

Council of Governors

SUMMARY REPORT presented by Anne Dray, Non-Executive Director

Meeting Date: 15 February 2022

Agenda Item: 12

Report Title:	Patient Led Assessment of the Clinical Environment (PLACE) Lite	
Author(s):	Amanda Jones, Chief Allied Health Professional	
Accountable Director:	Pat Keeling, Director of Special Projects	
Other Meetings presented to or previously agreed at:	Committee/Group:	Quality Assurance Committee
	Date:	August 2021
Key Points recommendations to or previously agreed at:	<ol style="list-style-type: none"> 1. Patient Led Assessment of the Clinical Environment (PLACE) had not been undertaken nationally, due to Covid pandemic, for over 18 months 2. The Nutrition & Hydration Steering Group agreed to follow national guidance to undertake a 'mini' PLACE Lite assessment of Inpatient areas in the domain of 'Food', during 2021. 	

Summary of key points in report

1. To receive the current position on PLACE nationally and the guidance issued for organisations to complete PLACE Lite across the domains.
2. To receive a progress report on the SHSC response to the Independent Review of NHS Hospital Food report and be aware that a small working group has been set up by the Director of Facilities.
3. To receive a progress report on the PLACE Lite Organisation Questions being undertaken by the Hotel Services Manager.
4. To note the findings and key recommendations of the PLACE Lite 'food' domain ward visits as follows:
 - a) Develop clear standards for delivery of food and drink across inpatient areas outlined in a Trust-wide Food and Drink operational policy.
 - b) Ensure clear menus are displayed with an accurate description of the meals on offer that day, to avoid unnecessary confusion for service users staying on a ward.
 - c) Review seasonality of menus and align to a more seasonal approach with regular changes to the meals offered.
 - d) Consider changing times of main meals to ensure these are evenly spaced out across the day. This could include moving the evening meal to a later time.
 - e) Training and support for housekeeping staff to ensure correct regeneration process of food and vegetables.
 - f) Communication and audit to ensure all mealtimes are protected.
 - g) Develop a Healthy Eating and Lifestyle strategy to support health promotion as inpatient areas have service users who regularly order takeaways and a high proportion of people who have co-morbidities.

Recommendation for the Council to consider:							
Consider for Action		Approval		Assurance	✓	Information	✓
For Council of Governors to note the report and updated actions presented to Board on 26 January 2022.							

Please identify which strategic priorities will be impacted by this report:							
Covid-19 Getting through safely				Yes	✓	No	
CQC Getting Back to Good				Yes	✓	No	
Transformation – Changing things that will make a difference				Yes	✓	No	
Partnerships – working together to make a bigger impact				Yes	✓	No	
Is this report relevant to compliance with any key standards ?				State specific standard			
Care Quality Commission	Yes	✓	No		Care Quality Commission Regulation 14 Meeting Nutritional and Hydration Needs April 2015		
Data Security Protection Toolkit	Yes		No	✓			
Any other Standards	Yes		No	✓			
Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why			
Patient Safety and Experience	Yes	✓	No		Quality of catering delivery and food and drink offer across a diverse clinical and patient group		
Financial (revenue & capital)	Yes	✓	No		Possibly related to additional training requirement		
Organisational Development/Workforce	Yes	✓	No		Housekeeping and clinical staff training in best practice		
Equality, Diversity & Inclusion	Yes	✓	No		Ability to meet cultural and dietary needs and preferences of service users' nutritional needs		
Legal	Yes	✓	No		Compliance with regulated healthcare legislation		

Title	Patient Led Assessment of the Clinical Environment (PLACE) Lite Food Assessments
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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).

PLACE assessments provide a framework for assessing quality against common guidelines and standards for:

- cleanliness,
- food and hydration provision,
- the provision of care with privacy and dignity,
- meeting the needs of people with dementia or with a disability.

The PLACE process relates closely to the Independent Review of NHS Hospital Food report. A separate SHSC working group has been set up, led by the Director of Facilities, to review the report findings, recommended standards and benchmark the SHSC's current position against these, whilst also identifying specific actions that need to be taken forward.

The Nutrition and Hydration Steering Group (N&HSG) was set up to oversee and monitor the implementation of SHSC's Nutrition and Hydration Strategy and Implementation Plan. The Implementation Plan outlines the delivery of PLACE in relation to the 'Food' domain and an annual schedule to support this.

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 NHS Trusts including SHSC, 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->

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

Prior to this announcement, in April 2021, the Nutrition & Hydration Steering Group agreed as a reasonable measure and considering at the time imminent covid lockdown 3 restriction easing, to follow national guidance to:

1. Undertake the PLACE Lite Organisation Questions related to food. Hotel Services Manager to lead with support from Director of Facilities.
2. Undertake a 'mini' PLACE Lite assessment of inpatient areas in relation to the PLACE domain of 'food and hydration provision'.

