

BOARD ACTION SHEET PART 1

KEY: **BLUE** = COMPLETE / **GREEN** = ON TRACK / **AMBER** = AT RISK / **RED** = LATE

Item No.	Date of Meeting	Item	Action(s)	Action by	Date to complete by	Date Completed / update
P1-117-20	29-Jul-20	Adult In-Patient Survey Results 2019	The Board requested sight of the outcomes from the Food Audits carried out.	SL	Sep-20	KK provided a verbal update on the audits. The Board requested sight of the actual audits to the next Board - On October Agenda. Food audits attached to action log.
P1-118-20	29-Jul-20	Risk Management Committee Update	Time to be allocated for the Board to consider and agree the Risk Appetite Statement.	AW	Oct-20	To be carried out week commencing 5 October 2020.
P1-132-20	30-Sep-20	Staff Story	Explore Unconscious bias training	JSp	TBC	
P1-136-20	30-Sep-20	Integrated Performance Report	Include Research into the Board Workplan	AW	Jan-21	

PATIENT EXPERIENCE FEEDBACK

DATE AND TIME: 18.09.20

SITE/AREA : Ward 2

(ASK 3 PATIENTS)	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
CATERING FEEDBACK	Patient 1			Patient 2			Patient 3		
Could you tell me what you ordered for lunch? (this information will be what catering feedback is to refer to)	N/A			Sausage roll. Jam sponge with custard			Ham sandwich and a yoghurt		
1. On admission or during your stay have you been asked as to whether you have any specific dietary requirements?	X			X			X		
2. Were you offered a menu to look at prior to your lunch today? (TV or physical)			X	X			X		
3. Was the menu easy to read?	X			X			X		
4. Did a hostess take your order for lunch?			X	X			X		
5. Were you given the opportunity to wash your hands prior to meal service?			X		X			X	
6. Were you offered a drink with your lunch?	X			X			X		
7. Did you receive your correct meal order?			X	X			X		
8. Did you need assistance to eat/drink and if so was this in a timely manner?			X	X					X

9. Were you satisfied with the presentation of your lunch?			X	X			X		
10. Was your food at the correct temperature?			X	X			X		
11. Did you have any clinical interruptions during your lunch? (e.g. medication, physio, scan)			X		X		X		
12. With 3=Very Good, 2=Good, 1 Acceptable and 0=Poor, how would you rate your food in terms of taste?			X	3			3		
13. Were your dishes removed in a timely manner following your lunch?			X	X			X		
14. Have you been offered mid-morning and mid-afternoon drinks and snacks during your stay?			X	X			X		
ACHIEVED (max score 12)	2			12			12		
NOT ACHIEVED			10 n/a	0			0		

CLEANING FEEDBACK									
1. During your stay, have you been happy with the overall cleanliness of the ward?	X			X			X		
2. During your stay have you been happy with the cleanliness of your bedroom and ensuite?	X			X			X		
ACHIEVED (max score 2)	2			2			2		
NOT ACHIEVED	0			0			0		

PORTERING FEEDBACK									
1. During your stay have you had experience of the portering service and if you have, were you happy with the service?	X			X					X
ACHIEVED (max score 1)	1			1					
NOT ACHIEVED	0			0					n/a

9. Were you satisfied with the presentation of your lunch?			X	X			X		
10. Was your food at the correct temperature?			X	X			X		
11. Did you have any clinical interruptions during your lunch? (e.g. medication, physio, scan)			X		X		X		
12. With 3=Very Good, 2=Good, 1 Acceptable and 0=Poor, how would you rate your food in terms of taste?			X	3			3		
13. Were your dishes removed in a timely manner following your lunch?			X	X			X		
14. Have you been offered mid-morning and mid-afternoon drinks and snacks during your stay?			X	X			X		
ACHIEVED (max score 12)	2			12			12		
NOT ACHIEVED			10 n/a	0			0		

CLEANING FEEDBACK									
1. During your stay, have you been happy with the overall cleanliness of the ward?	X			X			X		
2. During your stay have you been happy with the cleanliness of your bedroom and ensuite?	X			X			X		
ACHIEVED (max score 2)	2			2			2		
NOT ACHIEVED	0			0			0		

PORTERING FEEDBACK									
1. During your stay have you had experience of the portering service and if you have, were you happy with the service?	X			X					X
ACHIEVED (max score 1)	1			1					
NOT ACHIEVED	0			0					n/a

PATIENTS COMMENTS:-

Patient 1:

Patient NBM. Patient happy with the portering and cleaning services.

Patient 2:

- Patient very happy with the services and stressed how brilliant the staff are.
- As the patient is unable to sit up, they struggled to use a beaker. Patient also advised that a member of the ISS team (couldn't remember her name) had gone out and sourced a bendy straw for the patient which made a massive difference.

Patient 3:

- Patient impressed with the services and the hospital but felt the wait for the lift was a bit long.

