

Council of Governors: Summary Sheet

17th December 2015

Item No 8

Title of Paper:

PLACE (Patient Led Assessment of the Care Environment) Outcomes 2015

Presented By:

Helen Payne, Director of Facilities Management

Action Required:

For Information

For Ratification

For a decision

For Feedback

Vote required

For Receipt

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	X
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	
Monitoring the Trust's performance against its targets and strategic aims	

How does this item support the functioning of the Council of Governors?

The report provides assurance to the Governors on quality of services through Patient-Led Assessments of the Care Environment (PLACE) which are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/private healthcare sector in England

Author of Report:

Helen Payne

Designation of Author:

Director of Facilities Management

Date:

7th December 2015

SUMMARY REPORT

Report to: Council of Governors
Date: 17th December 2015
Subject: PLACE (Patient Led Assessments of the Care Environment) Outcomes 2015
From: Helen Payne, Director of Facilities Management

1. Purpose

To receive for information the 2015 PLACE Outcomes Report

2. Summary

The Report has previously been received by Executive Directors Group (EDG) on 15 October and by Quality Assurance Committee (QAC) on 26 October.

It has been endorsed at both meetings and any comments or suggestions made by those groups are reflected in this report.

The 2015 PLACE results were published in the public domain during August and were communicated to EDG and Board members at that time in simple format.

The annual formal report requires endorsement by the Quality & Assurance Committee as part of the Trust's assurance processes that a high quality care environment and ancillary support services are being provided to service users, with any remedial items being identified and addressed via a high level action plan.

It is a national (HSCIC) requirement for Trust PLACE Action Plans to be in the public domain; therefore following receipt by Board the Action Plan will be published on the Trust Internet, as well as the Intranet and by internal circulation to Service Directors and other appropriate senior staff.

3. Next Steps

For Council of Governors to receive for information the PLACE 2015 Outcomes Report.

4. Required Actions

Director of Facilities Management to ensure the Action Plan is both published as required, and progressed as indicated including assessment of any additional resource implications.

5. Monitoring Arrangements

Via Executive Director of Finance.

6. Contact Details

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Report to: Quality Assurance Committee
Date: 26 October 2015
Subject: PLACE (Patient Led Assessments of the Care Environment) Outcome Report 2015
From: Helen Payne, Director of Facilities Management
Prepared by: Janet Mason, Hotel Services Manager
 Helen Payne, Director of Facilities Management

A. Purpose

This briefing paper provides information and comment on the 2015 PLACE (Patient Led Assessment of the Care Environment) programme and the outcome information published by the NHS Health and Social Care Information Centre (HSCIC) during August 2015. The national outcome report is available in the public domain and shows the results for SHSC alongside PLACE outcome reports from other NHS Foundation Trusts and other organisations. These outcome reports may also be taken into consideration by the CQC when planning their inspection programme and assessing the Trust for compliance.

B. Summary

The following information shows the results from this year's assessment:

PLACE Results for the 2015 assessment published August 2015

Site	Cleanliness	Food Overall	Organisational Food	Ward Food	Privacy Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia
	%	%	%	%	%	%	%
Firshill Rise (ISSU)	99.01	90.78	83.81	97.37	94.70	92.75	N/A
Forest Close	97.47	94.19	86.82	95.86	95.15	97.92	N/A
Forest Lodge	99.86	92.26	88.12	96.89	95.10	95.45	N/A
Grenoside Grange	100.00	93.59	88.53	98.37	89.53	98.57	97.07
Longley Centre	98.73	93.70	86.78	95.28	91.59	90.63	N/A
Longley Meadows (Rivermead)	99.25	91.95	85.45	99.22	89.29	93.75	N/A
Michael Carlisle Centre	99.47	93.39	88.81	94.90	95.48	95.11	94.35
SHSC Average	99.11	92.84	86.90	96.84	92.98	94.88	95.71
National Average (all Trusts)	97.57	88.49	87.21	89.27	89.27	90.11	74.51

The above table has been RAG rated to indicate where SHSC is at or above the national average in its outcome scores (Green) or slightly below (Amber). Although we do have a small number of Amber rated scores these are not statistically significant. It is pleasing to note we have one score of 100% which is denoted in Blue.

