional care.

Meal times are often a source of frustration for ward staff. They take up a large proportion of time. Factors such as identifying the correct meals for patients, getting patients prepared and ensuring correct nutritional assessments all mean that staff sometimes feel that meal times are not as effective as they could be.

The Productive Ward Meals module gives you guidance on how to ensure the best experience for patients while making the delivery quick and easy for staff. This results in taking wasted time out of meal delivery and re-investing it to make sure patients get the correct nutritional assessment and staff have time to feed patients who require support.

Contents

Productive Ward

Patient Hygiene

Nursing Procedures

Ward Round

Patient Observations

Admissions and Planned Discharge

Shift Handovers

Meals

Medicines

Toolkit

Knowing How we are Doing

Well Organised Ward

Patient Status at a Glance

Ward Leader's Guide

What is the Meals module?

What is it?

• the Meals module is a way to deliver meals on your ward in a calm, unhurried way with minimum errors and taking less time

Why do it?

• to improve patient and staff experience: meals have a direct impact on both patient and staff experience in the ward – a calmer, unhurried meal round without interruptions benefits all

• to improve patient safety: meals are a source of both incidents as well as errors (dietary requirements). Doing the meal round in an unhurried and well thought through manner can reduce both

• to save time: meals and the associated nutritional management tends to occupy around 30% of auxiliary nursing time during a day – reducing time spent here, means more time is available for direct patient care

What it covers

- delivery of all meals on the ward - from the point the trolley arrives on the ward

What it does not cover

- post delivery activities such as observing while the patient eats, and clearing away the plates after the patients have completed their meal
- canteen/catering procurement and processes

Learning objectives:

The team will:

- understand what good preparation for a module is
- understand the basic stages of process mapping
- understand the basics of cost/benefit analysis
- define standardised work and how it increases quality
- develop audits as a positive activity that helps sustain the new meal round

What tools will I need?

Tool	Toolkit Reference Number
Photographs	Tool No. 6
Video	Tool No. 7
Interviews	Tool No. 5
Timing Processes	Tool No. 8
Process Mapping	Tool No. 10
Cost/Benefit Analysis	Tool No. 11
Activity Follow	Tool No. 3

How will we do this on our ward?
- the 6 phase process

• decide who will be involved
• talk to staff and catering
• take pictures and video

1. Prepare

• review the pictures and video
• time the meal rounds
• gather 'errors' data
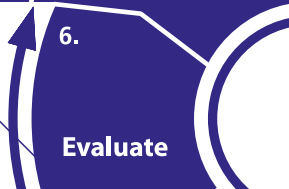• build process map

2. Assess

• review the description of a 'good' meal round

3. Diagnose

• brainstorm and identify changes to the process
• prioritise what you wish to change

4. Plan

• determine the test period
• run the round in the 'new way'
• time the meal round regularly

5. Treat

• understand staff feedback
• look at timing and error rates

6. Evaluate

10
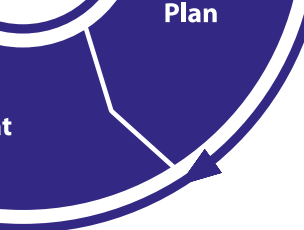
Prepare

Prepare

Step 1: Decide who will be involved:

- 1 ward manager
- 1 ward sister
- as many staff who are involved in meals as possible
- catering staff
- domestics, health care assistants, auxiliaries and volunteers

Step 2: Talk to staff:
Use Toolkit Tool 5 (Interviews)

- what is the general feeling towards meal times on the ward?

Step 3: Talk to patients:
Use Toolkit Tool 5 and seek guidance from your Nursing Director

- what is the patient experience of meals?
- this is a good opportunity to engage patients' families

Step 4: Take photographs:
Use Toolkit Tool 6

- equipment needed
- staff working position

Step 5: Shoot video:
Use Toolkit Tool 7

- film the entire meal round from start to finish

Choose a meal round at the time of day that is the most problematic

12

Step 6: Gather information from patient complaints:

• look back over the past year and identify any complaints resulting from food delivery

Step 7: Gather information from patient survey:

• if your trust has an annual patient survey gather any results relating to questions about food

Step 8: Gather information from incident reports:

• look back over the last 50 incident reports and gather any relating to food delivery

• ask your PALS (Patient Advice and Liaison Services) representative for any feedback they have received about food and nutrition from patients or relatives

Step 9: Understand how long it takes:
Use Toolkit Tool 8 – Timing Processes

• time every meal round for a week (from the time meals arrive on the ward to the time all of the meals have been given out)

Step 10: Understand how many food activities there are on the ward:

• in addition to standard meal times, are items such as snacks or nutritional shakes given out at other times?

