

**Patient-Led Assessments of the Care Environment (PLACE)
2018 results and action plan update**

1. Situation

The purpose of this report is to share results of the PLACE audits undertaken across the Trust in 2018, providing some background regarding the PLACE auditing process and the specific scoring criteria. This report will advise of the actions taken to date as a result of the audit findings and share the Action plan that has been established in order to improve our patient experience year on year. Following the 2018 PLACE audit action logs were created for individual sites. The 2018 PLACE outcomes and actions will be managed through a PLACE action plan and progress reporting will be provided on a monthly basis to a newly formed PLACE Care Environment Steering group.

2. Background

The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment.

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments help provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

PLACE assessments involve local people (known as Patient Assessors) going into hospitals as part of teams alongside staff. Patient assessors make up at least 50 per cent of the teams assessing how the environment supports the provision of clinical care, focusing on areas such as:

- privacy and dignity
- food
- cleanliness
- general building maintenance
- how well the needs of patients with dementia are met
- how well the needs of patients with a disability are met

Recruitment and training of Patient Assessors is the responsibility of the organisation (ULHT) undertaking assessments.

The PLACE assessment tool provides a framework for assessing quality against common guidelines and standards. The environment is assessed using a number of question forms depending on the services provided by the facility. These can be viewed here <https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place#assessment-forms>

The assessments take place every year, and results are published via NHS Digital, to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services.

It should be noted however that the assessment focuses exclusively on the environment in which care is delivered and does not cover clinical care provision or how well staff are doing their job.

3. Assessment

The results were released on 16th August 2018 and are available to the public on the NHS Digital website.

In 2018 the Trust has scored below the national average in 6 out of 6 domains. Although we are above the national average score for Organisational Food and performance has improved in Dementia and Disability, domains scores have decreased in the remaining 4 domains, (cleanliness, food and hydration, privacy dignity and wellbeing, condition, maintenance and appearance).

The table 1 below shows a comparison of 2017/18 scores:

Table 1

Criteria	Organisational Average		National Average	
	2018	2017	2018	2017
Cleanliness	93.84%	95.56%	98.5%	98.4%
Food & Hydration	89.68%	91.47%	90.2%	89.7%
<i>Organisation Food</i>	93.26% ↑	90.35%		88.8%
<i>Ward Food</i>	88.89%	91.79%		90.2%
Privacy, Dignity & Wellbeing	78.12%	80.06%	84.2%	83.7%
Condition, Maintenance & Appearance	88.70%	91.21%	94.3%	94.0%
Dementia	70.13% ↑	64.64%	78.9%	76.7%
Disability	78.43% ↑	75.30%	84.2%	82.6%

The table 2 below shows a comparison of 2017/18 scores across the four sites assessed:

Table 2

Criteria	Grantham		Lincoln		Pilgrim		Louth	
	2018	2017	2018	2017	2018	2017	2018	2017
Cleanliness	93.38% ↑	88.43%	94.75% ↓	96.05%	92.65% ↓	96.33%	91.39% ↓	97.37%

Food & Hydration	84.39% ↓	92.97%	91.00% ↑	90.59%	88.78% ↓	92.63%	92.84%	n/a
Organisation Food	92.85% ↑	90.35%	93.70% ↑	90.35%	92.85% ↑	90.35%	88.49%	n/a
Ward Food	82.09% ↓	93.97%	90.38% →	90.64%	87.91%	93.24%	97.07%	n/a
Privacy, Dignity & Wellbeing	70.67% ↓	77.95%	81.08% ↑	80.82%	75.61% ↓	79.65%	68.98% ↓	71.72%
Condition, Maintenance & Appearance	85.38% ↑	83.20%	87.91% ↓	90.37%	90.90% ↓	95.73%	80.21% ↑	65.68%
Dementia	60.21% ↑	58.58%	70.64% ↑	64.64%	71.60% ↑	67.25%	69.87% ↑	50.65%
Disability	71.47% ↑	67.95%	76.57% ↑	73.55%	82.93% ↑	80.66%	73.96% ↑	61.90%

Improvements were seen in Dementia and Disability domain scores across all sites however all are below the national average.

3.1 Cleanliness

The Trust scored 93.84% compared with the National average of 98.5%

The standard of cleanliness was generally perceived to be good, however issues were found in some areas across the Trust relating to cleaning schedules not being displayed, high and low dusting dust and attention to detail on items such as water coolers and radiators. Our score was 4.6% below the National Average and this left us 148th out of 152 Acute Trusts,

The inclusion of communal areas at Louth this year contributed to the small drop in percentage from 2017.

3.2 Food Service

The Trust scored 89.68% compared with the National average of 90.2%

ULHT are around the National Average for this domain, standing at 87th of 152 Acute Trusts. Food service scores declined at Grantham and Pilgrim this year. Whilst we are above the national Average for Organisational Food we are slightly below the National Average for Ward Food. Issues were found on some wards with the food service, a new Food Service mandatory e-learning programme has been developed to raise awareness of good food service standards. The quality of food was generally found to be of a good standard.

