



QUALITY AND ASSURANCE COMMITTEE MEETING 23 October 2017

| TITLE OF PAPER | PLACE (Patient Led Assessments of the Care Environment) Outcomes 2017 |
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| TO BE PRESENTED BY | Phillip Easthope, Executive Director of Finance |
| ACTION REQUIRED | Information |

| OUTCOME | Following receipt by Board, the Report and Action Plan will be published on the Trust Internet and Intranet as required by the HSCIC (NHS Health and Social Care Information Centre) procedures |
|--|---|
| TIMETABLE FOR DECISION | N/A |
| LINKS TO OTHER KEY REPORTS / DECISIONS | PLACE outcomes feed into Quality Risk Profiles issued by the CQC |
| LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC | None |
| IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT | Service delivery will be co-ordinated via the Facilities Directorate. There is an existing revenue budget managed by the Facilities Directorate dedicated to addressing issues related to PLACE outcomes, although a portion has been released as a CIP in 2017/18. |
| CONSIDERATION OF LEGAL ISSUES | Not applicable |
| Author of Donort | |
| Author of Report | Helen Payne |

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| Designation | Director of Facilities Management |
| Date of Report | September 2017 |





SUMMARY REPORT

| Report to: | Quality and Assurance Committee |
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| Date: | 23 October 2017 |
| Subject: | PLACE (Patient Led Assessment of the Care Environment) Outcomes 2017 |
| Author: | Helen Payne, Director of Facilities Management Janet Mason, Hotel Services Manager |

1. Purpose

This briefing paper provides information and comment on the 2017 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 2017. 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.

Thanks are due to Hotel Services Manager, Janet Mason, for her management and co-ordination of the PLACE assessments for the Trust and input to the report.

2. Summary

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

PLACE Results for the 2017 assessment published August 2017

| Site | Cleanliness | Food Overall | Organisational Food | Ward Food | Privacy Dignity & Wellbeing | Condition, Appearance & Maintenance | Dementia | Disability |
|----------------------------------|-------------|-----------------|------------------------|--------------|--------------------------------|---|----------|------------|
| | % | % | % | % | % | % | % | % |
| Firshill Rise (ISS) | 98.64 | 92.53 | 86.95 | 98.99 | 93.75 | 98.25 | N/A | 91.16 |
| Forest Close | 99.74 | 94.31 | 86.66 | 98.94 | 100.00 | 99.79 | N/A | 92.67 |
| (excluding | | | | | | | | |
| Bungalow 3) | | | | | | | | |
| Forest Lodge | 99.52 | 91.04 | 87.35 | 96.27 | 100.00 | 97.28 | N/A | 92.11 |
| Grenoside Grange | 100.00 | 91.70 | 94.16 | 88.85 | 100.00 | 98.16 | 97.36 | 100.00 |
| Longley Centre | 99.59 | 90.88 | 84.74 | 94.44 | 94.74 | 96.75 | 92.37 | 87.74 |
| Michael Carlisle | 97.96 | 95.94 | 91.31 | 97.50 | 94.25 | 97.27 | 88.69 | 91.60 |
| Centre | | | | | | | | |
| SHSC Average | 99.02 | 93.39 | 88.61 | 96.39 | 96.56 | 97.79 | 91.09 | 91.83 |
| National Average (all Trusts) | 98.38 | 89.68 | 88.80 | 90.19 | 83.68 | 94.02 | 76.71 | 82.56 |
| National Average | N/A in 2017 | N/A in | N/A in 2017 | N/A in | N/A in 2017 | N/A in 2017 | N/A in | N/A in |
| (Mental Health & | | 2017 | | 2017 | | | 2017 | 2017 |
| Learning | | | | | | | | |
| Disabilities Trusts) | | | | | | | | |
| National Average | 98.6% | 89.6% | 88.3% | 90.4% | 84.9% | 94.9% | 76.7% | 83.3% |
| North of England | | | | | | | | |
| Commissioning | | | | | | | | |
| Region (all Trusts) | | | | | | | | |

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 number of Amber rated scores most are not statistically significant, and are commented upon in the body of the report, it is extremely pleasing to note we have **five** scores of 100% (up from four in 2016) which are denoted in Blue. It should also be noted Grenoside Grange have consistently rated 100% for Cleanliness for 3 years in a row including 2017.