Step 11: Understand what the food wastage rate is:

• this is usually measured as a percentage of meals delivered to the ward

Step 12: Understand best practice guidance on food and nutrition at ward level:

• trust policy
• Department of Health, Essence of Care - Food and Nutrition Standard

Prepare – Milestone Checklist
Move on to 'Assess' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Decide who will be involved.	☐
2. Talk to staff.	☐
3. Talk to patients and family members.	☐
4. Take photographs.	☐
5. Take video.	☐
6. Gather information from patient complaints.	☐
7. Gather information from patient survey.	☐
8. Gather information from incident reports.	☐
9. Understand how long it takes.	☐
10. Understand other food delivery activities.	☐
11. Understand your ward's food wastage rate.	☐
12. Understand best practice.	☐

Make sure all shifts are aware of progress – discuss the initiative as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Room 17x1

Room 12x4

Room 16x4

Assess

Assess

Information from your Activity Follow analysis (Toolkit Tool No. 3)

Releasing Time to Care
The Productive Ward

TOTALISER V7

			Hour												Total	Subsection Total
	Cat	Code & Reason	6-7am	7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm		
	A	Walking													0	

Populate orange sections only
Green areas will self populate

Total Observation Period = 12 Hrs (1hr = 1 Activity Follow Sheet)

Use the results from the 'Intended Task Tally' to find out how much time your staff spend on meal times*. The total is measured as a % of total time on the shift.
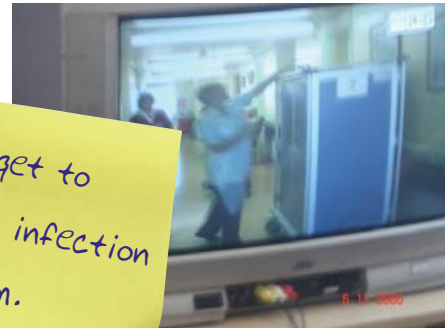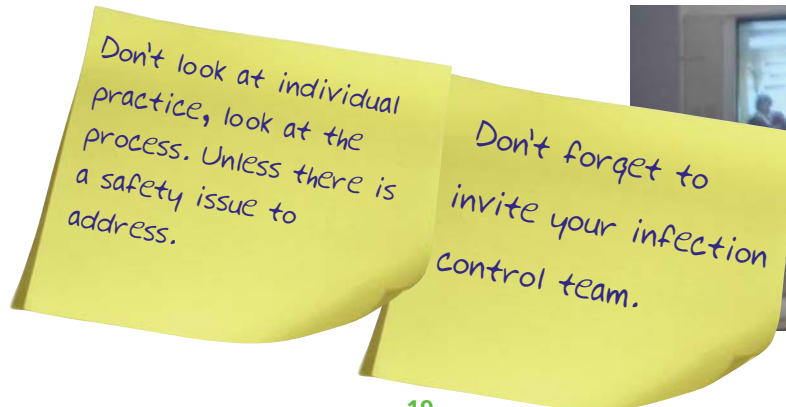
*If your trained nursing staff do not give out meals, and you have carried out your 'Activity Follow' on trained nursing staff only, then this does not apply.

18

Assess

Process:

- watch the video you have made and create your current state process map (Toolkit Tool No. 7 & 10 – Video and Process Mapping)
- also use any information gained from talking to staff/patients/ family
- on your map include the results you have from timing the meal round

- you should have at least 21 readings (3 per day)
- try to see if there are any which are too high or too low (these are referred to as 'special cause') - remove these
- take the average of those that are left – this is the average time taken 'before' the changes

- resist the urge to come up with solutions to problems and issues you have identified from examining the current way you manage meals – stick to making an accurate map of what is currently happening and recording issues (not solutions) on post-it notes

Don't look at individual practice, look at the process. Unless there is a safety issue to address.

Don't forget to invite your infection control team.

