



QUALITY ASSURANCE COMMITTEE MEETING
26 November 2018

QAC 26.11.18
Item: 07

TITLE OF PAPER	PLACE (Patient Led Assessments of the Care Environment) Outcomes 2018
TO BE PRESENTED BY	Stuart Turner, Head of Projects, Soft FM & Business Support
ACTION REQUIRED	Information

OUTCOME	Following receipt by Board, the Report and Action Plan will be published on the Trust Internet and Intranet as required by the HSCIC (NHS Health and Social Care Information Centre) procedures
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	PLACE outcomes feed into Quality Risk Profiles issued by the CQC
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	None
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Service delivery will be coordinated via the Facilities Directorate. There is an existing revenue budget managed by the Facilities Directorate dedicated to addressing issues related to PLACE outcomes.
CONSIDERATION OF LEGAL ISSUES	Not applicable

Author of Report	Stuart Turner
Designation	Head of Projects, Soft FM and Business Support
Date of Report	November 2018

SUMMARY REPORT

Report to: Quality and Assurance Committee

Date: 26 November 2018

Subject: PLACE (Patient Led Assessment of the Care Environment) Outcomes 2018

Authors: Stuart Turner, Head of Projects, Soft FM and Business Support
Janet Mason, Hotel Services Manager

1. Purpose

This briefing paper provides information and comment on the 2018 PLACE (Patient Led Assessment of the Care Environment) programme and the outcome information published by the NHS Health and Social Care Information Centre (HSCIC) during August 2018. The national outcome report is available in the public domain and shows the results for SHSC alongside PLACE outcome reports from other NHS Foundation Trusts and other organisations. These outcome reports may also be taken into consideration by the CQC when planning their inspection programme and assessing the Trust for compliance.

Thanks are due to Hotel Services Manager, Janet Mason, for her management and co-ordination of the PLACE assessments for the Trust and input to the report.

2. Summary

The following information table shows the outcome results from this year's assessment:

The table has been colour rated to indicate where SHSC is at or above the National average in its outcome scores (Green) or slightly below (Amber). Albeit we do not have any scores below the National average, this year and it is extremely pleasing to note we have **eight** scores of 100% (up from five in 2017) which are denoted in Blue. It should also be noted Grenoside Grange have now rated 100% for Cleanliness for 4, consecutive, years.

It is extremely pleasing to note that none of our scores, this year, fall below the National average and, indeed, many are significantly higher.

PLACE Results for the 2018 assessment published August 2018

	Cleanliness			Food Overall			Organisational Food			Ward Food			Privacy Dignity & Wellbeing			Condition, Appearance & Maintenance			Dementia			Disability		
Site	2017	2018	diff	2017	2018	diff	2017	2018	diff	2017	2018	diff	2017	2018	diff	2017	2018	diff	2017	2018	diff	2017	2018	diff
	%			%			%			%			%			%			%			%		
Firshill Rise (ISS)	98.64	100.00	1.36	92.53	97.22	4.69	86.95	94.82	7.87	98.99	100.00	1.01	93.75	93.55	-0.20	98.25	98.96	0.71				91.16	94.09	2.93
Forest Close	99.74	100.00	0.26	94.31	98.04	3.73	86.66	93.79	7.13	98.94	100.00	1.06	100.00	96.91	-3.09	99.79	100.00	0.21				92.67	98.10	5.43
Forest Lodge	99.52	100.00	0.48	91.04	95.73	4.69	87.35	92.93	5.58	96.27	98.38	2.11	100.00	97.67	-2.33	97.28	98.19	0.91				92.11	100.00	7.89
Grenoside Grange	100.00	100.00	0.00	91.70	96.58	4.88	94.16	94.31	0.15	88.85	99.05	10.20	100.00	98.15	-1.85	98.16	95.69	-2.47	97.36	96.70	-0.66	100.00	95.57	-4.43
Longley Centre	99.59	99.73	0.14	90.88	95.78	4.90	84.74	90.71	5.97	94.44	98.75	4.31	94.74	92.98	-1.76	96.75	98.27	1.52	92.37	90.50	-1.87	87.74	94.93	7.19
Michael Carlisle Centre	97.96	99.31	1.35	95.94	95.27	-0.67	91.31	92.59	1.28	97.50	96.16	-1.34	94.25	89.89	-4.36	97.27	97.00	-0.27	88.69	95.00	6.31	91.60	90.95	-0.65
SHSC Average	99.02	99.71	0.69	93.39	96.15	2.76	88.61	92.80	4.19	96.39	98.09	1.70	96.56	93.77	-2.79	97.79	97.87	0.08	91.09	94.03	2.94	91.83	94.76	2.93
National Average (all Trusts)	98.38	98.50	0.12	89.68	90.20	0.52	88.80	90.00	1.20	90.19	90.50	0.31	83.68	84.20	0.52	94.02	94.30	0.28	76.71	78.90	2.19	82.56	84.20	1.64
National Average (Mental Health & Learning Disabilities Trusts)		98.54			91.29			89.88			92.76			86.26			94.22			81.62			86.18	
National Average North of England Commissioning Region (all Trusts)	99.60	98.58	-1.02	89.60	91.25	1.65	88.30	89.85	1.55	90.40	92.71	2.31	84.90	86.33	1.43	94.90	94.20	-0.70	76.70	81.77	5.07	83.30	86.21	2.91

For statistical interest, also attached to this report is the formal **HSCIC PLACE report** published in August 2018 (**See first PDF attachment**). This provides the full range of statistical information related to all PLACE outcomes nationally for the 2018 round of assessments which took place between February and June.

No new Domains were added to PLACE for 2018.

1. Outcomes

The PLACE assessments consider 6 key areas (Domains):

- Cleanliness
- Condition, Appearance & Maintenance
- Privacy, Dignity & Wellbeing
- Food and Hydration – split into Food Overall; Organisational Food and Ward Food
- Dementia
- Disability

At the end of the process, each unit which has undertaken an assessment is given a result against these assessment areas.

Participating organisations and others who may use the data will be able to benchmark their performance or the performance of particular types of organisations. For the purposes of comparison, a national average of scores from all participating hospitals/units is calculated. This average is weighted to take account of the fact that hospitals vary in size and that in larger hospitals not all areas are assessed. The weighting factor used in this calculation is bed numbers. Bed numbers are used since they are common to all organisations, whereas some premises in which assessments are undertaken do not have wards e.g. certain mental health/learning disabilities units and Treatment Centres.

This is the sixth year PLACE assessments have been undertaken, so it is possible to use the outcomes as an historical measure of change.

Looking at the results across the Trust and against the National averages gives a snapshot indication for measuring against the individual domains. This should be used as an indication of where improvements and investments are needed. In particular, when we compare these outcomes to what we already know they become a useful measure and provide assurance, e.g. when the areas with a lower percentage score match up with the current planning and priority areas within the Trust. In addition where outcome results show a lower percentage score yet we currently do not have any plans for that area, there is an opportunity to review current assumptions to make sure we have not missed anything.

2. Domain Outcomes

Cleanliness

The standard of cleanliness was once again extremely good and general levels of cleanliness were relatively consistent.

As would be expected given the very good results for this domain, issues were minor in nature (please see notes attached as Appendix A).

These items will be picked up at Senior Housekeepers meeting by the Hotel Services Manager.

We have recorded 4 scores of 100% in this domain in 2018 and Grenoside Grange, have now retained their performance at 100% for the last four years. *This is an excellent outcome and the housekeeping staff at these units are to be congratulated on their hard work.*

We should also note our scores in this domain are generally consistent, with the Michael Carlisle Centre improving over last year and surpassing the national average of 98.4%. These are all extremely good scores of which we should be proud.

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	98.67	98.64	100.00	↑
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	N/A	99.74	100.00	↑
Forest Lodge	100.00	99.52	100.00	↑
Grenoside Grange	100.00	100.00	100.00	↑
Longley Centre	99.56	99.59	99.73	↑
Michael Carlisle Centre	98.67	97.96	99.31	↑

We should also note these outcomes are due in no small measure to the work undertaken via the Senior Housekeepers Meeting, chaired by the Hotel Services Manager, which aims to improve standards and consistency of approach across the Trust. Our challenge once again is to maintain these very good scores while attending to the minor problems that have been identified.

It should be clarified that these are visual impression scores and not to be confused with the in-depth technical assessments carried out periodically by our Control of Infection staff or peer audits carried out by senior housekeepers.

Condition, Appearance and Maintenance

Our maintenance teams are largely responsible for this aspect of premises care so thanks are due to them for their hard work.

Overall scores have remained fairly constant, or improved slightly, but with a dip at Grenoside Grange.

A comparison table is provided below:

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	98.16	98.25	98.96	↑
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	N/A	99.79	100.00	↑
Forest Lodge	97.18	97.28	97.67	↑
Grenoside Grange	100.00	98.16	95.69	↓
Longley Centre	95.81	96.75	98.27	↑
Michael Carlisle Centre	95.27	97.27	97.00	↓

This year, areas highlighted in the PLACE assessment as requiring attention included, inter alia:

- Some internal decoration and worn/tired floors at the Michael Carlisle Centre site
- Some minor damage at Firshill Rise
- Several items at Grenoside Grange.
- Damaged paintwork and ‘tired’ flooring in some areas at Forest Lodge
- Some patient damage on Maple

Further detail can be found in the relevant attachment (Appendix A).

Where these issues relate to units where we expect to be in occupation for a reasonable period of time, consideration will be given to addressing via the Trust’s existing PLACE revenue budget. We should note that a number will be picked up as part of the Trust’s Longley Centre Phase 2 capital development and we should not be looking to “double spend” on minor issues that will be addressed by a major capital scheme within the next 2 – 3 years.

Privacy, Dignity & Wellbeing

All of these elements have scored lower than in 2017 and will remain high on our list of priorities but, we continue to have concerns that some questions in this domain remain biased towards acute care providers, despite representation annually from mental health Trusts (not just SHSC)

For example, the many of our units do not have the facilities to provide access to meals/snacks within the building at all times of the day and night – and neither would it be appropriate on the acute units for this to take place. However for this we generate a zero score out of a possible score of two.

NHSI have indicated that the PLACE questions are being reviewed and that this issue will be addressed next year (albeit that this will delay next year’s data collection exercise to Autumn 2019)

Please note this domain is not linked to specific technical assessments such as EMSA.

A comparison table is provided below:

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	94.44	93.75	93.55	↓
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	N/A	100.00	96.91	↓
Forest Lodge	92.71	100.00	97.67	↓
Grenoside Grange	87.80	100.00	98.15	↓
Longley Centre	88.25	94.74	92.98	↓
Michael Carlisle Centre	84.98	97.27	89.89	↓

Food and Hydration

The PLACE assessment gives food its own section as well as asking wider organisational questions and puts a requirement on the assessment team to not only look at the food but to sample it as well.

Once again the outcome shows that while we have a diverse spread of inpatient environments, the quality of the food remains at a high standard across the whole Trust. This is reflected in the Trust score being above the national average across the all sites. The scores suggest the Trust's Nutritional Strategy approach has a positive impact on this aspect of the care environment.

The Trust now has a new Nutritional Strategy and a three year action plan intended to support its implementation. We anticipate this will continue to have an impact upon this area of PLACE, however some aspects of the work e.g. procurement processes/strategies, which will impact upon our Organisational Food scores, are planned for completion in Year 3 (2019/20) so have not yet had an effect overall. (N.B. – In this respect the new Food Category Tower [procurement] is now in place and discussions are in place.)

This Domain is split into 3 separate scoring elements with "Food Overall" being a composite derived from the Organisational and Ward Food scores; it is a statistical score which is generated by the HSCIC and the methodology for arriving at the % mark is not known.

Comparison tables are provided below:

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	91.14	92.53	97.22	↑
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	N/A	94.31	98.04	↑
Forest Lodge	89.01	91.04	95.73	↑
Grenoside Grange	89.27	91.70	96.58	↑
Longley Centre	89.69	90.88	95.78	↑
Michael Carlisle Centre	89.27	95.94	95.27	↓

Organisational Food

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	83.33	86.95	94.82	↑
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	83.08	87.35	93.79	↑
Forest Lodge	85.39	94.16	92.93	↓
Grenoside Grange	81.93	84.74	94.31	↑
Longley Centre	83.08	87.35	90.71	↑
Michael Carlisle Centre	85.39	91.31	92.59	↑

Ward Food

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	99.52	98.99	100.00	↑
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	N/A	98.94	100.00	↑
Forest Lodge	96.94	96.27	98.38	↑
Grenoside Grange	94.56	88.85	99.05	↑
Longley Centre	94.60	94.44	98.75	↑
Michael Carlisle Centre	99.33	97.50	96.16	↓

These very good scores reflect the on-going work of the Trust's Dietician and associated team members who engage with staff at all our sites where food is provided for service users, with the aim of ensuring a high quality, nutritionally balanced and healthy diet is available. The Hotel Services Manager and Dietician also work closely with the Senior Housekeepers on planning and delivery of the menus.

The scores are broadly consistent with, or improved from, 2017, and it must be emphasised that Ward Food in particular is a very subjective scoring mechanism based as it is on the actual sampling/tasting of menu items on offer on one particular day (usually the lunch time meal choices).

It is pleasing to note the significant increase at Grenoside Grange in respect of this Domain.

Please note that a wider scoping exercise to assess the potential qualitative benefits of bringing this type of service back under the line management of the Facilities Directorate rather than it being managed in a disparate way via various clinical service directorates, is now underway.

In respect of **Organisational Food**, in the main we have built on our 2017 scores which were, in turn, improved over 2016 and, despite a slight dip at Forest Lodge, all scores are, now, all in excess of the 89.9% national average.

We are continuing working on assessment of food procurement and catering practices against relevant Government Buying Standards, and assessment of compliance with the British Dietetic Association's Nutrition and Hydration Digest. We are actively working towards compliance on both these, but a lot of the work is scheduled to be completed in Year 3 (2019/20) of the Nutritional Strategy Action Plan.

It has also been identified that compliance with the % of patients MUST screened on admission (within an agreed timeframe) has reduced generally, and the Nutritional Strategy Action Plan has identified steps that will be taken to improve this position.

Dementia

This is now an established domain. It does not apply to units that will never knowingly admit a service user with dementia. Thus the only sites to which it applies in the Trust are Michael Carlisle Centre (in respect of Dovedale Ward – although this is not a dementia care ward primarily); Grenoside Grange (G1 Ward).

