

Patient-led assessments of the care environment

Organisational information – 2015

Name of organisation Name of site

Please insert a tick ✓ in the appropriate boxes

Organisation type		Site type	
NHS		a) Acute/Specialist (excl. mental health or learning disabilities	
Other		b) General acute and mental health/ learning disabilities provided by the same healthcare organisation	
Number of wards on site		c) Community	
Number of beds on site			
Does the site have communal areas (corridors, stairwells etc)? Only small units which clearly do not have such areas should say No	Y/N	d) Mental health only including Specialist Mental Health services (this includes both stand-alone units and wards in sites shared with another organization.	
Does the site have external areas (grounds, gardens etc)? Only small units which clearly do not have substantial external areas should say No	Y/N	e) Learning disabilities only (this includes both stand-alone units and wards in sites shared with another organisation	
Does the hospital/unit admit patients with dementia? (only those hospitals/units where for reasons of policy or due to the specific nature of the services provided (e.g. Children's hospital, Adolescent services) patients with dementia will never be admitted should say No	Y/N	f) Both mental health and learning disabilities provided from the same site	
		g) Treatment centre – with inpatient facilities – non NHS organisations only	
Departments (Emergency, MIU, OPD etc) (enter number)		h) Treatment centre – without inpatient facilities – non NHS organisations only	
Emergency department(s)		i) Hospice	
Dedicated children's emergency department(s)			
Outpatient department(s)			

Cleaning services		Food service provision	
(site-level information)		(site-level information)	
In-house provision		In-house provision	
Contracted-out provision		Contracted-out provision	
Mixed (in-house and contracted-out)		Mixed (in-house and contracted-out)	
		Self catering	

Assessment information – 2015

Food service type (site-level information – excluding breakfast) – select ONE option only from below		Site information (Answer Y/N)	
		Does the site provide on-site car parking facilities for staff, patients and/or visitors?	
a) Cook serve – food prepared in an on-site kitchen for immediate service (i.e. not subsequently chilled or frozen)	:	Does the site have internal areas (corridors, stairwells etc)? Only those small community based units which clearly do not have such areas should answer No	
b) Delivered meals – food is produced off-site whether by a commercial or an NHS organisation (including another hospital within the same trust) and delivered to the hospital either chilled or frozen for reheating/		Does the site have external areas (gardens etc)? Only those small community based units which clearly do not have substantial external areas should answer No	
regeneration. This option applied where protein (meat/fish etc) is delivered and accompaniments (vegetables) are prepared on-site			
 c) On-site central production – food is produced on-site but is then either chilled or frozen for reheating/ regeneration 			
d) Fully self-catered - this option should be selected where patients buy and cook food themselves (including where staff assist them) and where all patient meals (excluding breakfast) are provided through this method			
e) Partly self-catered - this option should be selected where patients buy and cook food themselves (including where staff assist them) but this method applies to only ONE of the main meals whether that be the midday or evening meal and excluding breakfast.			
f) Clinical exceptions – this option should only be selected where all food, for all patients for the entirety of their stay is on a medically prescribed basis (e.g. tube fed, enterally and parenterally fed)			

Assessment information – 2014

Date of assessment (day 1)	Date of assessment (day 6 if needed)	
Date of assessment (day 2 if needed)	Date of assessment (day 7 if needed)	
Date of assessment (day 3 if needed)	Date of assessment (day 8 if needed)	
Date of assessment (day 4 if needed)	Date of assessment (day 9 if needed)	
Date of assessment (day 5 if needed)	Date of assessment (day 10 if needed)	

Did the assessment team include independent review (Y/N)	If yes, please provide the name and organisation of the independent review	er
Number of ward assessments undertaken	Number of food assessments undertaken	
Where the number assessed is fewer t the minimum please provide an explar	2) Where the number assessed is fewer the minimum please provide an explan	
Assessment team numbers – staff	Assessment team numbers – patient	
assessors	assessors	
Number of staff assessors – day 1	Number of patient assessors – day 1	
Number of staff assessors – day 2 (if needed)	Number of patient assessors – day 2 (if needed)	
Number of staff assessors – day 3 (if needed)	Number of patient assessors – day 3 (if needed)	
Number of staff assessors – day 4 (if needed)	Number of patient assessors – day 4 (if needed)	
Number of staff assessors – day 5 (if needed)	Number of patient assessors – day 5 (if needed)	
Number of staff assessors – day 6 (if needed)	Number of patient assessors – day 6 (if needed)	
Number of staff assessors – day 7 (if needed)	Number of patient assessors – day 7 (if needed)	
Number of staff assessors – day 8 (if needed)	Number of patient assessors – day 8 (if needed)	
Number of staff assessors – day 9 (if needed)	Number of patient assessors – day 9 (if needed)	
Number of staff assessors – day 10 (if needed)	Number of patient assessors – day 10 (if needed)	

Patient assessor name	Organisation (see note overleaf)

Patient organisation: please provide details of the source of each patient assessor. This will include, but not be limited to:

- patient (existing);
- local Healthwatch;
- voluntary/charitable bodies such as WRVS, League of Friends, RNIB (where this applies, please state which group(s));
- Foundation Trust members;
- Board of Governors member;
- individual (i.e. not affiliated to any organisation this may include ex-patients).