We wish to draw attention to the fact the Trust is in the top 20 organisations nationally for the Dementia domain outcomes, and a Press Release celebrating that achievement has already been issued by our Communications Officer, Jane Harris.

There were once again methodological changes to the PLACE assessments between 2014 and 2015. These are outlined in the attachment "Schedule of Changes to 2014 Assessment Forms" which was issued nationally. The changes are linked to external drivers e.g. public opinion; increasing

emphasis on care standards for people with dementia; input from professional associations e.g. Hefma; national changes that have taken place (for example the issue of the new hospital food standards) and comments and feedback from assessors during 2014. All of these have informed the format of the 2015 assessment round.

For statistical interest, also attached to this report is the formal HSCIC PLACE report published in August 2015 (See first PDF attachment). There is a comment on Page 45 – 46 about Comparability and Coherence. It particularly references the changes to the Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance, and Food domains, noting the changes are likely to have resulted in a small downward change in the scores for these sections for some organisations, and in the National Averages.

The changes make it difficult to accurately compare results year on year, but for interest, and to note the comparative changes between all domains locally, comparison scores are shown in the body of this report. The Dementia Domain is new for 2015 so no comparison can be drawn.

1. **Outcomes**

The PLACE assessments consider 5 key areas:

- Cleanliness
- Condition, Appearance & Maintenance
- Privacy, Dignity & Wellbeing
- Food and Hydration – further split into Food Overall; Organisational Food and Ward
- Food
- Dementia

At the end of the process, each unit which has undertaken an assessment is given a result against these five assessment areas.

Participating organisations and others who may use the data will be able to benchmark their performance or the performance of particular types of organisations. For the purposes of comparison, a national average of scores from all participating hospitals/units is 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.

As this is the third year PLACE assessments have been undertaken, it is possible to use the outcomes as a historical measure of change.

Looking at the results across the Trust and against the National averages gives a snapshot indication for measuring against the individual domains. This should be used as an indication of where improvements and investments are needed. In particular, when we compare these outcomes to what we already know they become a useful measure and provide assurance, e.g. when the areas with a lower percentage score match up with the current planning and priority areas within the Trust. In addition where outcome results show a lower percentage score yet we currently do not have any plans for that area, there is an opportunity to review current assumptions to make sure we have not missed anything.

2. **Outcome Domains**

Cleanliness

The standard of cleanliness was very good and general levels of cleanliness were relatively consistent. Some dust was reported on high and low surfaces and ventilation grilles and in

radiators, and in some areas relatively minor problems were noted with cleanliness of floors and internal glazing. The overall cleanliness standards were all above the National Average (of 97.57%). The scores have also all improved since 2014 and we have achieved our first score of 100.00% for Cleanliness at our Grenoside Grange site.

Unit	2014 Score	2015 Score
Firshill Rise	98.48%	99.01%
Forest Close	96.79%	97.47%
Forest Lodge	97.95%	99.86%
Grenoside Grange	99.68%	100.00%
Longley Centre	96.36%	98.73%
Longley Meadows	98.98%	99.25%
Michael Carlisle Centre	99.16%	99.47%

These improvements are due to the work that has been undertaken via the Senior Housekeepers Meeting, chaired by the Hotel Services Manager, which aims to improve standards and consistency of approach across the Trust. Our challenge here is to maintain these very good scores while attending to the minor problems that have been identified.

Condition, Appearance and Maintenance

For the 2015 assessment round changes were introduced for the assessment criteria looking at increasing accessibility through the installation of handrails; provision of a variety of seating types and toilets which can accommodate a wheelchair plus a care/staff member. This is likely to have resulted in a small downward change to scores and is reflected in a lower national average compared to 2014 (also see Page 46 of the HSCIC report).

It is questionable if some of these changes would result in an improved care experience for our service users/mental health service users generally – for example we might not wish to have handrails in areas if they posed a ligature risk. Comments about this will be fed back to the HSCIC on behalf of the Trust which may influence the 2016 assessment format.

All of these scores in 2015 were above the national average of 90.11%.