Our outcome scores are:

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Grenoside Grange	96.96	97.36	96.70	↓
Michael Carlisle Centre	92.76	88.69	95.00	↑
Longley Centre	Not scored	92.37	90.50	↓

Scores have dropped, slightly at Grenoside Grange and the Longley Centre but improved, significantly at the Michael Carlisle Centre

It forms part of the Ward assessment criteria. Questions are asked relating to the nature of the floor covering; toilets and toilet signage and general signage. Some additional questions are asked about avoidance of strong patterns in e.g. furnishings or curtains; marking of exit doors but 'disguising' of staff only areas by painting schemes, and covering or removal of mirrors. The criteria are based on best practice as advised by The Kings Funds and Stirling University.

We still need to take a view about the cost/necessity of addressing this as an absolute mechanism to improve a score, versus the plans to move Dovedale Ward to the reconfigured Longley Centre where all appropriate standards will be picked up on through the planning and commissioning process for the new wards.

Disabilities

This was a new Domain in 2016. It is not intended to be a comprehensive assessment of provision for service users with disabilities, but rather concentrates upon on how premises are equipped to meet the needs to people with disabilities based on a limited range of aspects with strong environmental or buildings components

Our outcome scores are:

Unit	2016 Score (%)	2017 Score (%)	2018 Score (%)	
Firshill Rise	90.47	91.16	94.09	↑
Forest Close (not scored in 2016 due to refurbishment works. In 2017 Bungalow 3 was not scored as it was stated by local managers not to be used for service users)	N/A	92.67	98.10	↑
Forest Lodge	86.71	92.11	100.00	↑
Grenoside Grange	97.04	100.00	95.57	↓
Longley Centre	71.40	87.74	94.93	↑
Michael Carlisle Centre	82.18	91.60	90.95	↓

Scores have moved, both up and down, since 2017 but all are above the national average and we have achieved an excellent outcome at Forest Lodge.

As mentioned last year, outstanding issues at Longley Centre will be picked up on as part of the major capital refurbishment scheme which will commence as soon as external approval for the Outline Business Case is given from NHSi and other external agencies and Full Business Case approval subsequently obtained. Equipment provision will need to include standards such as having a sufficiently mixed type of seating in reception or ward social areas (it is recommended to include a mix of different heights; with and without arms; and some bariatric); having lift control buttons including braille, and installing a hearing loop at reception.

5. Conclusion

This is the sixth year the PLACE assessment programme has run nationally, and it gives us a good benchmark for future years. It is beneficial to compare the percentage scores across the Trust, and with the national average.

We have continued to carry out the assessments with smaller teams which are less intrusive for the service users. Each team had a ratio of 50% patient assessors and 50% staff which was deemed more effective for the patient assessors who in the post-assessment evaluation meeting stated they felt they were more involved and the assessment was thorough.

We are pleased to report the continuing involvement of Sheffield Healthwatch and service user Governors who have participated in the assessments.

The scores this year have mainly continued to improve overall and all staff involved in delivery of services which contribute to these scores are deserving of thanks for their efforts.

We should continue to challenge ourselves to maintain or improve on these scores where possible.

3. Next Steps

The Trust's PLACE outcomes have been published in the public domain by the NHS Health and Social Care Information Centre alongside the outcome percentages for all other NHS organisations.

Copies of the outcome results will be made available for each area electronically and the synopsis (temperature chart) reports shared with ward and service managers. It is now much easier (following feedback to the HSCIC) to provide ward level feedback and this will be co-ordinated via the Hotel Services Manager.

We will also be providing relevant information to Directorates (including senior management teams) as part of changes to our governance processes, particularly related to care standards.

In addition to the publication of the National Outcome reports there is a requirement for each Trust to make available for publication an Action Plan that outlines actions to address issues raised within the PLACE assessment. This can be a brief stand-alone document or as a documented part of a wider Trust plan that is itself available within the public domain.

A proposed high level action plan is attached as Appendix B for consideration/ratification (having been previously endorsed by EDG at its meeting on 08 November 2018).

Following ratification the Head of Projects, Soft FM and Business Support will co-ordinate implementation of the plan.

4. Required Actions

The Committee is asked to receive this report for assurance and note the comments contained within.

The Committee is requested to consider and approve the Action Plan for publication in the public domain (via the Trust's website)

5. Monitoring Arrangements

Via the Executive Director of Finance

6. Contact Details

For further information, please contact:
Stuart Turner, Head of Projects, Soft FM and
Business Support
Email: stuart.turner@shsc.nhs.uk
Tel: 0114 263312

Appendices

- A Patient-Led Assessments of Care Environment (PLACE) Report 2018
- B Action Plan
- C Bar Graphs – Forest Close
- D Bar Graphs – Forest Lodge
- E Bar Graphs – Grenoside Grange
- F Bar Graphs – Firshill Rise
- G Bar Graphs – Longley Centre
- H Bar Graphs – Michael Carlisle Centre

B Action Plan

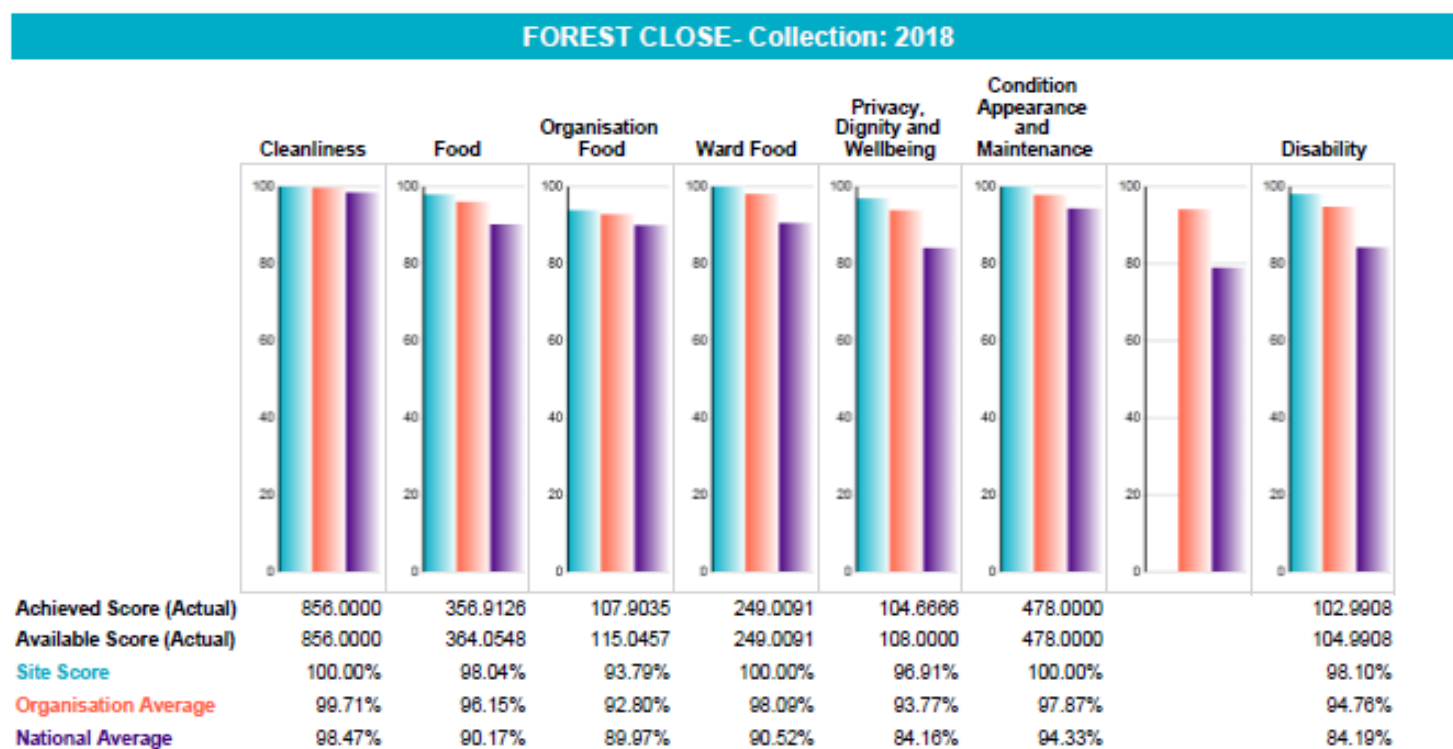
Sheffield Health & Social Care NHS FT – Patient Led Assessment of Care Environment (PLACE) Action Plan from 2018 Assessment Outcomes

Domain	Actions	Lead	Timescale	Resource Implications
Cleanliness	1. Discuss via Senior Housekeepers meeting and Site co-ordinators the need to manage the following minor items identified during the assessments: <ul style="list-style-type: none"> • High level dusting , including window blinds • Cleaning of gym equipment & rear of furniture in OT therapy rooms • External bins are emptied regularly 	Hotel Services Manager	November 2018	No additional requirements
	2. Ensure housekeeping teams continue to concentrate on delivering the excellent cleanliness standards found at assessment in 2018	Hotel Services Manager	Ongoing	No additional requirements
Condition, Appearance & Maintenance	Obtain costs for these items identified in the PLACE assessments (unless relating to areas which will be addressed via the Longley Centre Phase 2 Capital Plan) and plan for these to be actioned via the PLACE revenue budget allocation <ul style="list-style-type: none"> • Repairs to wall plaster damaged by bedrails (G1A & G1B) • Ensure curtain tracks are replaced after anti ligature tracks are ripped down 	Capital Projects Manager Head of Estate Services	December 2019 On-going	Existing allocation Existing revenue allocation
	A range of other minor items to be attended to via the Maintenance budget	Head of Estates	December 2019	Existing allocation

Privacy, Dignity & Wellbeing	Stanage & Burbage wards required to have secure lockable storage (ward office insufficient) for service users	Ward Managers and Senior Operational Manager	To be confirmed	Ward budgets or via internal business case
Food & Hydration	1. Via the Nutritional Strategy Group (NSG) Action Plan, continue work on changes to compliance with national systems e.g. the Defra Government buying standards for Food and Catering Services; BAPEN (but note these are identified in Year 3 (2019/20) of the Action Plan)	Hotel Services Manager	Ongoing	Resource implications not yet assessed
	2. Via the NSG, work to be undertaken to improve timely undertaking of MUST screening for newly admitted service users (also counts towards Disability domain)	Director of Therapy Services + dietetic staff	Ongoing	Resource implications not yet assessed
			March 2019	Resource implications not yet assessed
Dementia	Review any wards/units with WC fixtures and fittings are not of a contrasting colour; not of familiar design, or WC doors not painted in a distinguishing colour. Take a decision about addressing this dependent on medium/long term future of that ward/unit	Capital Projects Manager	December 2018	Resource implications not yet assessed
Disabilities	(see above)	(see above)	(see above)	(see above)

