

Report to	Trust Board
Date	Tuesday 26th November 2013
Agenda Number	
Agenda Item	Patient Led Assessments of the Care Environment (PLACE)
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EXECUTIVE SUMMARY

1 Purpose and Key Issues

The purpose of this paper is to highlight to the Board the recent results of the Patient- Led Assessments of the Care Environment (PLACE) which was introduced across the NHS in April 2013.

Key issues include:

- This project covered all 17 hospitals at Northern Devon Healthcare Trust
- National changes were introduced to replace Patient Environment Action Teams (PEAT) as the Health and Social Care Information Centre (HSCIC) felt that many Trusts were now achieving “Excellent scores” and the aim was to raise standards and targets
- The other reason for the change was there was a need to be more accountable to the public and in particular to decipher between excellent and poor facilities.
- PLACE involved 233 NHS Trusts and for the first time Independents e.g private healthcare facilities
- Our assessment teams (made up in equal numbers of the public and staff) were asked to be very rigorous in their assessment
- The assessment covered 4 key domains – cleanliness, food, privacy and dignity and condition of buildings etc.
- We believe our scores are a true reflection of the sites on the day - cleanliness 95%, food 85%, privacy and dignity 88%, and condition 88%.
- Having now received the overall scores from the centre many organisations appear to have scored themselves very high with few actions required and this has made the median score high (appendix 1)
- This paper offers the Board assurance on our rigorous process and the next steps in respect of action plans to ensure “continual improvement” (appendix 2 & 3)
- Appendix 4 outlines one of the Patients perspectives about their role on the inspection team and how they felt the process was conducted and the feelings on the day.

2 Supporting Information

The report is attached.

3 Controls and Assurances

The action plans will be worked on by the teams and these will be monitored by during the mini PLACE inspections and at service monitoring meetings

4 Legal Implications

The legal implications have been considered and none have been identified.

5 Equality and Diversity Implications

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6 Patient, Public and Staff Involvement

The Trust ensures that patients, the public and staff are involved in the decision-making process when appropriate.

7 Cost Implications

PLACE monies have been set aside in the capital programme from the start of the financial year and these monies will be spent on a prioritised list of key improvements such as new flooring. However some of the issues may well require a business case due to the volume of expenditure potentially required eg lockable bedside cabinets

8 Potential Risk to the Organisation

Poor publicity

9 Committee Prompts

- Accept the report and be assured that the action plans will be worked on to improve the PLACE scores for the next round which start in March

10 Recommendations

The Committee is asked to **NOTE / APPROVE** the report.

11 References

Not applicable.

12 Strategic Objectives

The Trust's Strategic Objectives were reviewed by the Board in September 2011.

X	Effective care		Modern environments
	Sustainable services		Financial health
	Integrated care	x	Governance & compliance
	Exceptional workforce		Marketing
	Innovative improvement		Structure & partnerships

13 Principal Risks

The Trust's Principal Risks have been identified through the Trust's risk management processes. They are updated as they are identified by the Risk Management Committee.

X	Financial planning & management		Clinical records management
	Strategic & business planning		Leadership & management

	Workforce numbers		Unsafe behaviour
	Workforce skills		External demands
	Procedural management		Partnership arrangements
x	Equipment & facilities arrangements		Communication

Results of the Patient Led Assessments of the Care Environment (PLACE)

Executive Summary

This paper updates the Trust Board on the results for the Patient-Led Assessments of the Care Environment (PLACE) Programme which was introduced across the NHS in June 2013. This is a national initiative and replaces the Patient Environment Action Team (PEAT) Programme. In the case of North Devon, 17 hospital sites had to be inspected.

The national changes were introduced as the Health and Social Care Information Centre (HSCIC) felt

- that they needed to replace PEAT, in that many Trusts were now achieving “Excellent” scores, and there is a real need for continuous improvement going forward and PLACE seemed a sensible approach to deliver this improvement.
- that there was a need to be more accountable to the Public in particular to properly decipher between excellent and poor facilities. As part of the feedback documentation to HSCIC there is an additional “free text” form to be completed only by the Patient Assessors.

