

**Date:** 24 November 2004  
**Venue:** Committee Rooms 3 & 4, National Assembly for Wales  
**Title:** Community Health Council Hospital Patient Environment (HPE) Assessment 2003/4 Report

### **Purpose**

1. The Committee is asked to note the 2003 HPE report from the Community Health Councils in Wales

### **Summary / Recommendations**

2. In 2003 the Assembly Government commissioned the Community Health Councils in Wales to undertake a new process which would assess 18 hospitals in Wales. The assessments would focus on the hospital environment as viewed and experienced by patients and other hospital users. The report of the Community Health Councils in Wales was released in January 2004.

### **Background**

3. Focus had already been given to technical standards such as the already published National Standards of Cleanliness for Hospitals. The Hospital Patient Environment (HPE) programme balances this with data on how a range of patient areas are experienced.

4. The areas covered by the HPE process are:

- External areas: including public transport, pavements, parking
- Entrances and main reception areas: including access, signage, decoration, furniture, toilets and cleanliness and tidiness
- Common areas: including access, signage, support from staff, waste,
- Wards: including furniture, linen, privacy and dignity, cleanliness, food, tidiness, smells
- Departments: including signage, decoration, furniture, cleanliness

### **Consideration**

5. During the autumn of 2003 CHCs undertook their HPE visits to 18 hospitals (shown in Annex A of the CHC report). They gave the hospital management 5 working days notice of their visit. On arrival at the hospital Trusts were made aware of the areas which the CHC would visit, members used standard forms, and at the end of the day the CHC met with Trust management to share their findings and to discuss action plans.

6. In the 2003 round of visits the main areas of concern identified were:

- Access and signage
- The state of cleanliness and repair of toilets
- Tidiness, and in particular, storage capacity
- Public Transport and Parking
- Issues of Privacy and Dignity

7. Trusts and CHCs (supported by WHE and Assembly Regional Offices where required) have been working to improve these areas.

8. Feedback events following the first round of annual visits were undertaken and both Trusts and CHC members found the assessments very useful in identifying areas for improvement and in complementing the technical standards in areas such as cleaning.

9. Many Trusts decided to extend the process themselves by using the process, forms etc to undertake assessments in other hospitals within their Trusts which were not included in the CHC programme.

### **2004 HPE Programme**

10. This year the HPE programme is covering the same 18 hospitals and is also being piloted in a community hospital, Brecon War Memorial Hospital. A web-based electronic data system has also been developed and CHC staff trained in its use, which assists in maintaining data on visits and with data analysis.

11. The report for 2004 is expected to be published by the Community Health Councils in Wales in early January 2005.

### **Compliance**

12. There are no compliance issues

### **Financial Implications**

13. There are no financial implications

### **Action for Health and Social Care Committee**

14. The Committee is asked to note the CHC Hospital Patient Environment report.

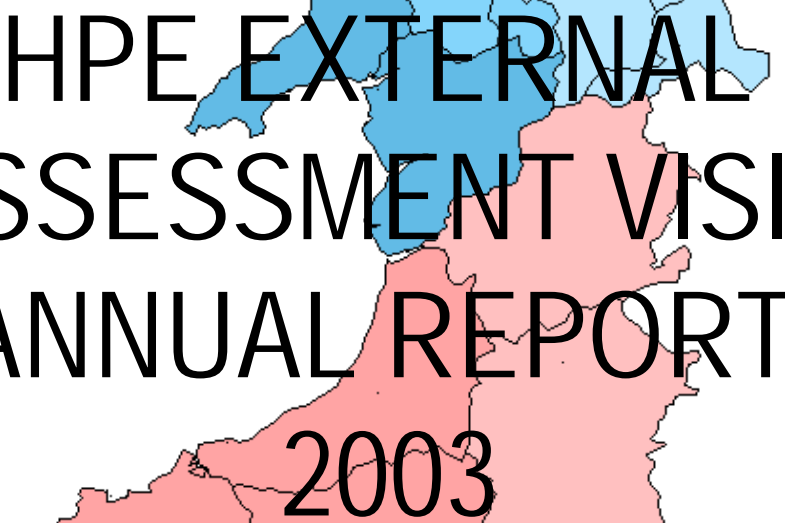
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HPE EXTERNAL  
ASSESSMENT VISIT  
ANNUAL REPORT  
2003

ISSUE DATE 12/01/04

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## Executive Summary

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The Hospital Patient Environment (HPE) programme has proceeded according to the programme set out for 2003 (page 5), culminating in this report from The Association of Community Health Councils in Wales to the NHS Wales Department of the Welsh Assembly Government.

It is important to note that the findings reflect the situation at a point in time for the hospitals visited by the CHC Federation teams, and that sample areas were selected within each hospital. However, the findings should not come as a surprise and may concur with patient experiences already expressed for a known facility.

The assessment findings are not intended to be used for rating or providing a 'score' for a hospital, but rather to identify issues from the point of view of patients. The findings seek to establish whether those experiences are good or bad, and ascertain how widespread they may be. This has been achieved using a structured approach that has enabled fair comparisons and conclusions to be made, along with recommendations on how best to raise standards for particular aspects of the patient environment across the NHS estate.

The main areas of concern identified in this report are:

- Public Transport and Parking;
- Access and Signage;
- The state of cleanliness and repair of toilets;
- Tidiness, and in particular, storage capacity;
- Issues of Privacy and Dignity;

and, accordingly, recommendations have been made (summarised in pages 19 & 20).

Community Health Councils have welcomed this initiative and been happy to introduce HPE assessments into an already busy visiting schedule. In doing so members have risen to the challenge of a demanding timeframe in which to prepare for and undertake the 2003 HPE programme. Although the timing of the initiative has been demanding, it has also proven to be opportune for the Community Health Councils in Wales as part of the development of a standardised approach to Monitoring Visits.

Community Health Councils will continue to conduct HPE assessments for the assigned hospitals on an annual basis and work with the respective Trusts to raise standards at a local level. Where appropriate this will be done in conjunction with the existing Welsh Assembly Government *Strategic Estate Review* process, along with the Assembly's proposed Facilities Forum in order to consider measures to be taken to address HPE issues on an all-Wales basis.