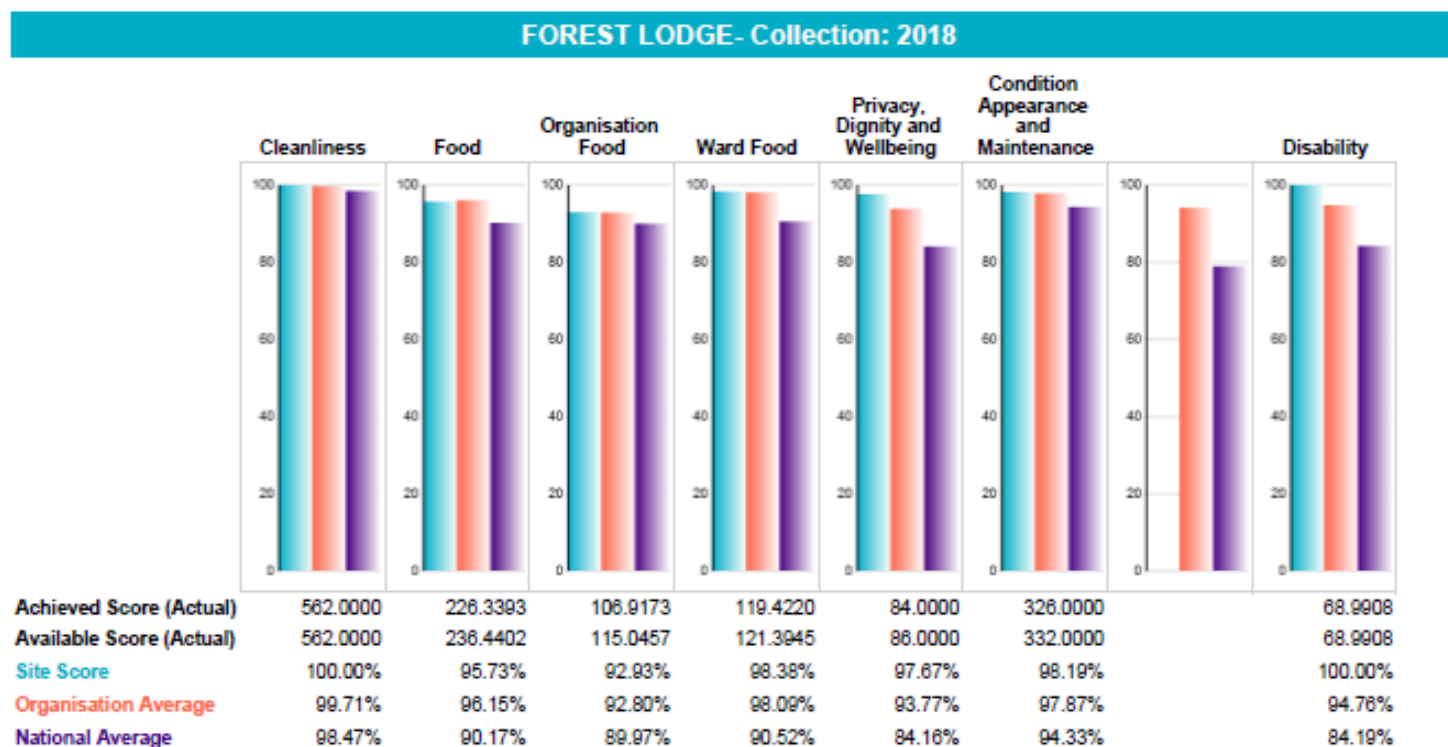
September 2018

C Bar Graphs – Forest Close



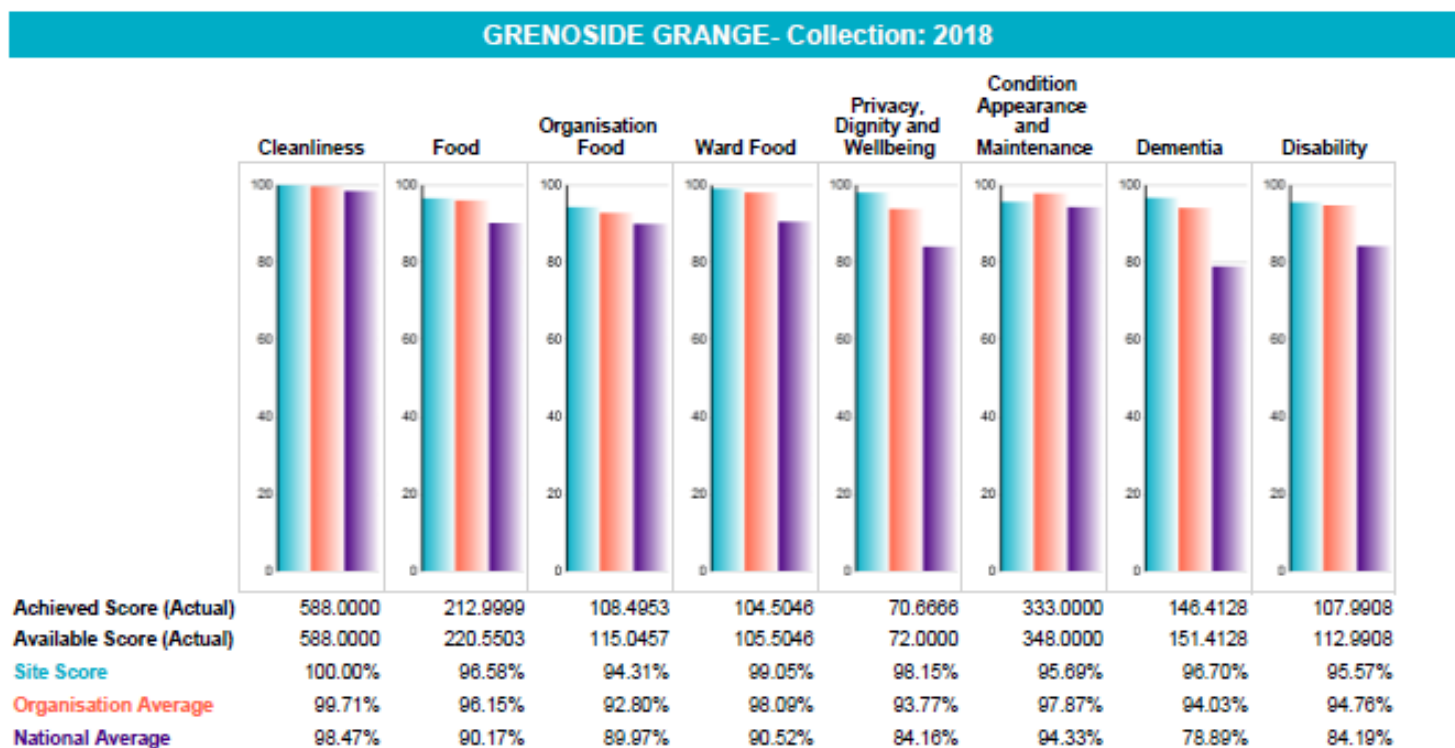
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D Bar Graphs – Forest Lodge



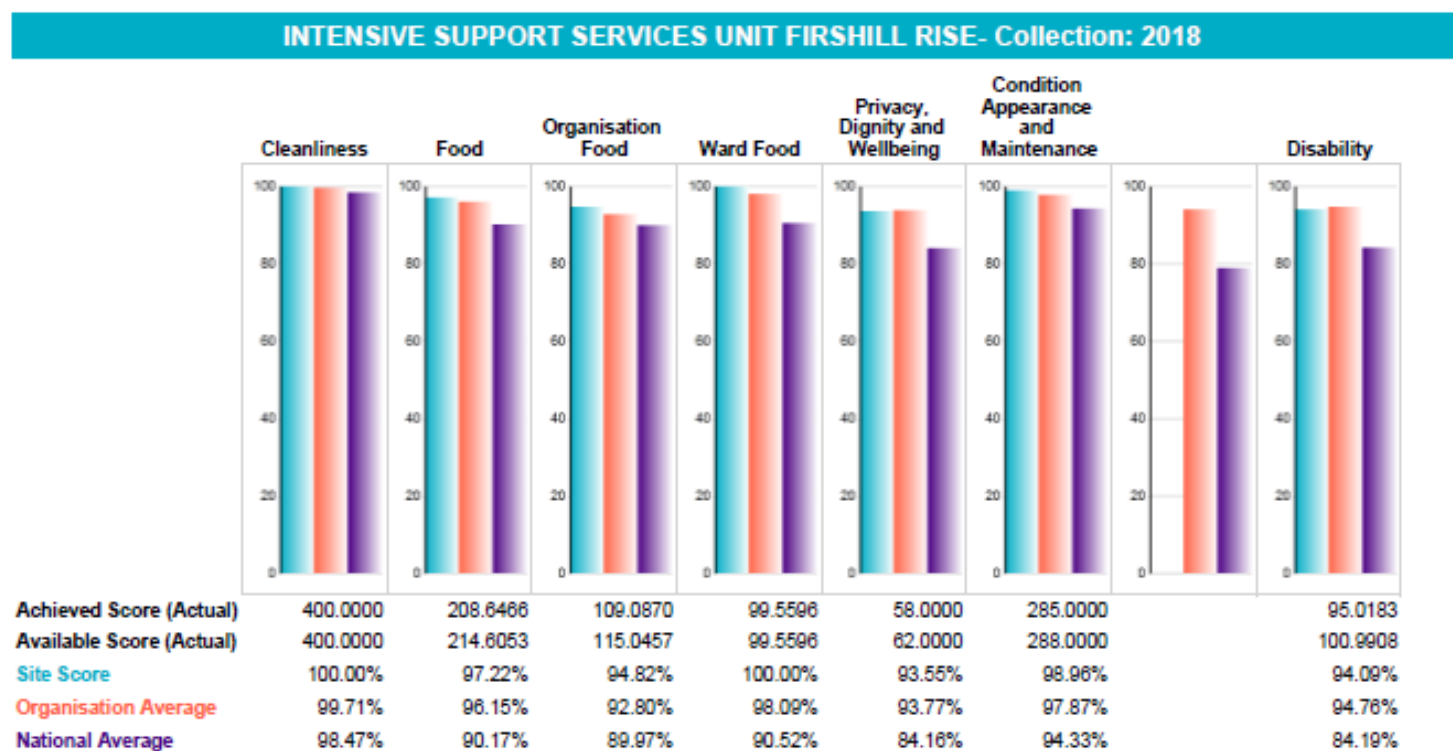
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E Bar Graphs – Grenoside Grange



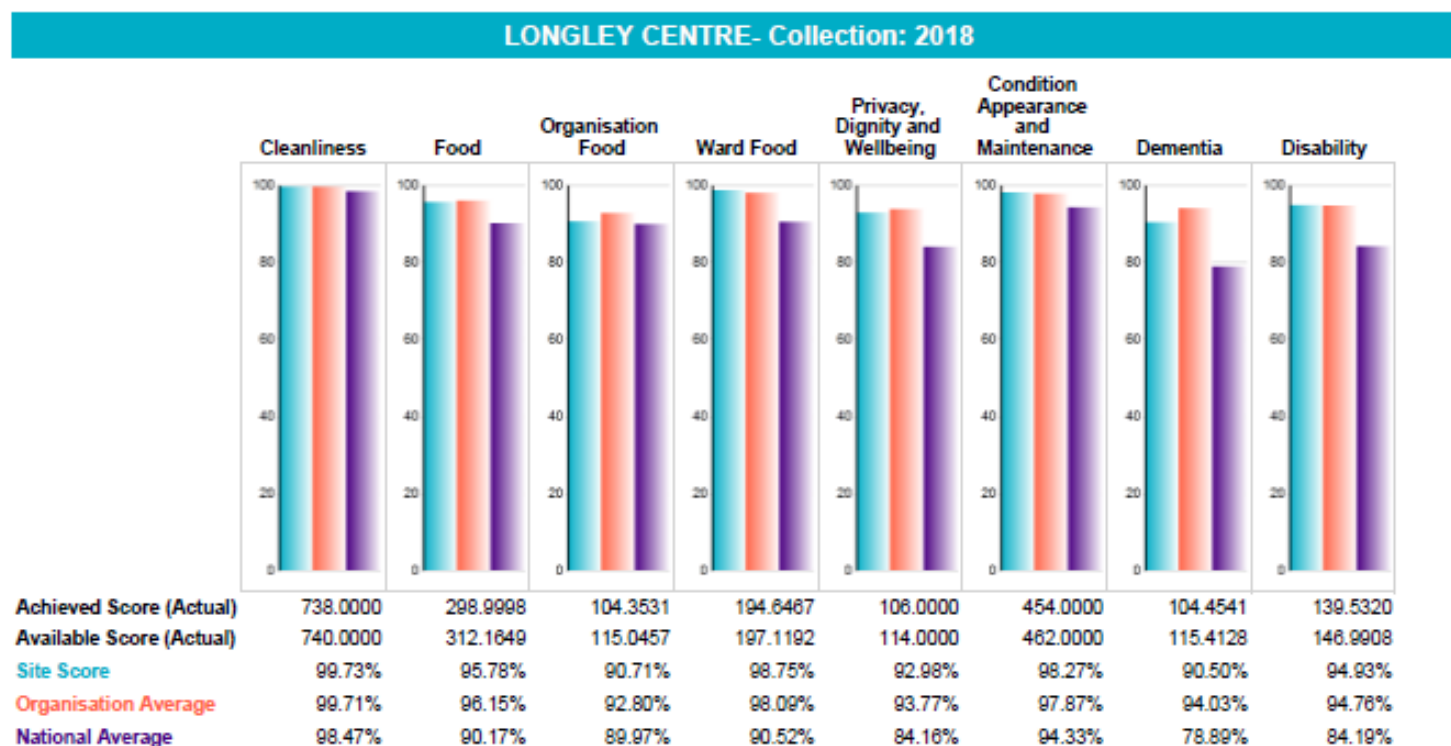
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F Bar Graphs – Firshill Rise



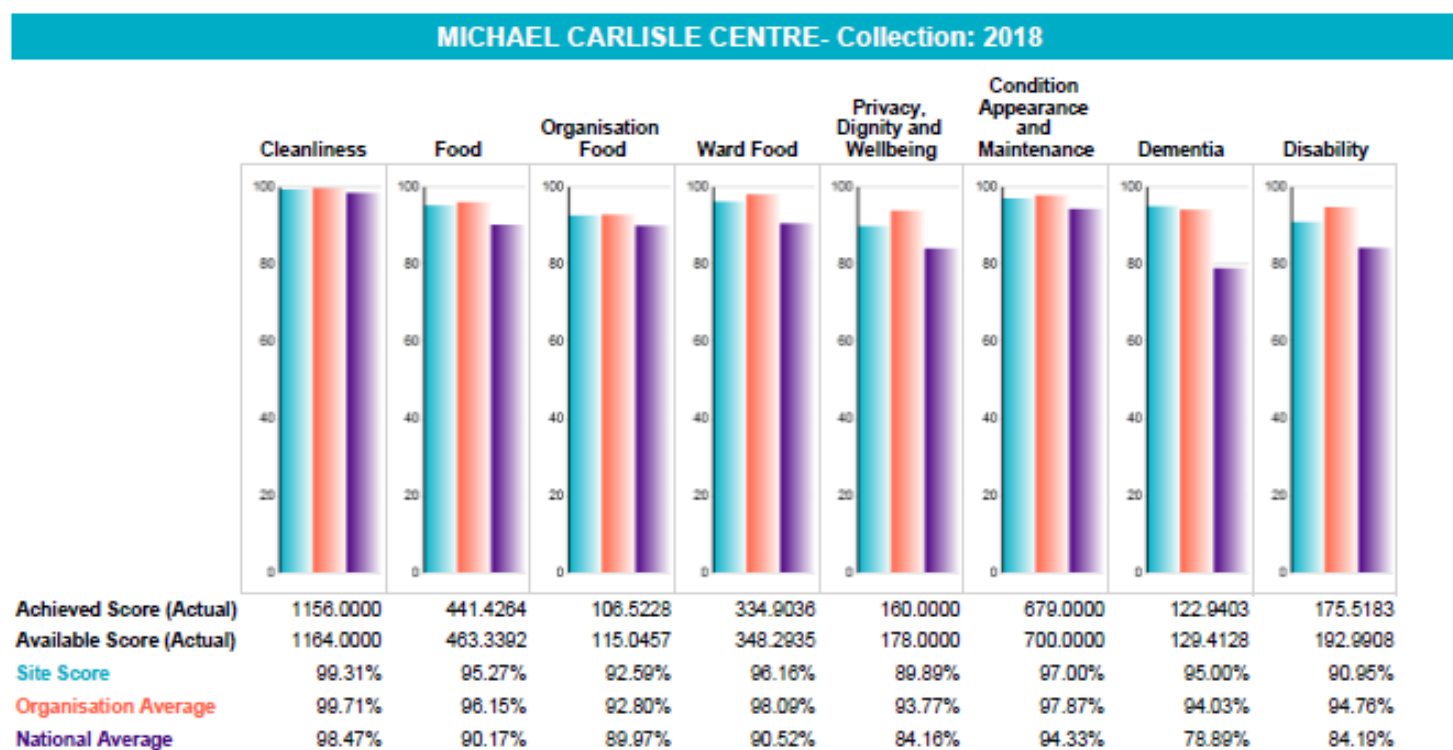
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G Bar Graphs – Longley Centre



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H Bar Graphs – Michael Carlisle Centre



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Patient-Led Assessments of the Care Environment (PLACE)

