

# Board of Directors – Public

## SUMMARY REPORT

Meeting Date: 25 May 2022  
Agenda Item: 14

<b>Report Title:</b>	Hygiene PLACE Lite Report	
<b>Author(s):</b>	Helen Payne, Director of Facilities	
<b>Accountable Director:</b>	Pat Keeling, Director of Strategy	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	N/A
	<b>Date:</b>	
<b>Key points/ recommendations from those meetings</b>	N/A	

### Summary of key points in report

This report sets out the findings and associated actions from the **Hygiene PLACE Lite Assessment 2021**.

1. Background information about PLACE; national picture and expectations
2. Reference to the National Standards of Cleanliness 2021
3. PLACE Lite ward assessment visit findings and recommendations:
  - Additional high level cleaning (fans etc) in some locations
  - Repairs to wall plaster & paintwork in some locations
  - Enhanced training for ward housekeepers
  - Green Travel Plan
  - Seating in reception areas
  - Review disability access to ward areas

This report excludes the Food Assessments element of the PLACE Lite which were assessed separately between May to June 2021 with the findings previously reported to Quality Assurance Committee and the Board.

### Recommendation for the Board/Committee to consider:

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	<b>X</b>
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1. To receive the outcome report from the PLACE Lite assessment 2021 for information and assurance.
2. To receive the high level Action Plan from the assessments for information and assurance

**Please identify which strategic priorities will be impacted by this report:**

Covid-19 - Recovering effectively					Yes	X	No	
CQC Getting Back to Good – Continuous improvement					Yes	X	No	
Transformation – Changing things that will make a difference					Yes	X	No	
Partnerships – working together to make a bigger impact					Yes		No	X
<b>Is this report relevant to compliance with any key standards ? State specific standard</b>								
<b>Care Quality Commission Fundamental Standards</b>	Yes	X	No		CQC Regulation 15 Premises and Equipment			
<b>Data Security and Protection Toolkit</b>	Yes		No	X				
<b>Any other specific standard?</b>	YEs	X			National Standards of Healthcare Cleanliness 2021 Equality Act 2010			
<b>Have these areas been considered ? YES/NO</b>					<b>If Yes, what are the implications or the impact? If no, please explain why</b>			
Service User and Carer Safety and Experience	Yes	X	No		Completion of the action plan will improve the quality of the care environment and service user experience			
Financial (revenue & capital)	Yes	X	No		Cost implications of some aspects of the action plan still to be fully assessed			
Organisational Development /Workforce	Yes	X	No		Housekeeper training to ensure delivery of National Standards of Healthcare Cleanliness 2021			
Equality, Diversity & Inclusion	Yes	X	No		<i>Please complete section 4.3 in the content of your report</i>			
Legal	Yes	X	No		Links to National Standards of Healthcare Cleanliness 2021 Links to Equality Act 2010			

## Name of Report

Hygiene PLACE Lite Report

# Section 1: Analysis and supporting detail

## Background

- 1.1 The Patient Led Assessment of the Clinical Environment PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The assessments are coordinated by NHS Digital.

PLACE assessments provide a framework for assessing quality against common guidelines and standards to quantify the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The PLACE process relates closely to the National Standards of Cleanliness 2021 but also includes a wider range of assessments. PLACE is not intended to be a technical or professional assessment but is a generic assessment based on what is seen/found on a given day, and what would be viewed by any visitor/member of the general public who might visit an inpatient ward.

## National Position

- 1.2 At the end of July 2021, Gill Donachie, the Policy Lead for PLACE at NHS England & Improvement (the collection sponsors) wrote to all NHS trusts with the following update:

*'In 2020 a decision was taken to suspend the full PLACE programme due to the operational difficulties and associated risks brought about by Covid-19. PLACE-Lite remained open for healthcare organisations to undertake assessments if they chose to do so. It was great to hear that a number of organisations did run PLACE-Lite and used the results to continue to make improvements to the environment for the benefit of patients.'*

*We had hoped to reinstate the full PLACE programme this year, however, in light of the continuing uncertainties that remain with Covid-19 we recognise that to do so could be extremely challenging. We have, therefore, taken the decision to suspend the full programme for a second year and encourage the use of PLACE Lite. In order to provide as much support as possible we will be producing a standalone PLACE-Lite guidance document and encouraging take up of PLACE-Lite through additional comms and engagement in the coming weeks and months. It is our expectation that all documents and any necessary system updates will be complete and ready for use by September; we do not anticipate a great deal of change to the current assessment forms, however, we will confirm any changes that are made.*

*It is recommended to conduct assessments in line with PLACE processes as far as possible, and current guidance is available on the collection page:*

<https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place>

*We will write out to advise as soon as the dedicated PLACE-lite guidance is available.'*

Guidance was eventually issued via a national webinar on the 30 September 2021 by NHS Digital. Arrangements were then made to carry out the assessments.