There were once again methodological changes to the PLACE assessments between 2016 and 2017. These are outlined in the attachment "PLACE 2017 - Schedule of Changes" 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 (Healthcare Estates & Facilities Managers Association); national changes that have taken place and comments and feedback from assessors during 2016. All of these have informed the format of the 2017 assessment round. In 2017 there were many minor changes; the main changes which affect SHSC may be described as:

- The Patient Assessment Summary Sheet has been reduced from 6 separate questions into one overarching impression question
- In the Organisational Facilities assessment, a previously unscored question about the type of environment provided in specialist dementia care units/wards, is now scored
- Cleanliness of walls to be assessed in all areas
- Many of the questions relating to Dementia environment have been reworded for clarity, or merged to cut down on perceived repetition

For statistical interest, also attached to this report is the formal *HSCIC PLACE report* published in August 2017 *(See first PDF attachment).* This provides the full range of statistical information related to all PLACE outcomes nationally for the 2017 round of assessments which took place between February and June.

No new Domains were added to PLACE for 2017 (the Disability Domain was added in 2016).

1. Outcomes

The PLACE assessments consider 6 key areas (Domains):

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

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

This is the fifth year PLACE assessments have been undertaken, so it is possible to use the outcomes as an 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. Domain Outcomes

Cleanliness

The standard of cleanliness was once again extremely good and general levels of cleanliness were relatively consistent.

As would be expected given the very good results for this domain, issues were minor in nature only, including some overall high level dusting needed; dusty ventilation grilles in some areas, and smeared internal glazing in some units.

These will be picked up at Senior Housekeepers meeting by the Hotel Services Manager.

We have recorded 1 score of 100% in this domain in 2017 which was once again Grenoside Grange, who have retained their performance at 100% for the last three years. *This is an excellent outcome and the housekeeping staff at this unit are to be congratulated on their hard work.*

We should also note our scores in this domain are generally consistent, and although the score for Michael Carlisle Centre is very slightly below the national average of 98.38%, these are all extremely good scores of which we should be proud.

| Unit | 2016 Score | 2017 Score |
|---|------------|------------|
| Firshill Rise | 98.67% | 98.64% |
| Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | N/A | N/A |
| Forest Lodge | 100.00% | 99.52% |
| Grenoside Grange | 100.00% | 100.00% |
| Longley Centre | 99.56% | 99.59% |
| Longley Meadows (closed in January 2017) | 100.00% | N/A |
| Michael Carlisle Centre | 98.67% | 97.96% |

We should also note these outcomes are due in no small measure to the work 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 once again is to maintain these very good scores while attending to the minor problems that have been identified.

It should be clarified that these are visual impression scores and not to be confused with the in-depth technical assessments carried out periodically by our Control of Infection staff or peer audits carried out by senior housekeepers.

Condition, Appearance and Maintenance

Our maintenance teams are largely responsible for this aspect of premises care so thanks are due to them for their hard work.

Overall scores have been maintained or improved slightly (aside from Grenoside Grange which merited a score of 100% in 2016) which is pleasing to note.

| Unit | 2016 Score | 2017 Score |
|--|------------|------------|
| Firshill Rise | 98.16% | 98.25% |
| Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | N/A | 99.79% |
| Forest Lodge | 97.18% | 97.28% |
| Grenoside Grange | 100.00% | 98.16% |
| Longley Centre | 95.81% | 96.75% |
| Longley Meadows (closed in January 2017) | 97.10% | N/A |
| Michael Carlisle Centre | 95.27% | 97.27% |

A comparison table is provided below:

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

- A range of minor maintenance works item requiring attention on the Michael Carlisle Centre site
- Some re-painting required at Firshill Rise
- Internal signage at Grenoside Grange had become worn and requires replacement
- Damage to wall plaster in some bedrooms at Grenoside Grange (due to bedrails resting against walls)
- Damaged paintwork in some areas at Forest Lodge

Where these issues relate to units where we expect to be in occupation for a reasonable period of time, consideration will be given to addressing via the Trust's existing PLACE revenue budget. We should note that a number will be picked up as part of the Trust's Longley Centre Phase 2 capital development and we should not be looking to "double spend" on minor issues that will be addressed by a major capital scheme within the next 2 - 3 years.

