

DIRECTORATE OF ESTATES, FACILITIES & CAPITAL PLANNING

Results of the 2016 – Patient Led Assessment of the Care Environment – PLACE (formerly PEAT)

AUGUST 2016

1. Executive Summary

This report presents the results of the 2016 Patient-Led Assessments of the Care Environment (PLACE) which were published by the Health & Social Care Information Centre (HSCIC) on the 10th August 2016.

The overall organisational scores for the Trust are above the national average on 7 of the 8 categories assessed which represents good performance against standards which now have stricter criteria in a number of areas. The results are shared with the wider organisation, and in particular with our PFI partners, and will form part of a wider improvement plan for all relevant support services.

STHFT Overall Organisation Score versus national average

| | Cleanliness | Food & Hydration | Organisation Food | Ward Food | Privacy, Dignity & Wellbeing | Condition, Appearance & Maintenance | Dementia | Disability |
|------------------------|-------------|------------------|-------------------|-----------|------------------------------|-------------------------------------|----------|------------|
| National Average Score | 98.1% | 88.2% | 87% | 89% | 84.2% | 93.4% | 75.3% | 78.8% |
| STHFT | 98.93% | 90.90% | 91.41% | 90.95% | 83.23% | 96.12% | 79.95% | 86.01% |

2. Introduction

PLACE are self-assessments carried out voluntarily and were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which ran from 2000 – 2012. These are the fourth results from the revised process.

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matters to patients, families and carers: putting patients first, active feedback from the public, patients and staff, adhering to basics of quality care and committing to ensure services are provided in a clean and safe environment that is fit for purpose. PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers.

In 2016, the assessments highlighted for the first time how well the premises from healthcare providers are equipped to meet the needs people with disabilities. Note that the results collected don't represent a comprehensive assessment relating to disability but rather on a limited range of aspects with strong environmental or buildings associated components.

Between the assessment period of February and June 2016 a total of 1,291 assessments were undertaken across 287 organisations. Of these were 226 (78.7%) NHS trusts, 61 (21.3%) were from voluntary/ independent and private sectors.

The total number of organisations that took part in this year's PLACE reduced by 2. In 2016 a greater proportion of returns were from non-NHS organisations, 21.3% as opposed to 20.1% in 2015.

Additionally, 2,104 food assessments were undertaken and 1,037 sites were assessed against the Dementia criteria, with 254 declaring that patients with dementia would not be admitted to the site being assessed. This would be due to the nature of the services provided e.g. children's hospitals or Child and Adolescent Mental Health Services.

3. Principles/Criteria

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities of concern are:

- Cleanliness
- Food and Hydration
- Privacy, Dignity and Wellbeing (how the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing)
- Condition, Appearance and Maintenance of healthcare premises
- Dementia (whether the premises are equipped to meet the needs of people with dementia against a specified range of criteria)
- Disability (the extent to which premises are able to meet the needs of people with disability against a specified range of criteria)

The criteria included in PLACE are not standards, but they do represent aspects of care which patients and the public have identified as important. It also represents good practice as identified by professional organisations whose members are responsible for the delivery of these services. These include but are not limited to the Healthcare Estates Facilities Managers Association, the Association of Healthcare Cleaning Professionals and the Hospital Caterers Association. In the case of dementia they draw heavily on the work of The Kings Fund and Stirling University.

The assessment of **Cleanliness** covers all items commonly found in the healthcare premises including patient equipment; baths, toilets and showers, furniture, floors and other fixtures and fittings.

The assessment of **Food and Hydration** includes a range of organisational questions relating to the catering service, for example, the choice of food, 24-hour availability, meal times and access to menus. An assessment of food services at ward level and the taste and temperature of food are also completed.

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. It also includes the practicality of male and female services such as sleeping and bathroom/ toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.

The assessment of **Condition, Appearance and Maintenance** includes various aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of buildings and maintenance of grounds.