**It should be noted that under PLACE Lite guidance there is no requirement for a service user representative to be a member of the assessment team.**

### PLACE Lite Assessment of SHSC Inpatient Areas

1.3 The areas noted below were assessed during November and December 2021:

Date	Location	Assessors	Designations
17 November	Forest Close	Janet Mason Bev Melliush	Hotel Services Manager Senior Housekeeper
23 November	Michael Carlisle Centre – Dovedale 1; Dovedale 2; Stanage Ward	Janet Mason Josephine Campbell	Hotel Services Manager Matron
23 November	Michael Carlisle Centre – general areas	Janet Mason Katie Brae	Hotel Services Manager Senior Housekeeper
30 November	Longley Centre – general areas	Janet Mason Katie Brae	Hotel Services Manager Senior Housekeeper
30 November	Longley Centre – Maple Ward; Health Based Place of Safety; Decisions Unit	Janet Mason Naomi Hebblewhite	Hotel Services Manager Matron
2 December	Grenoside Grange	Janet Mason Kelly Moore	Hotel Services Manager Senior Housekeeper
16 December	Forest Lodge	Janet Mason Stacey Hughes	Hotel Services Manager Senior Housekeeper

Whilst every effort was made to include the Trust's Modern Matrons in the assessment visits this often proved very difficult to arrange and Matrons frequently chose to delegate this task to on site senior housekeepers.

The high level action plan is attached at Appendix 1

## Section 2: Risks

2.1 The main risks that could arise due to a delay with the implementation of the attached high level Action Plan are:

Type of risk	Overview of risk	Assessment of risk level (consequence x
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		<b>likelihood)</b>
Quality	The action plan is not progressed and no improvements take place as a consequence of the assessments.	3 (moderate) x 2 (unlikely) = 6 - Low Risk
Reputational	Due to the action plan not being progressed standards deteriorate and impact on the reputation of the Trust.	3 (moderate) x 2 (unlikely) = 6 - Low Risk

These risks will be added to the Facilities Directorate Risk Register until there is evidence the action plan has been progressed (as this is the way to mitigate the risks).

## Section 3: Assurance

### Benchmarking

- 3.1 PLACE Lite is not reported on nationally, neither is it in the public domain. At the moment we have no benchmarking to reference, either from NHS Digital or from Model Hospital. The last PLACE national benchmarking took place in 2019 (when the full assessments were last carried out) and SHSC outcomes at that time were reported to Quality Assurance Committee and Trust Board.
- 3.2 The Hotel Services Manager fully discussed the outcomes with colleagues (Modern Matrons, Senior Housekeepers) who participated in the assessments, prior to submitting these to NHS Digital.
- 3.3 The Hotel Services Manager is qualified in housekeeping and catering skills at management level and has many years of experience in the NHS; she was the lead assessor and co-ordinated the assessments. She was responsible for developing the high-level recommendations from the assessments.

### Triangulation

- 3.4 Cleaning reports are discussed at the Infection Prevention and Control (IPC) forums. We also need to align with the ventilation control requirements within the Health Technical Memoranda Ventilation, for our healthcare estate.

### Engagement

- 3.5 PLACE Lite does not require involvement of service users and it was recommended nationally that due to the continuing impact of the Covid pandemic this was not done in 2021. If a full PLACE assessment is recommenced in 2022, service users and/or their representatives, will be involved in all assessment visits, as was the SHSC routine practice pre-pandemic.
- 3.6 Every effort was made to involve the Modern Matrons in the assessments and while this took place at some sites (see table at 1.3), at others Matrons chose to delegate this to the on-site senior housekeepers.

## Section 4: Implications

### Strategic Priorities and Board Assurance Framework

- Covid-19: Recovering effectively.
- CQC Back To Good: Continuous improvement
- Transformation: Changing things that will make a difference
- Partnerships: Working together to have a bigger impact:

- 4.1 The PLACE Lite assessments link to:
  - Covid-19: Recovering effectively
  - CQC Back To Good: Continuous improvement
  - Transformation: Changing things that will make a difference

#### Covid Recovering Effectively

Supporting our IPC arrangements and effective ventilation.

#### Continuous Improvement

Although PLACE is not a technical or professional assessment, it does review standards of cleanliness, maintenance of premises, and access for disabled persons. All of these link to CQC Regulation 15 – Premises & Equipment and to the Equality Act 2010, and would evidence Trust delivery of this standard and the Act, through a “snapshot on a day” approach.

#### Transformation – Changing things that will make a difference

The associated high level Place Lite Action Plan demonstrates that SHSC acts on the findings to make improvements for our service users and staff and thereby improve their overall care experience with SHSC.