On reflection, the HPE process and procedures adopted for this first round of hospital assessments has proven to be effective but not perfect. The lessons learned so far will prove invaluable in taking forward the programme of Community Health Council visits envisaged for the future and feed into the continuous improvement process for the patient environment.

## Introduction

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The HPE initiative was developed in response to the requirements set out in *Improving Health in Wales: A Plan for the NHS and its Partners*, which states that "The people in Wales, and the health professionals who care for them, have the right to expect health care delivered in a modern, clean, well maintained environment".

Although undertakings from the Plan relating to technical standards, such as the *Nutrition/Catering Framework* and the *National Standards of Cleanliness*, were already being progressed by Welsh Health Estates, it was not until the November 2002 ministerial announcement that Hospital Patient Environment Teams were to be introduced in Wales, that attention was focused on the wider patient environment issues.

The announcement confirmed that the process would involve setting and verifying non-clinical national standards for the patient environment, focusing initially on District General Hospitals in Wales, and that Community Health Councils would be involved. It is anticipated that, in due course, the HPE assessments will contribute to a process of continuous improvement and be reviewed regularly.

A multi-disciplinary Working Group facilitated by Welsh Health Estates developed proposals for the HPE Programme. This group had representation from Nursing, Facilities, NHS Trust Management, The Association of Community Health Councils in Wales, and the Welsh Assembly Government.

Community Health Councils would prove to be an essential component of the process as they represent the independent consumer for the NHS in Wales. As such they have been set up to monitor and review the operation of local health services and to recommend improvements. Their statutory duties include the monitoring of health services and, accordingly, they have been conducting quality-monitoring visits to hospitals for more than thirty years. During 2002/3 Community Health Councils in Wales have been working to standardise their approach to quality monitoring visits and welcomed the opportunity to share that work with the NHS and the Welsh Assembly Government to develop and deliver the HPE programme.

The purpose of the annual report is to feed into the process of raising the standards of the patient environment across the NHS estate by making recommendations based on findings. The report does not identify hospitals or Trusts individually for either excellent or poor practice, although the process does enable individual Community Health Councils to work with the Trusts in their area in order to pursue particular issues of concern. It is anticipated that HPE external assessments will be undertaken annually and that a report will be provided, with interim reports produced, if required, to provide an update on particular issues.

## HPE Principles

The HPE programme was undertaken on the basis of the following principles:

- The HPE process would focus initially on the 18 major hospitals in Wales (Annex A), with a view to include other hospitals in due course.
- With the exception of Powys, every Trust would nominate a Board member (Annex B) to take responsibility for patient environment issues, and ensure that the Board member would become the HPE point of contact reporting regularly to the Board in this regard.
- HPE assessments would focus on issues such as the decoration of patient areas, the adequacy of hospital signage, environmental cleanliness and the quality and availability of meals (Annex C).
- HPE assessments would complement technical standards such as the *Nutrition/Catering Framework*, and support other related NHS Wales initiatives including:
  - *Fundamentals of Care*;
  - *Health and Social Care Guide*;
  - *Signposts – A practical guide to public and patient involvement in Wales*, and
  - *Service and Financial Framework & Performance Improvement Framework*.
- HPE assessments would be made against set criteria that were 'tuned in' to particular areas that the patients encountered on their journey through the hospitals (Annex C).
- The HPE process would not result in league tables but would provide information to be used constructively to facilitate improvements; to this end the HPE assessments would not be 'scored' but rated in terms of performance in meeting requirements for each criteria (Annex C).
- The focus would be where, in the first instance, improved management action would result in improvements to the patient environment.
- NHS Trusts would firstly conduct a baseline self-assessment of the performance of their hospitals against the HPE, with supporting comments and details of actions planned wherever appropriate.
- Following a three to four month period, HPE external assessments would be conducted by External Assessment Teams made up from CHC members.
- The HPE external assessment teams would have access to the Trust baseline assessments relevant to the sites they were visiting and sample areas for independent external assessment, and review progress made against the Trust action plans.
- The Association of Community Health Councils in Wales would use the assessments from the visits and report to the Welsh Assembly Government.
- Reviews would take place on an annual basis and the results made available for the *NHS Wales Performance Improvement Framework*.

## The HPE Programme for 2003

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All Trusts with participating hospitals nominated a Board member responsible for the HPE process (Annex B). These Trusts submitted the baseline self-assessments for their hospitals and the returns have been entered into a central database maintained by Welsh Health Estates.

The HPE assessment process enabled Trusts to undertake a very detailed review of areas within their hospitals exclusively from the patient perspective, and has provided the opportunity to identify areas requiring attention and produce associated action plans.

The baseline assessment returns firstly indicated a wide variation in the time and effort directed into this initiative by Trusts, with some providing comprehensive assessments and action plans. Following a full analysis, it became clear that, where a rigorous approach had been adopted, baseline assessments enabled Trusts to make the best possible start in the process of assessing and, where necessary, improving the patient environment within their hospital(s).

The Association of Community Health Councils in Wales delivered training for Community Health Council members to ensure that each team conducted the HPE visits in accordance with the agreed protocol and code of conduct. Following the training, each of the nine Community Health Council Federations in Wales established a HPE Visiting Team consisting of representatives from each of their constituent Community Health Councils (Annex D), and completed the programme of external assessment visits in mid November 2003.

Each of the Community Health Council Federation Teams utilised the Trust baseline assessments for the hospitals they were to visit, to identify sample areas for the external assessment. Where appropriate, the teams reviewed the progress made against the Trust action plans and highlighted issues for future review. By arrangement, at the conclusion of the visit the Federation teams met with Trust representatives to share their findings.

Following the first round of external visits Welsh Health Estates compiled the data from each of the assessment visits and summarised the findings. Welsh Health Estates have assisted in the analysis of the data required by the Association of Community Health Councils in Wales for this report.



## Summary of findings

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### 1 External areas

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#### 1.1 Public Transport

On the whole, access to hospitals was disappointing. With the exception of one hospital with an excellent rating, local services were variable.

Issues identified included:

- Inconsistent services, where buses did not follow agreed routes;
- Poor Sunday services and poor early and late services;
- A lack of buses from some outlying areas;
- A lack of bus shelters;
- Bus stops too far from main entrances.