Assess

Accidents and Errors:

• from the last 50 incidents draw out meal related incidents – understand the time involved – if there were 5 meal related incidents, and this period is over the last month, that is roughly 1 per week (use Toolkit Tool No. 9)

• speak with staff to understand 'errors' or near misses which may not be reported – try to estimate a number per week for those

• add the two – that is your error rate 'before' the changes

Watch video as a closed team first, before watching with outside teams (like catering) in case the video unearths any practice that team members are not proud of.
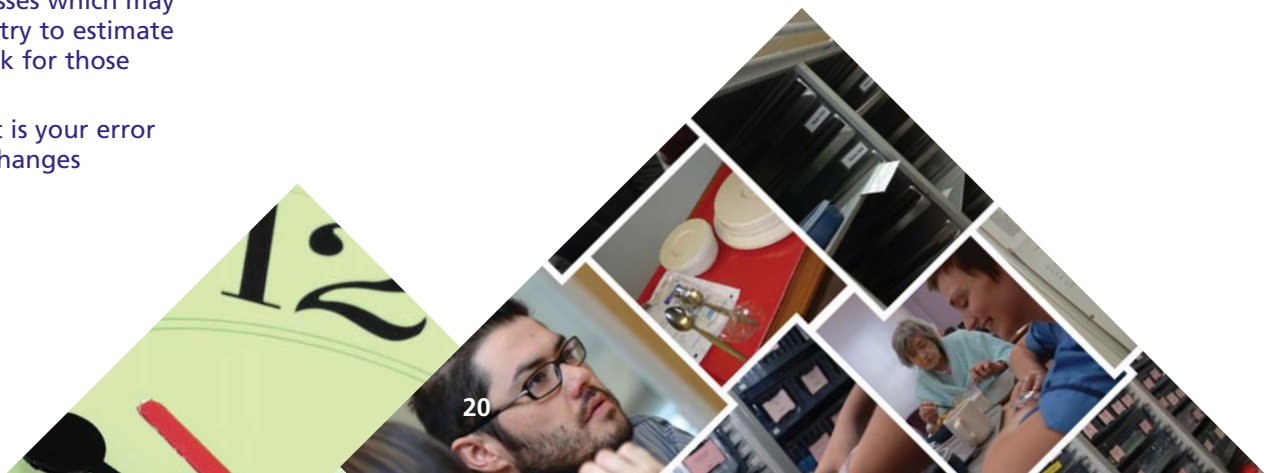
Assess

Patient Experience:

Summarise the information you obtained from your trust's patient survey onto a flipchart.

Summarise the information into the following areas:

• quality of food (taste)

• quality of food (temperature)

• experience of meal time

If you do not have any trust information on patient satisfaction of meals, do a snapshot audit/questionnaire of one meal round!

Assess

Staff Experience:

From talking to your staff, summarise their experiences of the meal round and associated nutritional management on a flipchart.

• are there any factors of meals that frustrate staff?

Assess – Milestone Checklist

Move on to 'Diagnose' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Create 'current state' map of the meal round.	☐
2. Analyse accidents and errors related to meals.	☐
3. Understand the patient experience of meal rounds.	☐
4. Understand the staff experience of meal rounds.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

| Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Diagnose

Diagnose

Before creating your 'new design' meal round by using Toolkit Tool No. 10, work through the following 13 examples with your team.

These pages detail examples of improvements to meal rounds from hospitals implementing the Productive Ward programme. You should use them to stimulate discussion with your team.

Not all of them will be applicable to your specific ward environment.

If there are a lot of changes you cannot implement together, consider doing a few at a time
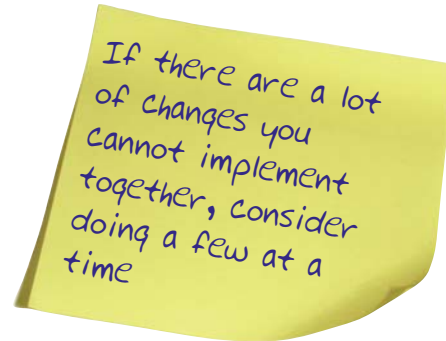
Consider what 'good' looks like:
Ideas that have worked. Example 1

Clear responsibility:

The team members who are responsible for meal rounds are defined in advance. A monthly roster can be used. Most importantly the responsibility for the meal round is confirmed at shift handover and displayed visually – daily.

If a new member of staff, or bank and agency staff, is to contribute to the meal round then they are taken through the meal round standard (see 'create a standard operating procedure' later in this section) by a senior member of the team.

If you don't have red trays, but want to trial the red tray scheme, trial using red napkins

Consider what 'good' looks like:
Ideas that have worked. Example 2

All staff required are ready to go!

During the handover the meal round responsibility is confirmed along with the meal delivery time and the expectation that all required staff are ready for the meal round a minute or two before the meal round begins (normally when the trolley arrives).

This includes being ready with the correct protective equipment (as defined by your trust's infection control policy).