Privacy, Dignity & Wellbeing

Although there were no particular changes to this domain for 2017, taking into account work that has been done previously (for example ensuring there are better privacy curtains in bathrooms, and better storage for service users belongings), we have achieved **three** scores of 100% in this domain. This is the first occasion we have scored 100% for this aspect of PLACE at all.

| Unit | 2016 Score | 2017Score |
|---|------------|-----------|
| Firshill Rise | 94.44% | 93.75% |
| Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | N/A | 100.00% |
| Forest Lodge | 92.71% | 100.00% |
| Grenoside Grange | 87.80% | 100.00% |
| Longley Centre | 88.25% | 94.74% |
| Longley Meadows (closed in January 2017) | 86.67% | N/A |
| Michael Carlisle Centre | 84.98% | 97.27% |

A comparison table is provided below:

We continue to have concerns that some questions in this domain remain biased towards acute care providers, despite representation annually from mental health Trusts (not just SHSC)

For example, the many of our units do not have the facilities to provide access to meals/snacks within the building at all times of the day and night – and neither would it be appropriate on the acute units for this to take place. However for this we generate a zero score out of a possible score of two.

Please note this domain is not linked to specific technical assessments such as EMSA (elimination of mixed sex accommodation) compliance but solely on the standards generated from the HSCIC (which are available in the public domain).

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.

The Trust now has a new Nutritional Strategy and a three year action plan intended to support its implementation. We anticipate this will continue to have an impact upon this area of PLACE, however some aspects of the work e.g. procurement processes/strategies, which will impact upon our Organisational Food scores, are planned for completion in Year 3 (2019/20) so have not yet had an effect overall.

This Domain is spilt into 3 separate scoring elements.

"Food Overall" is a composite derived from the Organisational and Ward Food scores; it is a statistical score which is generated by the HSCIC and the methodology for arriving at the % mark is not known.

Comparison tables are provided below:

| Unit | 2016 Score | 2017 Score |
|---|------------|------------|
| Firshill Rise | 91.14% | 92.53% |
| Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | N/A | 94.31% |
| Forest Lodge | 89.01% | 91.04% |
| Grenoside Grange | 89.27% | 91.70% |
| Longley Centre | 89.69% | 90.88% |
| Longley Meadows (closed in January 2017) | 89.13% | N/A |
| Michael Carlisle Centre | 89.27% | 95.94% |

Food Overall

Organisational Food

| Unit | 2016 Score | 2017 Score |
|---|------------|------------|
| Firshill Rise | 83.33% | 86.95% |
| Forest Close (not scored in 2016 due to refurbishment | N/A | 86.66% |

| works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | | |
|---|--------|--------|
| Forest Lodge | 83.08% | 87.35% |
| Grenoside Grange | 85.39% | 94.16% |
| Longley Centre | 81.93% | 84.74% |
| Longley Meadows (closed | 82.96% | N/A |
| in January 2017) | | |
| Michael Carlisle Centre | 85.39% | 91.31% |

Ward Food

| Unit | 2016 Score | 2017 Score |
|---|------------|------------|
| Firshill Rise | 99.52% | 98.99% |
| Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | N/A | 98.94% |
| Forest Lodge | 96.94% | 96.27% |
| Grenoside Grange | 94.56% | 88.85% |
| Longley Centre | 94.60% | 94.44% |
| Longley Meadows (closed in January 2017) | 96.02% | N/A |
| Michael Carlisle Centre | 99.33% | 97.50% |

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. The Hotel Services Manager also works closely with the Senior Housekeepers on planning and delivery of the menus.

The scores are broadly consistent with, or improved from, 2016, and it must be emphasised that Ward Food in particular is a very subjective scoring mechanism based as it is on the actual sampling/tasting of menu items on offer on one particular day (usually the lunch time meal choices).

It is disappointing to note that Grenoside Grange has somewhat dropped its score for Ward Food, especially given this is a cook from fresh service. This has already been discussed with the Site Services Co-ordinator (who is responsible for managing the service) by the Hotel Services Manager and it is understood they have been struggling to appoint suitably qualified staff (as the service is provided by cook/housekeepers, not dedicated catering staff). This work will continue, however a wider scoping exercise is shortly to be undertaken to assess the potential qualitative benefits of bringing this type of service back under the line management of the Facilities Directorate rather than it being managed in a dispersed way via various clinical service directorates.