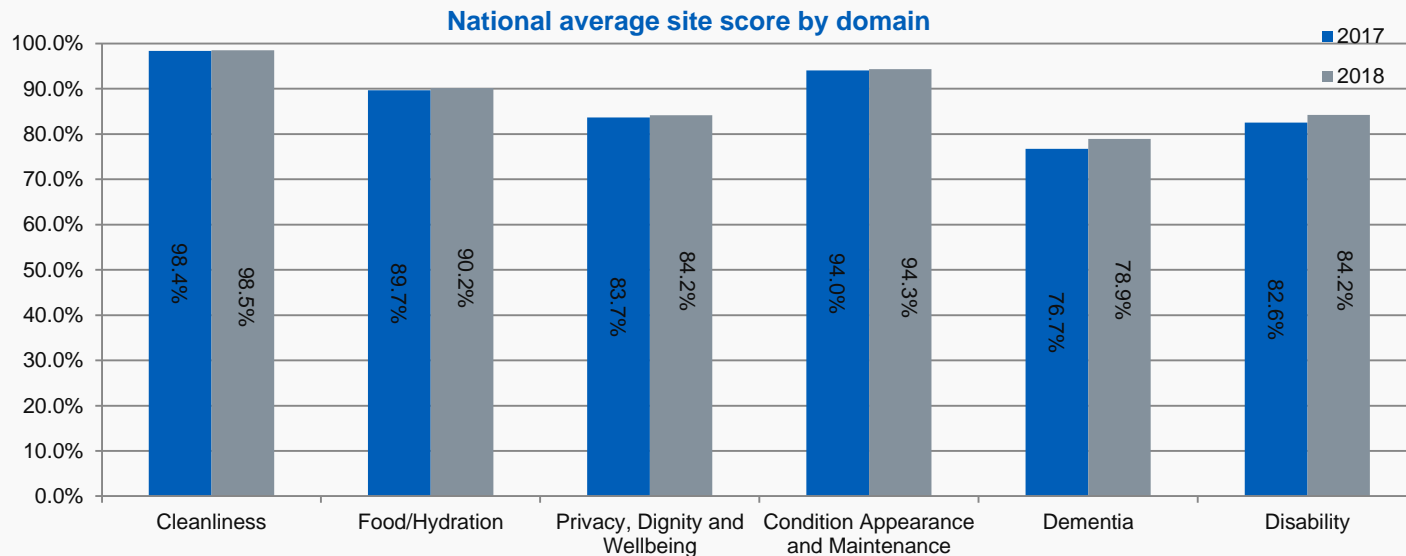
England 2018

PLACE 2018

- The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.
- 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: <http://content.digital.nhs.uk/PLACE>
- Questions score towards one or more non-clinical domains: Cleanliness; Food/Hydration; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance; Dementia; and Disability.
- A total score as a percentage is produced for each domain at site and organisation level, as well as a national and a regional result.

Key Findings

- 1,198 assessments were undertaken in 2018 compared to 1,230 in the previous reporting year.
- At national level, average¹ site PLACE scores have slightly improved since 2017 for all domains. The largest increases were seen for the dementia (up 2.2 percentage points²) and disability (up 1.6 percentage points) domains. These increases may reflect increased investment in and understanding of these newer PLACE domains (dementia was introduced in 2015 and disability in 2016).
- Overall, the highest national average domain score was for cleanliness, at 98.5%.



¹ Averages are means and are weighted for bed numbers. See page 10 on Scoring for more detail.

² Note that differences between scores are rounded to 1 decimal place throughout this report. The values in the commentary should always be used when quoting differences between reporting years rather than calculating them from charts or tables.

This is an Official Statistics publication

This document is published by NHS Digital, part of the Government Statistical Service

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at
www.statisticsauthority.gov.uk/assessment/code-of-practice

This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Data users

- We collect information on PLACE assessments so hospitals can assess the non-clinical aspects of their care environment against recognised standards and can publish local results along with action plans for improvement.
- Further information about our data users is available in the data quality statement that accompanies this publication. This can be downloaded here:

<http://www.digital.nhs.uk/pubs/place18>

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- Annex 2: Organisation of PLACE assessments
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Introduction

- The PLACE programme³ was introduced in April 2013 to replace the Patient Environment Action Team (PEAT) assessments, which ran from 2000-2012.
- PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers:
 - Putting patients first;
 - Active feedback from the public, patients and staff;
 - Adhering to basics of quality care;
 - Ensuring services are provided in a clean and safe environment that is fit for purpose.
- PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers.

³Further information on the PLACE programme can be found on the NHS Digital website here: <http://content.digital.nhs.uk/PLACE>

PLACE domains

- PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public, known as domains:
 - Cleanliness
 - Food and hydration
 - Privacy, dignity and wellbeing
 - Condition, appearance and maintenance
 - Dementia: how well the needs of patients with dementia are met
 - Disability: how well the needs of patients with a disability are met
- The criteria for each represent good practice as identified by professional organisations whose members are responsible for the delivery of these services e.g. the Healthcare Estates Facilities Managers Association, the Association of Healthcare Cleaning Professionals and the Hospital Caterers Association. Dementia domain criteria draw heavily on the work of The Kings Fund and Stirling University.

Scope

- This report presents key information from the 2018 PLACE collection.
- All healthcare settings in England are eligible. Whilst the programme is voluntary, all sites are encouraged to participate provided they meet certain criteria as the assessments give patients and the public a voice in discussions about local service provision.
- A fundamental part of PLACE is the inclusion of lay assessors known generically as 'patient assessors'. All assessment teams must include a minimum of 2 patient assessors, making up at least 50% of the team.
- Further information about eligibility, patient assessors and the organisation of assessments can be found at the end of this report [\(page 39 onwards\)](#).

Scoring

- On the day(s) of assessment, the teams visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards based on observed conditions⁴.
- Results are sent to NHS Digital by hospital staff using the Estates and Facilities Management (EFM) online portal⁵.
- Marks awarded for each question count towards one or more domains. Domain totals are then calculated on EFM and expressed as a percentage of the maximum marks available for each domain for each organisation and site.
- National averages are calculated using the following formula, to take into account the variation in hospital size (and that not all areas are assessed in larger sites):

$$\frac{\text{The sum of [Each site's score (points) multiplied by the number of beds in that site]}}{\text{The total number of beds in all assessed sites}}$$

⁴ The full suite of assessment forms and associated guidance are published here: <http://content.digital.nhs.uk/PLACE>.

⁵ Mobile devices for directly entering data onto EFM during the assessment are available, and are used by some organisations.

Timescales

- The timescale in which assessments are to be completed and data are to be submitted are co-ordinated by NHS Digital. Sites are provided with 6 weeks' notice and thereafter it is up to the organisation to arrange the date and details for the assessment(s).
- In 2018 the assessment period was between March and June, during which time staff from each organisation submitted data to NHS Digital via the Estates and Facilities Management (EFM) online system.

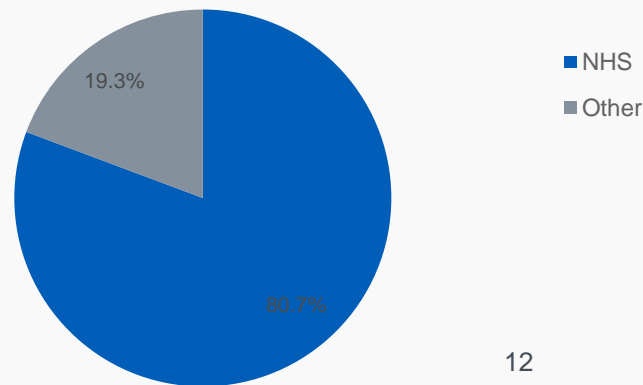
Results



- A total of 1,198 assessments were undertaken by 270 organisations. Of these, 218 (80.7%) were NHS Trusts, and 52 (19.3%) were voluntary, independent or private healthcare providers.
- In addition to the communal and external areas, assessment teams visited and assessed:
 - 4,387 wards
 - 2,068 outpatient departments
 - 353 emergency departments and minor injuries units

- All Trusts with eligible sites conducted PLACE assessments and submitted data.
- The precise number of non-NHS providers eligible to participate is unknown.

Sites completing 2018 PLACE by healthcare provider type

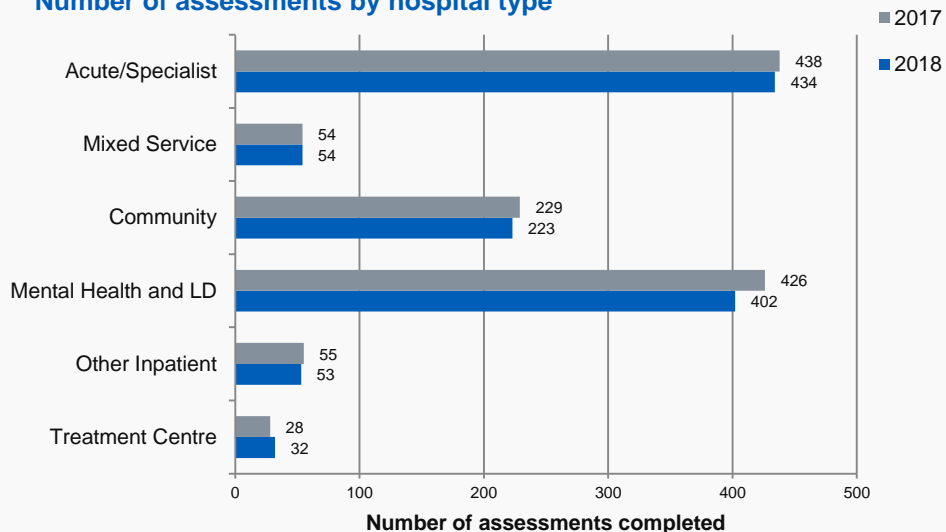


Site Types



The number of sites conducting assessments overall has dropped slightly between 2017 and 2018 for all types of site. Bed numbers can be used as a proxy for the size of the hospital and the table shows that the overall profile of sites by size completing PLACE assessments has changed little since the previous reporting year, with the majority of sites being small hospitals with 50 or fewer beds.

Number of assessments by hospital type



Sites by grouped number of beds

No. beds (grouped)	2017		2018	
	no.	%	no.	%
Total	1,230	100.0	1,197	100.0
0-50	758	61.6	737	61.6
51-100	200	16.3	180	15.0
101-200	70	5.7	79	6.6
201-400	65	5.3	64	5.3
401-600	67	5.4	68	5.7
601-800	40	3.3	43	3.6
>800	30	2.4	27	2.3

Public involvement



6,388 patient assessors⁶ took part in the 2018 programme, compared with 6,399 in 2017.

Rescheduling is always advised if the minimum patient assessor participating cannot be arranged. However, this is not always possible due to a number of reasons including availability and collection deadline.

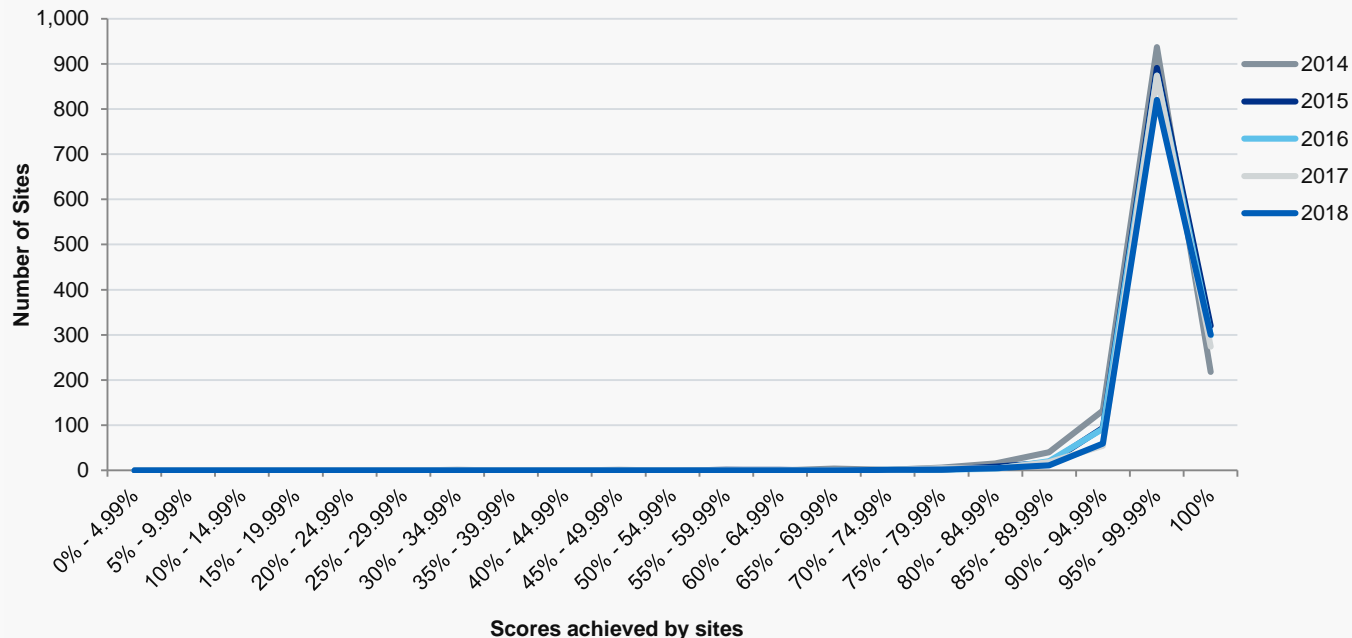
- The recommended minimum number of 2 was not met on 71 (4.5%) occasions (this figure was 5.3% last year).
- The minimum ratio of 50% patient assessors to staff assessors (50:50) was not met on 60 occasions (3.8%; this figure was 4.2% in 2017).

⁶ Figures on this page relate to the number of patient assessor 'involvements' rather than individual people – some patient assessors may have undertaken more than one assessment or been involved in more than one day of a single assessment

Cleanliness Domain

- The national average score for cleanliness was 98.5% (the highest domain average), which is 0.1 percentage points higher than in 2017 and 1.2 higher than in 2014.
- Site scores ranged from 74.8-100.0% (LQ 98.3; UQ 100.0%⁷), with a median score of 99.4%.

