



## Report to Brent Council's Wellbeing Scrutiny Committee Patient Led Assessments of the Care Environment (PLACE) Scores 2015 - 2017

### 1. INTRODUCTION

The NHS Constitution establishes a number of principles and values of the NHS in England. Included amongst these are:

- Putting patients first;
- Actively encouraging feedback from the public, patients and staff to help improve services;
- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

Patient Led Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered. These assessments were introduced in 2013 with the aim to promote the above principles and values, by ensuring that the assessments focus on the areas which patients say matter and by encouraging and facilitating the involvement of patients, the public and other bodies with an interest in healthcare, e.g. Healthwatch. The assessments are carried out on an annual basis between February and June and NHS Digital oversees the process. The assessments are unannounced within the Trust, apart from the assessment team members. Each assessment concentrates entirely on the care environment and does not stray into clinical care provision or staff behaviours. The assessment team make their decisions based entirely on the observations made at the actual time of the assessment.

Patient Assessors make up at least 50% of the assessment team, thus providing us with an effective and valuable patient voice. A Patient Assessor is anyone whose experience of the hospital is as a user, rather than a provider of services and includes patients, relatives, visitors, advocates, Healthwatch, members of the public and voluntary sector representatives. The Trust's assessment team members include representatives from Infection Prevention and Control, Nursing, Patient Relations, Dietetics, Estates and Facilities. The results are reported publically, with Trusts required to state how they plan to drive improvements.

The assessments centre on the following key areas:

- **Cleanliness** – including hand hygiene
- **Food and hydration**
- **Privacy, dignity and wellbeing**
- **Buildings and facilities** – condition, appearance and maintenance of the building, fixtures and fittings
- **Dementia-related elements** – considers how the environment supports the care of dementia patients and what actions the Trust need to consider to develop and improve the environment accordingly



- **Disability elements** – considers how well the Trust caters for the needs of patients and visitors with disabilities

The scoring system used is as follows:

- A “Yes” or “No”
- A “Pass” – which indicates that all items meet the definition. Where something is of minor importance, isolated in frequency and in the view of the assessors is of recent origin it may be disregarded, e.g. a paper hand towel that has been discarded on the floor instead of the waste bin.
- A “Qualified Pass” – which indicates that most, but not all items meet the definition and there are no serious issues such as the presence of blood, vomit, faeces or any other bodily fluid which should lead to an immediate “Fail” for all like items in that ward / area. As a general guiding principle 20% failing to meet the standard is scored under this definition.
- A “Fail” – in accordance with the guidance for a Qualified Pass, where there are frequent failures to meet the standard or a single instance which is deemed sufficiently serious to result in an immediate fail for the items being assessed, e.g. the presence of blood.
- The scoring algorithm applies 100% for a “Pass”, 50% for a “Qualified Pass” and 0% for a “Fail”.

PLACE is also an integral part of the Trust’s Quality Account, which demonstrates the Trust’s commitment to continuous, evidence-based quality improvement. The Trust is required to publish the Quality Account on the NHS Choices website in June of each year and should assure patients, members of the public and its stakeholders that as an organisation we are scrutinising our PLACE results providing focus on the areas that require the most attention.

Each year the Trust identifies a PLACE Improvement Plan concentrating on the areas where improvement can be implemented and, where possible supported by investment. Progress reports on the Improvement Plan is reported at scheduled intervals to the Trust’s Patient Experience Committee, Infection Control Committee and Nutrition and Hydration Committee, all of which in turn are accountable to the Trust’s appropriate Sub-Board Committees, Executive Team and Trust Board. Each of these committees includes patient representation.



### **3. CLEANLINESS**

Cleaning services are provided across the Trust by Medirest, as part of the Soft FM Contract, which commenced on 24 March 2017. Specific PLACE responsibilities have been included in this new Contract and there are specific KPIs within the Contract which concentrate on the achievement of the required cleaning standards. Supervisors have designated areas of responsibility and carry out joint technical cleaning audits with Matrons, Ward Managers and service heads in line with the NHS National Cleaning Standards. Independent and unannounced audits are undertaken by the Trust's Infection Prevention and Control and Facilities Teams. In addition the Trust's Excellence Assessment Tool (ward accreditation) includes modules on cleaning. The PLACE scores have demonstrated a steady upward improvement since 2015.