The inpatient areas listed below were visited and assessed by key members of the N&HSG and two of the Trusts volunteers/experts by experience.

Please note that additional information was also gathered from service users using the Quality of Experience questionnaire as the group decided this would 'sit' well alongside the PLACE Lite template but also allow people using the service to feedback responses to four user-friendly questions regarding their likes and dislikes of the catering provision plus any suggestions for improvements.

PLACE Lite Assessment of Inpatient Areas

1.3 The areas noted below were assessed from May – July 2021:

1.4 Firshill Rise – Learning Disabilities Assessment and Treatment Service

Areas of good practice:

- Offering choice to patients by housekeepers and adapting at mealtimes
- Quality and presentation are excellent
- Adapted the environment for service user needs and flexible approach to where mealtimes take place

Recommendation:

- Regular menu planning meetings to include housekeepers, clinical staff, ward manager and AHPs
- Identify preferences which need to be documented and communicated – a lot of informal information
- System in place that records food preferences for services users that housekeepers can access and update

1.5 Grenoside 1 A and B

Areas of good practice:

- Range of areas to eat in
- Good portion sizes and choices
- Preferences from service users are visible
- Staff are aware of dietary needs
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Recommendation:

- Very warm in the eating areas
- Consider where the food is served (areas are used for both eating and activities)
- Possibly use table clothes
- Staff to ensure that surfaces eating food from are cleaned prior to meal provision
- No evidence of hand washing offered to service users
- Quiet time during meals offered (TV in background)
- Temperature checking of food before served

1.6 Dovedale

Areas of good practice:

- Protected mealtimes
- Staff giving choice of meals
- Good presentation
- Good environment to eat in

Recommendation:

- Staff observing food choices (was given mash and wedges)
- Investigate some of food quality

1.7 Forest Close

Areas of good practice:

- Staff choices before cooking meal
- Good environment for mealtimes
- Overall good provision of food service

Recommendation:

- Ascertain the halal options
- Evening meal too early
- Portion control (a lot of food wastage)

1.8 Burbage

Areas of good practice:

- Housekeepers go far beyond their remit and held in high regard by staff and service users
- Housekeepers and nursing staff working in a highly person-centred way to ensure service users are supported positively to undertake main hot meal – they have two sittings to allow quieter members of the ward community to enjoy their meal in the main dining room without noise and/or interruption
- Housekeepers knew service users' dietary requirements and needs – people offered an alternative if they don't like the planned meal/s

Recommendation:

- More seasonable food – menu appeared to be more suitable for Autumn/Winter
- Protected mealtime to be recommended to staff
- 4 weekly menus are confusing – would recommend weekly (possibly put next meal on board)
- Possibly put the hot meal of the day later than lunchtime (query move to teatime)
- More choice of meals – service user gave example of one menu having two choices of chilli – asked what happens if you don't like hot food?
- Possibility of allowing service user family to attend at mealtime to assist feeding and or support and staff to recognise this is therapeutic and should be supported within the protected mealtime
- Service users having a lot of take-out food (possibly another reason to move the hot meal option) as a long time between meals – again timing of meals raised

1.9 Maple

Areas of good practice:

- Lots of interaction between staff on delivering service
- Staff supportive of service users
- Good variety of vegetables
- Food of good quality
- Good knowledge of dietary needs and recording of this (strong link between nursing and catering staff)
- Service users were happy with the food choices and one service user commented regarding the availability of cultural food

Recommendation:

- Menu board missing (re-decorating ward at the time so this may be replaced since then)

1.10 Endcliffe

Areas of good practice:

- Housekeepers happy to facilitate
- Service users have opportunity to cook
- Lots of snacks available
- Dining room is bright and airy

Recommendation:

- Some of the vegetables were overcooked – also found on Stanage
- Catering staff training regarding regeneration process of vegetables
- Lot of takeaways being brought onto the ward

1.11 Stanage

Areas of good practice:

- Lots of good information on display (dietary information)
- Menu on display and displayed on a wipe board to show any changes
- Allergens information on display
- Service users encouraged to be dressed appropriately for mealtimes

Recommendation:

- Protected mealtimes not adhered to by junior medical staff
- Service user's fridge needs to be monitored daily to ensure food remains in date

1.12 Forest Lodge

Areas of good practice:

- Service users engage in cooking
- Some fresh food available
- Good variety of food
- Senior housekeeper works hard keeping the menus interesting

Recommendation:

- Possibility of more salad variety (all wards not just FL)
- Mealtimes are rather early (across all wards not just FL)

1.13 Overall Recommendations and Actions

PLACE Lite was completed at the end of July 2021 with a report previously received at the Quality Assurance Committee in August 2021. The following recommendations were made and the actions were recently updated in January 2022:

- a) **Trust-wide Food and Drink operational policy:** we need to develop clear standards for delivery of food and drink across inpatient areas. This should include hand washing practice and cleanliness, role of support staff, understanding of risk areas for service users related to food and drink, flexibility and choice for service users including dietary needs and preferences and meal provision seen as an integral part of someone's assessment, treatment and care.