#### 4.2 Board Assurance Framework (BAF)

- The top 3 BAF Risks to be considered are:

**WARD ENVIRONMENT:** Patients could come to harm/quality could be impacted by our inpatient ward environment

**IT:** Reliance on legacy systems and technology compromising patient safety and clinical effectiveness

**STAFFING:** Risk of not retaining staff, not workforce planning effectively, failing to provide effective leadership impacting on quality of care

- The PLACE Lite assessments support improvements to our ward environments.
- Improved ward environments will help support staff retention.

#### Equalities, diversity and inclusion

##### 4.3

The PLACE assessments apply to all inpatient wards and the service users we care for in them, equally. One element of the assessment relates to provision for service users with disabilities/disabled access (links to the Equality Act 2010)



#### Culture and People

- 4.4 SHSC ward-based housekeepers will require suitable and sufficient training to enable them to meet the National Standards of Cleanliness requirements. We plan to develop a training/skills schedule for our housekeeping staff.

#### Integration and system thinking

- 4.5 We align our local arrangements and standards with the national PLACE requirements, benchmarking and best practice guidance.

## Financial

- 4.6 Financial implications relate to the high-level action plan.
- The resource implications for development of a travel plan (action designed to encourage safe, health and sustainable travel options) links to the implementation of the Trust's Green Plan. Consultancy input is likely to be required and needs further assessment to identify financial implications.
  - An assessment is required covering the extent of seating requirements in our reception/waiting areas. This is likely to be clearer after the Ligature Anchor Point eradication and therapeutic environment programme has been progressed. It may also be appropriate to incorporate this requirement within that scheme as part of the capital business case(s).
  - A disabled access review is required, and this may identify additional cost implications, currently unknown.

## Compliance - Legal/Regulatory

- 4.7 National Standards of Healthcare Cleanliness 2021  
CQC Regulation 15 Premises and Equipment  
Equality Act 2010  
Health Technical Memoranda Ventilation

## Section 5: List of Appendices

Appendix 1 – High level Action Plan

Sheffield Health & Social Care NHS FT – Patient Led Assessment of Care Environment (PLACE Lite) Action Plan from 2021 Assessment Outcomes

Domain	Actions	Lead	Timescale	Resource Implications
Cleanliness	<p>The following minor items in some areas identified during the assessments:</p> <ul style="list-style-type: none"> <li>• Extractor Fans – dusty</li> <li>• Insects in light diffusers</li> <li>• Dusty inside of radiator covers</li> <li>• High dusting required in some areas</li> </ul> <p>• Ensure housekeeping teams continue to concentrate on delivering the National standards of healthcare cleanliness 2021</p>	<p>Hotel Services Manager/Maintenance Manager</p> <p>Hotel Services Manager</p>	<p>May 2022</p> <p>May 2022</p> <p>March 2022</p>	<p>No additional requirements</p> <p>No additional requirements</p>
Condition, Appearance & Maintenance	<p>Plan for these to be actioned via the Maintenance budget</p> <ul style="list-style-type: none"> <li>• Repairs to wall plaster &amp; paintwork required in various areas (patient damage)</li> <li>• A range of other minor items to be attended to via the maintenance dept.</li> </ul>	Maintenance Manager	May 2022	Existing revenue budget allocations
Privacy, Dignity & Wellbeing	A travel plan (actions designed to encourage safe healthy & sustainable travel options) which includes accessibility to be devised for the Trust users (also counts towards Disability domain)	Sustainability Manager	July 2022	Resource implications to be confirmed – may need consultancy time to support development of the travel plan

Food & Hydration	Via the Nutritional Strategy Group (NSG), work is currently being undertaken to improve the timely undertaking of MUST screening for newly admitted service users (also counts towards Disability domain)	Nutritional Strategy Group	June 2022	No additional requirements
	Discuss with senior Housekeepers the importance of displaying a daily menu with information regarding the type of meal e.g. Vegan/Vegetarian/Halal and ensure this is implemented	Hotel Services Manager	April 2022	
	Seasonal menus to be introduced to the areas not currently providing this	Nutritional Strategy Group/Hotel Services Manager		
Dementia	No actions identified in Dementia areas	-	-	-
Disabilities	Provide a range of seating in waiting areas/reception for the range of patients' needs, e.g. various sizes including chairs with arms or without and bariatric chairs. (also counts towards Dementia & Privacy & dignity domain)	Hotel Services Manager/Site Services Managers (support from Procurement and Finance)	July 2022	Resource requirements to be assessed; potentially capital funding
	Involve disabled people or a disability group in the review of access in inpatient services buildings within the Trust	Maintenance Manager supported by representatives from the Trust's Disability Forum	July 2022	Resource requirements to be assessed once the outcome of the review is available; potentially capital funding

January 2022