A comparison table is provided below:

Unit	2014 Score	2015 Score
Firshill Rise	98.41%	92.75%
Forest Close	94.53%	97.92%
Forest Lodge	95.80%	95.45%
Grenoside Grange	100.00%	98.57%
Longley Centre	92.13%	90.63%
Longley Meadows	95.74%	93.75%
Michael Carlisle Centre	98.85%	95.11%

This year the areas highlighted in the PLACE assessment as requiring attention included:

- Rowan & Maple Wards are in need of redecoration
- Rowan Ward - different waste bins are needed in some WCs
- Forest Lodge – floor covering in one bedroom needs replacing
- Forest Close Bungalow 1A – refurbishment required in the bath/WC

These needs will be addressed via the Trust's existing PLACE revenue budget apart from the work at Forest Close which will be managed via the major capital refurbishment programme being implemented to support the Rehabilitation Strategy changes.

Similarly Pincroft Ward was noted as having poor décor. However in the near future the service users in this unit will have moved into alternative accommodation as part of the Rehabilitation Strategy changes, and this area will be reconfigured as part of the Longley Centre Phase 2 programme. So no action will be taken about this.

Under the element of Access, it was noted some main reception desks did not have a hearing loop or other portable assistive system. This also needs to be addressed.

Privacy, Dignity & Wellbeing

Minor changes were made to the assessment methodology for this domain; but it is broadly comparable with 2014. However the changes may have led to a slight reduction in scores for some sites, and the National Average has reduced. This has not been the experience in SHSC where all scores have increased since 2014, and all are above the national average of 86.03%.

A comparison table is provided below:

Unit	2014 Score	2015 Score
Firshill Rise	91.41%	94.70%
Forest Close	85.05%	95.15%
Forest Lodge	82.90%	95.10%
Grenoside Grange	83.33%	89.53%
Longley Centre	86.94%	91.59%
Longley Meadows	83.64%	89.29%
Michael Carlisle Centre	89.03%	95.48%

We remain disappointed that despite our comments to HSCIC about the unsuitability of ratings for some of the questions in this domain for mental health service providers, it is still, we believe, biased towards acute care settings. For example in a question relating to availability of Internet access by patients, the questions are ranked as overleaf:

1. Patients have free access to Wi-Fi throughout the building (except where not safe for clinical Care)
2. Patients have access to Wi-Fi (as above) – but at a cost
3. Patients have access to the Internet in designated areas only, either by Wi-Fi or by computers provided by the organisation – this is the level SHSC are on
4. There is no Internet access

There is a similar question on access to television e.g.

1. All patients have personal access to TV at no cost (Personal TV is an individual set at the bedside as you might find in an acute physical healthcare ward)
2. As above, but at a cost
3. All have access to a TV sited in e.g. a 4 bed bay
4. All patients have access to TV in a communal area – this is the level SHSC are on
5. No TV access

It is suggested that as an organisation we do not necessarily want to change our stance on such provision as it may well detract from the type of care we are trying to provide.

We will continue to raise this sort of issue with HSCIC when they request national feedback on this year's assessment round.

There is also a question within this domain about accessibility (for family, relatives, carers etc.) to meals/snacks within the building at all time of the day and night. Additionally such snacks must be 'healthy' i.e. not just confectionery or crisps. Whilst it could be argued we are unlikely to have visitors during the night time and this question is also biased towards acute care settings; it would also be correct to say this is something the Trust does not currently provide.

We need to consider undertaking a feasibility study to assess the practicability of introducing such provision.

Food and Hydration

The PLACE assessment gives food its own section as well as asking wider organisational questions and puts a requirement on the assessment team to not only look at the food but to sample it as well.

Once again the outcome shows that while we have a diverse spread of inpatient environments, the quality of the food remains at a high standard across the whole Trust. This is reflected in the Trust score being above the national average across the all sites. The scores suggest the Trust's Nutritional Strategy approach has a positive impact on this aspect of the care environment.

It will be difficult to significantly improve on the scores for Food Overall and Ward Food unless the Trust adopts an "a la carte" food service provision. Given we already score over 90% for this elements and have delivered a consistent outcome for the past 2 years, it is suggested the cost/benefit of this approach would be limited.

This year this Domain has been spilt into 3 separate scoring elements.