The NDHT teams were asked to be rigorous in their assessment in line with the guidance and therefore we believe our scores are a true reflection of the sites on the day. Each PLACE visit generated a score in the 4 separate domains (appendix 1). The team were surprised when they received the national data that showed that all 4 domains had extremely high median scores. These were cleanliness 95%, food 85%, privacy and dignity 88% and condition 88%. The national process involved 233 NHS Trusts and for the first time Independents including private health care facilities e.g. Virgin Nuffield, Your Health, Sirona Care and Health, Hospice, and Marie Curie Cancer Care.

Clearly many organisations appear to have scored themselves highly with few actions required, which is surprising as the purpose of the new process was to raise the standards and targets. However the Trust still stands by its scores which went through a rigorous process. To help give the Board further assurance we have within appendix 1 undertaken a comparative review of a number of other south west hospitals. When compared to these our scores show relatively close comparison.

Appendix 4 “A Patients Perspective” highlights the benefits to the Trust in undertaking such an open and rigorous assessment. The involvement of the Patient Assessors was key to understanding the “true” PLACE scores for the Trust. This patient perspective highlighted both the positive and negative lessons that can be learnt by undertaking such an exercise.

Our main task now is to work through the action plans and address many of the issues raised, in some cases we will need business cases to demonstrate “best value” improvements or where decisions need to be made about the practicalities of meeting some of the targets and the benefits. Appendix 2&3 details the current action plan and progress to date. Our ultimate aim is to continuously improve our scores year on year in line with the guidance.

PATIENT LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)

Introduction

On 2nd April 2013 the Patient-Led Assessments of the Care Environment (PLACE) Programme was introduced across the NHS. This is a national initiative and replaces the Patient Environment Action Team (PEAT) Programme.

Background

The Health & Social Care Information Centre (HSCIC) gave Trusts six weeks notice of the week in which assessments should be undertaken and we had to undertake three assessments a week due to the number of sites we have and the geographical area we needed to cover (17 hospitals).

This report explains the process, the results of the inspections and key themes

Why the national changes?

1. The Health and Social Care Information Centre (HSCIC) felt that PEAT was at the end of its life, in that many Trusts were now achieving "Excellent" scores which was a far cry from the position in 2000 when PEAT was introduced.
2. The view was that there was a need to be more accountable to the Public in particular to properly decipher between excellent and poor facilities.
3. There is a real need for continuous improvement going forward and PLACE seemed a sensible approach to deliver this improvement.

Key Changes

Patient / Public Involvement

In accordance with the Prime Ministers' commitment to give patients a real voice in assessing the quality of healthcare, including the environment for care, at least 50% of those involved in the assessments had to meet the definition of "patient", i.e.: 'Anyone whose relationship with the hospital is as a user rather than a provider of services'.

This excludes: Current Employees
 Former employees (within last 2 years)
 Anyone with professional relationships with the organisation
 (E.g. as facilities service provider)

Members of the Trust Board of Governors were also eligible to act as Patient Representatives within their own Trust since their primary role is to represent the interests of the patients / the public.

Recruitment and Training of Assessors

We were required to advertise and recruit for Patient Assessors, Glen Everton and Lisa Wright, Facilities Manager undertook this process and worked closely with the Local Healthcare (Links 2013).

We had 85 members of the public interested in participating in the inspections. Interviews were held and we reduced this number to 17.

The Trust was responsible for the training of the Patient Assessors and guides have been issued from the centre. Lisa Wright, Facilities Manager led on the training Trust wide.

