

Board of Directors (in Public)

Item 2.2

Subject: Patient Led Assessments of the Care Environment (PLACE)
Annual Assessment results 2017

Date of meeting: 31st October 2017

Prepared by: Joanne Shaw, Lead Nurse Patient Experience and Safeguarding

Presented by: Sue Pemberton - Director of Nursing and Quality

BAF Ref	Impact on BAF
1.1, 1.2	None

1. Executive Summary

Patient-Led Assessments of the Care Environment (PLACE) are conducted within all Trusts annually. These assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which had been undertaken from 2000 – 2012 inclusive. These are the fourth results from the revised process. 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. The 2017 inspection at LHCH was undertaken in April 2017. The results demonstrate that LHCH has achieved above average for all of the key domains.

2. Background

The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.

The PLACE assessment tool provides a framework for assessing quality against common guidelines and standards. The environment is assessed using a number of question forms depending on the services provided by the facility. These can be viewed [here](#):

<http://content.digital.nhs.uk/PLACE>

Questions score towards one or more non-clinical domains: Cleanliness; Food/Hydration; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance; Dementia; and Disability.

A total score as a percentage is produced for each domain at site and organisation level, as well as a national and a regional result. PLACE assessments were undertaken in Liverpool Heart and Chest Hospital in April 2017. 21 assessors (13 patients, 8 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. 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.

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.

3. Areas for Improvement

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 across the wards especially on Birch ward and Cedar.

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 changing all toilet seats to black or navy as opposed to white, this element loses points on every ward and would enable us to meet the standard for dementia - this is worth 2 points on all wards. The flooring on some wards is not dementia friendly and therefore needs review.
- 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 their sandwich together. We also need to consider the provision of 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. The reasons for this are that the Trust charges for parking, we do not display that we offer concessionary schemes (we have 10 passes) and patients and families cannot pay via card.

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 2017. There are areas for improvement if the Trust wishes to address them but these need to be considered before taking them forward.

5 Recommendations

The Board are asked to note the results of the recent PLACE assessment and note the good results.

Appendix 1

Key Domain/Score	LHCH Score 2013	LHCH Score 2014	LHCH Score 2015	LHCH Score 2016	LHCH Score 2017	National average scores 2017
Cleanliness	97.28	99.4	98.41	99.01	98.75	96.4
Privacy, dignity wellbeing	94.69	89.09	87.63	87.23	89.32	83.7
Condition, appearance maintenance	95.14	95.19	96.43	95.29	96.86	94
Food & hydration	93.49	92.16	98.60	95.06	98.53	88.2
Other – Dementia	No score	No score	87.32	81.14	80.16	75.3
Other Disability	No previous scores			86.78	83.99	82.6