The overall Food and Hydration score includes a range of organisational questions relating to the catering service; for example, the choice of food, 24-hour availability, meal times and access to menus. The Ward Food service score reflects the view of the patient representatives who observed the meal service and tasted the food as part of the audit.

3.3 Privacy, Dignity and Well Being

The Trust scored 78.12% compared with the National average of 84.2%

ULHT are 6% below the National Average for this criteria and 117th out of 152 Acute Trusts. Issues which impacted on the score were the lack of treatment rooms on wards for minor procedures, limited access to TV and radio in some wards, nowhere across the Trust providing lockable storage space for patients, privacy curtains not installed around all baths/showers and insufficient space around reception desks resulting in patient and staff conversations being overheard.

Positive comments were noted regarding single sex areas including toilets and bathrooms, adequate space provided around beds and patients being dressed appropriately.

The assessment of Privacy, Dignity and Wellbeing includes infrastructural and organisational aspects such as provision of outdoor/ recreation areas, changing and waiting facilities, access to television, radio, computers and telephones. It also evaluates the provision of single sex accommodation, en-suite facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.

3.4 Condition, Maintenance and Appearance

The Trust scored 88.7% compared with the National average of 94.3%

ULHT are 5.6% below the National Average and 142nd out of 152 Acute Trusts. There was a mixture of results with some of the newly refurbished wards scoring 100%, but the older buildings reduced the overall percentage. Improvements were seen at Louth with the ongoing improvement works taking place.

The assessment of Condition, Appearance and Maintenance includes various aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of buildings and maintenance of grounds.

3.5 Dementia

The Trust scored 70.13% compared with the National average of 78.9%

The score for this criteria is 8.7% below the National Average. The score again improved this year with the refurbishment of some wards and a better understanding of the criteria by the assessors. As further refurbishments take place we expect to see this score increase.

The Dementia criteria are based on the work of The Kings Fund and Stirling University. The Dementia assessment focusses on flooring, decor and signage, but also includes such things as availability of handrails and appropriate seating and, to a lesser extent, food.

The questions in PLACE are designed to assess how well the healthcare setting supports people with dementia, and what needs to improve to help them stay as independent as possible for as long as possible. Without the right facilities the environment could contribute to people being and feeling less safe, more confused or anxious or less independent.

They represent only a selection of assessment criteria and organisations are encouraged to independently undertake a full assessment using the tools of either of the organisations mentioned, or any other suitable tool.

3.6 Disability

The Trust scored 78.43 % compared with the National average of 84.2%

ULHT are 5.7% below the National Average, and 115th out of 152 Acute Trusts. Issues being noted included no hand rails in corridors and some department reception/waiting areas not providing seating for a range of patient needs.

The Disability assessment focusses on issues of access including wheelchair, mobility (e.g. provision of handrails), signage and provision of such things as visual/ audible appointment alert systems, hearing loops, and aspects relating to food and food service. It shares many facets with the dementia assessment. The items included in the assessment do not constitute the full range of issues, rather focussing on a limited range with strong buildings/environment related aspects.

4 Recommendations

Next Steps/Actions

In order to address the issues identified in the 2018 results and to ensure we can demonstrate learning and actions leading to improvements in subsequent PLACE audits the following actions will form part of an overarching improvement plan.

- 1) Existing action logs to be reviewed and current position status to be established with action owners.
- 2) Establish a PLACE Care Environment steering group to oversee progress of the improvement plan.
- 3) In order to drive the necessary improvements required each PLACE domain will be aligned to an existing corporate group which will take responsibility for leading and driving associated improvement action plans.

Domain	Proposed responsible group
Cleanliness	Infection Prevention and Control Committee
Food and Hydration	Nutrition and Hydration Group
Privacy, Dignity & Wellbeing	Patient Experience Group
Condition, Maintenance & Appearance	Estates and Facilities Group
Dementia	Dementia Steering Group
Disability	Corporate Nursing Team

- 4) Each responsible group to will undertake a detailed review of the PLACE requirements and 2018 results and identify the specific actions required and detail the work the group will undertake to improve the standards during 2019/20.

- 5) Responsible groups will provide monthly update progress reports to the PLACE Care Environment steering group.
- 6) Explore closer alignment between PLACE and Ward Accreditation.
- 7) Reporting of future PLACE results will be reviewed against the data set available within the NHS Digital resource.
- 8) PLACE awareness slide pack to be developed that can be shared in both clinical and non-clinical forums.
- 9) PLACE awareness training to be provided to department leads, Matrons and Heads of Nursing in order to increase awareness of the requirements of PLACE audits.
- 10) Review the membership of assessor teams and recruitment processes.
- 11) Review of the quality of local training and preparation for assessors as this is fundamental to the success of PLACE as assures good assessors and demonstrates that we value our volunteers and intend to take their views seriously.
- 12) Increase the involvement of clinical teams in PLACE audits.
- 13) Develop a revised process for follow up and updating of action plans increasing the involvement of clinical teams.
- 14) For all new build projects the Dementia and Disability-specific PLACE criteria will be considered at the early planning stages.
- 15) Local cleanliness auditing procedures to be reviewed to ensure that any cleanliness issues are addressed timely and escalated appropriately where additional support is required to resolve.
- 16) Explore a model for undertaking PLACE-lite audits to provide additional monitoring and embed awareness of the impacts of a good care environment for patient safety and experience.
- 17) Develop a process for triangulating related data from PLACE, Ward Accreditation, Micad cleanliness audits with the addition of PLACE-lite once established.
- 18) Explore development of an electronic auditing tool and action plans so responsible groups/owners can access and update on a live system.
- 19) Explore opportunities for peer auditing with partner organisations.