To give a background to some of the patient representatives we had: the following personnel:-

- ex nurse with 35 year's experience in nursing and in management
- NHS Site Operations Manager
- Volunteer worker for several organisations, RNLI, Rotary, Plan Heritage Treasurer
- EHO
- Former headteacher
- Ex OFSTED inspector
- Several Teachers
- Facilities Manager
- Sky Engineer (suffers with Crohn's Disease and wanted to give something back)
- Ex-Policeman
- Ex Social Services

Patient Assessment Survey

As part of the feedback documentation to HSCIC there is an additional "free text" form to be completed only by the Patient Assessors. This form does not play any part in the scoring process, but the comments included in it have been entered into the EFM System and organisations are expected to respond to any comments as appropriate in their Action Plan.

Scores and Action Plans

The Assessment period nationwide was 2nd April – 21st June 2013.

Each PLACE visit generated a score in the 4 separate domains of cleanliness, food, general maintenance / décor privacy & dignity.

Cleanliness in terms of how clean the environments are, food with respect to the quality and availability of food and drinks.

Condition, appearance and maintenance was scored around how well the building meets the needs of those who use it e.g. car parks, signage and external condition and the condition inside of the building(s) fixtures and fittings.

Privacy & Dignity related to how well the environment protects privacy and dignity and wellbeing e.g. social spaces, access to TV's, computers, telephones and relevant areas. Staff appearance and confidentiality.

An Action Plan which sets out how the organisation expects to improve their services before the next assessment was also required and has been undertaken per site.

Information Governance

PLACE data will be published as official statistics and will be shared with the following organisations:

- Care Quality Commission
- Department of Health
- NHS Commissioning Board
- Clinical Commissioning Board (when requested)
- National Audit Office (when requested)
- The Health & Social Care Information Centre (Clinical Quality Indicators)

The Process

Once the patient representatives were identified across the Trust geographical area inspection teams were formed. These were made up of Director of Nursing, Deputy Director of Facilities and Infection Control. In the case of NDDH we had four patient representatives on the inspection team, other sites had two / three. The inspections took place from 8th April – 13th June 2013.

Each inspection group had to meet and agree the scores on the day and then the patient representatives were given time to complete the 'free text' form.

The teams were asked to be rigorous in their assessment in line with the guidance and therefore we feel our scores are a true reflection of the sites on the day. Each PLACE visit generated a score in the 4 separate domains. (Appendix 1)

On the whole the teams were pleased with the inspections. The patient representatives seemed to genuinely enjoy the experience and felt they were listened to in the process and their views were of value.

Results

In August we received the results of our assessments and these are outlined in appendix 1., The Trust were surprised when they received the national data as this showed that for the 4 domains there was an extremely high median score. The national process involved 233 NHS Trusts and for the first time Independents including private health care facilities e.g. Virgin Nuffield, Your Health, Sirona Care and Health, Hospice, and Marie Curie Cancer Care.

The positioning of the Trust relating to the 4 key areas of the inspection and our position against other Trusts in the south west is outlined in appendix 1. Anecdotally many organisations nationally appear to have scored themselves 100% for cleanliness which we are surprised at as the purpose of the new process was to raise the targets and standards. Despite this, the Trust still stands by its scores which went through a rigorous process. Being an acute and community Trust we had to inspect 17 sites so care should be taken when comparing us to other organisations.

Very detailed action plans have been developed for each site and in appendix 2 the key organisational themes are outlined whilst at appendix 3 some of the key clinical issues have been highlighted. We acknowledge there is work to be done and will meet the challenge of the new inspection regime brought in with PLACE which has 'raised the bar'. Monitoring will take place via the mini PLACE inspections.

Conclusion

The process was thorough and well organised. We are disappointed in how we compare with other organisations but are assured by our process and now will tackle the issues and aim to improve on our scores going forward.

Unfortunately, the median scores indicate that that many Trusts have continued to rate themselves extremely high.

Our main task now is to work through the action plans identifying areas where we will need business cases to "fund" improvements or where decisions need to be made about the practicalities of meeting some of the targets and the benefits of this. Our ultimate aim is obviously to improve our scores.

We can build on the relationships we have made with the patient representatives and it is our intention to invite them back to see the progress we have made. They have all indicated they are extremely keen to participate in any further exercises where we may need public engagement.