Comparison tables are provided below:

Food Overall

Unit	2014 Score	2015 Score
Firshill Rise	87.69%	90.78%
Forest Close	92.57%	94.19%
Forest Lodge	85.41%	92.26%
Grenoside Grange	94.73%	93.59%
Longley Centre	90.20%	93.70%
Longley Meadows	90.13%	91.95%
Michael Carlisle Centre	95.51%	93.39%

Organisational Food

Unit	2014 Score	2015 Score
Firshill Rise	Not scored	83.81%
Forest Close	Not scored	86.82%
Forest Lodge	Not scored	88.12%
Grenoside Grange	Not scored	88.53%
Longley Centre	Not scored	86.78%
Longley Meadows	Not scored	85.45%
Michael Carlisle Centre	Not scored	88.81%

Ward Food

Unit	2014 Score	2015 Score
Firshill Rise	89.39%	97.37%
Forest Close	95.63%	95.86%
Forest Lodge	85.80%	96.89%
Grenoside Grange	99.15%	98.37%
Longley Centre	90.42%	95.28%
Longley Meadows	99.17%	99.22%
Michael Carlisle Centre	97.37%	94.90%

These very good scores reflect the ongoing work of the Trust's Dietician and Assistant who engage with staff at all our sites where food is provided for service users, with the aim of ensuring a high quality, nutritionally balanced and healthy diet is available.

In respect of the Organisational Food scores we are aware some scores are slightly under the national average. The range of questions asked by PLACE for this element is shown in the attached second PDF (available to governors on request).

At the very beginning of this document there is a question about assessment of food procurement and catering services against the Government Buying Standards for Food and Catering Services. The Trust has not yet commenced this assessment but it has been discussed between the Director of Facilities Management and Interim Head of Procurement; and will form part of the Procurement Strategy and also the revised Nutritional Strategy.

Further work towards assessment will be done during 2015/16 and beyond. As already indicated we do not provide an a la carte type service in the Trust so – for example – we typically provide 4 condiments with a main meal (rather than 5); have 2 course meals rather than 3 courses; have a choice of 3 preserves rather than 4. Unless we change our strategy in this respect (which would have significant cost implications) our scores are likely to remain in a similar range.

One issue we can address simply is provision of napkins with meals; this will be discussed by the Hotel Services Manager at the Senior Housekeepers meeting and arrangements made to ensure napkins are always available at mealtimes.

We have also been looking into the feasibility of installing chilled water dispensers on the wards. Unfortunately these do not meet the Trust's criteria for capital equipment funding so a Business Case will need to be submitted for additional revenue to enable implementation. This will also improve our score in the Overall Food category and has been requested by several ward managers as important for service users who use categories of medication which may have a side-effect of a dry or sore mouth.

Dementia

This is a new domain for 2015. It does not apply to units that will never knowingly admit a service user with dementia. Thus the only sites to which it applies in the Trust are Michael Carlisle Centre (in respect of Dovedale Ward – although this is not a dementia care ward primarily) and Grenoside Grange (G1 Ward).

Our outcome scores are:

Unit	2015 Score
Grenoside Grange	97.07%
Michael Carlisle Centre	94.35%

It forms part of the Ward assessment criteria. Questions are asked relating to the nature of the floor covering; toilets and toilet signage and general signage. Some additional questions are asked about avoidance of strong patterns in e.g. furnishings or curtains; marking of exit doors but 'disguising' of staff only areas by painting schemes, and covering or removal of mirrors.

The criteria are based on best practice as advised by The Kings Funds and Stirling University. Although we have scored very well and rightly celebrated our success, some small improvements such as clear marking of taps with Red and Blue to denote hot or cold water supply, and further work on colour contrasting in toilets, may improve this still further.

C. Conclusion

This is the third year the PLACE assessment programme has run nationally, and it gives us a good benchmark for future years. It is beneficial to compare the percentage scores across the Trust, and with the national average.

We have continued to carry out the assessments with smaller teams which are less intrusive for the service users. Each team had a ratio of 50% patient assessors and 50% staff which was deemed more effective for the patient assessors who in the post-assessment evaluation meeting stated the felt they were more involved and the assessment was thorough.