Catering Feedback (score of 12 per patient)		Cleaning Feedback (score of 2 per patient)		Portering Feedback (score of 1 per patient)	
Overall Achieved(Yes)	26 (10 x n/a)	Overall Achieved (Yes)	6	Overall achieved(Yes)	2
Overall not achieved (No)	0	Overall not achieved (No)	0	Overall not achieved (No)	0
Overall% performance achieved	100	Overall % performance achieved	100	Overall % performance achieved	100

***Clinical based questions that are not included in scoring matrix for Soft FM service**

PropCare Representative Signature: Paddy McAteer

Contract/Trust Representative Signature (if present): Volunteer present

PATIENT EXPERIENCE FEEDBACK

DATE AND TIME: 18.09.20

SITE/AREA : Ward 2

(ASK 3 PATIENTS)	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
CATERING FEEDBACK	Patient 1			Patient 2			Patient 3		
Could you tell me what you ordered for lunch? (this information will be what catering feedback is to refer to)	Cup of soup and ice cream			Tuna salad and yoghurt					
1. On admission or during your stay have you been asked as to whether you have any specific dietary requirements?	X			X					
2. Were you offered a menu to look at prior to your lunch today? (TV or physical)	X			X					
3. Was the menu easy to read?	X			X					
4. Did a hostess take your order for lunch?	X			X					
5. Were you given the opportunity to wash your hands prior to meal service?	X			X					
6. Were you offered a drink with your lunch?	X			X					
7. Did you receive your correct meal order?	X			X					
8. Did you need assistance to eat/drink and if so was this in a timely manner?			X			X			

9. Were you satisfied with the presentation of your lunch?	X			X					
10. Was your food at the correct temperature?	X			X					
11. Did you have any clinical interruptions during your lunch? (e.g. medication, physio, scan)		X			X				
12. With 3=Very Good, 2=Good, 1 Acceptable and 0=Poor, how would you rate your food in terms of taste?	2			3					
13. Were your dishes removed in a timely manner following your lunch?	X			X					
14. Have you been offered mid-morning and mid-afternoon drinks and snacks during your stay?	X			X					
ACHIEVED (max score 12 per pt)	11			12					
NOT ACHIEVED	1			0					

CLEANING FEEDBACK									
1. During your stay, have you been happy with the overall cleanliness of the ward?	X			X					
2. During your stay have you been happy with the cleanliness of your bedroom and ensuite?	X			X					
ACHIEVED (max score 2 per pt)	2			2					
NOT ACHIEVED									

PORTERING FEEDBACK									
1. During your stay have you had experience of the portering service and if you have, were you happy with the service?	X			X					
ACHIEVED (max score 1 per pt)	1			1					
NOT ACHIEVED									

PATIENTS COMMENTS:-

Patient 1:

No additional comments

Patient 2:

Patient 2 advised though temperature was not an issue for lunch, the dinner they had the previous evening was cold.

Patient 3:

No patients available for 6th survey.

Catering Feedback (max score 12 per pt)		Cleaning Feedback (max score 2 per pt)		Portering Feedback (max score 1 per pt)	
Overall Achieved(Yes)	23	Overall Achieved (Yes)	4	Overall achieved(Yes)	2
Overall not achieved (No)	1	Overall not achieved (No)	0	Overall not achieved (No)	0
Overall% performance achieved	96	Overall % performance achieved	100	Overall % performance achieved	100

***questions highlighted in purple are clinical based questions and do not form part of the overall scoring related to Soft FM Services**

PropCare Representative Signature

Paddy McAteer

Contract/Trust Representative Signature (if present)

.....Volunteer present.....

PATIENT EXPERIENCE FEEDBACK

DATE AND TIME: 18.09.20

SITE/AREA : Ward 3

(ASK 3 PATIENTS)	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
CATERING FEEDBACK	Patient 1			Patient 2			Patient 3		
Could you tell me what you ordered for lunch? (this information will be what catering feedback is to refer to)	Baked potato and apple crumble			Lasagne and muller light yoghurt			N/A		
1. On admission or during your stay have you been asked as to whether you have any specific dietary requirements?	X			X					X
2. Were you offered a menu to look at prior to your lunch today? (TV or physical)	X			X					X
3. Was the menu easy to read?	X			X					X
4. Did a hostess take your order for lunch?	X			X					X
5. Were you given the opportunity to wash your hands prior to meal service?	X			X					X
6. Were you offered a drink with your lunch?	X			X					X
7. Did you receive your correct meal order?	X			X					X
8. Did you need assistance to eat/drink and if so was this in a timely manner?			X			X			X

9. Were you satisfied with the presentation of your lunch?	X			X					X
10. Was your food at the correct temperature?	X			X					X
11. Did you have any clinical interruptions during your lunch? (e.g. medication, physio, scan)		X			X				X
12. With 3=Very Good, 2=Good, 1 Acceptable and 0=Poor, how would you rate your food in terms of taste?	3			3					X
13. Were your dishes removed in a timely manner following your lunch?	X			X					X
14. Have you been offered mid-morning and mid-afternoon drinks and snacks during your stay?	X			X					X
ACHIEVED (max score 12 per pt)	12			12					X
NOT ACHIEVED	0			0					X

