

**Estates and Facilities Directorate
PLACE Strategic Improvement Plan 2017 /2018**

Element / Reference	Action Required	Timescale	Owner	Risk Category	Priority	RAG	Comments	Supportive Information
				Domain				
Food and Hydration Domain (Service Development)	New Development Implementation of the manner system will provide the Trust with a quality service, data collection, waste management and monitoring	Mar-18	Patient Services Manager	safety of patients	High	A	<p>Manner system currently has not been fully rolled out 2016/ 2017.</p> <p>Transformation of the patient services model for 2017 / 2018 with encompassed the full roll out of the manner system. This element will be transferred the PLACE Strategic Improvement plan for 2017 / 2018</p> <p>Food Waste management across sites has improved. Patient services now weigh food returned so they have a better understanding of value of what is being returned. Communication between Catering services and ward teams have also impacted on the waste improvement.</p>	

<p>Food and Hydration Domain</p> <p>-PLACE Action - Food And Drink Strategy - CQC Requirements</p>	<p>Services and preparation:</p> <p>a) Where meals consist of more than one course, is each course separately?</p> <p>b) Were patients' areas clearly readied for the meal services - e.g. all unnecessary items removed from table top, table top cleaned where necessary?</p> <p>c) Were patients made ready for the meal service - e.g. helped to sit up in bed, or sitting out?</p> <p>d) where packaged foods are provided is packaging opened / removed before serving to allow easy access for those who may have difficulty opening such packing?</p> <p>e) where staff both clearly active and involved in the delivery of food and associated service?</p> <p>f) Food service delivery at bedside (Community wards)</p> <p>g) Food service delivery in the community hospital also Maternity ward at BGH</p> <p>h) Meal delivery timings</p> <p>l) MUST Scores - 6 months audit data % of patients screened using the MUST</p>	<p>Mar-18</p>	<p>Nutritional Steering Group</p>	<p>safety of patients</p>	<p>High</p>	<p>Y</p>	<p>a) 3 community sites meet the criteria of more than 1 courses each are severed separately. The 2 Larger sites RBH / BGH currently do not provided this service delivery.</p> <p>B) c) d) e) currently being monitored through NAPF audits and mini NAPF audits and improvements shared on observation feedback and improvement requirement embedded by Matron and ward Sister / Manager.</p> <p>f)&g) Action was put in place immediately after the National PLACE Assessment 2016 (Catering / Ward team / Matron). Food Service delivery change and social dining area used as intended, patient experience around food service was improved immediately.</p> <p>h) Meal delivery times have been changed to meet the requirements of the patients on the individual wards etc. This will be continuously monitored and reviewed if</p>	
<p>Food and Hydration Domain</p> <p>PLACE Action</p>	<p>Menus Choice and Timings:</p> <p>b) Review of type of service and menu to meet the patients needs (long and short stay patients)</p> <p>c) Provision of Finger Foods</p>	<p>Mar-18</p>	<p>Matrons</p> <p>Patient Services Manager and</p> <p>Nutritional Steering Group</p>	<p>safety of patients</p>	<p>High</p>	<p>Y</p>	<p>Provision of Menu's in the agreed 4 languages will be in place across the ELHT in April 2017</p> <p>Provision of Large print menu's will be in place at RBH and BGH by the end of March 2017</p> <p>The review of menus to meet the patients needs has been completed by Patient Services and Dieticians.</p> <p>Children's Ward Meal service delivery has been changed and new trolley procured to meet the requirements.</p> <p>Bulk service option has for RBH / BGH is currently being considered by the Trust for where would be appropriate for this service and implication of Nursing time and investment requirement.</p> <p>17 New Food trolleys have be procured in 2016 / 2017 to support a safe food service</p>	

Management and safety of care Patient and Environment	Performance, Continuous development and Monitoring Nursing Accreditation Performance Framework and National PLACE Reporting programme 2017 / 2018 a) Clear reporting streams for the combined reporting indicated above for all Divisions b) Learning outcomes to be shared, considered and moved forward where possible	Mar-18	Assistant Deputy Chief Nurse Patient Environment Manager	Safety of patients and Environment Impact	High	Y	NAPF Audits are programme for the period indicated. PEA audits have been replaced with mini NAPF audits carried out by the Matrons of the wards / departments. Reporting strategy to be confirmed and monitoring of delivery / outcome scoring reporting to be confirmed.	
Built Environment PLACE Action	PLACE Outcomes 2017 - Improvement Plan (July 2017 - March 2018)	Mar-18	Patient Environment Manager	Environment Impact	High	A		
Built Environment (Fire Signage) - PLACE Action - Health and Safety	PLACE Outcomes 2016 & 2017 (Identified Improvements) 1 - Review at signage for all areas at PCH Site (Departments, wards and communal areas) 2 - Review of signage at RBH - General Outpatients 3 - ELHT Fire Improvement Survey	Nov-17	Fire Safety Advisor	Safety of patients, staff and public	High	A	External Company are supporting ELHT with undertaking Fire risk assessments across all 5 sites. (Jan 2017 - July 2017) The above will provide the information to address all 3 point in the improvement strategy in line with the Fire Trust Fire Strategy. Fire warden training - fire wardens have a clearer understanding on there roles an responsibilities. Divisions are provided with exact requirement in relation to Fire Wardens and targets are set for delivery of this compliance.	