Action - *This recommendation is near completion with the development of a Trust wide operational policy on Nutrition and Hydration. Policy in final draft and due for review and ratification at the Trust Policy Governance group on the 31st January.*

- b) **Clear menus:** displayed with an accurate description of the meals on offer that day to avoid unnecessary confusion whilst staying on a ward.

Action: *The agreed standard is the daily menu is written up and displayed on a white board in the dining area and this is the responsibility of housekeeping staff. Where possible a further weekly menu should also be displayed, however, this is not always*

accurate at the present time due to the disruption to the catering supply chain, hence the rationale for a standard of daily menu availability on the wards that is accurate as it is determined by housekeeping staff on the availability of catering supplies. The additional standard is that housekeeping staff will as far as possible honour the agreed weekly/monthly menu plans as these have been designed with input from service users and with the support of the Dietetic Service. There is also a general standard agreed that where it is considered likely service users cannot read and/or understand the menu displayed in this way there is an expectation that clinical support staff will work to support the service user in their preferred/alternative way to be aware of the menu and be able to make choices in relation to this. This may involve additional support from the Dietetic Service, Speech and Language Therapy and/or Occupational Therapy.

- c) **Review seasonality of menus:** align to a more seasonal approach with regular changes to the meals offered.
Action: Continue to involve the Dietetics service to work with housekeepers and people using the service via community ward meetings, to regularly select menus in advance. Dietetic staff continue to work closely with housekeeping staff to listen to service users and plan healthy, balanced, and interesting menus that aim to meet the diverse range of dietary and food choice preferences of people who use inpatient services. An example of this is reported in the Dovedale Audit (see section 1:3 above). An agreed annual schedule of menu review is also being put in place for April 2022-March 2023.
- d) **Consider changing times of main meals:** to ensure these are evenly spaced out across the day. This could include moving the evening meal to a later time.
Action: All wards now have a later time of 5pm or later for the tea-time/evening meal (previously this was 4:00/4:30) with the exception of Woodland View who, after careful consideration, have opted to keep the 4:15/4:30 tea-time slot.
- e) **Training and support for housekeeping staff:** to ensure correct regeneration process of food and vegetables offered. This also includes optimum presentation of food. Re-training for housekeeping staff to explore how this can be improved is required.
Action: All housekeeping staff have received regeneration training in the past but with turnover of staff this needs to be offered again and for those that have already completed this a refresher session is required. The assistant to the Hotel Services Manager is overseeing this process and this will be completed by the end of March 2022. This is in addition to the requirement for all Housekeeping staff to have Level 3 Food Safety accredited training for which a training schedule is already in place.
- f) **Protected mealtimes:** communication and audit to ensure all mealtimes are protected. This needs to include that all staff are aware that it is good practice, in some circumstances allowing service user family/carers to attend at mealtime to assist feeding and or support; staff to recognise this is therapeutic and should be supported within the protected mealtime if it increases someone's opportunity to have adequate food and drink and without this they would go without.
Action: Agreed standard in Nutrition and Hydration Steering group for when protection of mealtimes not observed on the wards to be reported by housekeeping staff to Hotel Service Manager and for Nursing staff to report to the nurse in charge and Ward Manager/Modern Matron. These instances will be further discussed at the Nutrition and Hydration Steering group. Nutrition and Hydration Steering group to request that the protection of mealtimes and rationale for this including the family support aspect be part of new staff induction on the wards.
- g) **Health Eating and Lifestyle strategy:** the PLACE assessments highlighted many inpatient areas have service users regularly ordering takeaways and a high proportion of people who have co-morbidities. The Trust should develop a Healthy Eating and Drinking resource and ensure this is part of health promotion, with clearly displayed resources on the wards, staff able to advise on healthy choices, menus that are flexible and offer a healthier option that is clear to service users and activity sessions that focus on eating, drinking and living healthily.
Action: The Healthy Eating and Lifestyle Strategy is being led by the Lead Dietician and Dietetics Team, Deputy AHP Lead who is an Occupational Therapist, Trust lead for Physical Health and the Senior Physiotherapist for Inpatient services. The initiative is supported by the Chief AHP and progress is reported in to the Nutrition and Hydration Steering group. The strategy is due for completion by August 2022 and is currently in the initial planning phase with gathering of best practice and mapping of key stakeholders.

