

0. Reference Information

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Executive Sponsor:	Bev Tabernacle	Paper Category:	Performance
Paper Reviewed by:	Infection Control Committee	Paper Ref:	
Forum submitted to:		Paper FOIA Status:	Full / Partial / Non disclosure

1. Purpose of Paper

1.1. Why is this paper going to Trust Board and what input is required?

This paper provides an overview of the outcome of the 2018 PLACE assessment, noting areas for improvement. Actions and progress have been identified; challenge is welcomed on the identified resolving actions and timescales.

2. Executive Summary

2.1. Context

PLACE is carried out every year, providing a patients perspective on the Trust patient environment. It capture responses to questions on cleanliness; food; privacy, dignity and wellbeing; condition, appearance and maintenance; Dementia and Disability.

2.2. Summary

The Trust has maintained high scoring feedback across cleanliness and food metrics, shown improvement on privacy, dignity, wellbeing and disability, but has marginally lower scores for condition/appearance and dementia.

Some findings were easy to address with immediate actions, others raised debate regarding individual perception. Longer term solutions have been raised for consideration in Trust strategies and the department feels that technology will overtake the long term need to fulfil individual criteria. Specific issues and resulting actions are addressed in the Appendix 3.

2.3. Conclusion

An overall positive position; the pace at which the outstanding improvements will be realised depends on priority with which investment is allocated.

The Board is asked to note the outcome of the national PLACE process for 2018 and to pass on our sincere thanks [again] to the facilities management team for running the assessment and our team of Patient representatives, who took the time to support our annual PLACE inspection this year.

PLACE Report 2018

3. The Main Report

3.1. Introduction

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 in the both the NHS and independent/private healthcare sector in England.

3.2. The Aim of PLACE

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 – Cleanliness; the Condition, Appearance and Maintenance of healthcare premises; the extent to which the environment supports the delivery of care with Privacy and Dignity; the quality and availability of food and drink; and the extent to which the environment supports patients with Dementia and Disabilities.

3.3. The PLACE Assessment Teams

PLACE is specifically patient led, as such assessment teams are required to have at least as many patient assessors (PA's) as staff assessors. All assessors are trained by the Facilities team meaning the PLACE result provide highly valid feedback, as such results are being used as a national benchmarking tool, an example of which is the NHS Choices – Hospital Food Standards page.

The Trust aims each year to recruit PA's from Healthwatch who have not previously completed a PLACE assessment at the site, so as to give a fresh perspective. Feedback from previous years has identified that the more people involved the less fatiguing it is for each team; the Trust therefore also contacts the Patient Panel to support the process and will return to Healthwatch for all available assessors.