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 for the inclusion of sites in the PLACE are:

- Sites with 10 or more in-patient beds
- Sites with fewer than 10 beds where the services and the environment in which they are provided clearly are, or are analogous to, a hospital. For example, a small Eye Hospital or Birthing Centre would meet the eligibility criteria since the care and environment provided would be seen as hospital care. Whereas a small community-based residential home for e.g. individuals with learning disabilities or those recovering from addiction, where the individuals concerned have an assisted living care service and where the environment is analogous to their home would not meet the eligibility criteria

However in the latter case any organisation is free to include such sites as they wish regardless of whether they meet the eligibility criteria, and some choose to do so.

The precise scope of the assessment varies according to the site's size, subject to certain minima:

- Sites should assess all of their wards up to 10, or 25% whichever is greater. Therefore a site with 2 wards would assess both; a site with 10 wards would assess all; a site with 30 wards would assess 10; and a site with 60 wards would assess 15 (25%)
- All emergency departments should be assessed
- A minimum of 25% of out-patient departments should be assessed
- A representative sample of 25% of 'common' areas (e.g. corridors) should be assessed
- Communal and External areas should be assessed where they exist. Some healthcare services are provided in very small premises which do not have communal and/or external areas. This applies particularly in the Learning Disabilities sector, but may also apply elsewhere
- Sites should assess wards, outpatient departments, emergency departments/ minor injuries units and communal areas against the dementia-friendly criteria unless the assessing organisations can say with certainty that patients with dementia will never be admitted either to the site. (E.g. because it provides services exclusively to children) or to the specific ward/ area being assessed (e.g. paediatric)

ward). In making decisions organisations should bear in mind that at the time of admission a diagnosis of dementia may not have been made and so should err on the side of caution.

With regard to the food assessment, this should be undertaken on one to five wards depending on the number of wards on the site according to the following:

- Up to 6 wards, 1 food assessment
- 7 to 12 wards, 2 food assessments
- 13 to 18 wards, 3 food assessments
- 19 to 24 wards, 4 food assessments
- 25 or more wards, 5 food assessments

Although the basic assessment process is common to all, the precise areas undertaken in any particular site will vary according to size, services provision, and the precise services on offer. For example there are variations between those sites providing acute services and those providing mental health services, and not all sites will provide emergency and/or out-patient services. To this extent therefore the assessment is tailored to reflect the actual position in any given site.

The week by which assessments are to be completed is determined by NHS Digital and individual organisations are given 6 weeks' notice. Thereafter it is for them to arrange the precise date(s) of the assessment. In 2016 the assessment period was officially from February 1st and June 10th 2016.

A fundamental part of assessments is the inclusion of lay assessors known generically as Patient Assessors. In this regard there are two specific conditions which organisations are requested to ensure:

- No fewer than two patient assessors in any assessment team (or sub-team where assessment teams are split into more than one e.g. due to the hospital's size)
- Ratio between staff and patient assessors should never be less than 50/50. This ratio can be increased in favour of patient assessors but should not be increased in favour of staff assessors
- Anyone can act as a patient assessor except existing members of staff from the organisation (e.g. NHS Trust) being assessed and previous staff that have resigned within the last two years

It is a matter for each organisation to recruit their patient assessors, although they have been urged to always approach their local Healthwatch to offer them the opportunity to provide patient assessors. Whether local Healthwatch choose to do so is entirely a matter for them to determine.

Table 1 Areas Assessed by Site within STHFT

| Hospitals | Date of Assessment | Areas inspected |
|-----------------------|-----------------------------|--|
| JCUH | 27 th April 2016 | A & E, Trauma OPD, Haematology Day Unit, Rheumatology OPD, Diabetes Care Centre, Paediatric Day Unit, Surgical Day Unit, Radiotherapy Day Unit, Oral Surgery/Orthodontics, Ent & Audiology, Wards 1,8,10,12,17,21, 27, 30, 33,and 34 |
| FHN | 6 th April 2016 | OPD, Maternity, Romanby Ward, Rutson Ward, Ainderby Ward, Gara Ward, Allerton Ward, CDU, A & E, Children's Unit |
| Redcar | 23 rd March 2016 | Whole Site |
| East Cleveland | 5 th May 2016 | Whole Site |
| Friary | 18 th April 2016 | Whole Site |

4. Scoring

At the end of the process, each hospital/ unit which has undertaken an assessment is provided with a result against each of the six areas of the assessment namely Cleanliness, Food and Hydration, Privacy, Dignity and Wellbeing, Condition, Appearance and Maintenance, Dementia and Disability. Results are calculated by reference to the score (points) achieved expressed as a percentage of the maximum score which could have been achieved had every aspect of the assessment they undertook achieved the maximum score. These site-level figures are published as Base Scores.