It is recognised that access to hospitals is outside the control of the NHS but poor public transport provision puts a considerable strain on both patients and NHS Trusts. Car parking space is at a premium at most hospital sites and, where public transport provision is either inconsistent or limited, patients and their families have no other option but to use their cars through the lack of reasonable alternatives.

It is clear from the feedback sessions between Trusts and Community Health Councils that Trusts have been in discussion with Local Authorities for some considerable time to improve the situation; however, they have been unable, in some areas, to bring about the improvements required.

#### (1.1) Recommendation

- To pursue a partnership approach to the provision of Public Transport services to hospitals. We would urge the Welsh Assembly Government to ensure that linkages across key policies that impact on health and access to health care are more effective between Local Authorities and the NHS.

#### 1.2 Roads and pavements

The state of repair of roads and pavements was good, on the whole, with some areas where improvements could be made. The large traffic volume in most cases posed particular problems for ensuring safe and easy access to the main buildings.

Specific issues of concern were:

- Uneven pavements;
- Pavements covered with moss and algae;
- Poor illumination;
- Shrubbery overgrowing pathways causing pedestrians to walk on the roads;
- Pavements blocked by cars hindering the progress and access of wheelchair users;
- A lack of pedestrian crossings.

Of particular note were issues regarding **Disabled Access**, which was, overall, disappointing. The findings suggest that, in parts, disabled access was good in most hospitals but few hospitals offered reasonable access for the whole journey from car park to destination of either ward or department. In many instances the actual journey was hindered at a number of different points:

- Drop curbs not low enough;
- Ramps too steep for wheelchair users;
- Lack of ramps on some sites, insufficient drop curbs on others;
- Uneven and hazardous cobbled and brick pathways.

There were also concerns regarding pedestrian safety, poor signage for pedestrians and, on some sites, signage was in need of repair, there were poorly illuminated signs, and signs were too small and too few.

The patients' journey from car park or public transport drop-off point to destination needed to be reviewed at most sites. Examples of good practice were evident on all sites; however, in the majority of sites the patients' journey was hindered at a number of points restricting access for those less mobile.

**(1.2) Recommendation**

- That more attention is paid to ensuring that access is reviewed from the view of the patient/visitors journey, from point of origin on site to destination.
- That service users are involved in the planning process to ensure the patients' experience is considered fully.
- That all Trusts have an access strategy accompanied by an action plan, both of which should be informed by disabled users.

**1.3 Car Parking**

Unsurprisingly the capacity of car parking was identified as inadequate in the majority of sites, and the following issues were recorded:

- Insufficient drop-off zones on most sites;
- Drop-off zones blocked by delivery vans and taxis, and used for permanent parking;
- Lack of support staff (with the notable exception of one hospital) to manage and direct the traffic flow.

With the exception of one site where the cost was seen as excessive, car parking charges were considered 'good' across Wales.

The car-parking situation at most sites was stressful for both staff and service users, and will not be alleviated without the provision of reasonable public transport alternatives.

**(1.3) Recommendation**

- We urge the Welsh Assembly Government to ensure that Transport plans are inclusive of the needs of patients and the NHS, and that partnership working between the NHS and Local Authorities is a priority for this issue.

#### 1.4 Cleanliness

With a few exceptions, the cleanliness of external areas was encouraging across Wales, with grounds being regularly maintained and general levels of tidiness being kept to an acceptable level.

Poor facilities for smokers, resulting in unsightly and untidy areas outside main entrances, were recorded in most assessments, and was an area of concern. This problem can and does place undue pressure on cleaning and maintenance staff.

##### **(1.4) Recommendation**

- That more consideration be given to the accommodation for smokers and the provision of designated smoking areas, bins and shelters.

#### 1.5 Support Staff

The level of provision of external support staff was disappointing across Wales. With the exception of a few sites, very few support staff were visible during the external visits. However, those that were encountered were commended for their helpfulness and courtesy. From the service users' perspective, where external support staff were employed, access had improved considerably and the stress and frustration of finding parking spaces had been alleviated.

##### **(1.5) Recommendation**

- The needs of service users and the benefits of external support staff be part of an overall plan for improved access, transport and car parking at each site.

#### 1.6 Security

Concerns were raised by some of the visiting teams regarding the apparent low level of external security measures in place at most sites. Only six sites in Wales were considered to be using CCTV effectively. The visible level of security staff was low, yet lighting at most sites was good.

##### **(1.6) Recommendation**

- That an in-depth review of the security arrangements for outside areas of hospitals be made.

#### 1.7 Decoration

On the whole, the state of the external decoration was in need of attention. This was particularly the case with older buildings, where the decoration of minor works and alterations had not been made sympathetically with existing buildings.

##### **(1.7) Recommendation**

- That development plans should take into account the need for the sympathetic treatment of minor works and alterations within the context of existing buildings.

## 2. Entrances and main reception areas

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### 2.1 Access

Overall, access through the main entrances was good in the majority of hospitals, well organised in terms of traffic flow and use of space. However, further attention needs to be given to providing automatic doors to all entrances, where possible.

Concerns were raised by many of the visiting teams regarding disabled access. Although access through the main entrance was good, access to the main entrance in many cases was not ideal.

#### (2.1) Recommendation

- That access for the disabled and for those with poor mobility be reassessed to ensure the patient/visitors journey on site is not unnecessarily hindered (see recommendation for common areas).

### 2.2 Signage

Signage was very disappointing in hospitals across Wales. Issues identified included:

- An absence of location/orientation maps;
- Poor layout of Welsh and English translation signs;
- Confusion regarding the use and clarity of Welsh Language signs;
- Inaccurate directions;
- Poor use of signs;
- Overloaded signs;
- Print too small;
- Signs hidden behind equipment stored in corridors;
- Colour coding of areas/zones not always corresponding with the signs;
- No tactile signage for the blind;
- Insufficient signage for visitors' toilets;
- Zones confusing and often unnecessary.

Standards in the usage of signs in hospitals across Wales varied considerably. There seemed to be confusion regarding the use of appropriate translations and the design and layout of signs to provide optimum clarity. Good practice was recorded at only one site, indicating there is room for improvement at the majority of hospitals.