### **4. FOOD AND HYDRATION**

Patient Catering services are also provided by Medirest as part of the Soft FM Contract using their "Steamplicity" meal solution. Again the Trust have included PLACE responsibilities within the Contract and the Contract catering team meet with the Trust's Dietetic Team on a bi-monthly basis. It was disappointing to experience a fall in PLACE scores at Northwick Park & St Mark's Hospital in 2017, but the causes were clearly identified at the time of the assessment which related to conformance with Protected Mealtimes. As a consequence a Task and Finish Group, led by the Chief Nurse, initiated a structured development plan which has been instrumental in achieving changes relating to nutrition and hydration:

- A new Patient Protected Mealtimes and Beverages Policy has been launched, including the introduction of bells in the wards to support the process;
- The nutritional screening tool and food charts have been standardised across the Trust and compliance is now monitored through walkabouts and Matrons audits;
- "Weigh-Day Weekends" have been introduced across the bedded units;
- The first Trust Nutrition and Hydration Study Day was held in September 2017, which will now be held annually;
- Peer/external reviews (Healthwatch) relating to nutrition and hydration have been undertaken in some wards and an invitation to complete more of these has been extended.

### **5. CONDITION, APPEARANCE AND MAINTENANCE**

The Trust's physical Estates is made up of mainly 1960 -1970's buildings with the exception of Central Middlesex Hospital. The age and lack of historic investment in NHS Estate has led to a capital requirement cost to bring the estate up to an acceptable level. The current Trust figure for this backlog maintenance requirement is in 2016/17 £181m and this is reviewed every year as part of the Estates Return Information Collection (ERIC) submission. This backlog maintenance indicated that the Trust faces a number of significant challenges in relation to the maintenance demands of the Northwick Park and St Mark's Hospital site, any capital investment for backlog maintenance is derived from within the Trust own capital. The Trust's PLACE scores have improved since 2015, owing



to the capital investment that has been made in patient services, including patient bathrooms, new wards including an Intensive Care Unit and refurbished day treatment areas.

At Central Middlesex Hospital, the PFI provider, ByCentral, is accountable to the Trust for the achievement of a range of service standards and response times which are an inherent part of the Contract and monthly meetings are held with the Trust. The provider is accountable for failures to achieve the performance standards and financial penalties are applied where required. The life cycle capital funding also from the Trust own capital included as part of this service delivery has had a positive impact on the PLACE scores since 2015.

As detailed above, the assessment scores are based solely on the observations made at the actual time of the assessment and in respect of issues related to the condition, appearance and maintenance of the sites, we are reliant on service users reporting faults in a timely manner to our Estates Helpdesks. Experience denotes that levels of reporting could be significantly improved and therefore the Soft FM Contract now encompasses both the Hard and Soft FM Helpdesk, which is available twenty four hours a day, seven days a week.

## **6. PRIVACY, DIGNITY AND WELLBEING**

This PLACE domain covers single sex occupancy issues, space around beds, bedside and shower curtains, the provision of separate treatment rooms on wards, access to patient entertainment, how patients are dressed and the provision of social spaces. The introduction of the Excellence Assessment Tool and the “Perfect Ward App” is aimed at affecting an increased focus on the issues that we have the ability to influence and control in this area. In particular, patients being dressed correctly, curtains being correctly hung and bedside conversations being conducted in a discreet manner.

## **7. DEMENTIA AND DISABILITY**

Dementia scores have continued to improve across our sites. This is due in part to the launch of the Trust’s Dementia Strategy in the latter part of 2016, which has seen the implementation of a number of local initiatives to support our dementia patients and investment in capital and refurbishment works.

We received an improvement in the Disability score which was introduced in 2016, due in part to the fact that refurbishment and capital projects include an assessment of disability related issues.

It must be noted however that unfortunately capital funding is not available to support all the works that the Trust would wish to undertake in relation to dementia and disability and that funding is currently allocated on a prioritised basis.

**Yvonne Smith, Head of Facilities**  
**January 2018**