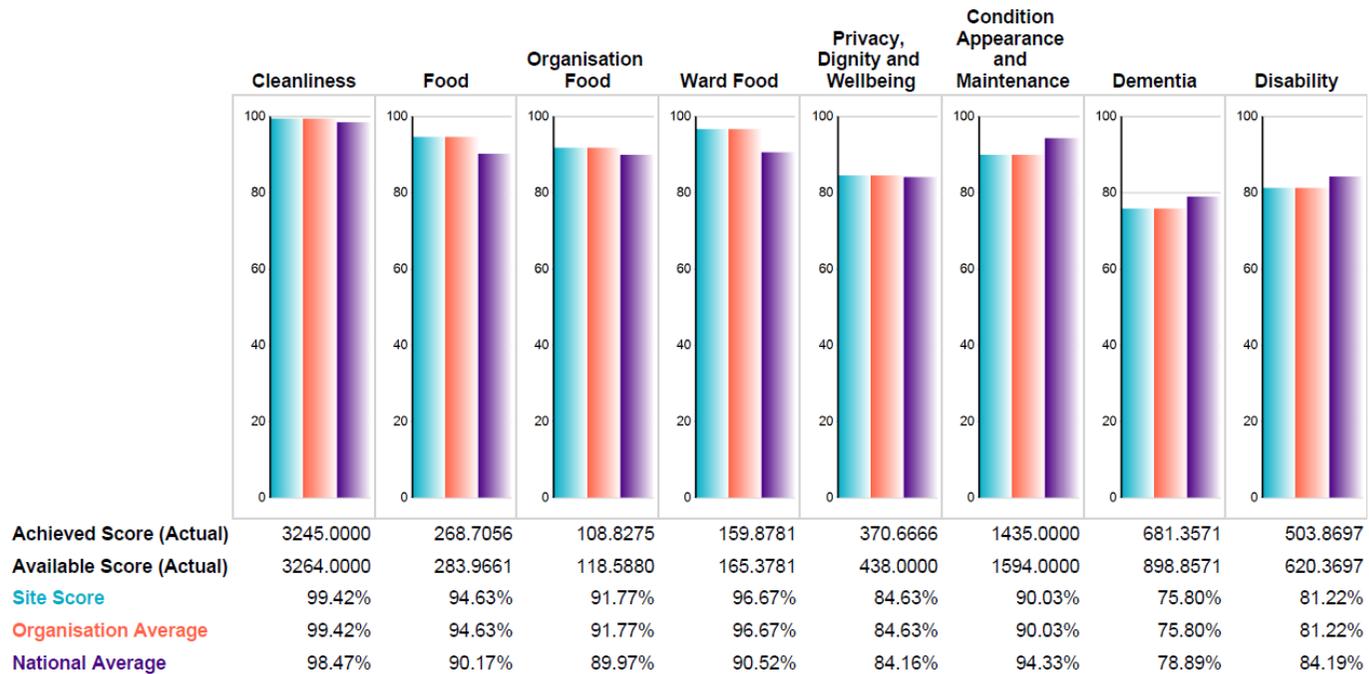
Historically it has been challenging to recruit adequate numbers of patient assessors, this again proved to be the case, facilities worked with many patient stakeholder groups to have sufficient numbers to undertake the assessment.

3.4. PLACE 2018 at RJAH

The 2018 PLACE assessment was carried out at the Trust over two days on the 9th and 10th May 2018. All findings were recorded and approved by the patient assessors before committing to the National database.

4. The Trust achieved the below scores – (individual area scores appear in Appendix 2):

ROBERT JONES & AGNES HUNT ORTHOPAEDIC HOSPITAL- Collection: 2018



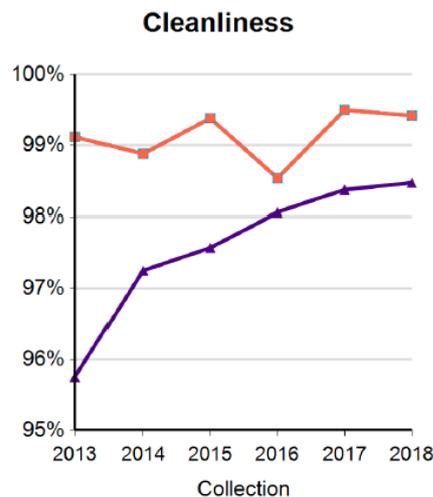
PLACE Report 2018

5. Detailed Analysis of Score

Note: All charts use the below colour coding:

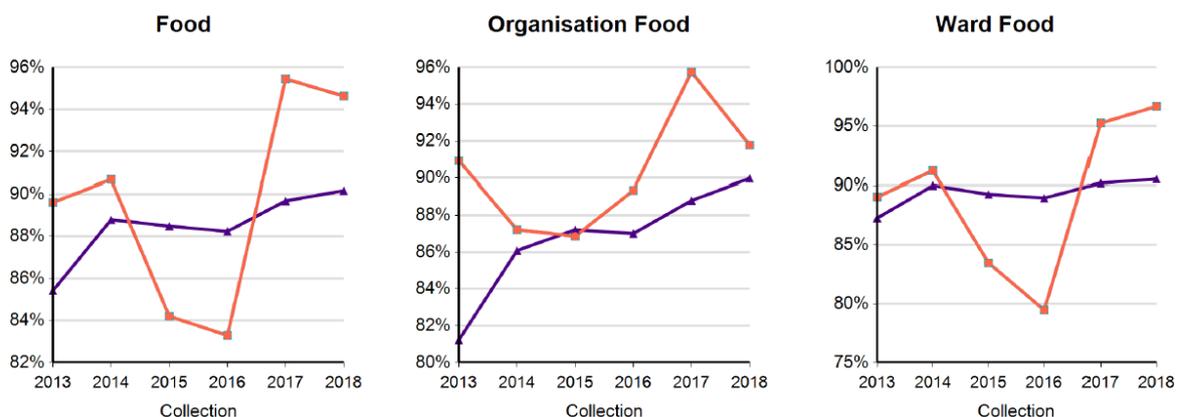
Organisation Average National Average

5.1. Cleanliness



Cleanliness maintained its high standard, consistent with previous years and the internal reporting that goes to the Infection Control Committee quarterly. The few issues identified were mostly related to attention to detail, an example being slight build up of dust in door well ledges; all issues were resolved within days following the report.

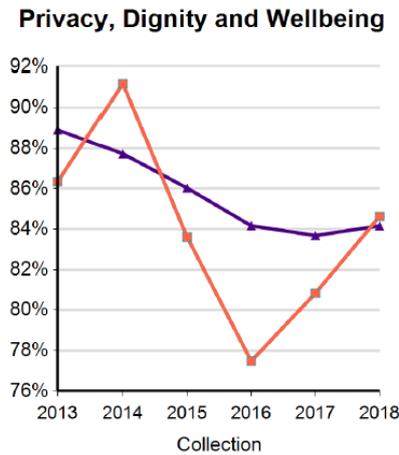
5.2. Food



Following the introduction of the plated meal service and hot holding delivery trolleys in 2017, the temperature score of the food tasting element of the assessment significantly increased, taking the score above the national average, this score has been maintained in 2018 in line with the CQC inpatient survey. Areas for improvement were around moving towards an 'on the day' meal ordering system and independent availability of chilled water in some areas.

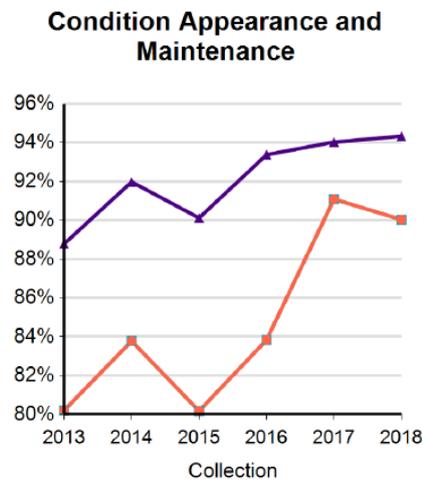
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5.3. Privacy, Dignity and Wellbeing



The 2018 score represents a slight improvement over the 2017 score, mainly as a result of the removal of the question “Availability of headphones” which was reported in multiple locations and the Trust has historically performed poorly on. The overall score was again brought down by a lack of ward based treatment rooms away from the bedside and poor TV access.

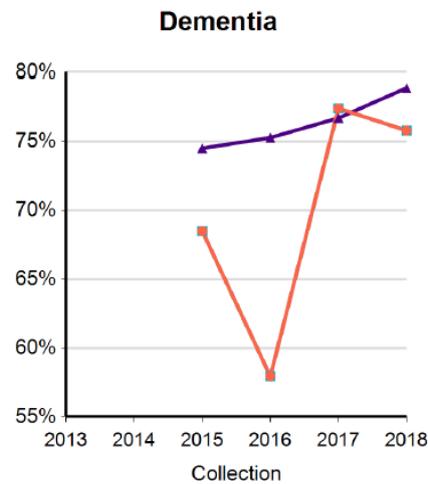
5.4. Condition, Appearance and Maintenance



Whilst there were many improvements in this metric, a difference of opinion versus the previous year’s audit led to multiple fails in relation to handrails. Flooring was noted as an area for improvement although it was appreciated that this is work in progress. Further comment was made on general tidiness and a need to reduce visual noise.