#### (2.2) Recommendations

- That an in-depth review of the options, practicalities and effectiveness of signage in hospitals across Wales be undertaken.
- That common standards be developed and implemented in the use of signage for the NHS in Wales.

### 2.3 Decoration

Overall, the state of decoration in most main entrances was encouraging.

## 2.4 Furniture

Overall, the state of furniture in all the hospital main entrances was encouraging, with examples of excellent provision in the newer hospitals. However, one site did give particular cause for concern. Visiting teams also recorded some concerns regarding the provision of appropriate seating for the disabled and the less mobile. It was felt that the needs and safety of these groups had not been fully considered.

### (2.4) Recommendation

- That more attention be given to the furniture required for patients and visitors using wheelchairs and for those who are less mobile.

## 2.5 Support

The majority of support services at main entrances were very good. Availability, on the whole, was excellent as was the attitude of the support staff. Many hospitals were commended for the helpfulness and courtesy of staff. The only room for improvement recorded was a call for a wider and more prominent use of identity badges.

Concerns were raised regarding the number of telephones, and appropriate telephones for wheelchair users and the hearing impaired.

### (2.5) Recommendation

- That more attention be given to the support required for patients and visitors using wheelchairs or with hearing impairment, through the provision of telephones at a suitable height, volume controls on telephones, and reception desks with appropriate access as covered within the Disability Discrimination Act.
- That identity badges be clearly visible and Trusts ensure the rigorous enforcement of policies regarding the use and display of identity badges.

## 2.6 Cleanliness and Tidiness

Cleanliness and tidiness overall was very good, with some notable excellent practices in one Trust.

## 2.7 Toilets

The number, state of repair and cleanliness of toilets was very disappointing in most hospitals. In general there were insufficient numbers of toilets, disabled toilets and baby changing facilities.

### (2.7) Recommendation

- That the state of repair and cleanliness of visitors toilets is given immediate attention and Trusts make the necessary improvements to bring these facilities up to an acceptable standard.
- That a *family friendly* approach is adopted with the provision of toilet facilities.

### 3. Common areas

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#### 3.1 Access

On the whole, access to common areas was reasonable but required some attention. Issues recorded include:

- The organisation of space;
- Traffic flow;
- Appropriate doors;
- Ensuring that corridors provide a clear thoroughfare.

Of particular note was the difficulty experienced by wheelchair users where heavy fire doors were in place. The force required to push open these doors restricted access for wheelchair users, pushchairs and those less mobile.

#### **(3.1) Recommendation**

- That DDA requirements are viewed with as much patient involvement as possible in order to identify exactly the problems that are experienced by patients and visitors.
- That, where practicable, fire doors have magnetic door hold-open devices or electronic door opening devices to enable easy access.

#### 3.2 Signage

Signage in the common areas was disappointing and seen to be inadequate in almost half of the hospitals for a variety of different issues. Comments recorded included:

- Print too small;
- Not prominently displayed;
- Misleading signs;
- Poor directional signs;
- Insufficient signs for lifts;
- No tactile signs were noticed at any site.

#### **(3.2) Recommendations**

- That there be an in depth review of the options, practicalities and effectiveness of signage in hospitals across Wales.
- That common standards be developed and implemented in the use of signage for the NHS in Wales.

#### 3.3 Support

Availability, appearance, helpfulness and courteousness of support staff was, on the whole, very good with some notable examples of excellent practice and some areas where staff were not observed. However, it was noted that identification was not good across most sites and that staff were not prominently displaying their ID badges.

#### **(3.3) Recommendation**

- That identity badges are clearly visible and Trusts ensure the rigorous enforcement of policies regarding the use and display of identity badges.

### 3.4 Decoration

Decoration of the common areas, on the whole, was disappointing yet no great cause for concern was recorded.

### 3.5 Furniture

On the whole, furniture was recorded as being acceptable, with some improvements required at most sites.

### 3.6 Ambience

The ambience of most hospitals was recorded as good with the exception of difficulties arising from smokers who either lacked facilities for smokers or had to use poor facilities.

#### **(3.6) Recommendation**

- That more consideration be given to the accommodation of smokers and the provision of designated smoking areas with appropriate ventilation.

### 3.7 Cleanliness and Tidiness

With a few minor exceptions, cleanliness was not a major concern in most of the common areas. However, the state of tidiness in at least half of the hospitals was very disappointing. Issues of equipment stored in corridors were of greatest concern, both in respect of cleanliness and tidiness. It is recognised that some buildings incorporate restrictions because of their age and structure, and this problem remains unresolved.

#### **(3.7) Recommendation**

- That the issue of storage is addressed as a matter of urgency in order to develop solutions to improve storage capacity in all hospitals.

### 3.8 Waste

Across all hospitals there were only three examples where the designation or capacity of waste bins was considered inadequate. However, where the security of clinical waste was observed, almost half were recorded as inadequate, for example, where clinical waste was left without being securely fastened/locked.

It is a concern that the security of waste is, apparently, not more closely monitored by all Trusts.

#### **(3.8) Recommendation**

- That more attention is paid to the security of clinical waste during its passage through the hospital.

### 3.9 Visitors Toilets

With few exceptions, the state of visitors' toilets was very disappointing. This was largely due to insufficient numbers and, in the majority of cases, the absence of baby changing facilities.

Issues recorded include:

- Toilets not inspected frequently;
- Dirty toilets;
- Inadequate provision;
- Poor state of decoration;
- Poorly maintained with leaking toilets, broken taps and broken soap dispensers;
- Lack of bins and bins overflowing;
- Insufficient space to accommodate those with mobility problems or parents with pushchairs.

**Overall, the state of cleanliness and repair of visitors toilets is unacceptable.**

#### **(3.9) Recommendation**

- That the state of repair and cleanliness of visitors toilets receives immediate attention and necessary improvements be made to bring these facilities up to an acceptable standard.



## 4. Wards

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### 4.1 Support

Overall, the availability, appearance, helpfulness and courteousness of the support staff in all hospitals was good, with numerous commendations for staff. However, a significant number of staff were observed either not wearing an identity badge or not displaying their identity badge prominently.

#### (4.1) Recommendation

- That identity badges are clearly visible and the NHS ensures the rigorous enforcement of policies regarding the use and display of identity badges.

