



# **The Pennine Acute Hospitals NHS Trust**

## **Patient-Led Assessment of the Care Environment 2015**

## **1.0 Introduction**

- 1.1 Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/private healthcare sector in England. The self-assessments are carried out voluntarily and were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which ran from 2000 – 2012 inclusive. These are the third results from the revised process.
- 1.2 Through focussing on the areas which matter to patients, families and/or carers, the PLACE programme aims to promote a range of principles established by the NHS Constitution, including:-
  - Putting patients first;
  - Actively encouraging feedback from the public, patients and staff to help improve services;
  - Striving to get the basics of quality of care right; and
  - A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.
- 1.3 The programme encourages the involvement of patients, the public and bodies, both national and local, with an interest in healthcare (e.g. Local Healthwatch) in assessing providers. This is done in equal partnership with NHS staff to both identify how they are currently performing and to identify which services can be improved for the future.
- 1.4 In 2015 the assessments were extended to include criteria on how well healthcare providers' premises are equipped to meet the needs of caring for patients with dementia. It should however be noted that this does not represent a comprehensive assessment relating to dementia, rather it focused on a limited range of aspects with strong environmental or buildings-associated components. Organisations are encouraged to separately undertake a comprehensive dementia-related assessment using a recognised environmental assessment toolkit.

## **2.0 The Principles**

- 2.1 The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities of concern are:-
  - Cleanliness;
  - Food and Hydration;
  - Privacy, Dignity and Wellbeing (the extent to which the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing);
  - Condition, Appearance and Maintenance of healthcare premises;
  - Dementia (whether the premises are equipped to meet the needs of dementia sufferers against a specified range of criteria).
- 2.2 The criteria included in PLACE are not standards, but they do represent aspects of care which patients and the public have identified as important. It also represents good practice as identified by professional organisations whose members are responsible for the delivery of these services. These include but are not limited to the Healthcare Estates Facilities Managers Association, the Association of Healthcare Cleaning Professionals and the Hospital Caterers Association. In the case of dementia they draw heavily on the work of The Kings Fund and Stirling University.
- 2.3 The assessments cover:

- The assessment of **Cleanliness** covers all items commonly found in the healthcare premises including patient equipment; baths, toilets and showers; furniture; floors and other fixtures and fittings.
- The assessment of **Food and Hydration** includes a range of organisational questions relating to the catering service for example, the choice of food, 24-hour availability, meal times and access to menus. An assessment of food services at ward level and the taste and temperature of food is also completed.
- The assessment of **Privacy, Dignity and Wellbeing** includes infrastructural/ organisational aspects such as provision of outdoor/ recreation areas, changing and waiting facilities, access to television, radio, computers and telephones. It also includes the practicality of male and female services such as sleeping and bathroom/ toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.
- The assessment of **Condition, Appearance and Maintenance** includes various aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of buildings and maintenance of grounds.
- The **Dementia** assessment focuses on flooring, decor and signage, but also includes such things as availability of handrails and appropriate seating and, to a lesser extent, food. The items included in the assessment do not constitute the full range of issues requiring assessment which, in total, are too numerous to include in these assessments. However they do include a number of key issues, and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools available.

### 3.0 Process

- 3.1 In February 2015, the Trust participated in the Patient-Led Assessment of the Care Environment (PLACE) inspections; all assessments were concluded by the 5 June 2015 and organisations were given a 6 week window in which to carry out an assessment of a named site
- 3.2 A total of 30 patient assessors and 50 staff assessors were utilised in this process forming a total of 52 teams over 21 days of assessments Trust wide; the 30 patient assessors made 130 appearances and the staff made 111 appearances. A total of 8 external validators accompanied the assessment teams and a member of the Department of Health attended the Rochdale Infirmary inspection.
- 3.3 All assessments were undertaken using a standard assessment format issued by NHS England; at least 25% of each site should be assessed and must include accident & emergency departments/minor injuries unit; over a four year period, it is expected that all areas on each site will have received an inspection.
- 3.4 The areas assessed were predetermined by the Patient Assessors on the day of the assessments
- 3.5 The dates of the Trust assessments were as follows:
  - 19 February – 25 February 2015 Fairfield General Hospital
  - 23 March – 1 April 2015 Royal Oldham Hospital
  - 16 April 2015 Henesy House
  - 20 April 2015 Floyd Unit
  - 6 May 2015 Rochdale infirmary
  - 14 May – 29 May 2015 North Manchester General Hospital



