

TRUST BOARD
31st October 2013

TITLE	Patient led assessment of the care environment (PLACE)
EXECUTIVE SUMMARY	<p>The purpose of this paper is to update the Trust Board on the new environmental inspections that have now replaced PEAT. The new inspection builds on the foundation of Patient Environment Action Team (PEAT) assessments, with two main differences:</p> <ul style="list-style-type: none"> • Patients make up at least 50% of assessment team and provide a much stronger voice and lead. • A greater focus on improvement, with hospitals required to report publicly and say how they plan to improve.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The Health and Social Care Information Centre (HSCIC) will receive the results and publish the data. The data will be published as Official Statistics and in particular will be shared with the Care Quality Commission, DoH, NHSCB, CCGs (when requested) National Audit Office (when requested) and the HSCIC (for clinical quality indicators).
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Patients make up at least 50% of assessment team and representatives from Patients Panel, and Public Governors made up the team at this years audit. Healthwatch will be included in future inspections
EQUALITY AND DIVERSITY ISSUES	None
LEGAL ISSUES	There are no legal issues.
The Trust Board is asked to:	The Board is asked to note and discuss the contents of this report and obtain assurance as appropriate.
Submitted by:	Valerie Bartlett, Deputy Chief Executive.
Date:	24 th October 2013
Decision:	For Assurance

Patient-led assessment of the care environment (PLACE)

1. PURPOSE OF PAPER

The purpose of this paper is to update the Trust Board on the recent changes that have taken place to the patient environment inspections now known as PLACE (patient led inspection of the care environment) and the outcome of this year's inspection that took place in April and June of this year.

2. BACKGROUND

The new PLACE process has replaced the long standing PEAT (Patient Environment Access Team) process. The NHS Commissioning Board issued guidance for organisations and guidance on the conduct of assessments earlier this year. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care. It has been introduced to both revitalise the assessment of the patient environment process but also, more importantly, to ensure that there is a greater focus on patient involvement in the process

The purpose of the PLACE assessments is to assess hospitals across a range of environmental aspects against common guidelines. It is recognised that hospitals vary in age and design; sometimes this will limit their ability to meet the higher criteria. Whilst there may be nothing that the organisation can do about some of these issues, it is important that the assessment be based on standard criteria and no allowances should be made for such factors. The scores awarded will reflect what was seen on the day.

PLACE covers broadly the same areas as PEAT – namely privacy and dignity, wellbeing, food, cleanliness and general maintenance of buildings and facilities. It focuses entirely on the care environment and does not assess clinical care provision or staff behaviours. It extends only to areas accessible to patients and the public (for example, wards, departments and common areas) and does not include staff areas, operating theatres, main kitchens or laboratories.

In the past, all NHS providers have undertaken PEAT inspections and in the same way, PLACE will continue to provide an invaluable resource in assessing the care environment. This will directly support the provision of a high quality service to patients. The assessments will take place every year, and results will be reported publicly to help drive improvements in the care environment.

In the Chief Nursing Officer for England, NHS Commissioning Board's letter dated 20th February 2013 to CEOs, it states that PLACE assessments are voluntary and not a requirement. However, participation in it will make an invaluable contribution to assessing the Trust's care environment.

3. THE PATIENT'S VOICE

The key feature of PLACE is the central role of patients in carrying out the assessments. At least 50 per cent of the team must be patients, and local Healthwatch must be offered the opportunity to be involved. Recruiting and training patient assessors is carried out locally and there are criteria outlining the eligibility for becoming a patient assessor.

Patient assessors can include patients, relatives, visitors and advocates as well as Healthwatch, Foundation Trust Public Governors and voluntary sector representatives. They cannot include current staff (even if they are also patients) and ex-staff who have left the organisation within the last two years.

The Trust has successfully recruited an adequate number of patient assessors representing individuals from the approved sectors apart from Healthwatch which was not formed at the time of the Ashford inspection and declined an invite to participate at St Peters on this occasion but will be approached again in the near future.

4. THE PLACE TIMETABLE

The assessment period this year ran from 2nd April to 22nd June 2013, and in subsequent years it will run from February to April. This year's results were published in September 2013, with subsequent years' results being published in July.

For practical reasons PLACE cannot be entirely unannounced and each organisation will be given six weeks' notice of their assessment week by the Health and Social Care Information Centre (HSCIC) and can pick a time in that week to do their assessment. There can be several assessment teams looking at different areas rather than one team looking at everything as long as each team has a 50 per cent membership of patients.

5. INSPECTIONS

This year's Ashford PLACE inspection was carried out on the 11th April 2013; the actual scoring system is shown by a thermometer with the hospital score in blue against the national average score in green **appendix 1**.

This year's St Peters PLACE inspection was carried out on the 4th June 2013; the actual scoring system is shown by a thermometer with the hospital score in blue against the national average score in green **appendix 2**.