<p>Built Environment (Disability Domain)</p> <p>- PLACE Action - Health and Safety - Equality Act</p>	<p>Improvement Identified:</p> <p>a) Lifts - Are sign posted, large buttons, Buttons have Braille and have audible announcements b) Are all signs at lifts so people know which floor they need b) Ground Safety - EA, Roads, walk ways and crossings (Survey and improvement requirements) c) Safe social spaces (maintained , EA,& Level Surfaces) d) Handrails on communal areas e) Is there hearing loop system in place at all reception desks? f) Reception desks - is there audible appointment / consultant alert system for the visually impaired?</p>	<p>Mar-18</p>	<p>Estates / PFI Managers</p>	<p>Environment Impact</p>	<p>High</p>	<p>A</p>	<p>All elements are being work towards.</p> <p>Elements identified via National PLACE 2016 Outcomes regarding Road ways and crossing at the community Hospitals have been addressed and the Trust are working with NIFes to Identify the development need for BGH and PCH (April 2017)</p> <p>Disabled Go - New Initiative have been commissioned to support the Trust a full EA survey and identification of improve for all sites - Presentation will be delivered to the Trust and public identified members on the 7th December 2016.</p> <p>Survey commenced at RBH - 13th February 2017 - 3rd March 2017</p>	
<p>Built Environment</p> <p>-PLACE Action -TDA Action Plan -IPC HCAI Reduction plan</p>	<p>Trust Storage of Equipment / Escalation Equipment</p> <p>Risk Assessment to be developed to understand the risk for the organisation, safety, statutory requirement, Patient / public experience, and Environment Factors</p> <p>1 - RBH - Records store to be emptied and handed back to Estates as central storage 2 - BGH - Central storage at BGH to be agreed (old UCC proposal) 3 - RBH - Centralised storage area required for Asset Management 4 - RBH - Centralised storage area required for Procurement "Stock Management Control"</p>	<p>Mar-18</p>	<p>Head of Estates</p>	<p>Environment Impact</p>	<p>High</p>	<p>A</p>	<p>1) Phase 1 of the Medical Records (Tin Shed) clearance has been completed to allow storage at the RBH site of required equipment.</p> <p>Further agreement for release of space in this area to be taken forward.</p> <p>2) Space has been made available at BGH for storage of surplus good condition furniture and equipment.</p> <p>3) & 4) RBH - Centralised Storage to be consisted as part of the Estates Strategy going forward.</p>	

<p>Build Environment</p> <p>Disability Domain</p>	<p>Accessibility to ELHT Hospital sites</p> <p>a) Year 1 RBH survey and development of best practice guides</p> <p>b) Year 2 BGH survey and development of best practice guides</p> <p>c) Year 3 Community Hospital (PCH, AVCH, CCH) survey and development of best practice guides</p> <p>D) Years 4 & 5 management of best practice guides and reviews of Trust Estates changes</p>	<p>Mar-18</p>	<p>Patient Environment Manager</p>	<p>Environment Impact</p>	<p>High</p>	<p>A</p>	<p>ELHT Trust Accessibility strategy (3 / 5 year Strategy)</p>	
<p>Built Environment</p> <p>Disability Domain "Access"</p> <p>- PLACE Action</p> <p>- NAPF Action</p> <p>- CQC Requirement</p>	<p>Access -</p> <p>Criterion:</p> <p>a) Does seating provided in receptions / waiting areas provide for a range of patients needs including chairs at differing heights with and without arms and bariatric</p> <p>b) Outpatient waiting areas / LWNB main waiting area require replacement programme for seating (Condition / aging)</p> <p>c) Some seating a bedside requires replacement (Condition / aging)</p>	<p>Mar-18</p>	<p>Patient Environment Managers & Matrons</p>	<p>Environment Impact</p>	<p>High</p>	<p>R</p>		