Recommendations

We need to progress with some of the issues where we have failed and are already progressing the action plans.

Key issues that do need to be resolved are:

- The balance of expenditure in some areas and their future
- The replacement of some equipment eg: lockers and notes trolleys both of which need to be secure
- Agreement as to what we will work on and what we view as being of limited value

The Environment monies will be able to cover some of the expenditure but further capital allocation may be required to fund 'environmental' improvements. The Trust Board are asked to note this report.

Appendix 1

In August we received the results of our assessments, they are as follows:

Cleanliness- how clean the environments are,

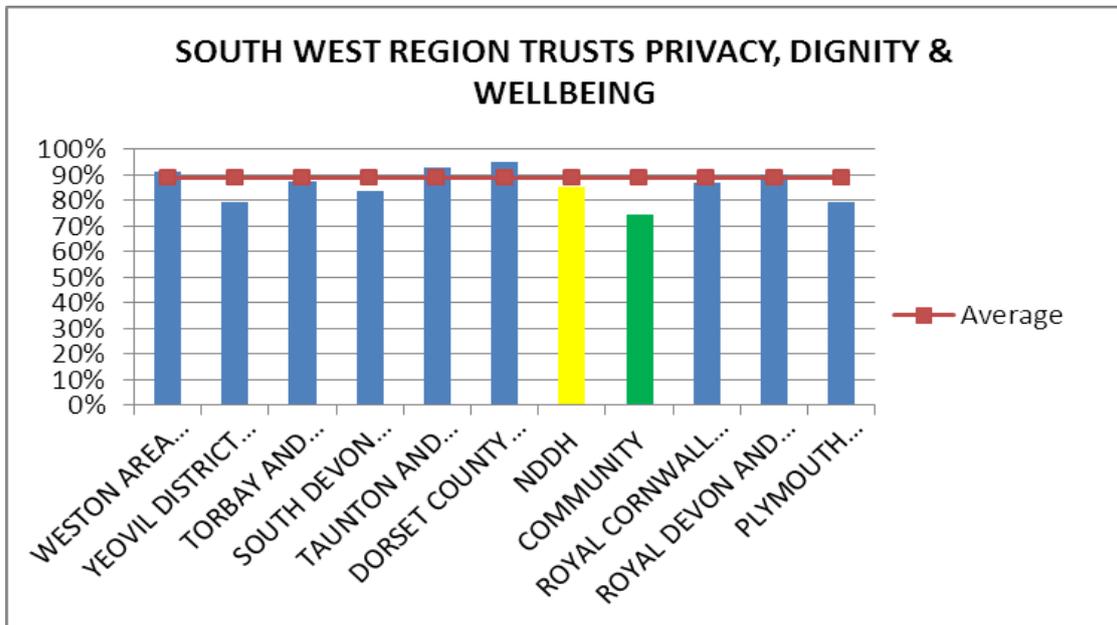
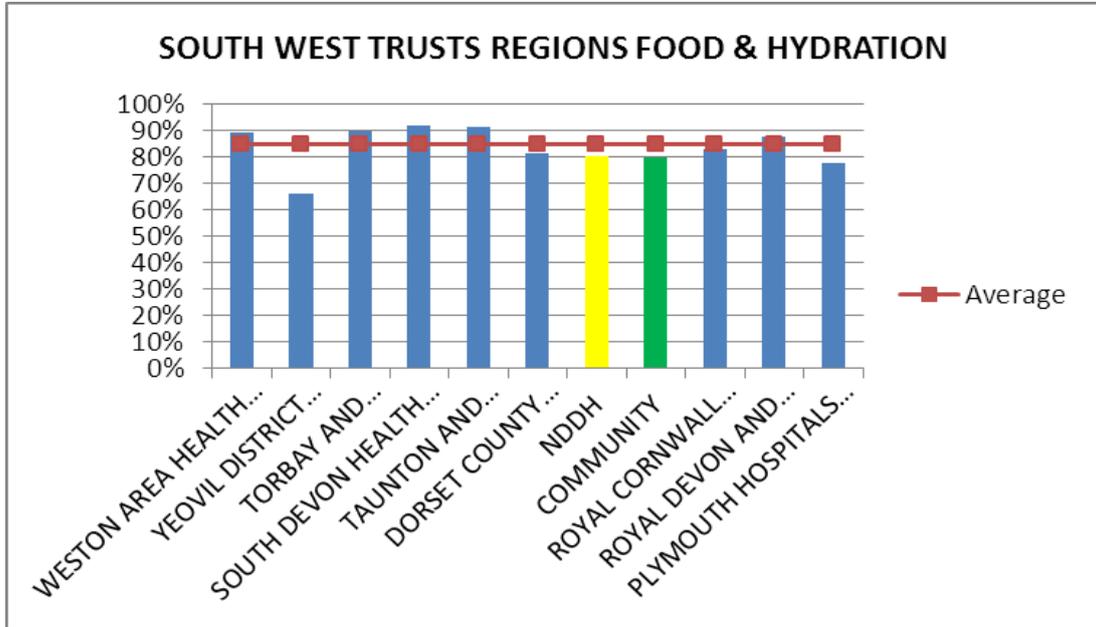
Food- the quality and availability of food and drinks.