28

Consider what 'good' looks like: Ideas that have worked. Example 3

Patients Prepared:

Where appropriate, patients are seated in a chair and made comfortable ready for their meal. Included in this activity is the clearing of the patient's trolley table ready for the meal tray to be set down.

Plenty of time is given to this activity (from Productive Ward approximately 15 minutes) as it is often the time a patient requires toileting assistance.

Consider what 'good' looks like:
Ideas that have worked. Example 4

Create a parking space for the meal delivery trolley

If your ward receives plated meals then it is likely that the meal delivery trolleys are brought to the ward by staff from outside the ward or the catering team.

Using visual management to make the required location for the trolley clear, will avoid uncertainty about delivery.

By watching the video of your meal round, the team may decide that the existing drop off point is not ideal for the meal round. A clue to this is if staff move the trolley from where it was dropped off to another location before the trolley is opened and the first meal removed.

If your ward does not use a plated meal service, but instead plates meals up on the ward, then creating a parking space for the trolley may still be helpful. For example if your staff dish the meals out, or space is very tight, on the ward and it is not acceptable for the trolley to be left 'anywhere'.

The last consideration for defining trolley parking spaces is the safety of people moving around the ward. A trolley parking space can be a good way of ensuring the meal trolley is not left in a place that could present a risk to others.

Consider what 'good' looks like:
Ideas that have worked. Example 5

Plated meals arrive 'ready to go':

By watching your video, your team may identify that they spend time doing further preparation to the food before it is handed out i.e. cutlery.

Discuss this with your catering department. What would be the implications of them providing the food 'ready to go'?

It is important to consider the job your catering staff do and don't expect a change to happen straight away. It is often the case that catering departments have to prepare upwards of 500 meals in less than one hour. It is often as much of a challenge to improve the meal preparation process as it is to improve the process on a ward. It requires as much thought as your team is putting into its Productive Ward implementation.

Ensure your staff understand this. A good thing you might consider would be a quick visit by members of your staff to the kitchen to watch a meal process.

Consider what 'good' looks like: Ideas that have worked. Example 6

Label meal trolley with room or bay numbers:

Meals are arranged in the meal delivery trolley in the same order as they are required on the ward. This avoids time being wasted trying to identify meals in the trolley. To make this clear, room or bay numbers can be labelled inside the trolley.

The same considerations about requirements of the catering department need to be made as detailed in example 5.

Consider what 'good' looks like:
Ideas that have worked. Example 7

Use a simple patient diet communications board:

Patient dietary status is displayed clearly on a dedicated board*. The board should be located in the ward kitchen and should not visible to the public.

Staff members are responsible for keeping the board up to date.

*Use the guidance on creating information boards detailed in the 'Patient Status at a Glance' module.

Consider what 'good' looks like:
Ideas that have worked. Example 8

Make protected meal times a reality, not a distant policy:

If your trust has a protected meal time policy, pay particular attention to the activities of other staff not involved in the meal round, while watching the 'before' video.

Protected meal times have a positive impact on our patients' experience and so if you do find other staff are not adhering to policy then you need to plan how to set the standard and engage those staff.

Other activities should not be carried out during meal times.

A nurse carrying out patient observations during meal delivery

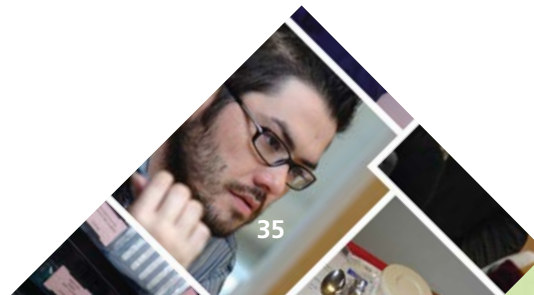## Consider what 'good' looks like:
Ideas that have worked. Example 9

Ensure the meal round does not clash with other ward activity:

When carrying out the daily tasks on a ward, sometimes the environment can become very congested. Various staff members are all trying to compete for space around the patients. Curtains are drawn and trolleys hinder progress.

Obviously an effective protected meal time policy helps this but the congestion can also be caused by staff delivering meals.

Think about where the meal trolley is stationed as meals are delivered:

- is there enough space for staff to safely remove meals/plate up meals?
- could two bays be served from the location to limit the number of staff members in each bay?

Consider what 'good' looks like:
Ideas that have worked. Example 10

Red Trays:

Adoption of the 'red tray' scheme is a common way to signal to staff that the patient who receives the meal requires assistance with eating their meal.

This is a simple method to avoid patients not getting the correct nutritional levels due to the fact they have not received help eating their meal.