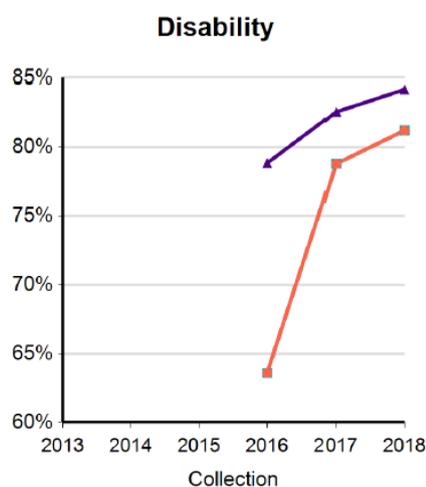
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5.5. Dementia



It was disappointing that the patient team scored dementia lower this year than last year. It was noted that the high level of dementia adaptation in Sheldon and the new build was in contrast to those areas which has had less focus on dementia environment improvements. This compounded the lower score. Areas for improvement in this metric included assisting patient with dementia by having the hospital name and ward name prominently displayed in each area; replacement of high shine floors and implementing handrails across the site.

5.6. Disability



The Disability score has been improved by the standards introduced in the new development, but the Trust still falls below the national average. As with the dementia criteria, the biggest factor impacting the score related to handrails and high shine floors.

6. Patient Assessor Summary

At the end of the assessment the PA's were asked to provide statements, providing an overview of their findings; their statements were:

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- Most of the building is modern and well kept, apart from a few incidents where some making good had not been completed, it was an excellent standard. Use of blue tak and the marks it leave is always an issue.
- The hospital is welcoming through the environment it provides, with modern attributes throughout; and the attention to detail in its maintenance program. Staff were open to the identification of issues, including signs of age & lack of storage. One patient we met said that 'RJAH was much better than other hospitals she had visited' with regards to the care of the building. We were very impressed with catering - especially providing 16 different dietary menus! All Eggs are free range, and we were pleased to hear that the catering manager will look into freedom food & soil association, and is proud to support local produce. The Trust is very wheelchair accessible, has friendly, knowledgeable staff and a world class reputation. Patients at RJAH are treated with dignity and respect and all patients spoken to said the staff are brilliant!

6.1. Conclusion

The below action plan has been created to address the issues raised, this paper welcomes challenge in relation to resolving actions and timescales.

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Appendix 1: Acronyms

PLACE	Patient Led Assessment of the Care Environment
PA	Patient Assessor

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Appendix 2 – Area Results

Ward Type: Out-Patient Areas						
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Baschurch	100.00%		88.89%	98.53%	96.30%	100.00%
Children's Outpatients	100.00%		88.89%	95.59%		100.00%
Diagnostics	100.00%		92.59%	84.38%	76.00%	76.47%
Ludlow Clinic	100.00%		66.67%	82.81%	70.37%	73.68%
Montgomery	100.00%		88.89%	100.00%	96.30%	100.00%
Outpatients	100.00%		88.89%	98.53%	85.19%	89.47%
Pre Op	100.00%		75.00%	86.67%	76.00%	76.47%

Ward Type: The Ward Assessment - Acute and Community Hospitals										
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression		Comments
Alice	100.00%		91.18%	93.33%		85.71%	Confident	Confident		
Clwyd	100.00%		85.29%	93.28%	59.38%	56.25%	Confident	Very Confident		
Gladstone	94.44%		82.35%	78.70%	62.50%	68.75%	Confident	Very Confident		Caring staff obviously going above and beyond for their patients.