### 4.2 Decoration

With a few notable exceptions, decoration was recorded as pleasing and well co-ordinated. There were concerns regarding the state of repair of the ward areas, in particular floor coverings and ceiling tiles.

### 4.3 Furniture

In general, furniture was considered suitable for purpose and in reasonable condition. Yet there were a few notable exceptions where comments were made regarding the condition of furniture, and included:

- Chairs in need of repair throughout the hospital;
- Insufficient numbers of suitable chairs for the elderly and for those with mobility problems;
- Lockers in a poor state of repair;
- Majority of sit-out chairs on a children's ward being ripped broken or cracked.

#### (4.3) Recommendation

- That more attention is given to the furniture required for patients and visitors that are elderly or have mobility problems, and to ensure that broken furniture is either repaired or removed as a matter of priority.

### 4.4 Linen

Although the condition of linen in most hospitals was seen as good there were a few exceptions in relation to sufficient supply of both linen and pillows, especially at weekends and holidays. The insufficient supply of linen and pillows places unnecessary stress on staff and patients. It also appeared commonplace in many hospitals for linen to be stored on trolleys as a permanent store.

#### (4.4) Recommendation

- That continuity of linen provision is addressed to ensure that patients' comfort is not compromised.
- That the storage of linen and pillows is taken into account as part of an all-Wales review of storage capacity in hospitals to develop solutions to these problems.

#### 4.5 Privacy and Dignity

It is a great concern that the state of Privacy and Dignity was generally disappointing across Wales. Although the occasions where inadequacies were identified were relatively few, their nature meant that far too many patients, in certain circumstances, had had their privacy and dignity compromised. The chief offenders were inadequate curtains and blinds, toilet facilities, and equally as important, the lack of privacy during consultations. The impact of this on patients can be devastating and is an unacceptable situation.

*(It is recognised that the HPE process is unable to unpack the multi-faceted issues involved in the whole of the Privacy and Dignity debate. We can, however, point out where the fabric of the building and state of repair is inadequate and compromises the patient.)*

##### **(4.5) Recommendation**

- That patient's Privacy and Dignity must be a priority. We would expect a review of the areas identified and immediate action to make the necessary improvements.
- That future maintenance and refurbishment plans identify Privacy and Dignity issues as a priority for action.

#### 4.6 Hospital Food

Hospital food from a patient's perspective in relation to delivery, servings, and assistance and prompt clearance was recorded as being good throughout Wales.

However a number of practical comments were made, such as:

- Providing appropriate cutlery for children;
- Providing appropriate multi-choice menus for different cultures;
- Assess the eating environment in relation to hygiene issues.

#### 4.7 Cleanliness

Of the wards visited the standard of cleanliness of the majority was recorded as 'good' but with some notable exceptions of both excellent and poor practice. These included the state of cleanliness of the toilets and bathrooms, which was, in general, woefully inadequate. Many wards used patient toilets as storage areas, restricting patient access and hindering thorough cleaning.

##### **(4.7) Recommendation**

- That the state of repair and cleanliness of patient toilets and bathrooms receives immediate attention and necessary improvements be made to enable these facilities to be brought up to an acceptable standard.

#### 4.8 Tidiness

The general tidiness of hospital wards was a concern. Storage was highlighted as a problem at all hospitals including the newer hospitals, with trolleys and equipment routinely stored in corridors, day rooms and bathrooms. The lack of storage posed a number of problems throughout the hospitals and in some instances had a knock-on effect across the sites. We can

not get away from the perception that, if it is untidy, the reasonable conclusion would be that it is dirty, though, in practice, there may not be a link between the two.

There is no doubt that, if a ward is untidy, it is more difficult to keep clean and does place additional time pressures on cleaning staff.

**(4.8) Recommendation**

- That the issue of lack of storage space is addressed as a matter of urgency in all hospitals.

**4.9 Waste**

With the exception of a few wards, on the whole, the standard of waste management was reported as good across Wales.

**4.10 Smells**

Ventilation is a problem for a significant number of wards in hospitals throughout Wales.

**(4.10) Recommendation**

- That Trusts ensure there is adequate provision of ventilation in wards, particularly in toilets, where necessary.

## 5. Departments

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### 5.1 Access

Access is, overall, disappointing, mainly due to a significant number of problems found with access for the disabled, even in some of the newer hospitals, despite the emphasis being placed on current DDA statutory requirements. There were also more general instances where, with a little careful consideration, reception areas that afforded limited space could be far better organised. Some evidence of good access arrangements was found but performance varied for the range of departments covered in these assessments. Of particular note were comments regarding the lack of provision for patients with sensory impairment in some hospitals.

#### (5.1) Recommendation

- That DDA requirements are viewed with as much patient involvement as possible in order to identify exactly the problems that are experienced by patients and visitors.
- That further consideration be given to the introduction of automatic doors, wherever practicable.
- That training for staff includes the needs of disabled patients in sufficient detail to ensure that all patients have equitable access to services.

### 5.2 Signage

Signage, on the whole, was found to be good, with no widespread reporting of signage being a problem at departmental level. Only isolated incidences of inaccurate/unclear signage were found, although it was disappointing that no standards of excellence shone through either. It is noteworthy that a proliferation of inappropriate and tatty paper notices/signs gave the impression of shabbiness in many departments that were otherwise well organised.

There were some instances of colour coding/zoning systems for departments and clinics that, unfortunately, confused rather than clarified where patients and visitors ought to go, which suggests they should be used with greater care.

#### (5.2) Recommendation

- That the over-complicated colour coding or zoning of department/clinic areas is avoided where possible.
- That, where possible, hand written notices are avoided.

### 5.3 Support

Support was seen as generally very good, with support staff being readily available, helpful and courteous. Their appearance was also generally good, the only disappointing aspect being that there were many instances of appropriate staff either not wearing or displaying identification badges prominently. Generally dress code does not make it easy for patients or visitors to identify who staff are or their roles and responsibilities; hence it is essential that staff have clear and prominently displayed identity badges.

#### (5.3) Recommendation

- That more attention is paid to identification badges being worn/displayed properly.

#### 5.4 Decoration

The vast majority of departments visited were reported as being pleasing to the eye, with only isolated instances where the coordination or state of repair of the decoration was lacking. Once again, though, it would appear that insufficient attention is paid to the provision of acceptable toilet facilities, both in terms of decoration and keeping them clean/tidy. Carpets would also appear to be a major problem to keep looking presentable.

