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NATIONAL QUALITY BOARD

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Patient-led Assessments of the Care Environment

A paper from Jane Cummings on behalf of the PLACE Steering Group

Annex A:	PLACE Steering Group membership
Annex B:	Details of engagement activity
Annex C:	PLACE supporting guidance documents
Annex D:	Cost analysis

Summary

1. On 6 January 2012, the Prime Minister announced a new Patient-Led Assessment of the Care Environment (PLACE) regime. The system, which is operational from April 2013, covers privacy and dignity, food, cleanliness and general maintenance in hospitals providing NHS-funded care, and replaces the existing Patient Environment Action Team (PEAT) inspections. The NQB was tasked with advising on the process, especially on system alignment and patient involvement. A Steering Group (SG) has been set up as a sub-group of the NQB (see **Annex A** for membership). Lay NQB members and several NQB statutory member organisations are represented.

2. This paper:
   a. provides a summary of activity and decisions since the last NQB update in June
   b. discusses next steps

3. The Board is asked to:
   a. note progress and decisions made
   b. advise on plans for the next phase of the project

Background

4. PLACE aims to give patients a strong voice. It must also be broadly cost-neutral and must not represent a significantly greater overall burden than at present. However, the scoring system will be different from PEAT, which means it is not possible to compare scores between the two systems.

5. When the NQB last considered PLACE, they asked the team to consider expanding its remit beyond those hospitals currently covered by PEAT and to be ambitious about the meaning of "patient-led".

Action and decisions taken with respect to expansion and ambition

Expansion

6. The Steering Group initially agreed to include all units (including those with fewer than ten beds, which are currently excluded) along with hospices and Independent Treatment Centres. Following discussion with the SG Chair, this has been revised to exclude very small units that are essentially a patient's home (albeit temporary) and which do not 'feel like a hospital'.

Ambition

7. The ambition to deliver a patient-led system has been realised by the following measures:
    a. Patient assessors to make up 50% of the assessment team
    b. Assessment to be based on what patients tell us is important to them
    c. A Summary Sheet to be completed by Patient Assessors only
    d. Patient Assessors to contribute to action plans for improvement
    e. Patient Assessors to formally sign off the final assessment report.

Patient engagement work

8. The Delivery Team engaged with patients, representative organisations, voluntary groups and charities, in a range of different ways, including:
   a. An in-depth workshop for representatives from 15 patient organisations
   b. A electronic survey of around 130 groups (over 3,500 respondents)
   c. Engagement with specific interest groups such as the National Children's Bureau, Royal National Institute of Blind People and The National Council for Palliative Care
   d. Consultation with the DH Strategic Partners' Group

9. Further detail is set out in **Annex B**.

Other actions and decisions taken to date

Pilot assessments

10. Sixty-four hospitals piloted the process during October. This revealed a need for a more streamlined assessment form and greater support for recruiting and training Patient Assessors. These changes have been made and the new forms re-piloted with excellent feedback. Analysis of the scoring system is underway, with helpful input from CQC to ensure alignment. **Annex C** contains the supporting guidance.

Cost analysis

11. A full impact analysis has been carried out and shows that the cost of PLACE is broadly comparable to PEAT. Increasing the number of Patient Assessors allows us to streamline the process and transfer some of the costs of using staff into supporting Patient Assessors. Following feedback from pilots and the SG we have revised the cost to reflect the need for more local training, but the overall comparison is still broadly similar to PEAT.

Areas of debate

12. A number of topics generated significant debate at the SG and warrant further discussion by the NQB.

CRB checking volunteers

13. There was a mixed view from SG members, with persuasive arguments for and against requiring patient assessors to undergo CRB checks. Feedback from the pilots is that introducing mandatory CRB checks would seriously jeopardise their ability to recruit sufficient numbers, and to comply with time constraints.

14. We have sought guidance from DH colleagues in Disclosure and Barring and their advice (which they suggest should be included in guidance to hospitals) is set out below. In essence, their view is that the final decision rests with the hospital, but that it is *not necessary to require a standard* CRB check, and that hospitals are *not entitled to request an enhanced* check. They have confirmed with CQC sponsor team that recruitment of volunteers would not be subject to any of their regulations.