Condition, appearance and maintenance- how well the building meets the needs of those who use it of car parks and signage and the condition inside of the building(s) fixtures and fittings.

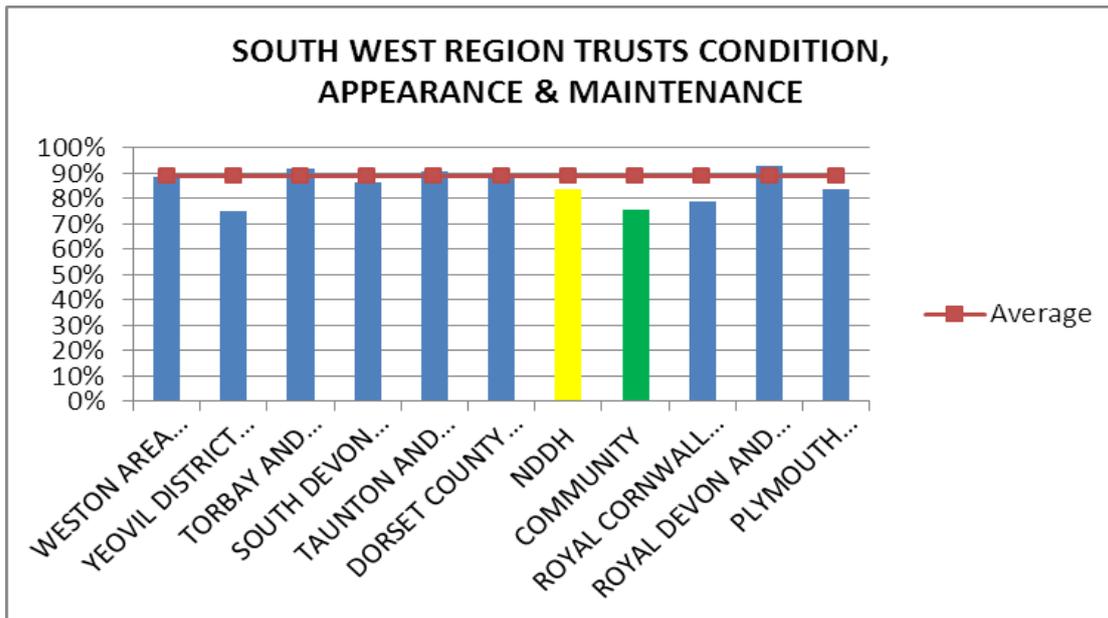
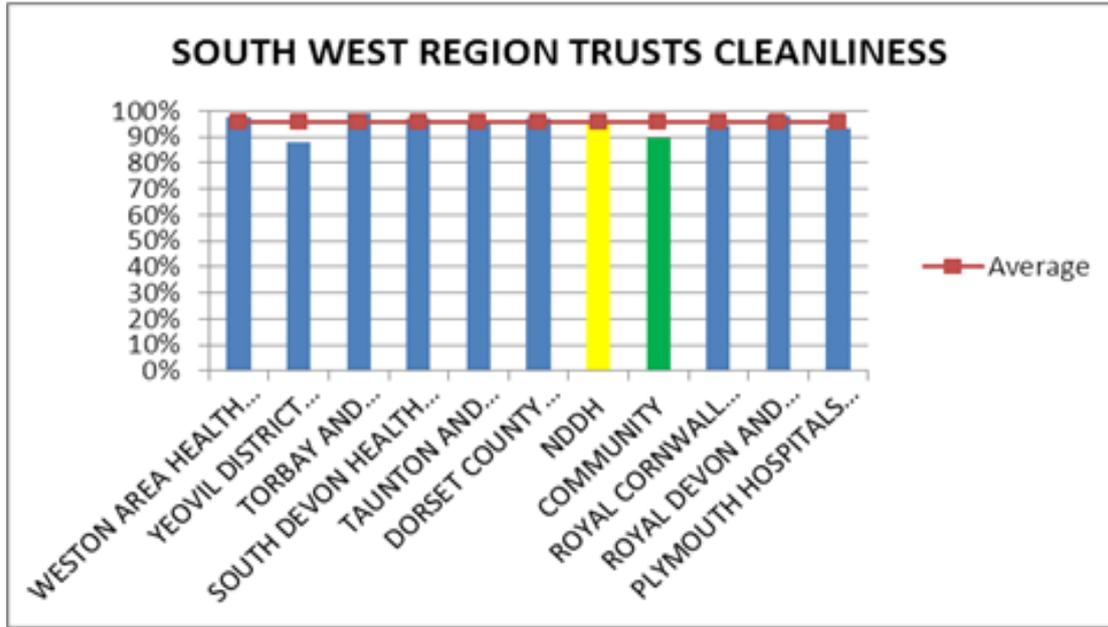
Privacy & Dignity- how well the environment protects privacy and dignity and wellbeing e.g. social spaces, access to TV's, computers, telephones and relevant areas. Staff appearance and confidentiality.