Distribution of Cleanliness scores at site level

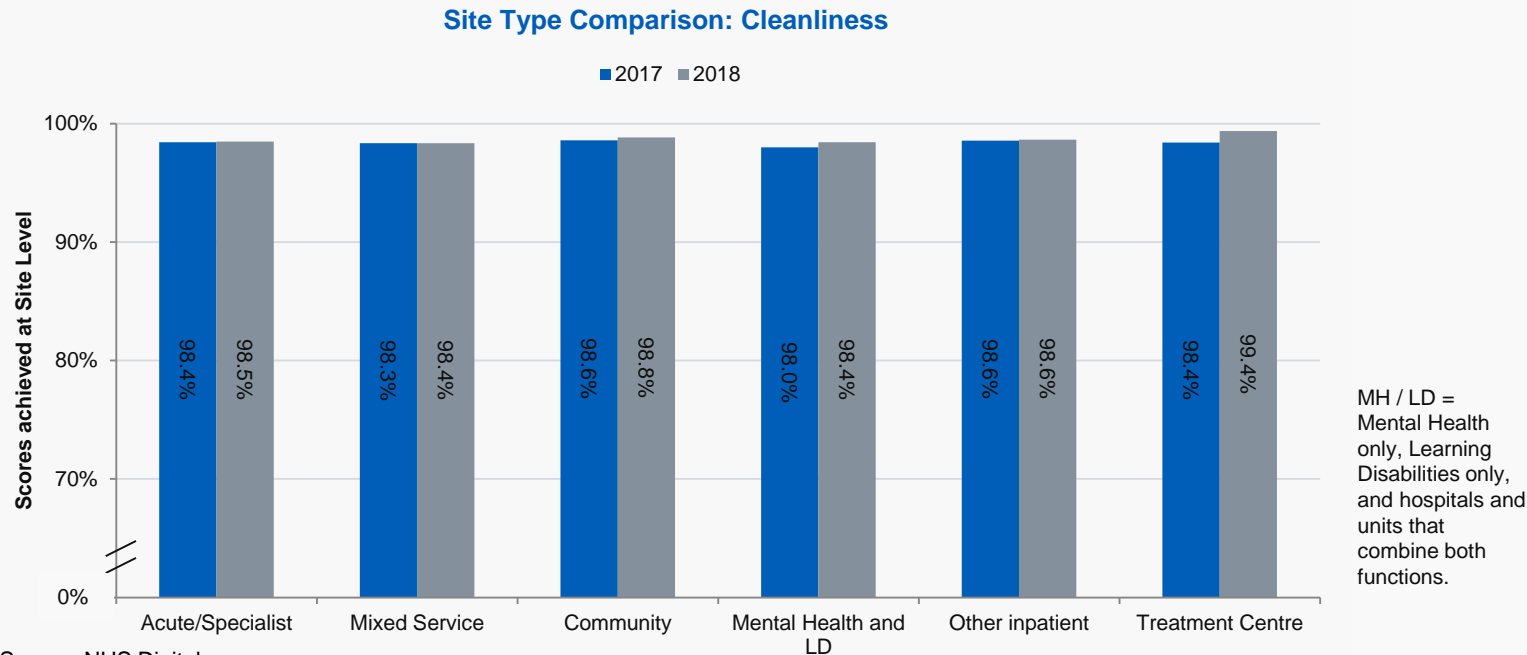


The Cleanliness Domain covers all items commonly found in the healthcare premises including **patient equipment**. Examples are **baths, toilets and showers, furniture, floors fixtures and fittings**.

⁷LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

Cleanliness Domain by site type

- Average scores remained relatively stable between 2017-2018 for most site types, with observed differences being of less than 1 percentage point for all but Treatment Centres, where the increase in score was 1.0%.



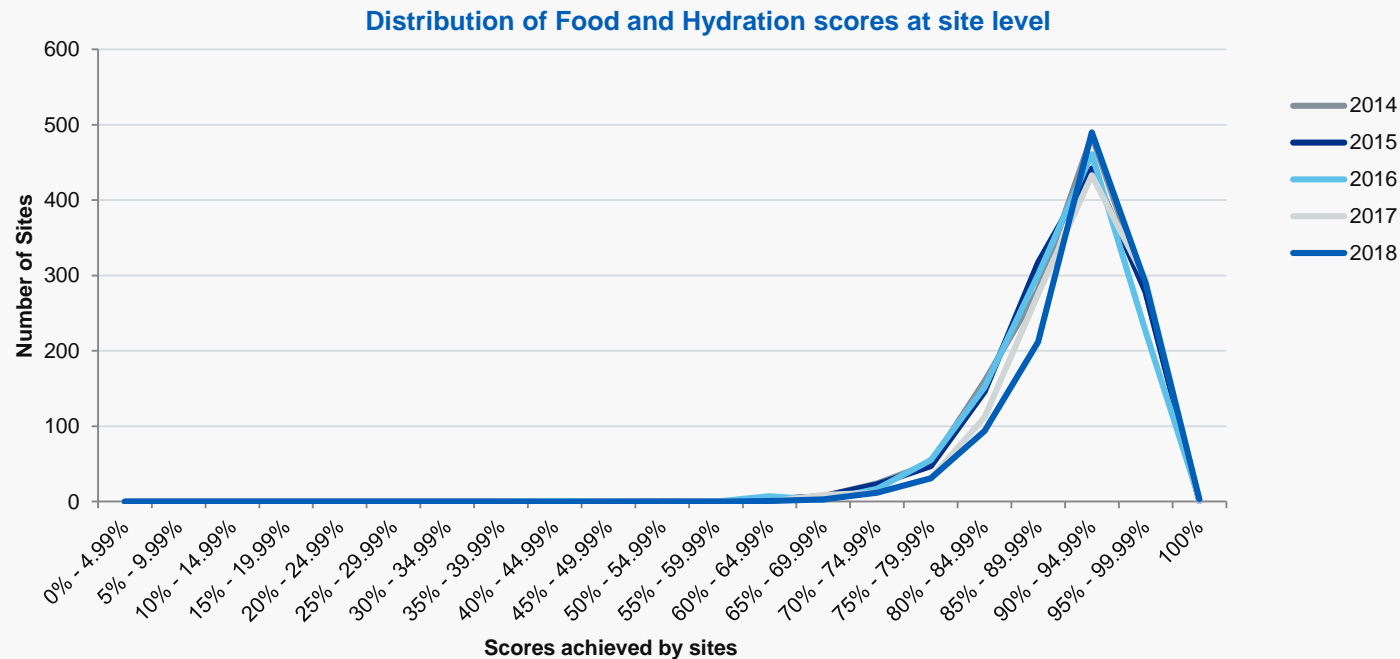
Food and Hydration Domain

- 1,970 food assessments were undertaken in total at sites where meals are provided (1,136 sites). This excludes hospitals and units which are fully self-catering and those without inpatient beds. It also excludes sites where patients have very specific dietary requirements so the standard scorecard is not applicable (clinical exceptions).
- The food and hydration domain has an overall score based on both the organisational and ward assessment scorecards. Component scores are also calculated so that these aspects can be looked at in more detail.
- Different weighting algorithms apply to organisational food questions and the ward food taste question, depending on site type (acute, mental health, mixed) to reflect the relative importance of each question.

The food domain includes a range of organisational questions relating to the catering service e.g. **choice of food, 24-hour availability, meal times and access to menus**. It also includes an assessment of food at ward level including the taste, texture and appropriateness of serving temperature.

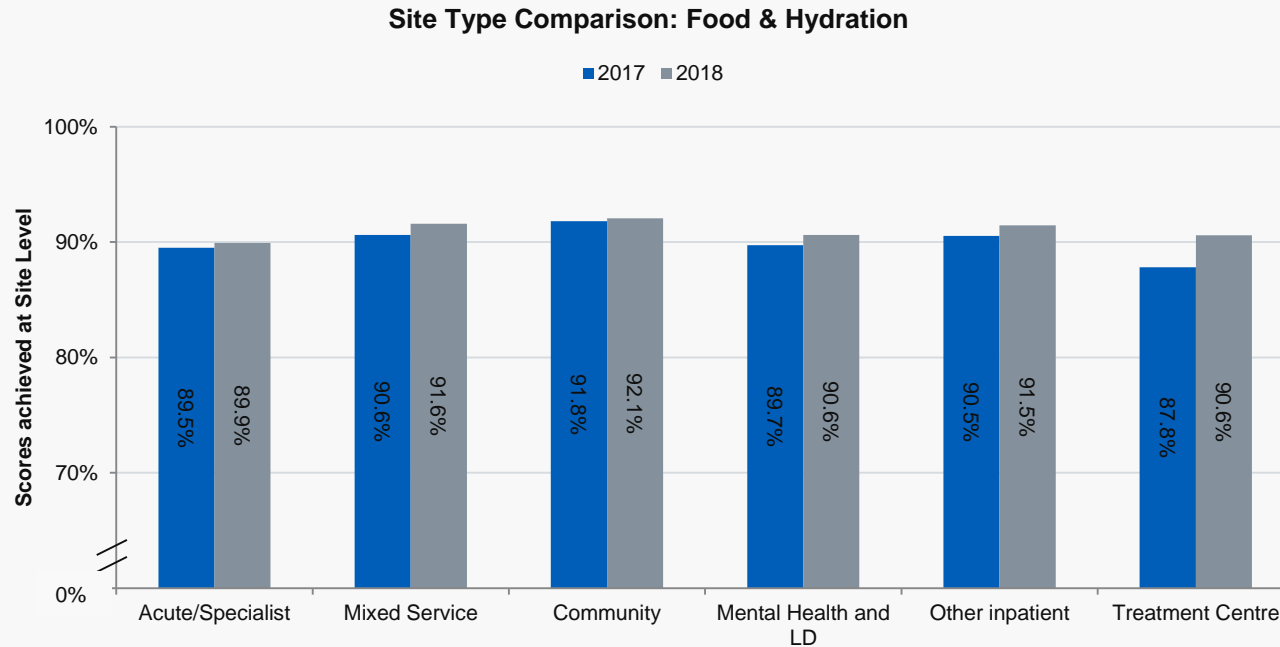
Food and hydration scores

- The national average score for the food domain overall was 90.2%, which is 0.5 percentage points higher than in 2017 and 2.5 points higher than in 2014, which was the first comparable reporting period.
- Site scores ranged from 60.7-100.0% (LQ 88.8; UQ 95.1%), with a median score of 92.1%.



Food Domain by site type

- There were small improvements in most average food scores for all site types between 2017 and 2018.
- The largest improvement observed was for 'Treatment Centre' facilities, where the average score increased by 2.8 percentage points.

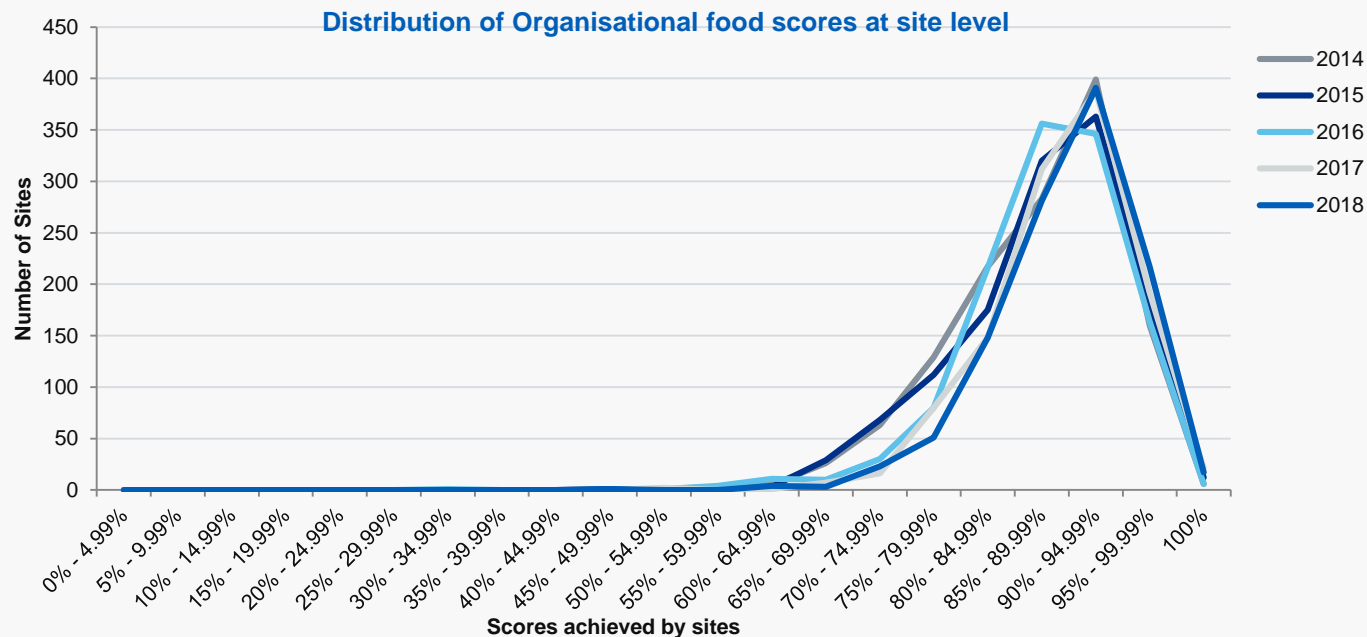


MH / LD =
Mental Health
only, Learning
Disabilities only,
and hospitals and
units that
combine both
functions.

Organisational food scores

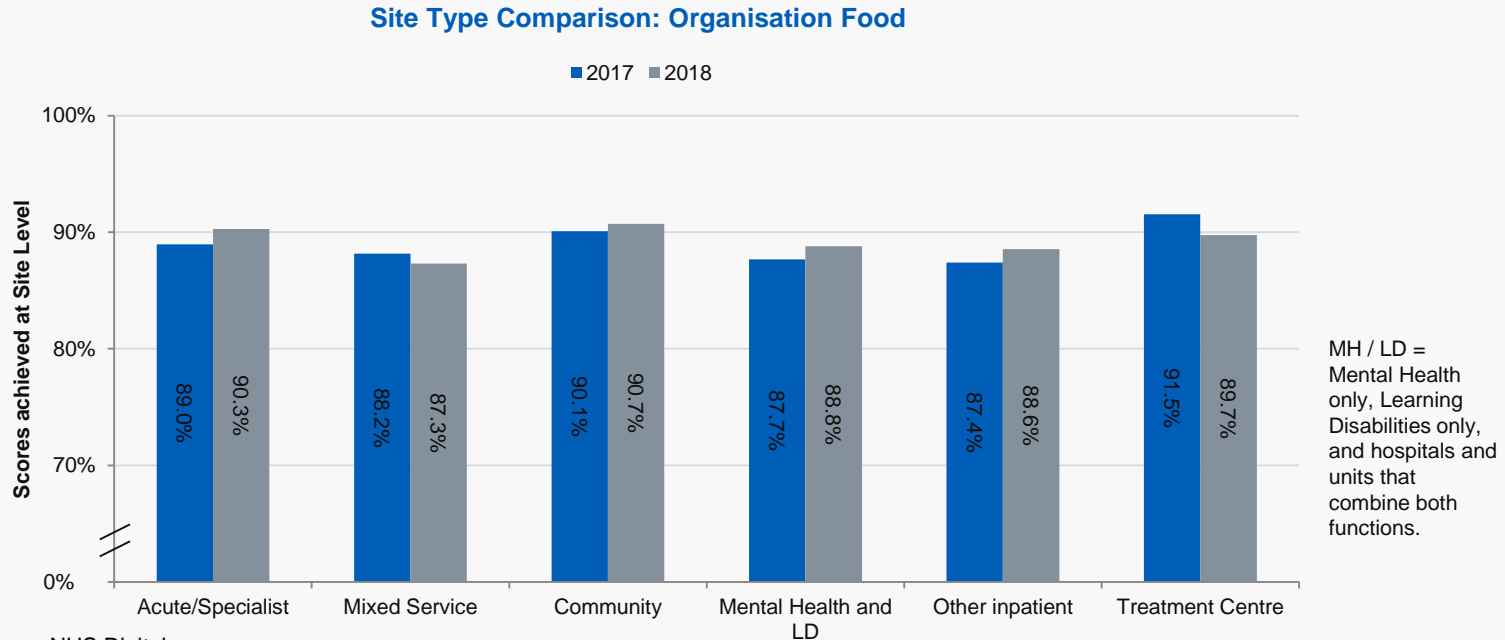
- The national average score for organisation food was 90.0%, 1.2 percentage points higher than in 2017 and 3.9 higher than in 2014. Whilst results from 2014 are broadly comparable with later years, there were some differences in the scoring and comparisons should be treated with caution.
- Site scores ranged from 49.5-100.0% (LQ 86.4%; UQ 94.2%), with a median score of 90.9%.