Proposed statement to be included in guidance

'The Coalition Government stated its intention in May 2010 to scale back the Vetting and Barring Scheme and the criminal records regime to more proportionate and 'common sense' levels. On the 10th of September 2012 some of these changes happened - please follow the link for more information: http://www.dh.gov.uk/health/2012/08/new-disclosure-and-barring-services-definition-of-regulated-activity/

The NHS Employment Check Standard was updated in September to reflect these changes and can be seen at http://www.nhsemployers.org/RecruitmentAndRetention/Pages/Recruitment-and-retention.aspx

PLACE Patient Assessors will not be undertaking a Regulated Activity as defined by the Safeguarding Vulnerable Groups Act 2006. They are therefore not eligible to apply for enhanced criminal records checks or barred list checks and Trusts are not entitled to ask a volunteer to apply for this type of check. Trusts could ask volunteers to apply for a standard criminal records check if individual volunteers are eligible, but they should consider that this will depend on the activities of their Patient Assessors, and that they are accompanied at all times by hospital staff . Trusts should make a risk-based assessment of whether it is proportionate and necessary to request such a check. Patient Assessors should be accompanied at all times by hospital staff.'

Is the NQB happy that the suggested wording on the need for CRB checks is included in the guidance to hospitals on the recruitment of volunteers?

Remuneration of volunteers

15. The Steering Group discussed the importance of ensuring that volunteers are properly supported. It would not be legitimate for DH to impose a specific approach, but the draft PLACE guidance makes clear that volunteers should not be out of pocket. The guidance refers hospitals to the current DH position (link below), which highlights the range of ways in which the contribution of service users can be recognised and valued. This includes being thanked, positive feedback and acknowledgement, staff time, practical assistance, training, personal development or seeing the impact of their work and any changes made. Payment can also be offered for certain levels of involvement.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138523

16. The PLACE delivery team have spoken to colleagues in NHSCBA, CQC and DH to ensure alignment of approach. There is commitment to developing a new consensus statement about reward and recognition, but it is unlikely that this will be achieved by the time PLACE goes live.

Is the NQB happy that the PLACE guidance makes it clear that local agreements on reward and recognition of Patient Assessors should prevail, but that volunteers should not be out of pocket, and that further guidance is issued once a consensus statement between NHSCBA, DH and CQC is reached?

Training for patient assessors

17. SG and pilot feedback all agreed that one hour's training was insufficient for the new assessments. We have amended the guidance to say that hospitals need to ensure they allow sufficient time for training, and suggested that it might be good practice to get both staff and patient assessors together for a pre-meeting to go through the training (this approach appears to have worked well during the pilots). The exact amount of time needed varies with the size of the hospital and the experience of the Patient Assessors, so we have not specified how long training should take. In response to feedback from the pilots, a training pack is also being developed to be used locally by hospitals and Local Healthwatch in their training.

Is the NQB happy that the guidance makes it clear that local arrangements should be put in place to allow sufficient time for training Patient Assessors, and that DH provide a national training pack to be used locally?

Gateway Review

18. The PLACE project has been the subject of an OGC Gateway Review, to assess the robustness of the project planning and governance, and the quality of delivery. The reviewers praised the wide and sensitive stakeholder engagement, sound project management and good piloting. They recommended the development of a robust scoring system, stronger guidance for the service and an enhanced communications strategy, all of

which are in hand. They also recommended the development of a detailed implementation plan for transition (see below) and the agreement of a position on CRB checking.

Moving forward

Training

19. National training events will be provided at 20 locations across England, starting in January 2013 (up to 3,000 places). Webinars will be arranged for those who cannot attend in person. Training will focus on the high-level aims and principles of the system and will not replace detailed local training.

20. The new assessment form, supporting documentation and guidance on recruitment of patient assessors will be released in January, to enable local training to take place.

Transition and handover to the NHS Commissioning Board

21. Following the launch in April 2013, the delivery team will remain in place to ensure a smooth transition to the NHS Commissioning Board who will take on responsibility for PLACE. Contact has been made with several teams within NHSCB and this will continue beyond the handover date. A detailed implementation plan is being drawn up.

22. The delivery team will also continue to work closely with DH Healthwatch and Third Sector policy teams to promote PLACE and ensure that Patient Assessors become more representative of local populations. This will include working to harmonise policy on safeguarding (CRB checks), remuneration and reimbursement of expenses across organisations.

Development of IT system

23. Before PLACE can go live, a web-based collection system has to be developed. Work is planned to begin within the next week.

Completion of data collection agreements

24. Formal agreement (ie completion of administrative requirements and formal permission to collect the data) are in hand, subject to formal sign-off of the process. Draft guidance is at Annex C – the Delivery Team is working with branding teams at DH, NHSCBA and HSCIC to confirm the final 'look and feel'.

NQB Sign Off

25. The NQB agreed to provide oversight and final approval for the new assessment process. The Steering Group have been fully engaged throughout the development process and have given clear instruction, which has been incorporated. The new process now requires the Board's sign off to enable work on the new IT system, and internal approval processes to begin to meet the intended launch date in January 2013.

Is the NQB content to sign-off the PLACE work to date, subject to minor presentational changes only?

Is the NQB content with the planned direction for the remainder of the project, including plans for central and locally-delivered training, and development of an implementation plan for handover to NHSCBA?