<p>Built Environment</p> <p>-PLACE Action -CQC Requirement - NAPF</p>	<p>Trust review signage across all ELHT sites</p> <p>a) Estates Strategy Required in relation to directional signage / way finding and internal department / Ward Signage (3 / 5 year Strategy)</p> <p>b) Agreement of management and monitoring of continues change to meet the organisational stakeholders needs</p> <p>c) Implementation strategy required to address review requirements</p> <p>d) Investment alignment requirement for installation off agreed site strategy</p> <p><i>(ELHT Wayfinding and Accessibility Project Group established in 2015 / 2016)</i></p>	<p>Mar-18</p>	<p>Head of Estates</p>	<p>Environment Impact</p>	<p>High</p>	<p>A</p>	<p>ELHT Trust Way finding strategy (3 / 5 year Strategy)</p> <p>The Project group is working towards delivering an Investment bid to the Capital Board of consideration by March 2017.</p> <p>Draft design strategy for RBH has been presented to the group by the (20 / 20) in October 2016. Full Strategy development to be completed by March 2017.</p> <p>Public Engagement event took place 10th Jan 2017 to share the proposed options, the proposal was well received by staff, public and inpatients.</p> <p>RBH Site survey completed in February 2017.</p>	
<p>Waste Management</p> <p>- PLACE Action - IPC HCAI Reduction plan - NAPF</p>	<p>Waste Management:</p> <p>a) Waste stream review required especially the community sites to support the correct usage and reduction of waste costs for the Trust</p> <p>b) Phase 2 of the New Waste Receptacles Implementation Plan</p> <p>c) Gap analysis and investment paper required for the Trust Yellow lids to replace by Orange lids</p> <p>d) Correct Labelling of bins (Lids - Words / Pictures)</p> <p>e) Investment paper to be tabled at Capital board for centralised funding consideration</p>	<p>Mar-18</p>	<p>Logistic Manager & Energy and Waste manager</p>	<p>Environment Impact</p>	<p>Medium</p>	<p>A</p>	<p>Gap analysis for what is required for all hospital sites is completed.</p> <p>Completion of the Investment Bid to be taken to the Capital Board for Investment alignment in March 2017</p> <p>Currently trialling an alternative receptacle holder outcomes to be presented in Jan 2017.</p> <p>Labelling / pictures on the waste receptacle bins is currently being work through with the Logistics Manager and Procurement.</p>	

<p>Privacy and Dignity and Wellbeing</p> <p>- PLACE Action - IPC HCAI Reduction plan -NAPF</p>	<p>Secure storage of personal Possessions</p> <p>All patients should be provided with secure storage for which they have a key. Storage should be either at their bedside, in their room or in designated lockers. It should be large enough to contain their personal / valuables possessions. Where storage for e.g. clothing is also required, this should be adequate in size but does not need to be lockable unless valuables are also kept here.</p> <p>a) IPC Forward plan to complete 4rd phase of the standardisation of the bedside lockers across the Trust - Inclusive of the PVD and the self medication RFID drawer - Investment required to achieve this outcome b) Provision of the standardised lockers for PCH (Marsden Ward) as above specification</p>	<p>Mar-18</p>	<p>Patient Environment Manager</p>	<p>Environment Impact</p>	<p>Medium</p>	<p>A</p>		
<p>Built Environment</p> <p>-PLACE Action (Domain 5) -CQC Requirement - ELHT Dementia Strategy (Domain 3) - NAPF</p>	<p>EHE - Dementia Strategy</p> <p>- Investment to be identified to continue the EHE Dementia Strategy to improve the patient environment, ensure safe personal care and enhance the patient experience during there hospital stay (<i>Annual reoccurring funding required</i>)</p> <p>ELHT Dementia Friendly Environment requirements (Domain 5 PLACE Criterion developments)</p> <p>1- Investment for continued transformation of areas for EA requirements 2 - Is all flooring matt not shiny finish 3 - Can all mirror be covered or removed 4 - Quality improvement project in line with EHE requirements</p>	<p>Mar-18</p>	<p>Patient Environment Manager</p>	<p>Environment Impact</p>	<p>Medium</p>	<p>A</p>	<p>Project Group established and working through the EHE ED Dementia Friendly Environment requirements.</p> <p>EHE Workshop required to complete the process prior to delivery of the project plan.</p> <p>PLACE Outcomes in relation to toilet seats / toilet door signage requirements have been achieved.</p> <p>Engine are replacing hand rails on communal areas under Lifecycle and have adopted the Dementia handrails as part of this replacement programme (Level 2 completed) RBH</p>	