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Kenyon	100.00%		67.65%	85.71%	56.25%	56.25%	Confident	Confident		
Ludlow	100.00%		71.43%	85.56%	65.22%	69.23%	Confident	Confident		Environment could be improved to support care
Oswald	99.21%		90.91%	100.00%	100.00%	100.00%	Very Confident	Very Confident		
Powys	100.00%		79.41%	91.96%	53.13%	68.75%	Confident	Confident		Friendly but cluttered
Sheldon	100.00%		91.18%	95.54%	90.63%	87.50%	Very Confident	Very Confident		Very pleasant, not intimidation & welcoming to all. Patient feedback: "care is 11/10"; "Kind nursing staff"; "Staff go the extra mile"; "I feel safe & comfortable"; "Food excellent"
Wrekin	100.00%		84.62%	87.50%	60.71%	60.00%	Confident	Very Confident		

Appendix 3 – Action Plan

Element	Action / progress	By whom	Target Date
Cleanliness	Corners and edges requiring attention on MCSI – <i>Increased workforce hours implemented following audit; including utilisation of new specialist cleaning equipment.</i>	Domestic Team	Immediate
Food	Compliance with BDA Nutrition & Hydration Digest – <i>Review of compliance to be undertaken &</i>	Dietitian	Q4 2018/19

	<i>monitored through Trust nutrition & hydration steering group.</i>		
Food	Hot options available – <i>make filled jacket potato available as option on all standard menu's</i>	Catering Manager	Immediate
Food	Water availability – <i>Kenyon ward requires fresh water fountain for ease of access by all patients</i>	Ward Manager	Q3 2018/19 – upon ward renovation
Food	Menu completion – patients at RJAH generally choose 24 hours ahead of meal service – <i>Taking orders closer to service with a paper based system would lead to increased food wastage.</i> <i>Currently, the catering team work closely with clinical partners to provide a patient centred service reflective of the dynamic nature of hospital catering.</i>	Catering Manager/Facilities Management	N/A
Privacy, Dignity & Well-being	Availability of treatment rooms – Clwyd ward recently implemented treatment room. <i>Review of wards across Trust undertaken by Deputy Director of Nursing and Facilities Management – all wards have access to an area which could be utilised and is private if required with exception of Powys. DDON working with Powys to ascertain forward plan for providing this area.</i>	DDON/Facilities Management/Estates Manager - Operations	Q3 2018/19
Privacy, Dignity & Well-being	Individual patient TV access – <i>Technology is changing and this is an area where the trend of patients bringing in their own device appears to be moving more quickly than any return we would get on the significant investment required to fulfil the PLACE gold standard. This will continue</i>	Facilities Management	Ongoing

	<i>to be reviewed through PALs patient feedback</i>		
Condition, Appearance and Maintenance	Handrails – <i>As the Trust refurbishes the site all PLACE best practices are being incorporated, including installation of handrails, an example is OPD.</i>	Estates Manager - Operations	Ongoing
Condition, Appearance and Maintenance	Flooring – <i>Programme of replacing older flooring is underway across the Trust in line with the risk managed estates backlog maintenance programme</i>	Estates Manager - Operations	Ongoing
Condition, Appearance and Maintenance	General tidiness was noted as requiring attention – particularly around noticeboards and signs/posters affixed to walls - <i>Liaise with matrons to schedule a ‘de clutter’ initiative with particular attention to noticeboards.</i>	Facilities Management/Matrons	Q3 2018/19
Dementia	Dementia compliance requires rolling out across surgical wards – <i>As the Trust refurbishes the site all PLACE best practices are being incorporated, including dementia friendly criteria. Specific items i.e. clocks are purchased by individual wards, who are advised when replacing of required criteria.</i>	Estates Manager - Operations/Ward Managers	Ongoing
Disability	Remaining improvements in this area include removal of high shine floors & implementation of handrails across site – Replacement of flooring programme detailed above alongside long term plans for inclusion of handrails on refurbishment of site	Estates Manager - Operations	Ongoing