The organisation food scorecard domain includes a range of organisational questions relating to the catering service e.g. **choice of food, 24-hour availability, meal times and access to menus.**



Organisational food scores by site type

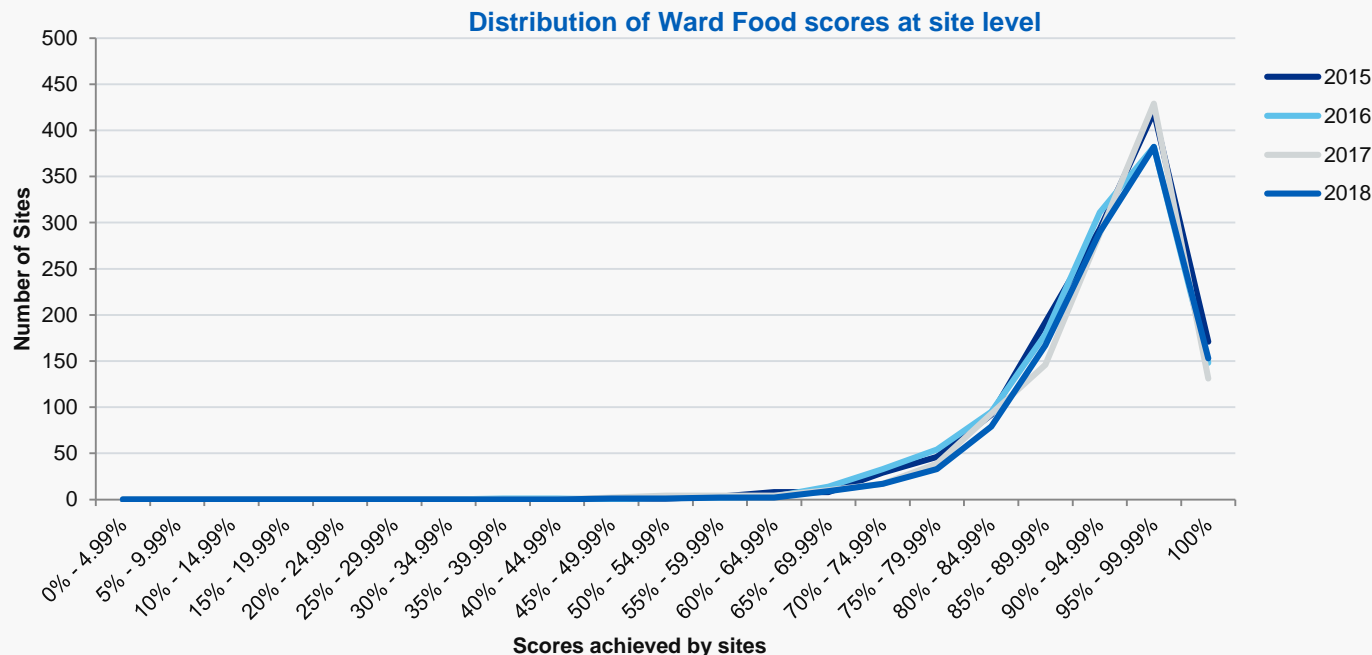
- Acute/specialist, Other inpatient, Mental Health and learning disabilities and Community site types showed a small improvement in average organisational food score between 2017 and 2018. Mixed and Treatment Centre site types showed a small decline in this score (0.8 and 1.8 percentage points respectively).
- The largest improvement observed was for 'Acute/specialist' facilities, where the average score increased by 1.3 percentage points.



Ward food scores

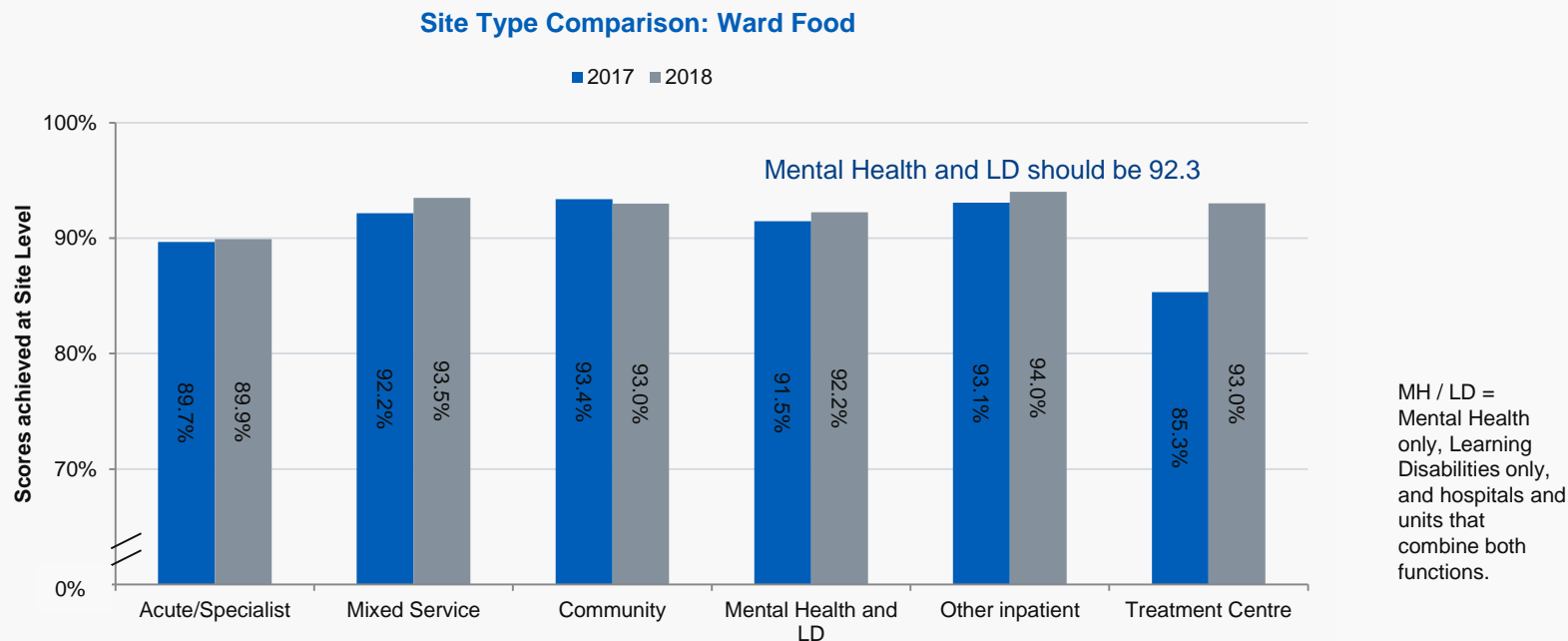
- The national average score for Ward food was 90.5%, which is 0.3 percentage points higher than in 2016 and 0.9 points higher than in 2015, which was the first comparable reporting period.
- Site scores ranged from 48.1% to 100.0% (LQ 89.4; UQ 98.1%), with a median score of 94.5%.

The ward food scorecard includes an assessment of food at ward level including the taste, texture and appropriateness of serving temperature.



Ward food scores by site type

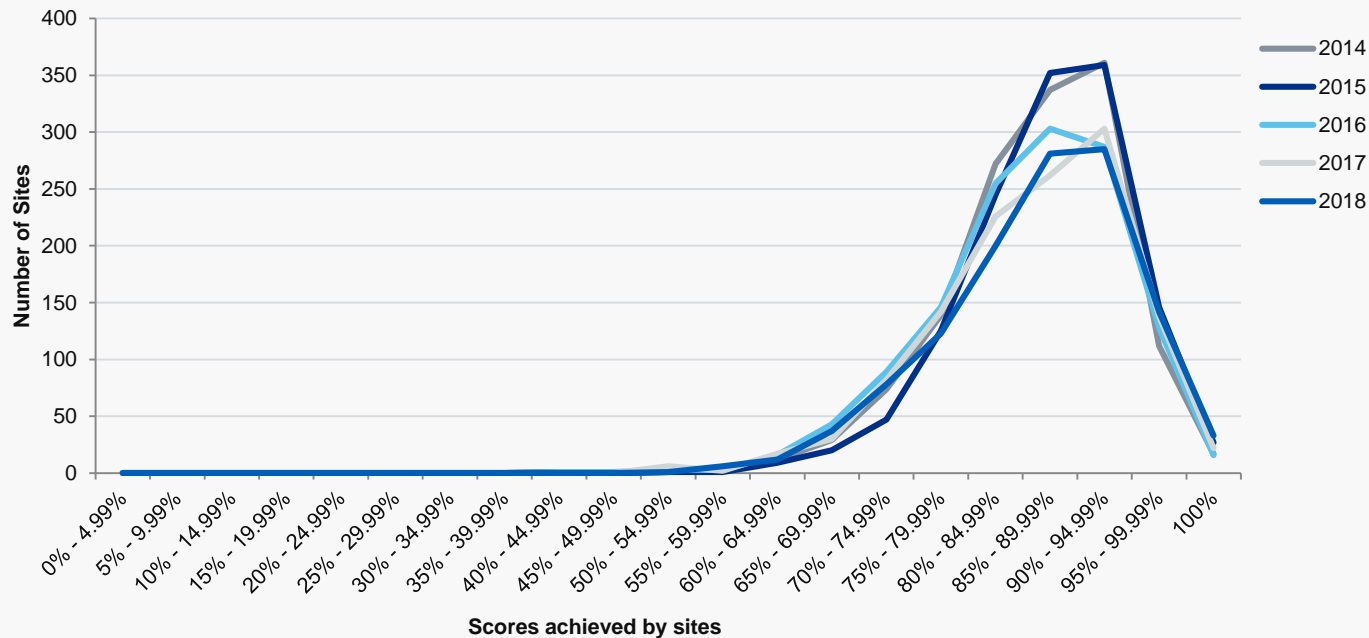
- Average national ward food scores¹ improved for all site types except Mixed between 2017 and 2018. The largest improvement was for Treatment Centre facilities, where there was a 7.7 percentage point increase.
- These scores decreased slightly for Mixed site types, where there was a decrease of less than 1 percentage point.



Privacy, Dignity and Wellbeing Domain

- The national average score for the privacy, dignity and wellbeing domain was 84.2%, which is 0.5 percentage points higher than in 2017 and shows the first year on year increase since these scores were first comparable in 2014.
- Site scores ranged from 53.9% to 100.0% (LQ 81.5 ; UQ 92.9%), with a median score of 87.7%.

Distribution of Privacy, Dignity and Wellbeing scores at site level

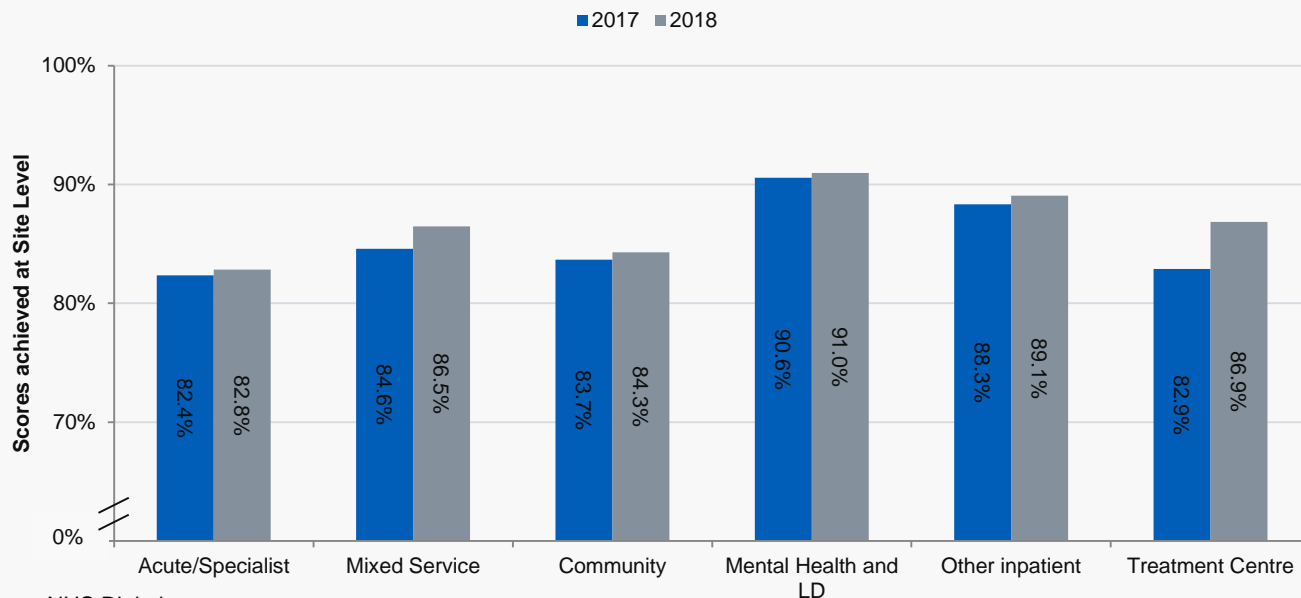


The Privacy, Dignity and Wellbeing domain includes infrastructural and organisational aspects such as the **provision of outdoor and recreational areas, changing and waiting facilities, and access to television, radio, internet and telephones**. It also includes the practicality of male and female services e.g. **sleeping, bathroom and toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity**.