Since 2016 we have been working to try to improve our scores for **Organisational Food** which is mainly to do with policy and processes. As already indicated this is closely linked to the work of the Nutritional Strategy Group. As a consequence there have been modest increases to the point that we are now only very slightly (88.61% compared to 88.80%) under the national average score for all Trusts; and two units have scored in excess of this.

Two of the areas we have been working on are assessment of food procurement and catering practices against relevant Government Buying Standards, and assessment of compliance with the British Dietetic Association's Nutrition and Hydration Digest. We are actively working towards compliance on both these, but a lot of the work is scheduled to be completed in Year 3 (2019/20) of the Nutritional Strategy Action Plan.

It has also been identified that compliance with the % of patients MUST screened on admission (within an agreed timeframe) has reduced generally, and the Nutritional Strategy Action Plan has identified steps that will be taken to improve this position.

Dementia

This is now an established domain. 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); Grenoside Grange (G1 Ward) and more recently Longley Centre due to the possibility that either Endcliffe or Maple Wards *could* have a service user with dementia admitted (even if this is unlikely).

Our outcome scores are:

| Unit | 2016 Score | 2017 Score |
|-------------------------|------------|------------|
| Grenoside Grange | 96.96% | 97.36% |
| Michael Carlisle Centre | 92.76% | 88.69% |
| Longley Centre | Not scored | 92.37% |

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.

Due to some changes to the questions/scoring of this domain, the score at Michael Carlisle has reduced. This is particularly linked to provision of WC items (WC seats, flush handles and rails) in a contrasting colour; WC doors being painted in a contrasting colour and provision of WC flushes, basins, taps and hand dryers being of familiar design.

We will need to take a view about the cost/necessity of addressing this as an absolute mechanism to improve a score, versus the plans to move Dovedale Ward to the reconfigured Longley Centre where all appropriate standards will be picked up on through the planning and commissioning process for the new wards.

Disabilities

This was a new Domain in 2016. It is not intended to be a comprehensive assessment of provision for service users with disabilities, but rather concentrates upon on how premises are equipped to meet the needs to people with disabilities based on a limited range of aspects with strong environmental or buildings components

Our outcome scores are:

| Unit | 2016 Score | 2017 Score |
|--|------------|------------|
| Firshill Rise | 90.47% | 91.16% |
| Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users) | N/A | 92.67% |
| Forest Lodge | 86.71% | 92.11% |
| Grenoside Grange | 97.04% | 100.00% |
| Longley Centre | 71.40% | 87.74% |
| Longley Meadows (closed in January 2017) | 93.72% | N/A |
| Michael Carlisle Centre | 82.18% | 91.60% |

All units have improved their scores since 2016 and we have achieved an Excellent outcome at Grenoside Grange.

As mentioned last year, outstanding issues at Longley Centre will be picked up on as part of the major capital refurbishment scheme which will commence in 2018, and will need to include standards such as having a sufficiently mixed type of seating in reception or ward social areas (it is recommended to include a mix of different heights; with and without arms; and some bariatric); having lift control buttons including braille, and installing a hearing loop at reception.

5. Conclusion

This is the fifth 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 they felt they were more involved and the assessment was thorough.

We are pleased to report the continuing involvement of Sheffield Healthwatch and service user Governors who have 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.

3. 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 and the synopsis (temperature chart) reports shared with ward and service managers. It is now much easier (following feedback to the HSCIC) to provide ward level feedback and this will be co-ordinated via the Hotel Services Manager.

We have also been asked to provide relevant information to Directorates (including senior management teams) as part of changes to our governance processes, particularly related to care standards.

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 endorsed by EDG at its meeting on 5 October 2017).

Following ratification the Director of Facilities Management will co-ordinate implementation of the plan.

4. Required Actions

The Committee is asked to receive this report for assurance 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)

5. Monitoring Arrangements

Via the Executive Director of Finance

6. Contact Details

For further information, please contact: Helen Payne, Director of Facilities Management Email: <u>helen.payne@shsc.nhs.uk</u> Tel: 0114 2718697

Attachments

- 1 HSCIC PLACE Report 2017
- 2 PLACE 2017 Schedule of Changes
- **3** Site Reports Firshill Rise
- 4 Site Reports Forest Close
- 5 Site Reports Forest Lodge
- 6 Site Reports Grenoside Grange
- 7 Site Reports Longley Centre
- 8 Site Reports Michael Carlisle Centre