5 Conclusion

The drive to continuously improve the patient care environment will continue to be an ongoing process which requires engagement with staff and groups throughout the organisation to ensure that PLACE is an agenda priority on all relevant operational and corporate group workplans for 2019/20. The PLACE audit question forms are being reviewed

for 2019 so we have not as yet received notification to when the auditing cycle will commence which provides us with an opportunity to take further actions to improve our PLACE audit outcomes this year.

In addition there is a requirement to raise the profile of the PLACE process, align and triangulate with data available from other quality review processes and provide additional monitoring to help embed awareness of the impact of a good care environment for patient safety and experience.

A high level action plan has been created to address the issues identified through the PLACE 2018 results which will be underpinned by detailed improvement work plans developed by each of the responsible groups.

This is attached for consideration at appendix 1 and this paper welcomes challenge in relation to resolving actions and timescales and recognises that delivery against the action plan prior to the 2019 PLACE visit will be challenging.

The Corporate Head of Nursing and Facilities Manager will provide a quarterly progress report against the action plan.

The action plan following the 2019 PLACE visit will incorporate both issues identified from the future visit and work identified within the current plan.

Appendix 1: PLACE Action Plan

Issue	Action Required	Lead	Deadline	RAG	Progress	Evidence
There is a requirement to improve the standards of within the patient care environment supporting clinical care provision as measured in the Patient Led Assessments of Care	1) Existing action logs to be reviewed and current position status to be established with action owners.	Ian Hayden Facilities Manager	March 2019			
	2) Establish a PLACE Care Environment steering group to oversee progress of the improvement plan.	Sarah Addlesee Corporate Head of Nursing	March 2019			
	3) In order to drive the necessary improvements	Sarah Addlesee Corporate Head of Nursing	April 2019			

Environment (PLACE) annual audits and demonstrated in the 2018 results.	required each PLACE domain will be aligned to an existing corporate group which will take responsibility for leading and driving associated improvement action plans.					
	4) Each responsible group to will undertake a detailed review of the PLACE requirements and 2018 results and identify the specific actions required and detail the work the group will undertake to improve the standards during 2019/20.	Chair of Group	April 2019			
	5) Responsible groups will provide monthly update progress reports to PLACE Care Environment steering group.	Chair of Group	April 2019			
	6) Explore closer alignment between PLACE and Ward Accreditation.	Sarah Addlesee Corporate Head of Nursing /Quality Matrons	April 2019			
	7) Reporting of future PLACE results will be reviewed against the data	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities	June 2019			

	set available within the NHS Digital resource.	Manager				
	8) PLACE awareness slide pack to be developed that can be shared in both clinical and non-clinical forums.	Sarah Addlesee Corporate Head of Nursing	March 2019			
	9) PLACE awareness training to be provided to Department leads, Matrons and HON in order to increase awareness of the requirements of PLACE audits.	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager	June 2019			
	10) Review the membership of assessor teams and recruitment processes.	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager	April 2019			
	11) Review of the quality of local training and preparation for assessors as this is fundamental to the success of PLACE as assures good assessors and demonstrates that we value our volunteers and intend to take their views seriously.	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager	May 2019			
	12) Increase the involvement of	Sarah Addlesee Corporate Head	June 2019			

	clinical teams in PLACE audits.	of Nursing/Ian Hayden Facilities Manager				
	13) Develop a revised process for follow up and updating of action plans increasing the involvement of clinical teams.	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager	June 2019			
	14) For all new build projects the Dementia and Disability-specific PLACE criteria will be considered at the early planning stages.	Ian Hayden Facilities Manager	March 2019			
	15) Local cleanliness auditing procedures to be reviewed to ensure that any cleanliness issues are addressed timely and escalated appropriately where additional support is required to resolve.	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager /Kevin Shaw IPCT Consultant Nurse	April 2019			
	16) Explore a model for undertaking PLACE-lite audits to provide additional monitoring and embed awareness of the impacts of a	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager /Kevin Shaw IPCT Consultant Nurse	May 2019			

	good care environment for patient safety and experience.					
	17) Develop a process for triangulating related data from PLACE, Ward Accreditation, Micad cleanliness audits with the addition of PLACE-lite once established.	Sarah Addlesee Corporate Head of Nursing/Ian Hayden Facilities Manager/Quality Matrons	June 2019			
	18) Explore development of an electronic auditing tool and action plans so responsible groups/owners can access and update on a live system.	Sarah Addlesee Corporate Head of Nursing	June 2019			
	19) Explore opportunities for peer auditing with partner organisations.	Sarah Addlesee Corporate Head of Nursing	May 2019			