The detailed scores for the areas inspected are:

Areas:	Ashford Hospital	St Peter's Hospital	National Average
Cleanliness (of hospital areas)	99.18%	98.76%	96%
Food and Hydration	89.74%	87.9%	85%
Privacy, Dignity and Wellbeing	92.57%	92.06%	89%
Condition, Appearance and Maintenance	89.26%	84.96%	89%

The table enclosed shows Ashford & St Peter's Hospitals as above average for Cleanliness, Food Service and Privacy and Dignity. This reflects the continuous improvement made in these areas over the past two years.

The new catering contract has led to the introduction of new menus with more choice, with greater emphasis on good nutrition and specific dietary requirements. The food service staff on our wards now work 10.30am to 7pm rather than 7am to 3pm, so that they can cover the two primary meal services to maintain consistency in food presentation and delivery. The frequency of our cleaning service has been increased in clinical areas through a Housekeeping general re-organisation, and there have been significant improvements to our patient and visitor car parking facilities, as well as consistent monitoring of the general wear and tear of the estate. These on-going improvements have significantly contributed to the favourable results being reported.

At Ashford Hospital the Condition Appearance and Maintenance of the hospital was above average, but St Peters was marginally below average. Actions are already underway to address this which include replacing floors in A&E and our Medical Assessment Unit, renewing corridor seating and

upgrading a number of public toilets across the site, There is also a range of other capital refurbishments taking place and planned for St Peter's over the next year.

The PLACE funding of £100k has been prioritised to address these areas and to bring them up to the required standard PLACE priority list of actions **appendix 3**. The prioritisation process was undertaken in conjunction with the patients and public governors who lead the PLACE inspections.

6. GOVERNANCE

The Trust has established a PLACE team that will meet quarterly and carryout mini inspections regularly throughout the year and is chaired by the Associate Director of Estates and Facilities - **appendix 4 Terms of Reference**.

The Health and Social Care Information Centre (HSCIC) have received the results and published the data. The data will be shown in Official Statistics and shared with the Care Quality Commission, DoH, NHSCB, CCGs (when requested) National Audit Office (when requested) and the HSCIC (for clinical quality indicators).

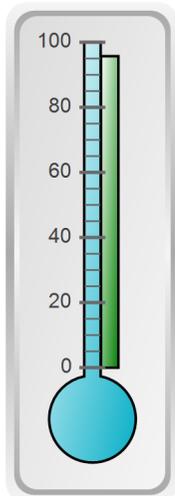
The results illustrate how hospitals are performing nationally and locally. Trusts are required to publish their PLACE results and to produce a short local improvement plan, indicating how the PLACE report will be used to drive improvements. The improvement plan will be managed through the PLACE Improvement Group previously named the PEAT Improvement Group, chaired by the Associate Director of Estates and Facilities.

7. RECOMMENDATION

The Board is asked to note and discuss the contents of this report seeking assurance as appropriate.