With the exception of the assessment of food, the maximum score for any question is 2.

The food assessment is split into two components: Organisational, which addresses the catering services provided by the organisation, and Ward which addresses the quality (taste, texture and temperature) of the food provided. The questions in the Organisational section are scored according to a weighting algorithm which reflects the relative importance of each question. To allow for the fact that different hospital types

answer a slightly different number of questions there are three weighting algorithms. All questions in the Ward-based component have a maximum score of 2 with the exception of Food Taste which from 2015 uses the weighting methodology.

Participating organisations and others who may use this data will be able to benchmark their performance or the performance of particular types of organisations.

The 2016 results show that, as in 2015, Cleanliness achieved the highest national average, with an improvement of 0.5%. The average scores for Food and Hydration overall saw a 0.2% decrease from 2015. The Organisational food score saw an average decrease of 0.2% with the Ward food score decreasing by 0.3% - this leads to a decrease in the overall score because the Ward food score plays a bigger role in the final outcome than does the Organisational score. Privacy Dignity and Wellbeing decreased by 1.9%. Condition, Appearance and Maintenance has the largest increase in average score by 3.3% and Dementia's average score increased by 0.8%.

The national average score for the Disability domain was 78.8%; this assessment was only introduced in 2016.

In 2016 the national averages at Site Level for the six areas of assessment were;

- Cleanliness was 98.1%, compared to 97.6% in 2015.
- Food and Hydration overall was 88.2% compared to 88.5% in 2015
 - The Organisational food assessment national average was 87.0% compared to 87.2% in 2015
 - The Ward food assessment national average score was 89.0% compared to 89.3% in 2015
- Privacy, Dignity and Wellbeing was 84.2% compared to 86.0% in 2015
- Condition, Appearance and Maintenance was 93.4%, compared to 90.1% in 2015
- Dementia was 75.3% compared to 74.5% in 2015
- Disability was 78.8%. This assessment was not undertaken in 2015 therefore no comparable data is available

5. Results

Table 2 National Highest and Lowest Scores

| Domains | HIGHEST SCORE | LOWEST SCORE | NATIONAL AVERAGE SCORE |
|--|----------------------|---------------------|-------------------------------|
| Cleanliness | 100% | 73.9% | 98.1% |
| Food & Hydration | 100% | 42.2% | 88.2% |
| Organisation Food | 100% | 30.9% | 87% |
| Ward Food | 100% | 37.5% | 89% |
| Privacy, Dignity and Wellbeing | 100% | 42.3% | 84.2% |
| Condition, Appearance and Maintenance | 100% | 67% | 93.4% |
| Dementia | 100% | 35.8% | 75.3% |
| Disability | 100% | 44% | 78.8% |

Table 3 STHFT Individual Site Scores

| | Cleanliness 2016 | Cleanliness 2015 | Food & Hydration 2016 | Food & Hydration 2015 | Organisation Food 2016 | Organisation Food 2015 | Ward Food 2016 | Ward Food 2015 |
|------------------------|-------------------------|-------------------------|----------------------------------|----------------------------------|-------------------------------|-------------------------------|-----------------------|-----------------------|
| National Average Score | 98.1%↑ | 97.57% | 88.2%↓ | 88.93% | 87% | n/a | 89% | n/a |
| JCUH | 98.63%↑ | 98.20% | 90.95%↑ | 84.98% | 91.72% | n/a | 90.69% | n/a |
| Friarage | 100%↑ | 99.75% | 91.18%↑ | 85.72% | 92.43% | n/a | 90.17% | n/a |
| Friary | 100%↑ | 99.32% | 84.52%↑ | 83.85% | 75.71% | n/a | 98% | n/a |
| Redcar | 100%↑ | 99.56% | 92.53%↑ | 92.46% | 88.45% | n/a | 98.19% | n/a |
| East Cleveland | 98.87%↓ | 100% | 89.83%↑ | 80.94% | 88.89% | n/a | 91.31% | n/a |