<u>Site</u>	<u>Cleanliness</u>	<u>Food</u>	<u>Privacy, Dignity & Wellbeing</u>	<u>Condition Appearance & Maintenance</u>
	National Median Score 95.74	National Median Score 84.98	National Median Score 88.87	National Median Score 88.75
Axminster	92.99	76.20	60.00	76.32
Bideford	93.07	82.53	75.69	73.48
Budleigh Salterton	88.16	73.11	71.58	69.74
Crediton	88.19	80.84	68.65	67.07
Exmouth	82.82	78.71	81.56	66.23
Holsworthy	87.83	75.40	82.11	69.18
Honiton	90.86	82.42	74.80	78.82
Okehampton	92.42	78.73	77.50	73.66
Ottery St Mary	86.91	81.87	74.78	84.78
Seaton	95.64	70.92	76.76	75.33
Sidmouth	83.64	76.42	71.56	70.83
South Molton	92.66	84.87	75.56	86.67
Tiverton	86.68	84.63	79.35	81.74
Torrington	89.20	79.22	73.51	81.58
Tyrrell	93.43	79.56	63.03	75.00
Whipton	91.02	86.48	82.69	80.32
NDDH	94.99	80.41	85.25	83.61

Comparison with South West Trusts



Comparison with South West Trusts



Appendix 2

<u>OVER ARCHING THEMES</u>	<u>LEAD INDIVIDUALS</u>	<u>TARGET DATE</u>	<u>RAG RATING</u>
Silent closing bins required for all ward areas	Linda Lewis	31.03.14	
Review the value of having lockable patient lockers.	Matrons Charter	31.03.14	
General clutter, including posters, paper signs, equipment storage, general nurse station appearance	All Ward Managers	30.11.13	
Uniform policy not being adhered to and staff ID out of date	All Managers	30.06.13	
Review practice & possible solutions for patient notes security.	Facilities	31.03.14	
Staff attitude and support for meal delivery needs attention at some sites	Matrons Charter	31.12.13	
Notice Boards need to be standardised & confidentiality maintained	Matrons Charter	31.03.14	
Suitable crockery and cutlery provided across all sites	Tricia Hawson / Lisa Wright	28.02.14	
Need to review dementia issues across sites	Tricia Hawson / Tina Naldrett	31.03.14	
<u>OPERATIONAL THEMES</u>	<u>LEAD INDIVIDUALS</u>	<u>TARGET DATE</u>	<u>RAG RATING</u>
Review of footstools	Matrons Charter	31.12.13	
Inappropriate storage of equipment in bathrooms and other areas.	Matrons Charter	31.12.13	
High dusting at NDDH , South Molton, Torrington, Holsworthy	Sharron Loosemore	31.08.13	
External fascia of buildings require attention – concrete badly stained and gives poor appearance	Kevin Ward	31.3.14	
Consistent labelling of equipment ie that it is clean and ready to use	Hospital Matrons & Ward Managers	31.08.13	