The red trays stand out in the meal trolleys and alert staff.

More information: Age Concern 'Hungry to be Heard' Campaign

www.ageconcern.org.uk/ageconcern/hungry2bheard.asp

Consider what 'good' looks like:
Ideas that have worked. Example 11

Use of dining room:

If your ward is lucky enough to have a dining room/area then use it. Encouraging patients who are able to eat in the dining room can help with rehabilitation and make meal times a more dignified experience.

Encouraging patients to get up to eat:

Make your expectations clear about dining arrangements when patients are admitted. Some patients who are capable of eating away from their bed, may resist eating in a dining area if they are used to eating at their bedside. Make sure patients understand that as soon as they are well enough and it is safe for them, they will be expected to dine in the dining room.

Consider what good looks like:
Ideas that have worked. Example 12

Keep the meal trolley mobile. If your ward uses a 'hostess' style service, where food is individually dished out on the ward, then consider having the trolley move with the team down the ward.

This avoids long trips from the patients to the trolley. It also reduces congestion on the ward.

Consider what good looks like:
Ideas that have worked. Example 13

Work with the catering dept/supplier to make sure you have everything in place.

There is no point having great, healthy warm dinners arriving on the ward when there is not enough cutlery for the patients….

Work with your catering company, or department to ensure the small details (like tea spoons) are in place so that the patients' experience is not compromised. Ensure the status of cutlery is checked before the meal round begins.

Diagnose – Milestone Checklist

Move on to 'Plan' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Carefully work through the examples with the team.	☐
2. Openly discuss each example.	☐
3. Consider the examples against your own environment.	☐
4. Ask staff for new ideas, possibly building on the examples shown.	☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Plan

Plan - It's all about the preparation….

You will probably have noticed that the majority of the previous 13 examples of meal round improvements are based on preparation before the meal round starts. Your emphasis, when creating your new meal round should be clarity of roles, good time keeping and well prepared patients and staff.
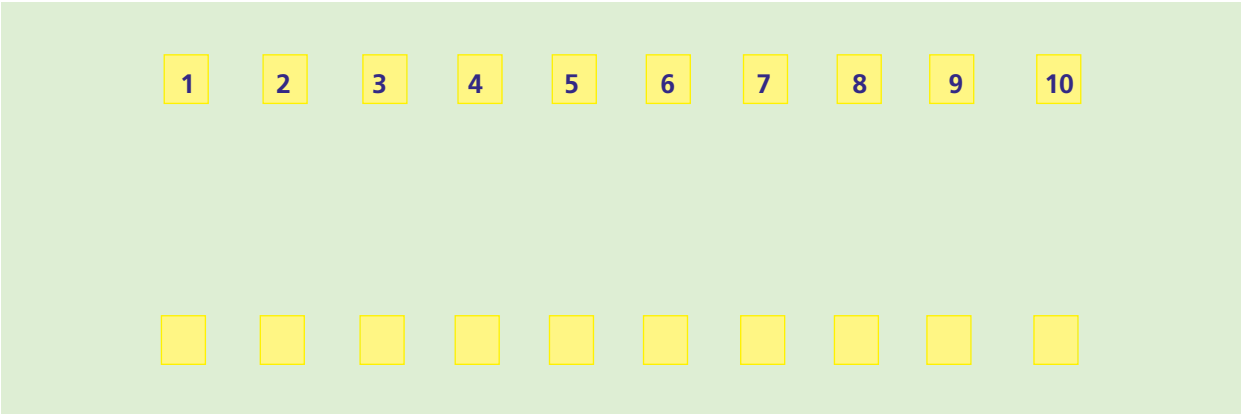
Plan - Create your 'new design':

Complete your 'new design' process map by continuing to use Toolkit Tool No. 10. Using your team's expertise and the discussion around the examples, you will generate a number of exercises that will need to be completed to implement your new design for the meal round.

Current State:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Future State:

| 1 | 2 | 4 | N | 7 | 10 |
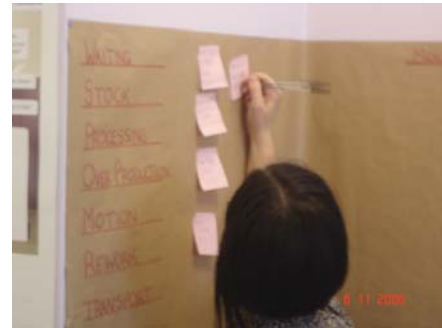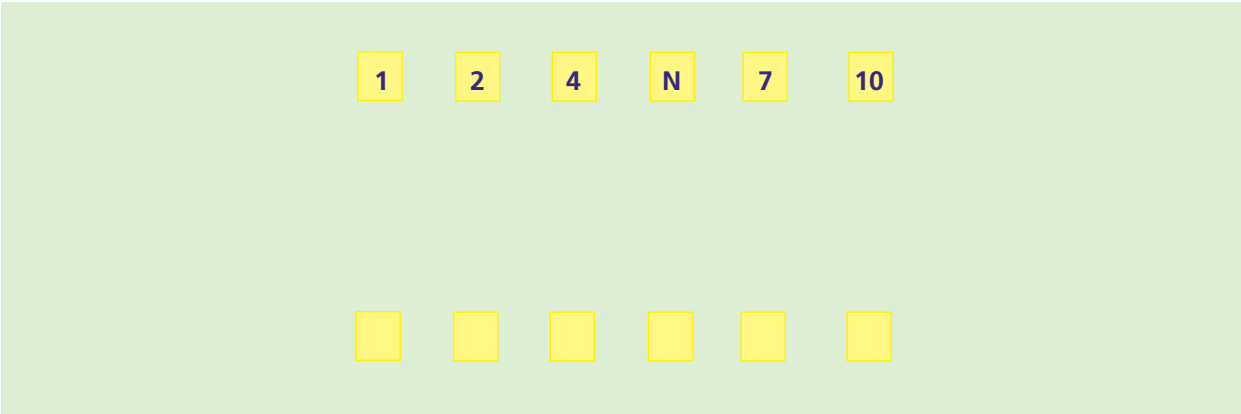
Create your plan for the implementation of your newly designed observation process:

Use Toolkit Tool No. 3 & 11 (Activity Follow Sheets and Cost/Benefit analysis) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheet in a prominent position on the ward.

Use your judgement to prioritise within each triangle and then list the problems.

Assess impact against cost. i.e. Setting up costs little, but has major impact

Create a 'standard operating procedure':

The Module Action Planner sheet you have created now contains a prioritised list of all of the things that need to be done to create your newly designed meal round.

A number of these things may involve a change in working practice for your staff - for example, ensuring patients are prepared beforehand, or the use of a certain route around the ward.

It is important to summarise the new meal round working practices in a 'standard operating procedure'. This can be on a flip chart or an A4 document.

This is a simple exercise that clearly communicates the new way of working. It has the added benefit of helping to set the standard for new staff.

An example 'Standard' is featured on the next page:

Example Meal Round standard operating procedure, from Productive Ward Test Site

Meal Round

15 minutes prior to meal round a designated AUX or HCA takes responsibility for preparing the patients for mealtime by doing the following

- clear patients' trolley tables of obstructions
- clear corridors of obstructions
- assist mobile patients to the table/dining room
- enforce protected meal times
- position the patients ready for mealtime, by sitting them in their chair or by positioning them in bed

A designated nurse is assigned to feed patients who require assistance.

Meal trolley arrives and is placed outside room 14.

Meals arrive in room order.

Cutlery is already on the patients' trays along with condiments. Ensure all cutlery is sent back unwashed.

Patients who require feeding are fed when their meal is delivered to the bed area.

On completion of delivering meals, staff then check patient's dietary intake and document where required.

Communication between staff involved in meals and team co-ordinators to take place on dietary intake.

Menu steps

All menus for the following day and the next day's breakfast arrive on the dinnertime trolley.

These are then completed during the afternoon and are sent back to the kitchen on the teatime trolley. Please place completed menu cards on top of trolley.

Points to remember:

- all menu cards have both name and room number on them
- menu cards are not sent down for patients going home, orders can be sent down for new patients asap. Please do not order extra meals
- use white board in the kitchen to communicate to staff the number of meals ordered for the previous day
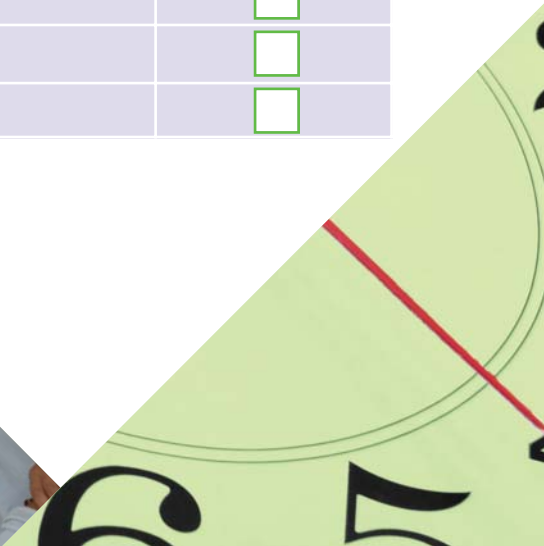- any patient wishing to go to the restaurant can do so, but this must be documented on their menu card

Plan – Milestone Checklist
Move on to 'Treat' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Consider examples of ideas that have worked.	☐
2. Create new design map.	☐
3. Create prioritised schedule on Activity Follow sheet.	☐
4. Create process 'Standard Operating Procedure'.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Treat:

Go do it!