| | Privacy, Dignity & Wellbeing 2016 | Privacy, Dignity & Wellbeing 2015 | Condition, Appearance & Maintenance 2016 | Condition, Appearance & Maintenance 2015 | Dementia 2016 | Dementia 2015 | Disability 2016 | Disability 2015 |
|------------------------|--|--|---|---|----------------------|----------------------|------------------------|------------------------|
| National Average Score | 84.2%↓ | 86.03% | 93.4%↑ | 90.11% | 75.3%↓ | 74.51% | 78.8% | n/a |
| JCUH | 81.91%↓ | 82.66% | 95.68%↑ | 93.43% | 79.96%↑ | 74.01% | 84.6% | n/a |
| Friarage | 86.82%↑ | 85.91% | 97.46%↑ | 93.48% | 79.59%↑ | 69.89% | 91.84% | n/a |
| Friary | 85.19%↓ | 85.71% | 97.47%↑ | 90.54% | 80.96%↑ | 73.87% | 88.94% | n/a |
| Redcar | 93.18%↑ | 77.14% | 98.44%↑ | 90.09% | 86.64%↑ | 53.72% | 87.56% | n/a |
| East Cleveland | 86.54%↑ | 84.48% | 96.67%↑ | 87.5% | 74.23%↑ | 65.61% | 85.95% | n/a |

Scores highlighted in **Green** indicate increase in 2016 score

Scores highlighted in **Red** indicate decrease in 2016 score

Table 4 Northern Region Acute Trusts Organisational Scores

| | Cleanliness | Food & Hydration | Organisation Food | Ward Food | Privacy, Dignity & Wellbeing | Condition, Appearance & Maintenance | Dementia | Disability |
|---|-------------|------------------|-------------------|-----------|------------------------------|-------------------------------------|----------|------------|
| National Average Score | 98.1% | 88.2% | 87% | 89% | 84.2% | 93.4% | 75.3% | 78.8% |
| County Durham and Darlington NHS Foundation Trust | 99.04% | 96.59% | 95.45% | 97.04% | 91.20% | 94.92% | 74.77% | 79.54% |
| Northumbria NHS Foundation Trust | 99.98% | 99.15% | 98.39% | 99.68% | 97.48% | 98.38% | 95.98% | 94.25% |
| The Newcastle Hospitals NHS Foundation Trust | 99.91% | 88.21% | 83.79% | 89.22% | 84.70% | 97.07% | 58.55% | 69.08% |
| Gateshead NHS Foundation Trust | 99.94% | 91.53% | 93.93% | 90.87% | 84.65% | 96.52% | 75.76% | 81.58% |
| North Tees and Hartlepool NHS Foundation Trust | 98.87% | 97.04% | 96.87% | 97.11% | 90.37% | 95.68% | 85.45% | 78.33% |
| Sunderland NHS Foundation Trust | 99.22% | 94.02% | 99.15% | 93.32% | 86.02% | 95.20% | 73.21% | 74.57% |
| South Tyneside NHS Foundation Trust | 97.96% | 83.89% | 87.38% | 82.91% | 86.54% | 92.69% | 79.35% | 81.82% |
| South Tees NHS Foundation Trust | 98.93% | 90.90% | 91.41% | 90.95% | 83.23% | 96.12% | 79.95% | 86.01% |

Scores highlighted in green indicate above STHFT organisational score.

Scores highlighted in red indicate below STHFT organisational score.

6. Conclusion

These were the fourth assessments using PLACE assessment process. The assessments ran very well on the programmed days'.

Throughout the assessments the input of the patient assessors was absolutely invaluable in ensuring a transparent, credible, impartial and robust process of evaluation and appraisal.

The Trust has built good relationships with the local external assessors' and Healthwatch and will continue to take every opportunity to ensure our feedback influences the future format of the assessments.

Reports will be shared with the relevant individual to review and agree what actions can/will be introduced in order to further improve our results in 2017.