Privacy, Dignity & Wellbeing by site type

- Average national privacy, dignity and wellbeing scores decreased for Acute/Specialist, Mixed Service and Treatment Centre site types between 2017 and 2018. The largest decline in score was for Mixed Service facilities, where there was a 3.0 percentage point decrease.
- These scores increased slightly for Mental Health and Learning Disabilities, Other Inpatient and Treatment Centre site types.

Site Type Comparison: Privacy, Dignity & Wellbeing

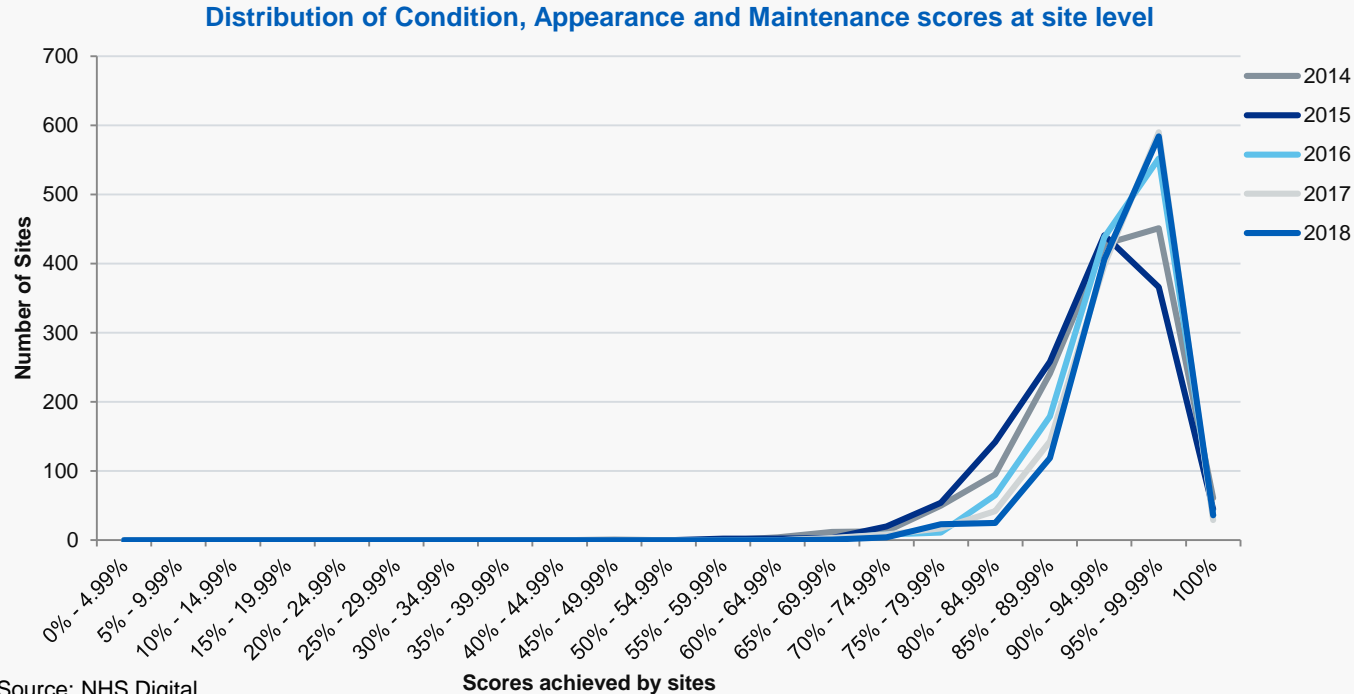


MH / LD =
Mental Health
only, Learning
Disabilities only,
and hospitals and
units that
combine both
functions.

Condition, Appearance & Maintenance Domain

- The national average score for the condition, appearance and maintenance domain was 94.3%, which is 0.3 percentage points higher than in 2017 and 2.3 points higher than in 2014.
- Site scores ranged from 68.8% to 100.0% (LQ 92.0; UQ 97.7 %), with a median of 95.1%.
- Note that comparisons between 2014-2015 should be treated with caution as new questions

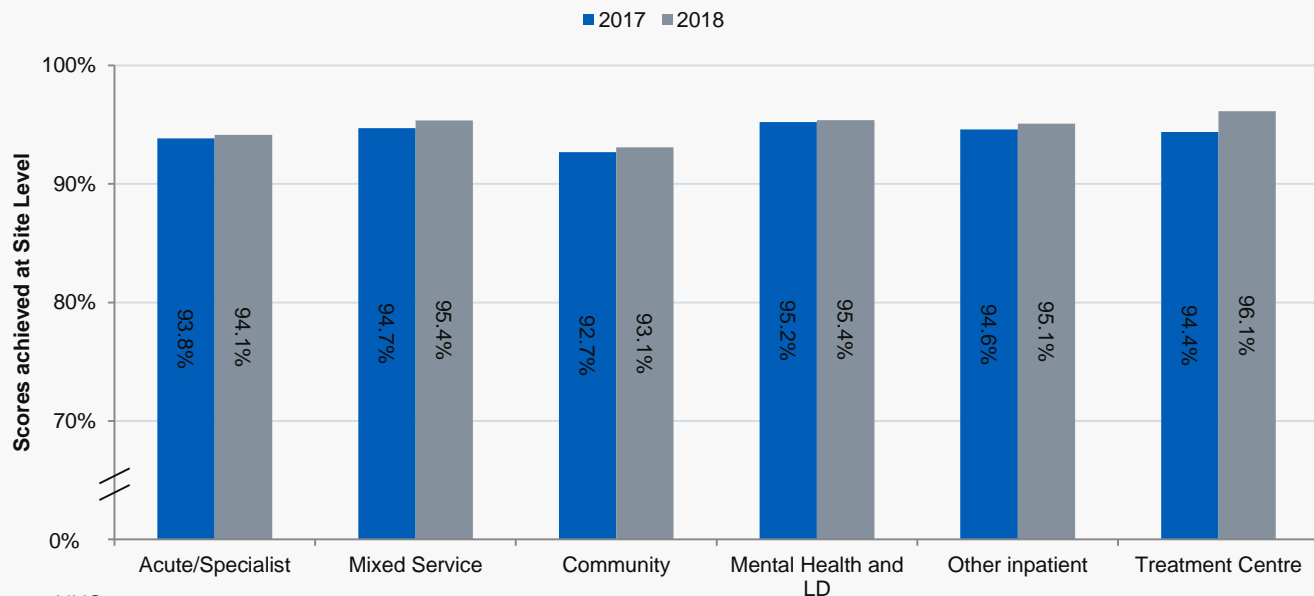
The Condition, Appearance and Maintenance domain includes various aspects of the general environment including **décor, condition of fixtures and fittings, tidiness, signage, lighting** (including access to natural light), **linen, access to car parking, waste management, and the external appearance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



Condition, Appearance & Maintenance by site type

- Average national condition, appearance and maintenance scores increased slightly for all site types between 2017 and 2018. The largest improvement in score was for Other Inpatient facilities, where there was a 1.8 percentage point increase.

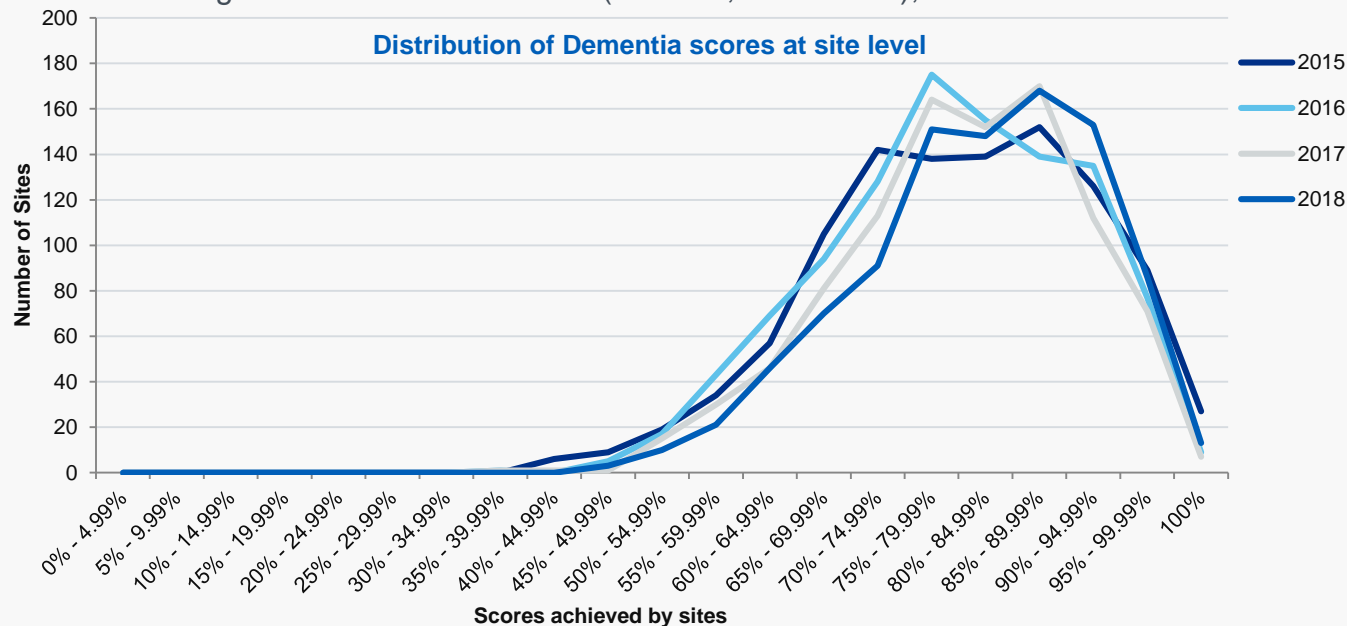
Site Type Comparison: Condition, Appearance & Maintenance



MH / LD =
Mental Health
only, Learning
Disabilities only,
and hospitals and
units that
combine both
functions.

Dementia Domain

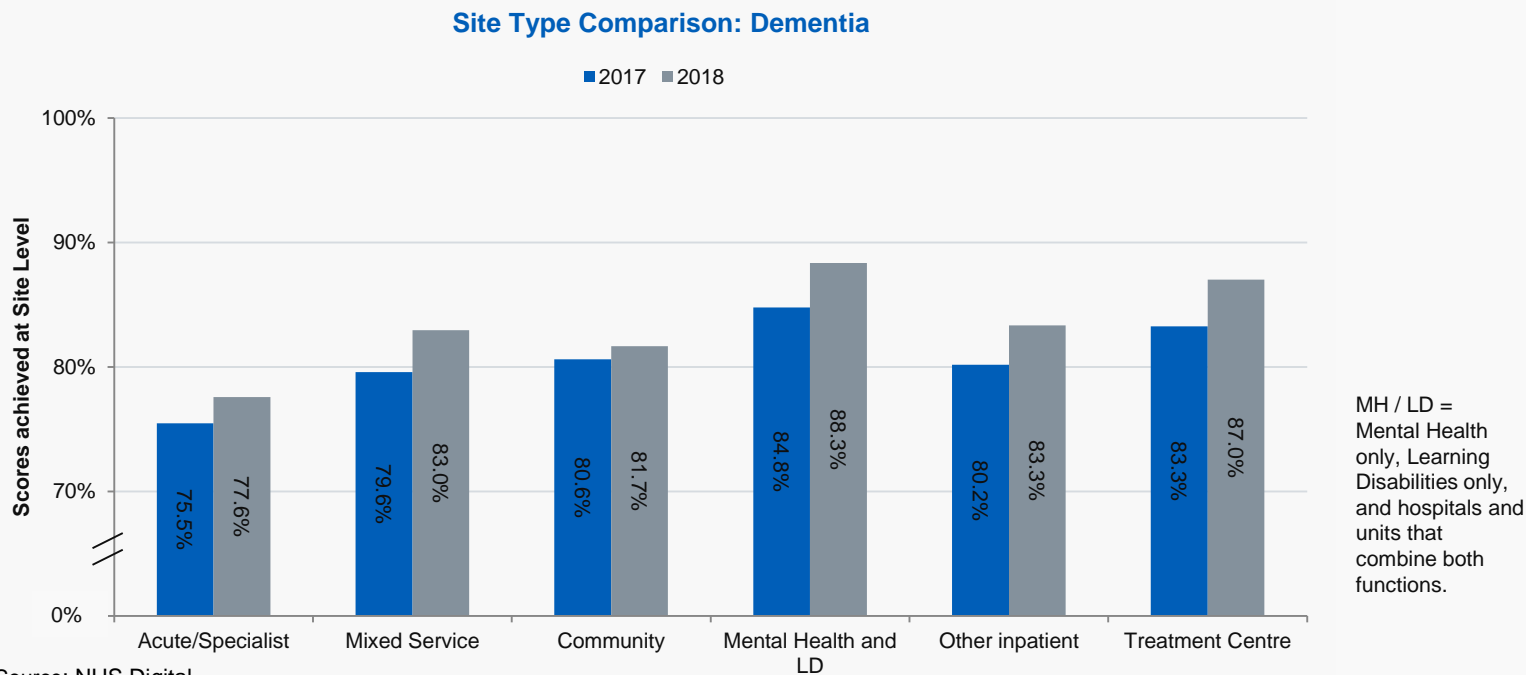
- 956 sites were assessed against dementia criteria, with 242 declaring that, due to the nature of services provided, patients with dementia would not be admitted.
- The national average score for the dementia domain was 78.9%, 2.2 percentage points higher than in 2017, and 4.3 higher than in 2015, (first year for assessing dementia domain).
- Site scores ranged from 45.6% to 100.0% (LQ 74.9; UQ 90.4 %), with a median score of 82.7%.



The Dementia domain focusses on **flooring, décor and signage** and also aspects such as **availability of handrails, appropriate seating** and, to a lesser extent, **food**. These represent key issues for providing for the needs of patients with dementia but do not constitute the full range of issues and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools.