Section 2: Risks

- 2.1 There is variation of support and arrangements for delivering food and drink across the main meal provision in the SHSC bed-based services assessed. This means that often good practice is not always guaranteed, and housekeeping and clinical staff are not working to an agreed set of standards. Despite this the PLACE Lite ward assessments found the majority of the mealtimes well delivered and heard from service users that they were mostly happy with the provision and had a great deal of choice and flexibility raising any issues and these being quickly resolved.
- 2.2 Not having clear menus displayed with an accurate description of the meals on offer that day risks unnecessary confusion and communication of basic care whilst staying on a ward.
- 2.3 Non-seasonality of menus not only presents a lack of variety of meals across the weekly pattern of meal provision but also risks offering meal choices that do not fit the season (for example, hot meals associated with colder weather and produce associated with that season being offered in summer when a different menu would be more appealing and potentially reflect the range of produce available in the community).
- 2.4 The quality of some of the food is compromised due to the incorrect regeneration process (for example, sweetcorn, sprouts, cabbage, broccoli) and there is a risk that this compromises the nutritional quality of the meals provided and the overall quality experience for service users. Re-training for housekeeping staff to explore how this can be improved is required.
- 2.5 There is a risk that mealtimes are not protected and this was reported on two of the ward areas visited. Additionally, some staff were unaware that it is good practice in some circumstances allowing service user family/carers to attend at mealtime to assist feeding and or support.
- 2.6 There is currently no Healthy Eating/lifestyle strategy and the assessments highlighted many inpatient areas have service users regularly ordering takeaways and a high proportion of people who have co-morbidities.
- 2.7 Ward housekeepers are currently individually managed by ward managers. Whilst this has benefits it also takes ward managers away from leading clinical nursing care and there is a risk that catering contracts are not managed in a consistent way.

Section 3: Assurance

Benchmarking

- 3.1 PLACE and PLACE Lite are reported nationally and form part of the data set outlining individual organisations performance across the PLACE domains.
- 3.2 The independent review of NHS Hospital Food report (Appendix 1) sets out a range of standards and a small working group has been set up by SHSC Director of Facilities to review how SHSC currently meets these standards. The working group reports and recommendations are considered by the N&HSG and the Quality Assurance Committee.

Triangulation

- 3.3 SHSC will be benchmarked in relation to the PLACE Lite data submission.

The SHSC last full PLACE process was completed in 2019 and the outcome indicated that the quality of the food provision scoring was high with the Trust score in this area being above the national average across all sites. The exception was the Longley Centre which scored a couple of percent under the 92% average nationally for Mental Health Trusts, in this domain.

The 2019 full PLACE results are not comparable with the 2020/21 PLACE Lite process, due to the large scale national review and question set changes.

There were three areas on the SHSC action plan from the 2019 PLACE:

- increasing compliance for completion of MUST – Malnutrition Universal Screening Tool,
- use of powerful extractor fans and housekeeping staff understanding how this impacts temperature of food,
- provision of three choices of main meal options.

The first and final points are being addressed by the current N&HSG Implementation Plan.

Engagement

- 3.4 Service Users across the adult inpatient services have recently been engaged in giving feedback about the catering provided as part of the PLACE Lite assessments.

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 Strategic Aim: A1 Quality and Safety.
Strategic Objective: A1 01: Effective quality assurance and improvement will underpin all we do.

Equalities, diversity and inclusion

- 4.2 The Trust's Nutrition and Hydration Strategy (which is currently under review) recognises the requirement to ensure that policy and standard operating procedure (SOP) development will include a Quality and Equality Impact Assessment. Policy and SOP development will take into consideration known health inequalities including groups protected by the Equality Act 2010.

Culture and People

- 4.3 The Nutrition and Hydration Strategy and further policy development will include full consideration of cultural diversity and how the Trust meets this need in terms of nutrition and hydration.

The current provision of a range of food and drink offered across bed-based services and regular review of this takes into account how SHSC meets dietary needs and preferences related to culture and protected characteristics under the Equality Act.

Integration and system thinking

- 4.4 Policy development will include drawing on expertise from across the ICS where this is required. This includes the Hotel Services Manager being a member of the Hospital Caterers Association which is a national network.

Financial

- 4.5 There is a possible financial impact of future training for a generic training offer for housekeeping and clinical services to provide service users with a safe and high-quality catering offer that is seen as part of the holistic health and wellbeing of people's assessment, treatment and care.

This needs to include staff understanding and following best practice regarding involvement of family/carers and within triangle of care principles in supporting people to be able to benefit from regular mealtimes and adequate hydration especially when they are not feeling well. It also confirms that the presence and support of family/carers assists in reducing anxiety and challenges.

Compliance - Legal/Regulatory

- 4.6 Care Quality Commission Regulation 14 – Meeting Nutritional and Hydration needs, April 2015.

Department of Health Mental Health Act 1983: Code of Practice, 2015

Section 5: List of Appendices

None