No clear records of when the window curtains are changed/washed.	Hotel services	31.08.13	
Signage needs updating in some areas	Lucy Murray	31.01.14	
Various grounds & garden issues mostly relating to weed control	Chris Saunders	31.08.13	
Dusty patient equipment which is the responsibility of nursing staff to clean between patients	Matrons / Ward Managers	31.08.13	
Some flooring needs replacement	Leanne Capner	31.03.14	
External areas require attention – garden furniture to be renovated or removed	Hospital Matrons	31.12.13	
Review general decoration, some areas have some paint work that needs to be touched up..	L Capner	31.12.13	
Some low dust issues particularly around skirting boards	Hotel Services	31.07.13	
Disabled car park markings need to be clearer or indeed allocated near main entrances	Facilities	31.01.14	
Treatment rooms & store cupboards in some areas are not routinely locked	Hospital Matrons	30.10.13	
Need to ensure that there is a rota in place to ensure wheel chairs are clean (lobby areas)	Matronsat community sites	30.10.13	

Appendix 3

PLACE ORGANISATIONAL/CLINICAL ISSUES – general themes

	<u>LEAD INDIVIDUALS</u>	<u>TARGET DATE</u>	<u>RAG RATING</u>
It is recommended that the hospitals offer facilities for family, relatives, guardians or carers to stay overnight. Would be useful to have local list of accommodation	Hospital matrons	31.03.14	
Bath and toilet areas– cluttered and used as stores.	Matron	31.12.13	
Cleaning schedules should be displayed in the main ward area	Matron/Facilities	30.09.13	
<u>Ward Furniture and seating</u>			
Some seating damaged and some fabric type, should be vinyl ie easy to clean.	Matrons charter	31.12.13	
<u>Ward Hand hygiene</u>			
Patient equipment is clearly marked as “clean and ready for use”	Hospital Matron	30.09.13	
anti-bacterial hand rub should be available at the bedside or the staff should carry personal dispensers	Hospital Matron	30.09.13	
Clean ‘ready for use’ patient equipment is not clearly segregated	Hospital Matron	30.09.13	
<u>Ward Staff Appearance</u>			
ID not displayed.	Hospital Matron	30.06.13	
Uniform should comply - Some staff wearing clogs, watches, cardigans etc.....	Hospital Matron	30.06.13	
<u>Ward Privacy, Dignity and wellbeing</u>			

