

## Board of Directors (in Public)

### Item 2.6

**Subject:** Patient Led Assessments of the Care Environment (PLACE)  
**Annual Assessment results 2018**  
**Date of meeting:** 4<sup>th</sup> September 2018  
**Prepared by:** Joanne Shaw, Head of Nursing and Safeguarding Clinical Support Services  
**Presented by:** Sue Pemberton/Director of Nursing & Quality  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
1.1, 1.2	Assurance on outcome of PLACE assessment indicating significant improvement from last year in some areas and highlighting areas for further

#### 1. Executive Summary

This paper is to provide the Board of Directors with the results of the Patient-Led Assessments of the Care Environment (PLACE). The 2018 inspection at LHCH was undertaken on May 2<sup>nd</sup> 2018. The results demonstrate that LHCH has achieved above average for all of the key domains. At national level, average site PLACE scores have slightly improved since 2017 for all domains. The largest increases were seen for the dementia (up 12.4 percentage points) and disability (up 9.5 percentage points) domains. These increases may reflect increased investment in and understanding of these newer PLACE domains (dementia was introduced in 2015 and disability in 2016).

#### 2. Background

The assessments are a self-assessment of a range of non-clinical services, which contribute to the environment in which healthcare is delivered, in the both the NHS and independent/private healthcare sector in England. Participation is voluntary. These assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) These are the fourth results from the revised process. PLACE assessments were undertaken in Liverpool Heart and Chest Hospital in April 2018. Ten assessors (9 patients, 5 staff) were involved in the assessment process.

The assessment of condition, appearance and maintenance of the environment was assessed including a range of other aspects of the general environment

including décor, tidiness, signage, lighting (including access to natural light), linen, access to car parking (excluding the costs of car parking), waste management and the external appearance of buildings and the tidiness and maintenance of the grounds.

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; and practical aspects such as appropriate separation of sleeping and bathroom/toilet facilities for single sex use, bedside curtains being sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.

The assessment of food and hydration includes a range of questions relating to the organisational aspects of the catering service (e.g. choice, 24-hour availability, meal times, and access to menus) as well as an assessment of the food service at ward level and the taste and temperature of food.

The Dementia assessment focusses 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.

The Disability assessment focusses on issues of access including wheelchair, mobility (e.g. handrails), signage and provision of such things as visual/ audible appointment alert systems, hearing loops, and aspects relating to food and food service. It shares many facets with the dementia assessment, and with very few exceptions draws on existing aspects of the assessment rather than introducing new additional questions. This 'double' counting allows better use of data and avoids imposing additional burdens on data providers. The items included in the assessment do not constitute the full range of issues, rather focussing on a limited range with strong buildings/environment related aspects.

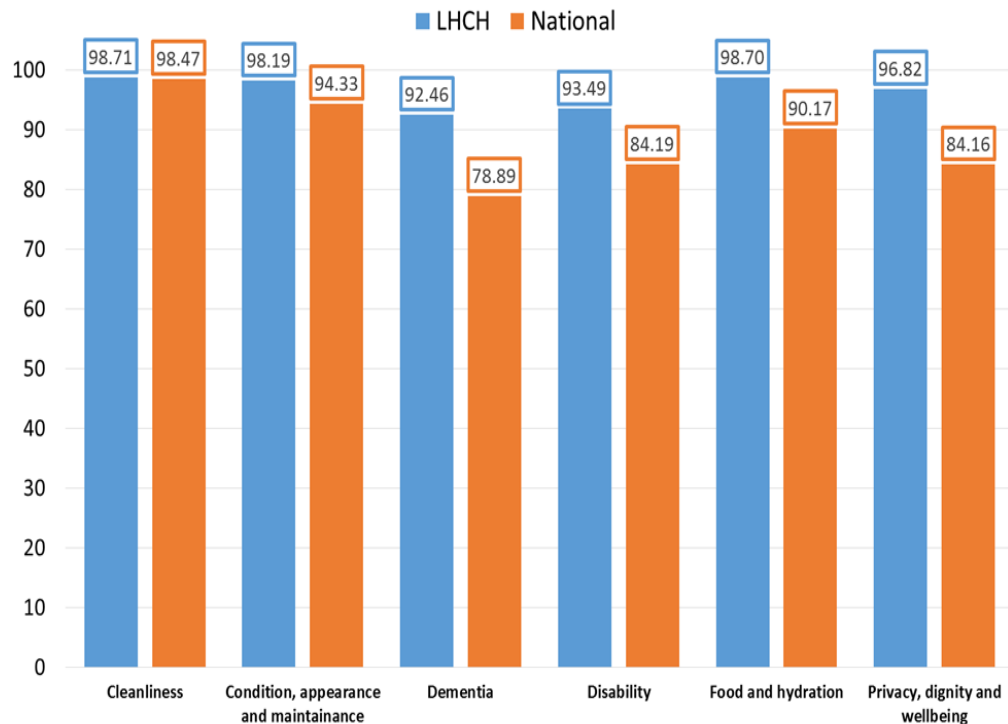
The criteria included in PLACE assessments are not standards, but they do represent those aspects of care which patients and the public have identified as important, and good practice as identified by professional organisations whose members are responsible for the delivery of these services, including but not limited to the healthcare estates facilities managers association, the association of healthcare cleaning professionals and the hospital caterers association.

### **Significant Improvements in 17/18**

The Score for dementia for LHCH was 92.46% which was a significant increase since last year at 80.16% which was significantly higher than the national average of 78.89 %.

The score for Disability for LHCH was 93.49% which again is a significant improvement on last year's score of 83.99%.which is higher than the national average of 84.19%.

## Overall scores



### 3. Areas for Improvement for 18/19

The areas that require attention following the PLACE assessment include;

- Wellbeing of Patients – Consideration needs to be given to the provision of individual TV and Radio Access for all patients.
- Some of the Outside garden spaces need further care and attention. Noticeable cigarette stubs across the site in certain areas.

There were no other major areas of concern noted however in order to improve our scores we would need to begin some work on some small scale changes that when scored across all areas can make a difference to the overall scoring , the trust would need to include:

- Dementia – We would need to consider flooring across the wards as some floors do not meet the standard.
- Food provision – we currently place all items on the tray together i.e. soup, sandwich and pudding. This is then scored lower as all items should be served independently. However a lot of patients enjoy the soup with sandwich, this will be scoped out this year as part of the mealtime observations for the Nutritional Steering group. We also need to consider more hot items at breakfast, as this also is scored 2 points for every ward.

- Parking is worth 6 points and each year we are unable to achieve all 6 , 2 are for if we charge for parking , 2 for display of any concessionary schemes and 2 for enabling patients and families to pay via card. This would need careful consideration as currently we only have ten concessionary permits and if displayed more prominent could potentially cause complaints when not available.

#### **4. Summary**

The results for Liverpool Heart and Chest Hospital highlight that the Trust performance was above average for all of the key domain scores in 2018.

Full results can be found on <http://www.digital.nhs.uk/pubs/place18>

#### **5 Recommendations**

The Board are asked to note the results of the recent PLACE assessment and the recommendations relating to improvement work required to meet the new standards across the organisation which will be monitored by the Nutritional Steering group.