##### (5.4) Recommendation

- That greater attention is paid to maintaining toilets in an acceptable decorative state of repair.
- That carpeting in departmental areas is avoided wherever possible.

#### 5.5 Furniture

Generally, furniture was found to be suitable, presentable and maintained in an acceptable condition in all but a few of the departments visited, with exceptions occurring most frequently in Outpatient Departments.

#### 5.6 Linen

Linen was found to be in sufficient supply and in an acceptable condition in all but a few instances.

#### 5.7 Privacy & Dignity

It is of concern that instances were found where curtains/blinds intended to provide privacy were inadequate. Indeed, there were a significant number of cases illustrating totally unacceptable conditions in this respect. In addition, difficulties appeared to be encountered quite often where the lack of a private facility prevented sensitive discussions with patients from being overheard, despite staff doing their best to prevent this.

##### (5.7) Recommendation

- That the patient's Privacy and Dignity must be a priority. We would expect a review of the areas identified and immediate action to make the necessary improvements.
- That future maintenance and refurbishment plans identify Privacy and Dignity issues as a priority for action.

#### 5.8 Cleanliness

Apart from the concerns noted under decoration of toilets, the standard of cleanliness throughout the departments visited proved to be good, with only one isolated example of a department found to be seriously wanting.

#### 5.9 Tidiness

As with wards, the lack of storage space on many of the departments visited gave rise to highly visible clutter and untidiness, along with equipment and trolleys being routinely stored in corridors. A few extreme cases were considered to impinge on the provision of adequate Health and Safety considerations in the areas utilised (e.g. the inability to open doors fully where filing cabinets were sited and boxes stored).

It was disappointing that very few examples of excellence were reported for tidiness, and that even with some of the newer hospitals visited, problems with the lack of storage space seemed to prevail. It was observed that, all too frequently, inappropriate paper notices/signs presented an eyesore.

**(5.9) Recommendation**

- That a coordinated effort is made to address the problem of lack of adequate storage space with a view to identifying how best the problem can be tackled.
- That most departments be purged of unnecessary and inappropriate paper notices/signs.

**5.10 Waste**

In all the visits to departments, only one instance of inappropriate designation of waste bins arose, and very few cases of insufficient capacity/infrequent emptying causing concern.

**5.11 Smells**

Some concerns were raised about the adequacy of ventilation in a number of the departments visited. This was chiefly a problem in toilet areas but also contributed to more general reports of stuffy environments. It is noteworthy that some toilets were considered to be so poorly ventilated that they were unacceptable, and an extremely poor reflection on the respect that should be afforded to patients and visitors.

**(5.11) Recommendation**

- That there is adequate provision of ventilation in departments, particularly in waiting areas and toilets where necessary.

## Summary of Recommendations

### Public Transport

- To pursue a partnership approach to the provision of Public Transport services to hospitals. We would urge the Welsh Assembly Government to ensure that linkages across key policies that impact on health and access to health care are more effective between Local Authorities and the NHS.

### Roads and pavements

- That more attention is paid to ensuring that access is reviewed from the view of the patient/visitors journey from point of origin on site to destination.
- That service users are involved in the planning process to ensure the patients experience is considered fully.
- That all Trusts have an access strategy accompanied by an action plan, both of which should be informed by disabled users.

### Car Parking

- We urge the Welsh Assembly Government to ensure that Transport plans are inclusive of the needs of patients and the NHS, and that partnership working between the NHS and Local Authorities is a priority for this issue.

### Support

#### External Areas

- The needs of service users and the benefits of external support staff be part of an overall plan for improved access, transport and car parking at each site.

#### Main Entrances

- That more attention be given to the support required for patients and visitors using wheelchairs or with hearing impairment, through the provision of telephones at a suitable height, volume controls on telephones, and reception desks with appropriate access as covered within the Disability Discrimination Act.

#### All Areas

- That identity badges are clearly visible and Trusts ensure the rigorous enforcement of policies regarding the use and display of identity badges.

### Security

- That an in-depth review of the security arrangements for outside areas of hospitals be made.

### Decoration

#### External Areas

- That development plans should take into account the need for the sympathetic treatment of minor works and alterations within the context of existing buildings.
- That greater attention is paid to maintaining toilets in an acceptable decorative state of repair.
- That carpeting in departmental areas is avoided wherever possible.

### Access

#### Main Entrances

- That access for the disabled and for those with poor mobility be reassessed to ensure the patient/visitors journey on site is not unnecessarily hindered.

#### Common Areas/Wards/Departments

- That DDA requirements are viewed with as much patient involvement as possible in order to identify exactly the problems that are experienced by patients and visitors.
- That, where practicable, fire doors have magnetic door hold-open devices or electronic door opening devices to enable easy access.
- That further consideration be given to the introduction of automatic doors wherever practicable.
- That training for staff includes the needs of disabled patients in sufficient detail to ensure that all patients have equitable access to services.

## Signage

### All Areas

- That an in-depth review of the options, practicalities and effectiveness of signage in hospitals across Wales be undertaken.
- That common standards be developed and implemented in the use of signage for the NHS in Wales.
- That the over-complicated colour coding or zoning of department/clinic areas is avoided where possible.
- That, where possible, hand written notices are avoided.

## Furniture

### Main Entrances/Wards/Departments

- That more attention be given to the furniture required for patients and visitors that are elderly or have mobility problems, and to ensure that broken furniture is either repaired or removed as a matter of priority.

## Linen

### Wards

- That the continuity of linen provision is addressed to ensure that patients' comfort is not compromised.
- That the storage of linen and pillows is taken into account as part of an all-Wales review of storage capacity in hospitals to develop solutions to these problems.

## Privacy and Dignity

### Wards/Departments

- That the patient's Privacy and Dignity must be a priority. We would expect a review of the areas identified and immediate action to make the necessary improvements.
- That future maintenance and refurbishment plans identify Privacy and Dignity issues as a priority for action.

## Cleanliness and Tidiness

### External Areas

- That more consideration be given to the accommodation of smokers and the provision of designated smoking areas, bins and shelters.