## 4.0 Results

- 4.1 The results for the Trust are detailed below. For the purposes of comparison, a national average of scores from all participating hospitals/units has been calculated. This average is weighted to take account of the fact that hospitals vary in size and that in larger hospitals not all areas are assessed. The weighting factor used in this calculation is bed numbers. Bed numbers are used since they are common to all organisations, whereas some premises in which assessments are undertaken do not have wards e.g. certain mental health/learning disabilities units and Treatment Centres.

	Cleanliness		Food & Hydration inc ward food service		Privacy , Dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia Friendly
	2015	2014	2015	2014	2015	2014	2015	2014	2015
<b>National Average</b>	97.57%	97.25%	88.49%	88.79%	86.03%	87.73%	90.11%	91.97%	74.51%
<b>Overall Trust Score</b>	98.89%	97.47%	87.84%	88.85%	90.33%	83.93%	90.24%	91.17%	76.11%

- 4.2 The Trust was rated higher than the National Average on Cleanliness, Privacy, Dignity & Wellbeing, Condition, Appearance and Maintenance and Dementia Friendly Environment; however Food & Hydration scored lower than the National Average and it is noted that the score fell by 1.01% compared to last year
- 4.3 The following was noted from the Trust food & hydration assessments which included the service of food and hydration at ward level:
- Not all wards have a separate area, away from the bed-side, where patients can take their meals
  - Suitable (includes adapted where appropriate) crockery and cutlery was not provided to patients at ward level
  - Where meals consist of more than one course, each course is not served separately
  - Where packaged foods are provided (e.g. sandwiches, yoghurts, butter pats) the packaging opened/food was not removed prior to serving
  - Not all unnecessary activity was ceased during the meal time (Protected Mealtimes)
  - Not all patients' areas were clearly readied for the meal service - e.g. all unnecessary items removed from the table top
  - Not all patients were offered the chance to wash/clean their hands prior to the food service
  - Not all patients were made ready for the meal service, i.e. helped to sit up in bed, or sitting out
  - Staff were not clearly active and involved in the delivery of the food and associated service which resulted in some patients meals being served below an appropriate temperature
  - Not all patients have a water jug at their bedside or some were empty
  - Not all patients provided with napkins with their meal
- 4.4 An action plan has been drawn up for each site and a summary of the action plans is included in Appendix 1

## 5.0 Conclusion

- 5.1 Overall the Trust has improved its cleanliness, condition, appearance & maintenance of buildings and privacy, dignity and wellbeing scores in 2015 compared to 2014; but scores dropped very slightly for food & hydration including food service at ward level.
- 5.2 Action plans have been developed to address all issues noted during the inspections and distributed to the appropriate managers for rectification. All cleaning issues and minor maintenance issues were rectified immediately. All issues relating to staffing have been escalated to the Matrons.

- 5.3 It is noted that some failures will be very difficult to remedy e.g. provide day rooms and separate dining rooms on all wards, separate exits from outpatient departments, provision of free TV due to contractual arrangements and space constraints for storage facilities
- 5.4 All patient assessors were very complimentary of the Trust and expressed they had learnt a great deal by participating in the PLACE inspections.
- 5.5 It is noted that Pennine Acute Hospitals has built up a very pro-active group of patient representatives who are very forthcoming in assisting us with our PLACE assessments and it is testament to our dedication in this national process

**Mrs Pam Miller**  
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