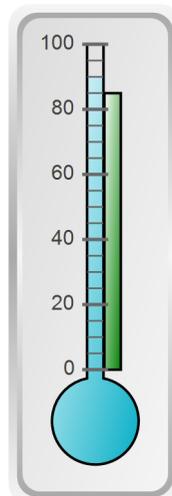
ASHFORD HOSPITAL

Cleanliness



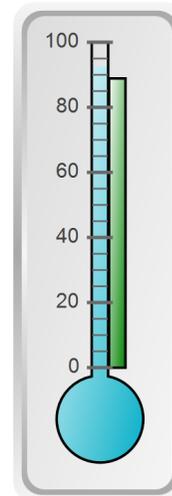
99.18%
95.74%

Food



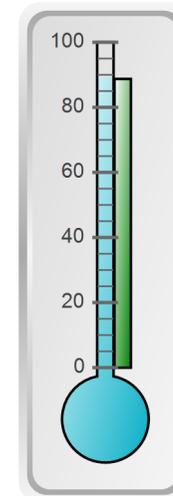
89.74%
84.98%

Privacy, Dignity and Wellbeing



92.57%
88.87%

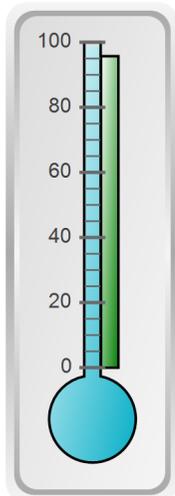
Condition Appearance and Maintenance



89.26%
88.75%

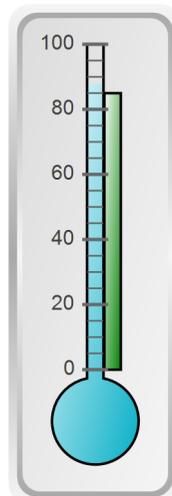
ST PETER'S HOSPITAL

Cleanliness



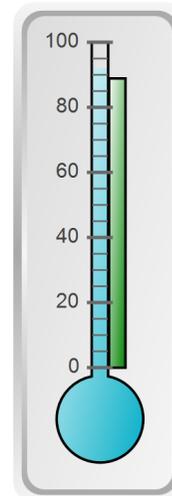
98.76%
95.74%

Food



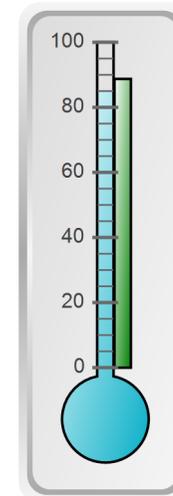
87.90%
84.98%

Privacy, Dignity and Wellbeing



92.06%
88.87%

Condition Appearance and Maintenance



84.96%
88.75%

PLACE action plan priority of works: 24th July 2013

Identified Issue	Work Needed	Priority	Cost
Ashford & St Peters	Furniture required for public areas that is uniformed and appropriate e.g. chairs DOH level 3 are ripped the same at Ashford reception. Quote to include outside of blood units at both hospitals approximately £600 each to include bolting to floor 14 x 3 banks of chairs	5	£ 8,400.00
ST Peters old bus shelter by Main Entrance	Removed the shelter and replace with outside benches	12	£5k
A&E Toilets décor	Environment is looking tired, needs refurbishing	7	£16k
A&E Ambulance entrance damaged floor	Floor patched and a trip hazard for patients and staff plus difficult to clean and maintain	1	£2,000
Ashford St Peters Main Entrance Matt needs enlarging	Entrance mats at both hospitals too small and worn and need replacing	9	£7k
St Peters Bus Stop	Additional Bus Shelters required for Hopper buses	14	£18,500
ST Peters Xray Toilets	The environment is looking tired, needs to be refurbished	8	£16,000
Maternity ground floor male toilets	This toilet very tired, damaged floors, walls, ceilings doors and etc, needs complete refurbishment	4	£7,200
St Peters Abbey block main entrance	Zebra crossing required for public car park when leaving Abbey main entrance	10	£3,000
St Peters DOK toilets	Public toilets on level 2&3 both in poor repair and require refurbishing	3	£10,000
MAU (old Elm)	Floor patched and a trip hazard for patients and staff plus difficult to clean and maintain	2	£20,000

Ashford level 1 floor lift lobby	Floor patched and a trip hazard for patients and staff plus difficult to clean and maintain	6	£10,000
Ashford level 1 wall outside Porters	Plaster has fallen away outside of Porters lodge needs repair and corridor painting	11	£2k
Ashford Restaurant Toilets male and female	Environment is looking tired, needs refurbishing	13	£3k

Patient-led assessments of the care environment

TERMS OF REFERENCE

Constitution

This group will take responsibility for the annual Patient-led assessments of the care environment (PLACE) report required by the Health and Social Care Information Centre. The group reports to the Trust Complaints Committee. The PLACE programme was established to assess NHS hospitals in 2013 and has replaced PEAT.

Under the programme every inpatient healthcare facility in England with more than ten beds is assessed annually and given a rating of excellent, good, acceptable, poor or unacceptable

Authority

This Group is authorised by the PLACE Committee to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

Membership

1. Associate Director of Estates and Facilities
2. Patient representatives including Governors and Healthwatch
3. Capital Project Manager
4. Catering Manager
5. Head of Estates and Infrastructure
6. Housekeeping Manager
7. Head of Facilities Support Services
8. Infection Control representative
9. Chief Nurse or Representative

Attendance

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend they must arrange for a fully briefed member of staff to attend and report on their behalf. Members will be required to attend, as a minimum, 75% of the meetings per calendar year.

Quorum

A quorum of 5 is required to conduct the meeting to exercise all or any of the authorities, powers and discretions invested in.

Frequency and Conduct

The inspection will take place quarterly at both Ashford and St Peters Hospitals. Three of these inspections will be deemed as mini PLACE inspections and last approximately 2.5hrs. The annual inspection is required to be done between April –June of each year and will last a whole day. The group will meet quarterly. The meetings will be no more than 2 hours in length. Items for the agenda should be submitted to the Facilities Secretary a minimum of 10 days before the meeting. The agenda is to be distributed to all members one week before the meeting date.

Duties

- To monitor and evaluate the PLACE reports and action plan for all aspects of the maintenance of a pleasant patient environment, incorporating patient views and involvement whenever possible
- To gather evidence in line with Standards for Better Health
- To maintain an overview of the impact of matrons and patients through a variety of forms of feedback (PALS, complaints commendations, patients surveys)
- Report to the Health and Social Care Information Centre annually via a self-assessment form

Key Responsibilities

- To develop strategies that support the modernisation and continual improvement of the patients' environment
- To take ownership of the National Standards of Cleanliness for the Trust
- To develop strategic and operational plans for cleaning
- To monitor and evaluate patients catering standards

- To prioritise the actions required and make prioritised recommendations for funding from the PLACE allocated capital funding

Reporting Lines

This group will report to the Trust Complaints Committee.

Monitoring

The Chair is to provide an annual report for the PLACE group Committee.

July 2013