We are pleased to report this year the involvement of Sheffield Healthwatch who has participated in the assessments.

The scores this year have mainly continued to improve overall and all staff involved in delivery of services which contribute to these scores are deserving of thanks for their efforts. We should continue to challenge ourselves to maintain or improve on these scores where possible.

D. Next Steps

The Trust's PLACE outcomes have been published in the public domain by the NHS Health and Social Care Information Centre alongside the outcome percentages for all other NHS organisations. Copies of the outcome results will be made available for each area electronically by request and the synopsis (temperature chart) reports shared with ward and service managers. This year is much easier (following feedback to the HSCIC) to provide ward level feedback and this will be coordinated via the Hotel Services Manager.

In addition to the publication of the National Outcome reports there is a requirement for each Trust to make available for publication an Action Plan that outlines actions to address issues raised within the PLACE assessment. This can be a brief stand-alone document or as a documented part of a wider Trust plan that is itself available within the public domain.

A proposed high level action plan is attached for consideration/ratification (having been previously ratified by EDG at its meeting on 15 October 2015).

Following ratification the Director of Facilities Management will commence implementation of the plan.

E. Required Actions

The Committee is asked to receive this report and note the comments contained within. The Committee is requested to consider and approve the Action Plan for publication in the public domain (via the Trust's website)

F. Contact Details

For further information, please contact:
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Sheffield Health & Social Care NHS FT – Patient Led Assessment of Care Environment (PLACE) Action Plan from 2015 Assessment Outcomes

Domain	Actions	Lead	Timescale	Resource Implications
Cleanliness	1. Review the cleaning schedules via the Senior Housekeepers working group, ensuring sufficient emphasis on high and low dusting; cleanliness of floors and internal glazing.	Hotel Services Manager	December 2015	No additional requirements
	2. Revise programme for cleaning the ventilation grilles and radiator covers	Hotel Services Manager	January 2016	No additional requirements
	3. Issue reminder about replenishing anti-bacterial hand gel dispensers at ward entrances	Control of Infection Nurse	November 2015	No additional requirements
Condition, Appearance & Maintenance	Obtain costs for items identified in the PLACE assessments and plan for these to be actioned via the PLACE revenue budget allocation			
	Longley Centre – ward redecoration; replacement waste bins Forest Lodge – bedroom floor covering Firshill Rise; Michael Carlisle Centre – review availability of hearing loop or similar assistive system at main reception desk	Head of Capital Development & Head of Estates	April 2016	Existing allocation
Privacy, Dignity & Wellbeing	All units: consider suitability of introducing an appropriate vending machine to cater for needs of visitors (must not be just confectionery/crisps)	Hotel Services Manager	April 2016	Unknown until feasibility study undertaken
	Review availability of privacy curtains in bathrooms via Senior Housekeepers Group	Hotel Services Manager	January 2016	No additional requirements

Food & Hydration	<p>Retain current outcome level by:</p> <ol style="list-style-type: none"> 1. Implementation of the Hospital Food Standards Panel's Report with regards to good nutrition & hydration – including commencing assessment of the Government Buying Standards for Food & Catering Services 2. Continuation of the existing dietician's work plan e.g. menu planning meetings for all units 3. Review provision of plumbed-in chilled water provision in wards (where not already in situ) and develop a revenue business case to request funds to implement this system across the Trust 4. Continue to improve the dining experience , implementing all aspects to ensure a welcome and friendly environment that is fit for purpose. In particular work with Senior Housekeepers Group to ensure availability of napkins 	Director of FM/Hotel Services Manager/ Dietician/Interim Head of Procurement	Ongoing	Resource implications not yet assessed
		Procurement	Ongoing	No additional requirements
		Dietician	February 2016	Resource implications to be confirmed in Business Case
		Director of FM/ Head of Estates	Ongoing	No additional requirements
Dementia	<ol style="list-style-type: none"> 1. Review colour coding of taps 2. Review existing provision of colour contrasting in WCs on designated wards and draw up a scheme to meet required standards 	Head of Capital Development	April 2016	Resource implications not yet assessed
		Head of Capital Development	April 2016	Resource implications not yet assessed
		Hotel Services Manager		

September 2015