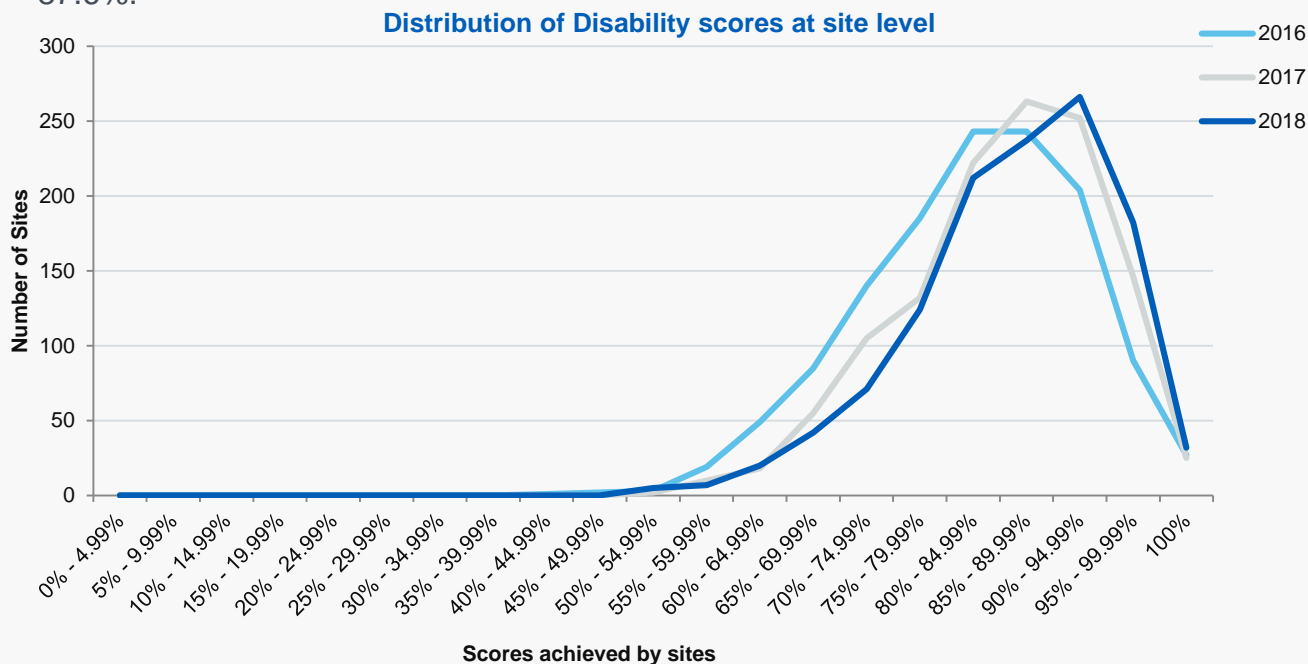
Dementia by site type

- Average national dementia scores improved for all site types between 2017 and 2018. The largest improvement in score was for Treatment Centre facilities, where there was a 3.8 percentage point increase.



Disability Domain

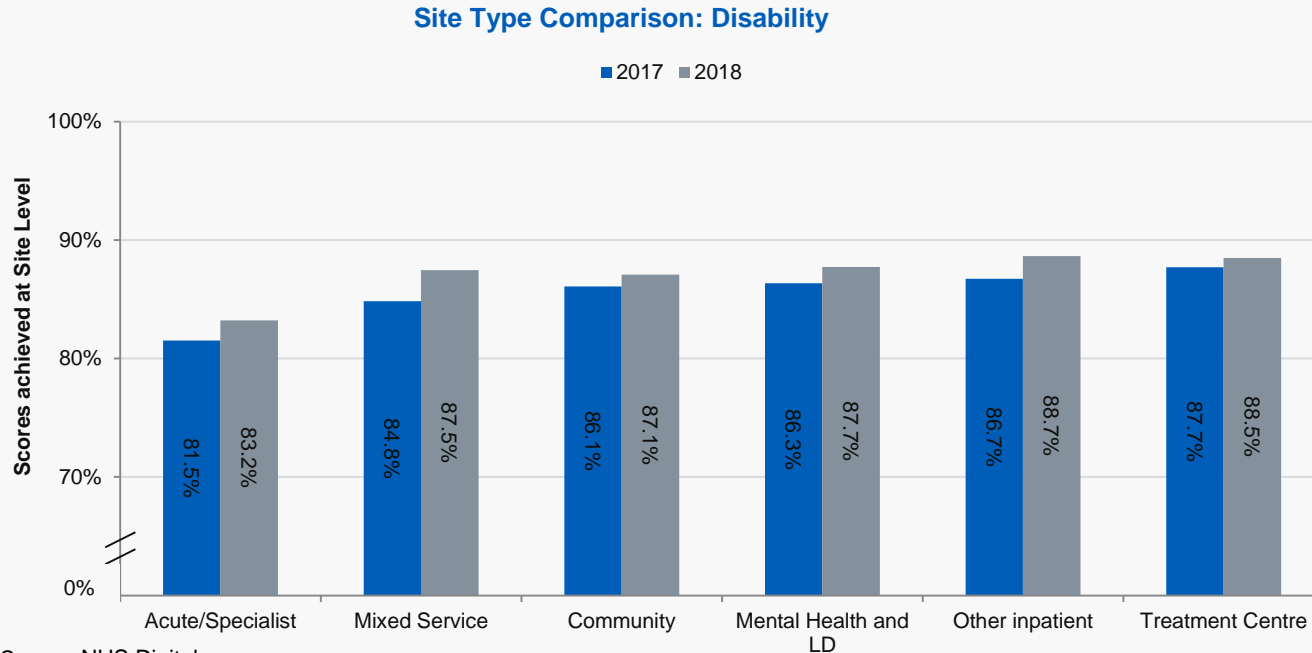
- The national average score for the disability domain was 84.2%, 1.6 percentage points higher than in 2017, and 5.3 points higher than 2016 (the first year that disability was assessed as a domain). This may reflect an increased awareness of the elements important in this domain.
- Site scores ranged from 50.2% to 100.0% (LQ 80.7; UQ 93.5%), with a median score of 87.6%.



The Disability domain focusses on issues of access including **wheelchair, mobility (e.g. handrails), signage, hearing loops**, and aspects relating to **food and food service**. It shares many facets with the dementia assessment. Again the items do not include the full range of issues which need to be considered in order to meet the needs of patients with a disability, rather focussing on a limited range with strong buildings / environment related aspects covered by questions already in the PLACE assessment when this domain was introduced (2016).

Disability by site type

- Average national disability scores¹ improved for all site types between 2017 and 2018.
- The largest increase was for Mixed facilities, where the score increased by 2.6 percentage points.



¹ Averages are means and are weighted for bed numbers. See slide 9 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

Detailed Results



Regional and local information at organisation and site level can be viewed using our interactive data report, which includes maps. Users can select areas of interest and compare by organisation type, NHS/non-nhs and domain.

For consistency with the 2016 report, national averages by Commissioning Region are provided in tables in the [Annex 1](#).

- Users can also download detailed data files which include assessment details and question responses.
- An assessment of the quality of 2018 PLACE data has been produced as a separate document.
- **This information is all available on the NHS Digital website here:**

<http://www.digital.nhs.uk/pubs/place18>



Annex 1

Regional comparison of results

Average site score by region - 1

Regional comparison of Cleanliness scores 2017-18

	2017	2018
England	98.4%	98.5%
London Commissioning Region	98.2%	98.6%
Midlands and East of England Commissioning Region	98.2%	98.4%
North of England Commissioning Region	98.6%	98.6%
South of England Commissioning Region	98.4%	98.3%

Source: NHS Digital

Multiple comprises non-NHS organisations where sites are located across England. The collection system was altered for the 2017 collection so that each site could be allocated to a region of location.

Regional comparison of Food and Hydration scores 2017-18

	2017	2018
England	89.7%	90.2%
London Commissioning Region	90.0%	90.9%
Midlands and East of England Commissioning Region	89.6%	90.0%
North of England Commissioning Region	89.6%	90.1%
South of England Commissioning Region	89.7%	90.0%

Source: NHS Digital

Average site score by region - 2

Regional comparison of Organisational Food scores 2017-18

	2017	2018
England	88.8%	90.0%
London Commissioning Region	91.5%	92.0%
Midlands and East of England Commissioning Region	88.2%	89.3%
North of England Commissioning Region	88.3%	89.0%
South of England Commissioning Region	88.2%	90.6%

Source: NHS Digital

Regional comparison of Ward Food scores 2017-18

	2017	2018
England	90.2%	90.5%
London Commissioning Region	89.5%	90.7%
Midlands and East of England Commissioning Region	90.1%	90.5%
North of England Commissioning Region	90.4%	90.7%
South of England Commissioning Region	90.4%	90.2%

Source: NHS Digital

Average site score by region - 3

Regional comparison of Privacy, Dignity and Wellbeing scores 2017-18

	2017	2018
England	83.7%	84.2%
London Commissioning Region	82.3%	82.7%
Midlands and East of England Commissioning Region	83.5%	83.7%
North of England Commissioning Region	84.9%	85.5%
South of England Commissioning Region	83.3%	83.8%

Source: NHS Digital

Regional comparison of Condition, Appearance and Maintenance scores 2017-18

	2017	2018
England	94.0%	94.3%
London Commissioning Region	93.8%	94.5%
Midlands and East of England Commissioning Region	93.5%	94.0%
North of England Commissioning Region	94.9%	95.2%
South of England Commissioning Region	93.5%	93.4%

Source: NHS Digital

Average site score by region - 4

Regional comparison of Dementia scores 2017-18

	2017	2018
England	76.7%	78.9%
London Commissioning Region	76.9%	80.5%
Midlands and East of England Commissioning Region	75.6%	78.0%
North of England Commissioning Region	76.7%	79.0%
South of England Commissioning Region	77.9%	78.7%
Source: NHS Digital		

Regional comparison of Disability scores 2017-18

	2017	2018
England	82.6%	84.2%
London Commissioning Region	79.7%	83.0%
Midlands and East of England Commissioning Region	82.9%	84.8%
North of England Commissioning Region	83.3%	85.0%
South of England Commissioning Region	83.2%	83.2%
Source: NHS Digital		



Annex 2

Organisation of PLACE Assessments

Eligibility and organising assessments

- All healthcare settings in England are eligible, and sites which meet the following criteria should be included:
 - Sites with 10 or more inpatient beds
 - Sites with fewer than 10 beds where the services and the environment in which they are provided clearly are, or are analogous to, a hospital⁸
- Organisations are however free to include sites that don't meet the above criteria, and some choose to do this.
- Whilst the programme is voluntary, all such healthcare providers are encouraged to participate, as the assessments give patients and the public a voice in discussions about local service provision.

⁸ A small eye hospital or birthing clinic would meet the inclusion criteria, whereas a small community based residential home with an assisted living care service (e.g. for individuals with learning disabilities or those recovering from drug addiction) would not.

The assessment team -1

- Anyone who uses the healthcare service can be a patient assessor including patient representatives e.g. family and visitors, patient advocates and patient council members. The only exceptions are existing members of staff, and former members of staff who have resigned in the previous 2 years.
- The team of assessors must include at least 50% patient assessors:
 - No fewer than two patient assessors must be in any assessment team (or sub-team where teams are split into more than one)
 - The ratio must never be less than 50/50. It can be increased in favour of patient assessors but not the other way.

The assessment team - 2

- The inclusion of an independent assessor is also recommended. These are individuals with experience of the PLACE process who observe and ensure that the assessments are conducted in accordance with the published guidelines and recommendations. They do not normally take part in the assessment and do not count as a patient assessor for the purposes of meeting the minima.
- Recruitment and training of patient assessors is the responsibility of each organisation, although they are encouraged to approach their local Health Watch (which provides assessors) as part of this process.
- Guidance on recruitment and training of assessors is provided here: <http://content.digital.nhs.uk/PLACE>

Conducting the assessment

- The precise scope of the assessment is tailored according to the site's size and service provision, subject to certain minima:
 - Sites should assess all of their wards up to 10, or 25% (whichever is greater)⁸.
 - All emergency departments should be assessed.
 - A minimum of 25% of out-patient departments should be assessed.
 - A representative sample of 25% of 'common areas' (e.g. corridors) should be assessed.
- Communal and external areas should be assessed where they exist⁹.
- The food assessment should be undertaken on 1-5 wards depending on the number of wards on the site as follows:
 - Up to 6 wards: 1 food assessment
 - 7-12 wards: 2 food assessments
 - 13-18 wards: 3 food assessments
 - 19-24 wards: 4 food assessments
 - 25 or more wards: 5 food assessments
- Food assessments are not undertaken where a site is fully self catering, has no inpatient beds, or has clinical exception patients ([see page 17](#)). Partly self catering sites only serve one main meal (lunch or dinner) and have an amended organisational food scorecard to reflect this.

⁹ A site with 2 wards would assess both; a site with 10 wards would assess all; a site with 30 wards would assess 10; and a site with 60 wards would assess 15.

¹⁰ Some healthcare services are provided in very small premises which do not have communal and/or external areas. This particularly applies in the Learning Disabilities sector, but may apply elsewhere.

Guidance materials

- Guidance on preparation for assessment is published here:
<http://content.digital.nhs.uk/PLACE>
- These materials are reviewed following each publication and amendments are agreed and implemented in advance of the next collection.

Scoring approaches

- The full suite of assessment scorecards and associated guidance is published here:
<http://content.digital.nhs.uk/PLACE>
- There are a range of scoring approaches which vary depending on the area and aspect being assessed e.g. Y/N; Pass/Qualified Pass/Fail; Answer list.
- Teams agree scores and completed scorecard results are submitted to NHS Digital via the EFM online collection tool. Mobile software for directly entering agreed scores onto EFM during the assessment is also available, and is used by some organisations.
- Some food scores (organisational and ward) are weighted; different weights are applied for Acute, Mental Health and Mixed hospitals / units.



Annex 3

Related Information

Related data sources

- Earlier PLACE reports (2013-2017) can be accessed via the [NHS Digital website](#).
- PEAT (the predecessor to PLACE) publications are also available on the NHS Digital website:
 - [PEAT results, 2001-2012](#)
 - The Estates team produces two other reports on NHS Estates, the latest of which are available at these links:
 - [Estates Return Information Collection \(ERIC\)](#)
 - [NHS Surplus Land](#)

Feedback

We would welcome all user feedback, particularly around the content and style of this report.

Please send feedback to efm-information@nhs.net quoting “Feedback on the PLACE Report” in the subject heading.

Author: Estates Team, NHS Digital

Responsible Statistician: Claire Thompson

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