Treat

What are we testing?

- are we sticking to the new process?
- have we saved time on the round?
- are we now making fewer errors?
- does it feel calmer at meal times on the ward?

Before the test starts

- determine period for the test, e.g. 'We will test the meal rounds for one week.'
  - **long enough to allow failures**
  - **short enough to change and retest**

- identify additional temporary data collection methods as required (e.g. add 5 mins at the end of the round to get feedback)
- set the start and end dates – and communicate them
- inform all staff personally at handover meetings across all shifts, and also post large notices on the ward detailing the process you have gone through and the 'standard operating procedure'
- agree the time collection method, and who will do it
- agree the way to collect error data, and who will do it

During the test

- get daily feedback from staff and patients on how they feel the new process is working
- take "after" photos and video during the test period
- invite visitors from senior management to view the new process and ask for their comments on a suggestions board
- time the process rigorously

Treat – Milestone Checklist
Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

|	Completed ✓
1. Test period defined.	☐
2. All staff informed.	☐
3. Try out (test) the new meals process.	☐
4. Time the new process.	☐
5. Get staff, patient and family feedback on the new food and nutrition process.	☐
6. Film the new process.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Evaluate

HYGIENIC
HAND RUB

Rub hands together
until dry
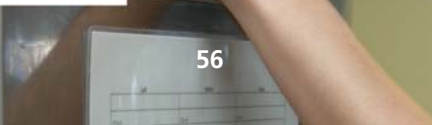
Step 1: Collect information

A) Gather the data:

• how long did it take?

• were there any incidents?

• what was the food wastage rate?

B) Talk to staff:

• was the team chosen to do the meal round appropriate?

• were the meal trays ready to go?

• were patients prepared?

• what interruptions were there for staff?

C) Patient Satisfaction:

• if you have taken a patient satisfaction snapshot, then repeat the exercise

Which changes have had the most impact?

Step 2: Analyse information 1/2

A) Did the changes make an improvement?

• was there more time to spend with patients?

• was the meal round shorter?

Step 2: Analyse information 2/2

A) Did the changes make the meal round quicker?

• how much time was saved?

• how much time was added back to achieve the objectives of improved patient safety and improved patient experience?

A chart such as the one below can assist in understanding where time was spent or saved on different activities – post the chart up in the ward to show staff and patients what has changed since you started

Time saved might be due to fewer interruptions, faster route etc.

Time difference

Before

After

Time added might be due to additional safety - related steps etc
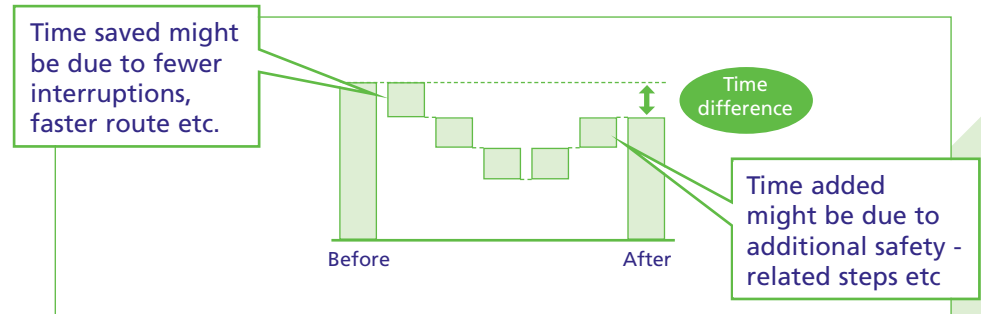
Step 3

Decide where there are still opportunities for improvement and if there are additional changes that can be made to the area, e.g.