Jane Cumming
SRO Patient-led Assessments of the Care Environment
27th November 2012

ANNEX A

PLACE Steering Group Membership

Mental Health Alliance
Independent Healthcare Advisory Services
NHS Confederation
Sheffield Teaching Hospital NHS FT
Business Services Association
National Association of LINks Members
National Quality Board
Royal College of Nursing
Healthcare Estates & Facilities Management Association
Health & Social Care Information Centre
Age UK
Healthcare Estates & Facilities Management Association
Healthwatch
Patient's Association
Care Quality Commission
Young Minds
Cambridgeshire LINk
Monitor

ANNEX B

Patient engagement during the design of the Patient Led Assessments of the Care Environment (PLACE)

Following the announcement of the introduction of new patient led inspections, the commitment was made to involve patients throughout delivery of the project, but especially during the design phase.

The Delivery Team have tried to engage with as many patients, their representative organisations, voluntary groups and charities, in as many different ways as was possible throughout the design phase. This was to ensure that we gave as many patients as possible the opportunity to have their say and tell us what really mattered most to them about the patient environment.

This paper briefly sets out how some of the engagement activity undertaken helped to shape the new assessment form, scoring system and process.

Patient Workshop

In April, we held a patient workshop for 15 patient organisations, ensuring that the organisations were representative of the population as a whole. The aim of the workshop was to gain a greater understanding of their perceptions, needs and attitudes on selected aspects of the hospital environment (food, privacy and dignity, cleanliness and other aspects of the patient environment such as décor, car parking and signage).

Patient attendees were asked a series of questions about each aspect of the environment to be included in the assessment, some were yes or no answers and others asked for a rating. There were also open debate sessions to ask what mattered most about each area.

The information gathered from the workshop helped to shape the online survey that was developed as the next step in the patient engagement work.

Patient survey

The online survey was conducted from May through to July, and was sent to around 150 third sector organisations, just over 3,500 respondents completed the survey. The organisations surveyed cover a diverse range of age, gender, ethnicity, and disability to ensure that we received the views of as representative sample of the population as possible.

The survey again sought views on key aspects of the patient environment, with each survey question being focused on a particular area of the patient environment (e.g. cleanliness). Each question asked respondents to choose the top five most important aspects for them, from a list of possible options.

Engagement with specific interest groups

Where possible we have also tried to engage with specific interest groups to ensure the new assessments reflected and worked for all patients. We have

engaged with the DH Strategic Partners Group, which is made up of 18 national voluntary and charity organisations, the group are acting as our patient reference group for the project and have given valuable feedback at their meetings.

We have also attended meetings with the National Children's Bureau, who worked with us to adapt the online survey for young people and shared their work on the Young Inspectors Programme. The Royal National Institute of Blind People have worked closely with us to ensure that the new assessment form reflects aspects of the environment that are important for blind people, and how blind people may be involved as patient assessors which is being trialled as part of the pilot assessments. The National Council for Palliative Care have also met with the Delivery Team to ensure the assessment reflected the interests of those requiring palliative and end of life care.

The new assessment process
The information gathered from both the patient workshop and online survey have informed the development and design of the new assessment form, the new scoring system and weightings, and survey process itself.

Assessment form
The assessment form includes questions on almost all aspects that patients told us were important to them about the relevant areas of the patient environment. They have informed development of the detail of the topics covered, for example, the food section is much more comprehensive than previous similar inspections based on what patients told us matters to them.

Scoring and weighting
The scoring system reflects the areas that patients rated with high importance. For example in the cleanliness section certain aspects that we learnt mattered most are scored with a simple pass / fail, whereas other aspects which are still important but not given the top rating are scored with pass / qualified pass / or fail. This will also be reflected in the weighting applied to generate a hospitals final score, so those areas using the pass / fail system will be given greater importance in the overall result.

Assessment process
The PLACE assessments will score wards individually based on feedback from patients, as they noted that standards can vary greatly within a hospital, and information from the online survey has also influenced where the results will be published.

Summary
Without the patient engagement work, the Delivery Team would still have been able to develop an assessment process that reflected what was important to look at in terms of the patient environment. What the engagement work has enabled is the new assessment to reflect what is truly important to patients, and for that to be recognised in the scoring and questions asked. The Delivery Team are now confident that the new assessment process in terms of what we look at is genuinely patient led.

ANNEX C

Superseded by published guidance:

http://www.england.nhs.uk/wp-content/uploads/2013/02/place-org-assess.pdf

http://www.england.nhs.uk/wp-content/uploads/2013/02/place-recruit-pa.pdf

http://www.england.nhs.uk/wp-content/uploads/2013/02/place-patients.pdf