No privacy curtains in some areas especially if the door is open to a toilet or bathroom.	Hospital Matron	30.06.13	
Where patients have access to their own TV/radio, they do not all have headsets/earphones	Hospital Matron	30.06.13	
It is recommended that an area / room should be designated exclusively for use as family/ visiting areas. Agree to undertake a review at each site	Hospital Matron	31.01.14	
It is recommended that there is a multi-faith/ prayer room available. Carry out review.	Hospital Matron	31.03.14	
Need to ensure that there is enough space between and around beds so that patients are not cramped or over looked	Hospital Matron	30.06.13	
All toilets and bathrooms to have working locks.	Hospital Matron	30.06.13	
<u>Ward Dayrooms</u>			
Where there is a day room should be furnished and decorated so as to provide an appropriately relaxing environment and to encourage it's use	Hospital Matron	31.03.14	
<u>Food Assessment</u>			
Patients were not offered the chance to wash/clean their hands prior to the food service	Matron	30.11.13	
Family relatives, guardians, or carers are not able to access meals/snacks within the hospital at all times of the day and night . Undertake review	Facilities	31.03.14	
It Is recommended that there is a separate area away from the bedside where patients can take their meal. Undertake review.	Matron	31.03.14	
Patients should be made ready for the food service.	Matron	30.11.13	

Appendix 4

A Patient's Perspective

'Every linen cupboard was open': How the PLACE scheme works

Caroline Murtagh – Patient Assessor

Caroline Murtagh is a local patient assessor under the new national scheme known as Patient-led Assessments of the Care Environment (PLACE), which replaced the PEAT system this year. The first PLACE inspections were carried out in the spring.

Her induction was “excellent”, providing an introduction to the tasks, the templates for recording visits and how the system worked. The only disappointment was that none of the other would-be assessors turned up on the day, removing the chance to share thoughts and suggestions.

Caroline ended up working on four inspections, including one when another assessor had to drop out at the last minute. These covered:

- North Devon District Hospital – a team of eight, including four patient assessors and four staff
- Torrington Community Hospital – a team of six (three/three)
- Bideford Community Hospital – a team of six (three/three)
- South Molton Community Hospital – a team of six (three/three)

The patient and Trust assessors met up before each inspection, with Caroline feeling “part of the team”. She also felt at home having formerly been a facilities manager, but her fellow assessors represented a cross-section of society, from environmental health officer to pub landlady.

The only limits on inspection were to meet operational requirements, when clinics were being held, for example. As Caroline said: “We were certainly given any access that we asked for, if it was appropriate. Every linen cupboard was open.”

The main concern across all four sites was the external appearance. “The exterior of the buildings was appalling. South Molton wasn't so bad, just needing a clean-up, but the other three looked really sad when you drove up. That so much work was being done on poor old NDDH didn't help.

“But inside it was only really minor maintenance issues. The big picture was great and the standards were generally very good – you could see that money was being spent and work was being done. But there were a clearly a number of small bits and bobs that needed fixing – marks on the walls, tape that needed removing, stains on the ceiling, rust on the bins and fittings.”

The one exception to the favourable impression was Staples Ward at NDDH, where the assessors highlighted a number of issues for their report.

The assessors were “very impressed” by the food at each hospital, which was provided as a taster buffet from that day's standard menu. “We were all quite surprised, and particularly so at South Molton where more than one patient also made a point of saying how well they were being looked after and how great the staff were.”

The assessors watched the meals being served and how patients were supported in eating, if required. The main concern, reported at more than one site, was temperature-control for the food. Was it hot enough?

Caroline added: “The thing that we didn't see was any specialist plates, cups or cutlery, but everyone who needed assistance was being helped with their food anyway, so it wasn't an issue.”

The PLACE team met up after each section of the visit to discuss what they had found and to submit scores against the set criteria. Afterwards, the patient assessors were left to produce their own personal

reports. “There was no influence whatsoever, so we could write absolutely anything – we weren't led at all.”

However, Caroline felt that the post-inspection process might need fine-tuning. It was unclear if the patient assessors would see the report to which they had contributed before it was published. They were also told that they would not be involved in follow-up visits to ensure that action had been taken to address any shortcomings.

And the overall impression? “It was very positive.”