### Common Areas/Wards/Departments

- That the issue of storage is addressed as a matter of urgency in order to develop solutions to improve storage capacity in all hospitals.
- That the state of repair and cleanliness of patient toilets and bathrooms receives immediate attention and necessary improvements be made to enable these facilities to be brought up to an acceptable standard.
- That most departments be purged of unnecessary and inappropriate paper notices/signs.

## Toilets

### All Areas

- That the state of repair and cleanliness of visitor's toilets is given immediate attention and Trusts make the necessary improvements to bring these facilities up to an acceptable standard.
- That a *family friendly* approach is adopted with the provision of toilet facilities.
- That the state of repair and cleanliness of patient toilets and bathrooms receives immediate attention and necessary improvements be made to bring these facilities up to an acceptable standard.

## Ambience

- That more consideration be given to the accommodation of smokers and the provision of designated smoking areas with appropriate ventilation.
- That there is adequate provision of ventilation in departments, particularly in waiting areas and toilets, where necessary.

## Waste

### Common Areas

- More attention is paid to the security of clinical waste during its passage through the hospital.

## Smells

### Wards/Departments

- That there is adequate provision of ventilation in wards/departments, particularly in waiting areas and toilets, where necessary.



## Conclusion

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The HPE programme has aimed to highlight the importance of patient environment issues, and draw attention to their impact on the patient and visitor as well as their influence on the way patients view the care they receive.

To this end, the HPE assessments provide the basis for monitoring continuous improvement in the patient environment at each hospital, offering Community Health Councils and Trusts the opportunity to work together, where appropriate, to progress actions identified for improvement. The results of the Community Health Council assessments are valuable indicators of common areas of concern, providing opportunities for sharing good practice. We anticipate that this programme will inform and enhance the process of achieving Best Value in many areas.

The HPE assessments offer a means for monitoring continuous improvement of the patient environment at the major/acute hospitals across Wales. The annual assessment results will be available to feed into the *NHS Wales' Performance Improvement Framework* and, it is anticipated that the Welsh Assembly Government will use the HPE assessment reporting process to give an indication of the standards of the patient environment provided in hospitals across the NHS in Wales.

The process and procedures adopted have proven to be effective but not perfect, and on-going refinements will be made in the light of experience gained. It is anticipated that the criteria will be extended to suit the requirements for other healthcare facilities in due course. As a result of the first round of assessments, Community Health Councils and Trusts will pursue issues raised locally and work towards improving the standards of the patient environment.

To date there has been a very encouraging response to the external visits and, on the whole, positive feedback on the progress made for the range of issues covered. Understandably, not all the issues identified will be accompanied by immediate action, as demands on resources will require a prioritisation process that will inevitably determine when action is taken, particularly if capital expenditure is required. In such instances it is envisaged that future Annual and Quarterly Estate Strategic Reviews, conducted by the Welsh Assembly Government and Welsh Health Estates, will include consideration of such factors.

It is a matter of concern, however, that prioritisation also appears to influence progress relating to issues not affected by capital outlay. Whilst this process may be acceptable for some aspects of the patient environment where improvements and/or rectification are required, such as redecoration, it is disappointing that, all too often, facilities issues affecting 'Privacy & Dignity' appear to be dealt with in a similar fashion. **This is one particular area where it is felt that 'zero tolerance' should apply to poor performance, and where protracted and all too often deferred plans for remedial action, such as the provision of curtains that afford adequate screening around beds, are totally unacceptable.**

The issues surrounding Privacy and Dignity are multi-factorial and many contributing factors in affording patients their 'Privacy & Dignity' whilst staying in hospital, fall outside the scope of HPE requirements. The Association of Community Health Councils in Wales will work with local Community Health Councils to pursue this issue.

Examples of excellence were recorded across the range of criteria for most hospitals, and these examples may be used as indicators of good practice. Where the results of the Community Health Council assessments have identified common areas of concern across Wales, such as the provision of adequate storage space on wards/departments and the need for improved signage, we would urge that common standards be developed for the NHS in Wales.

During March of 2004 The Association of Community Health Councils in Wales will facilitate sessions with the external visiting teams to evaluate the process, make recommendation for refinements and plan the 2004 HPE assessment visits. The 2004 programme will focus on the same Major District Hospitals in Wales to assess the progress made on the agreed actions for improvement to the patient environment. It is anticipated that the HPE programme will be developed during 2004 and be extended to include other hospitals in subsequent years.

## Hospital Patient Environment (HPE) Programme

### List of Hospitals included in first round.

#### Hospital

Royal Glamorgan

University Hospital of Wales

Llandough

Prince Charles

Velindre

Singleton

Morriston

Neath Port Talbot

Princess of Wales

Prince Phillip

West Wales General

Bronglais

Withybush

Nevill Hall

Royal Gwent

Glan Clwyd

Ysbyty Gwynedd

Maelor

## Hospital Patient Environment (HPE) Programme

## List of Trust Nominated Board Directors

Pontypridd and Rhondda NHS Trust	Mrs Margaret Foster Chief Executive
Cardiff and Vale NHS Trust	Mr Jonathon Davies Director of Operations
North Glamorgan NHS Trust	Mr Martin Allen Director of Commercial Services
Velindre NHS Trust	Mrs Diane Smith Director of Nursing
Swansea NHS Trust	Mr Nigel Schofield Director of Estates and Facilities
Bro Morgannwg NHS Trust	Mrs Sue Gregory Executive Director of Nursing
Carmarthenshire NHS Trust	Mr Huw Beynon Deputy Chief Executive
Ceredigion & Mid Wales NHS Trust	Mr Stephen Griffiths Director of Nursing
Pembrokeshire and Derwen NHS Trust	Mrs Mary Hodgeon Director of Nursing and Community Services
Gwent Healthcare NHS Trust	Ms Christine Baxter Director of Nursing
Conwy and Denbighshire NHS Trust	Mr Ian Bellingham Executive Director of Operations
North West Wales NHS Trust	Mr John Potts Director of Estates and Facilities
North East Wales NHS Trust	Mr Mark Common Director of Operations

## Hospital Patient Environment (HPE) Programme

### Details of HPE Areas of Assessment, Assessment Criteria and rating.

HPE assessment forms have been developed for five locations within the hospitals, each covering a number of detailed aspects as follows:

1. External areas – 37 detailed aspects of assessment.
2. Entrances and main reception areas – 36 detailed aspects of assessment.
3. Common areas - 38 detailed aspects of assessment.
4. Ward Areas – 39 detailed aspects of assessment.
5. Departments – 42 detailed aspects of assessment.