- a piece of equipment kept in the area that wasn't used after all

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┌─────────────────┐      ◇─────────────◇      ┌─────────────────┐
│ Go back to      │ Yes /               \ No  │ Continue to     │
│ process map and │◄───  Opportunities   ───► │ monitor progress│
│ repeat the      │     \ for           /     │ and stabilise   │
│ process         │      ◇ improvement? ◇     │ changes         │
└─────────────────┘       \           /       └─────────────────┘
```

Evaluate – Milestone Checklist

	Completed ✓
1. Talk to staff, patients and relatives about the new meal round process, record comments.	☐
2. Look at 'before' and 'after' process times.	☐
3. Look at 'before' and 'after' food wastage.	☐
4. Communicate success!	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

How can I make it stick?

Monitor and audit continually	• continue to monitor time taken, at least once a day – discuss this if required, but review it monthly • conduct a process audit once a month (at least) – to ensure basic changes made are being followed
Ensure leadership attention	• ensure the monthly process audit is carried out by Head of Nursing or equivalent • ensure you (ward leader) discuss audit results with ward staff at least once a month (even if only for 5 minutes in a 20 minute catch-up meeting) • ensure changes made and timings and reduced errors achieved are brought to the attention of senior leaders in your trust
Do not stop improving	• encourage ward staff to continue to find new and better ways of doing things – it is not about doing this once and then applying standard operating procedures, but about improving them continually

Audits are for life, not just for Christmas!
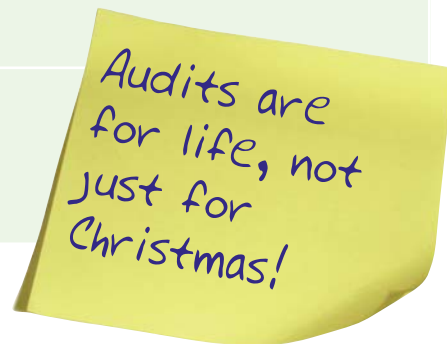
Learning objectives complete?

Five objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking 3 team members (of differing grades) the questions in the grid below. Ask the questions in the 1st column and make an assessment against the answer guidelines in the 2nd column.

The results of this assessment are for use in improving the facilitation of this module and are not a reflection on staff aptitude or performance.

If all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met.

Note the objectives where the learning has only been partly met and think about how you can change the way you approach the module next time so that the responses are fully met.

If some of the objectives are neither partly nor fully met then note the objectives where the learning has not been met. Then think about how you can change the way you approach the module next time so that the responses are fully met. It sometimes helps to re-read the module and reflect on the experiences in implementing the module first time round.

Question (ask the team member)	Answers for outcome achieved
Describe the things you need to do in the prepare stage of the module?	• find out hospital policy • find out patient satisfactions • talk to staff • find out accident information • video the process • time the process
Explain the idea around process mapping?	• team creates a picture of what the process looks like now (current state) • team all agrees on current state • team creates picture of their vision of what the process should look like (future state)
Why use a cost/benefit analysis and how does it work?	• helps the team prioritise improvements • grid, where you put ideas in boxes relating to cost and benefit • do the low cost, high benefit ideas first
Define standard work and how it is used in the meals module to increase quality?	• important tool for communicating • key to sustaining new meals process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for meals process
Where do audits fit into the meal module and how are they used?	• ensures people are carrying out the new meals process • should be quick • based on the standard created by the team • never stop using audits

10 Point Check List

Example:

	Status 1	Status 2	Status 3	Status 4
The grid opposite allows you to measure your performance against the 10 point check list for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible.	red	green	green	green
	red	red	red	green
	green	green	red	green
	red	green	green	green
Status 1: Before module is implemented	red	red	green	green
Status 2: After 2 weeks of implementation	green	green	green	green
Status 3: After 4 weeks of implementation	red	red	green	green
Status 4: After 8 weeks of implementation	green	green	green	green
You should continue to monitor monthly	red	green	green	green
	red	green	green	green

10 Point Check List Meal Round Status	Status 1	Status 2	Status 3	Status 4
Patients are prepared for meals beforehand				
The trolley arrives at the expected time				
Catering ensures that trays are ready-to-go and put in order on the trolley by room				
There are no missing meals				
A patient diet board is used to communicate any restrictions				
The menu process is done outside of meal times				
The new process has been documented in a standard operating procedure and displayed prominently in a staff area				
Random process audits are conducted every month against the standard operating procedure to ensure the process is followed correctly				
Staff feel meal times are organised and no longer feel pressured				
Patients feel meal times are a relaxing and enjoyable time				

Acknowledgements

Website: For more information and to register your interest please visit www.institute.nhs.uk/productiveward

Contact the Productive Ward team: productiveward@institute.nhs.uk

Further copies of this document can be obtained from:

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Quote: NHSIPWMeals