CLEANING FEEDBACK									
1. During your stay, have you been happy with the overall cleanliness of the ward?	X			X			X		
2. During your stay have you been happy with the cleanliness of your bedroom and ensuite?	X			X			X		
ACHIEVED (max score 2 per pt)	2			2			2		
NOT ACHIEVED	0			0			0		

PORTERING FEEDBACK									
1. During your stay have you had experience of the portering service and if you have, were you happy with the service?	X			X			X		
ACHIEVED (max score 1 per pt)	1			1			1		
NOT ACHIEVED	0			0			0		

PATIENTS COMMENTS:-

Patient 1:

No additional comments

Patient 2:

No additional comments

Patient 3:

- Patient is currently on a drip, though is hopeful this will change soon.
- Advised all the staff are fantastic
- Patient did advise that they were being woken up at 2am for their observations.

Catering Feedback (max score 12 per pt)		Cleaning Feedback (max score 2 per pt)		Portering Feedback (max score 1 per pt)	
Overall Achieved(Yes)	24 (1 patient had not used catering service)	Overall Achieved (Yes)	6	Overall achieved(Yes)	3
Overall not achieved (No)	0	Overall not achieved (No)	0	Overall not achieved (No)	0
Overall% performance achieved	100	Overall % performance achieved	100	Overall % performance achieved	100

***Questions denoted in purple relate to clinical practice and as such are not included in Soft FM service scoring**

PropCare Representative Signature: Paddy McAteer

Contract/Trust Representative Signature (if present): Volunteer present

PATIENT EXPERIENCE FEEDBACK

DATE AND TIME: 18.09.20

SITE/AREA : Ward 3

(ASK 3 PATIENTS)	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
CATERING FEEDBACK	Patient 1			Patient 2			Patient 3		
Could you tell me what you ordered for lunch? (this information will be what catering feedback is to refer to)	Scouse			Jacket potato			Baked potato and cheese		
1. On admission or during your stay have you been asked as to whether you have any specific dietary requirements?	X			X			X		
2. Were you offered a menu to look at prior to your lunch today? (TV or physical)	X			X			X		
3. Was the menu easy to read?	X			X			X		
4. Did a hostess take your order for lunch?	X			X			X		
5. Were you given the opportunity to wash your hands prior to meal service?	X			X			X		
6. Were you offered a drink with your lunch?	X			X			X		
7. Did you receive your correct meal order?	X			X			X		
8. Did you need assistance to eat/drink and if so was this in a timely manner?			X			X			X

9. Were you satisfied with the presentation of your lunch?	X			X			X		
10. Was your food at the correct temperature?	X			X			X		
11. Did you have any clinical interruptions during your lunch? (e.g. medication, physio, scan)		X			X		X		
12. With 3=Very Good, 2=Good, 1 Acceptable and 0=Poor, how would you rate your food in terms of taste?	3			3			3		
13. Were your dishes removed in a timely manner following your lunch?	X			X			X		
14. Have you been offered mid-morning and mid-afternoon drinks and snacks during your stay?	X			X			X		
ACHIEVED (max score 12 per pt)	12			12			12		
NOT ACHIEVED	0			0			0		

CLEANING FEEDBACK									
1. During your stay, have you been happy with the overall cleanliness of the ward?	X			X			X		
2. During your stay have you been happy with the cleanliness of your bedroom and ensuite?	X			X			X		
ACHIEVED (max score 2 per pt)	2			2			2		
NOT ACHIEVED	0			0			0		

PORTERING FEEDBACK									
1. During your stay have you had experience of the portering service and if you have, were you happy with the service?	X			X			X		
ACHIEVED (max score 1 per pt)	1			1			1		
NOT ACHIEVED	0			0			0		

PATIENTS COMMENTS:-

Patient 1:

- Patient loved the scouse: “almost as good as mine at home”.
- Overall the patient was very happy with the food service in particular and felt that the staff were amazing.

Patient 2:

- Patient advised that the hospital was far better than others that she has stayed in previously: “I feel like I’m in a hotel”. Staff are all 10/10.

Patient 3:

- Patient was happy with all services and felt strongly that they could not fault the services or the efforts of the staff. Mealtime was interrupted, as there had been a change in scheduled appointment that patient needed to be notified of.

Catering Feedback		Cleaning Feedback		Portering Feedback	
Overall Achieved(Yes)	36	Overall Achieved (Yes)	6	Overall achieved(Yes)	3
Overall not achieved (No)	0	Overall not achieved (No)	0	Overall not achieved (No)	0
Overall% performance achieved	100	Overall % performance achieved	100	Overall % performance achieved	100

***Questions denoted in purple relate to clinical practice and as such are not included in scoring related to Soft FM Services**

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