List of criteria that includes the aspects in the respective areas:

- |                    |                            |
|--------------------|----------------------------|
| ➤ Public Transport | ➤ Access                   |
| ➤ Roads            | ➤ Furniture                |
| ➤ Pavements        | ➤ Tidiness                 |
| ➤ Signage          | ➤ Toilets (incl. visitors) |
| ➤ Support (staff)  | ➤ Ambience                 |
| ➤ Security         | ➤ Waste                    |
| ➤ Car parking      | ➤ Linen                    |
| ➤ Decoration       | ➤ Privacy and dignity      |
| ➤ Grounds          | ➤ Hospital food            |
| ➤ Cleanliness      | ➤ Smells                   |

The detailed aspects are grouped under appropriate criteria for each location in the following chart.

Ratings should be allocated to the assessment criteria for the location/area on the following basis:

- Poor – Does not meet the guidance criteria in almost all respects;
- Fair – Meets the guidance criteria in some respects;
- Good – Meets the guidance criteria in most respects; and
- Excel(lent) – Meets the guidance criteria in all respects.

<i>Table of HPE criteria/aspects for locations</i>		<i>Location</i>				
		<i>External Areas</i>	<i>Entrances &amp; Main Reception Areas</i>	<i>Common Areas</i>	<i>Wards</i>	<i>Departments</i>
<i>Criteria/aspects</i>						
<b>Public transport</b>	accessibility	✓				
	local services	✓				
	interconnections	✓				
<b>Roads</b>	external signposting	✓				
	capacity	✓				
	state of repair	✓				
	signs/markings	✓				
<b>Pavements</b>	pedestrian crossings	✓				
	safety	✓				
	state of repair	✓				
<b>Signage</b>	surface levels	✓				
	you-are-here maps		✓			
	clarity & wording	✓	✓	✓		✓
<b>Support (staff)</b>	directions (understandable)		✓	✓		✓
	enquiry point (enquiries)		✓	✓		✓
	accuracy	✓				✓
	illumination (as reqd.)	✓				
	availability	✓	✓	✓	✓	✓
<b>Security</b>	appearance	✓	✓	✓	✓	✓
	identification	✓	✓	✓	✓	✓
	helpfulness	✓	✓	✓	✓	✓
	courteousness	✓		✓	✓	✓
	internal vehicles		✓			
	telephones		✓			
	refreshments		✓			
<b>Car parking</b>	lighting	✓				
	security staffing	✓				
	CCTV facilities	✓				
<b>Decoration</b>	overall capacity	✓				
	disabled parking	✓				
	drop-off zones	✓				
	charging	✓				
<b>Decoratation</b>	pleasant appearance	✓	✓	✓	✓	✓
	inviting			✓		
	temperature		✓			
	state of repair (damage)	✓	✓	✓	✓	✓
	smoking/ventilation		✓			
	coordination	✓			✓	✓
	toilet areas					✓
	floor covering				✓	✓

<i>Table of HPE criteria/aspects for locations</i>		<i>Location</i>				
		<i>External Areas</i>	<i>Entrances &amp; Main Reception Areas</i>	<i>Common Areas</i>	<i>Wards</i>	<i>Departments</i>
<i>Criteria/aspects</i>						
<b><i>Grounds</i></b>	upkeep	✓				
	furniture	✓				
	utilisation	✓				
<b><i>Cleanliness</i></b>	overall cleanliness	✓				
	general tidiness	✓				
	smoking areas	✓				
	litter	✓				
	waste storage	✓				
	floors		✓	✓	✓	✓
	mats		✓	✓		
	fixtures				✓	✓
	warning notices		✓	✓	✓	✓
<b><i>Access</i></b>	doors		✓	✓		✓
	suitable for disabled		✓	✓		✓
	weather proofing		✓			
	organised		✓	✓		✓
	traffic volumes/flows		✓	✓		✓
<b><i>Furniture</i></b>	suitability		✓	✓	✓	✓
	adequate in number		✓			
	appearance (matching)		✓	✓	✓	✓
	robustness		✓	✓	✓	✓
	broken articles removed (condition)		✓	✓	✓	✓
<b><i>Tidiness</i></b>	clutter free		✓	✓		
	space				✓	✓
	patient belongings				✓	✓
	equipment (storage)			✓	✓	✓
	corridors			✓		
	adequate waste facilities		✓			
<b><i>(Visitors) Toilets</i></b>	number		✓	✓		
	disabled toilets		✓	✓		
	stocked and clean		✓	✓		
	baby changing		✓	✓		
	ventilation/hot water		✓	✓		
	contact point		✓	✓		
<b><i>Ambience</i></b>	temperature			✓		
	odours			✓		
	smoking policy			✓		
	smoking areas			✓		
<b><i>Waste</i></b>	dedicated bins			✓	✓	✓
	capacity			✓	✓	✓
	spills and leaks				✓	✓

<i>Table of HPE criteria/aspects for locations</i>		<i>Location</i>				
<i>Criteria/aspects</i>		<i>External Areas</i>	<i>Entrances &amp; Main Reception Areas</i>	<i>Common Areas</i>	<i>Wards</i>	<i>Departments</i>
	clinical waste locked			✓		
<b><i>Linen</i></b>	sufficient				✓	✓
	condition				✓	✓
	cleanliness				✓	✓
	comfortable				✓	✓
<b><i>Privacy and dignity</i></b>	toilet facilities				✓	✓
	curtains, blinds, glass				✓	✓
	verbal levels				✓	✓
	clothing/covers				✓	✓
	general approach of staff				✓	✓
<b><i>Hospital food</i></b>	delivery				✓	
	serving				✓	
	assistance				✓	
	clearance				✓	
	beverages				✓	
<b><i>Smells</i></b>	cleaning (overall)				✓	✓
	ventilation (overall)				✓	✓
	toilet/bathroom areas				✓	✓



# Annex D