<p>Built Environment</p> <p>- PLACE Action - IPC Action -TDA Action - NAPF</p>	<p>National Standards of Cleanliness</p> <p>a) 5 year cleaning Strategy plan to be reviewed and re-launch b) PAS Standards 5748 - review of standards alongside National standards of c) SLA for all service users required e) C4C - Reporting to ward / department sister and Matrons on completion of the Technical and Managerial Quality cleaning audits f) Zonally working g) Sustainability of ELHT Curtain programme h) Cleanliness of equipment (<i>tagging and checklist of clean equipment</i>) - I) Storage of clean and dirty equipment J) Cleaning Charter / Frequencies to be displayed on entry to the ward and department</p>	<p>Mar-18</p>	<p>Patient Services Manager</p> <p>Matrons</p> <p>Matrons Matrons</p>	<p>Environment Impact</p>	<p>Medium</p>	<p>A</p>	<p>A) B) C) D) E) f) g)- All elements are under review as part of the Transformation model for patients Services and will be developed in line with the agreed changes (2017 / 2018)</p> <p>f) Transformation model for patients services - - Trial of Zonally working agreed for March 2017 (Learning exercise)</p> <p>h) I) Monitored under the NAPF audit, mini NAPF audits and IPC Compliance audits</p>	
<p>Built Environment</p> <p>- PLACE Action - IPC Action - CQC - Sustainability - Financial Management</p>	<p>Procurement & Asset Management:</p> <p>a) Development of E Catalogue for agreed standardised equipment and Furniture b) ELHT Strategy for Management and control of Trust assets (Operational Procedures) c) Centralised Management Control System for Trust no fixed assets d) Trust Assets - Furniture & Equipment replacement programme / Investment alignment (Short & Long term)</p>	<p>Mar-18</p>	<p>Head of Procurement and Corporate Management</p>	<p>Financial</p>	<p>High</p>	<p>A</p>		

<p>Built Environment / Privacy and Dignity</p> <p>-PLACE Action - IPC Action - CQC Requirement -NAPF</p>	<p>ELHT - Linen services</p> <p>Linen rooms -</p> <p>a) Clean and free from other items of equipment / Furniture b) Large enough for linen requirements of area c) Linen rooms should be used for intended purpose only d) Patients are not to be discharged wearing hospital garments or linen (Privacy, dignity and financial management) e) Linen garments should not be damaged (privacy, dignity and financial management) f) Loss of Hospital linen g) Additional linen / nightwear stock due to loses and damage h) Review of Sheets for ELHT clinical needs / patients needs.</p>	<p>Mar-18</p>	<p>Linen Services Manager / All Matrons</p>	<p>Environment Impact</p>	<p>Medium</p>	<p>A</p>	<p>Review of Linen Processes, collection and delivery methods is currently be carried out , which will enhance delivery of improvements identified on the PLACE Strategic Improvement Plan.</p> <p>G) 100k investment was allocated to address the requirements of the additional linen / nightwear due to loses and damage.</p> <p>j) Investment provide to procure the linen trolley covers required for replacement across the Trust.</p>	
<p>Built Environment</p> <p>- PLACE Action - IPC Action - NAPF - CQC Requirements</p>	<p>Oxygen Management - Review and replacement of Oxygen Cylinder Carriages to support the Environment Management</p> <p>a) Item to place on the procurement work plan to scope the market and Identify b) Investment bid to be developed and presented to the Director of Finance for consideration</p> <p><i>(Work to commence, design, tender, standardisation and agreement of product - Impact 2017)</i></p>	<p>Mar-18</p>	<p>Head of Estates</p>	<p>Environment Impact</p>	<p>Medium</p>	<p>Y</p>	<p>All medical gas cylinder carriers to be masked and wards & departments directed to slingsby model and wards to order themselves when they need a replacement.</p> <p>Further information required by the Logistic Manager to support the communications required to the users on the correct product.</p>	
<p>Built Environment</p> <p>PLACE Action</p>	<p>ELHT - External Site areas</p> <p>Development / Upgrade of external social spaces within the hospital grounds</p>	<p>Mar-18</p>	<p>Head of Estates</p>	<p>Environment Impact</p>	<p>Low</p>	<p>R</p>	<p>The element will be transferred to PLACE Strategic Improvement plan 2017 / 2018 for consideration and investment</p>	

Patient Experience	Service Development (ELHT Wheel Chairs)							
Service development	Patient Experience a) Wheel Chair review (Condition, operation procedure, cleanliness and ownership) b) Options for Improvement of Wheel chair c) provision and availability (I. e. Coin operated) d) Investment bid to be developed identify options appraisal outcomes an investment requirement e) Investment bid to be presented at Capital investment board for consideration	Mar-18	Logistic Manager	Safety of public	Low	R	Options for improvement to be developed once condition and cleanliness / ownership roads are in place (Jan 2017) ELHT wheelchair survey to be carried out across the 5 sites March - April 2017. No Current issues on availability however as chairs come out of service this will change and a plan needs to be developed.	

High , Medium and Low reference is in relation to Investment requirement only

Status	Position
Red - 0%	Requires Action - Not Yet addressed
Amber - 50%	Action being addressed and progressing
Yellow - 75%	Action being addressed with significant improvement
Green - 100%	Action has been addressed and all complete

Risk Scoring

1 to 3	Low Risk
4 to 6	Moderate Risk
8 to 12	High Risk
15 to 25	Extreme Risk