

Board of Directors - Public

SUMMARY REPORT

Meeting Date:

27th March 2024

Agenda Item:

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Report Title:	PLACE results 2023	
Author(s):	James Drury Director of Strategy and Sam Crosby Head of Health and Safety	
Accountable Director:	James Drury Director of Strategy	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	EMT
	Date:	7 th March 2024
Key points/ recommendations from those meetings	<ul style="list-style-type: none"> To develop an action plan to understand and address the findings, with particular reference to sites of concern and to categories within the PLACE framework which are of concern. Report the proposed action plan back to EMT. To clarify the process to be used for the 2024 PLACE audits, to ensure that there is EMT ownership of the end to end process, including seeking volunteers, and reviewing the submission made by reviewers, so that action can commence earlier where needed. To take the PLACE results into account when setting priorities for the capital and planned maintenance programmes. 	

Summary of key points in report

PLACE is the 'Patient Led Audit of the Care Environment'. It is a national annual scheme that is well established and allows Trusts to gain insight of their delivery in respect of cleanliness, food, privacy & dignity, condition & maintenance, suitability of premises for dementia and disability. Audits are undertaken by volunteer teams of service users, carers and staff.

The completed assessments are submitted via an external platform, and published following a period of moderation. Results were published by NHS Digital on 22 February 2024.

Executive Management Team have received and discussed the outcome in detail and will be overseeing the development and delivery of a detailed action plan to address issues identified and this will also be monitored at Quality Assurance Committee and reporting provided to the Council of Governors.

Our 2023 results show a deterioration compared to our 2022 results and reflect an unfavourable comparison with other organisations taking part in the 2023 PLACE programme. The 2023 results for SHSC are unacceptable to us as an organisation committed to providing the highest standards of care for everyone who uses our services, and those who work in or visit our sites.

In response to this, the Executive Management Team has received the results and commissioned work to be led through the Estates and Facilities team, which will:

- Develop and implement an action plan to address the findings.
- Implement a managed process for the delivery of the 2024 PLACE audit programme at SHSC

In this report the Board of Directors is asked to note the key findings of the 2023 PLACE audit, which are set out in more detail in the body of the report. The headlines are:

- In 2023 SHSC scored below national average in most categories. The exceptions being 'organisational food' and 'dementia' where scores were above national average.
- In 2023 SHSC's scores were generally worse than they were in 2022. The exception being the 'organisational food' category which showed an improvement.
- An individual site level comparison highlights that SHSC exceeded national average at three out of six sites in the categories of Privacy Dignity and Wellbeing, Dementia, and Disability.
- Two sites, Woodland View and Grenoside Grange exceeded national average in four categories.
- However, all six sites were below average in three categories: Cleanliness, Ward Food, and Condition Appearance and Maintenance. These categories are to be prioritised for action.
- Two sites, Forest Lodge and Birch Avenue were below average in every category. These sites are to be prioritised for action.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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The Board of Directors is asked to:

1. Receive and note the results of the 2023 PLACE audit for Sheffield Health and Social Care NHS FT
2. Note plans for EMT to oversee the development and execution of an action plan in response to the 2023 PLACE audit and to oversee the development of the process to be used for planning for the 2024 PLACE audits. Updates on plans will be received at Quality Assurance Committee and overseen at the Board of Directors.

Please identify which strategic priorities will be impacted by this report:

Effective Use of Resources	Yes	X	No	
Deliver Outstanding Care	Yes	X	No	
Great Place to Work	Yes	X	No	
Ensuring our services are inclusive	Yes	X	No	

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission Fundamental Standards	Yes	X	No		CQC Regulation 15 – Premises & Equipment and the Equality Act 2010 - Food and Drink. Premises and Equipment
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?				X	<ul style="list-style-type: none"> • National Standards of Healthcare Cleanliness 2021 • National Food and Drink Standard 2022 • CQC Regulation 15 Premises and Equipment • Equality Act 2010

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	X	No		The care environment and food and drink offer are both fundamental aspects of the way in which we meet the needs of service users.
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Financial (revenue & capital)	Yes	X	No		The built environment in which we provide care is ageing and in need of continued investment, both in ongoing maintenance and capital investment to ensure an environment fit for the future.
Organisational Development /Workforce	Yes	X	No		Variance in standards achieved across Trust sites can be improved through a focus on OD with relevant teams.
Equality, Diversity & Inclusion	Yes		No	X	<i>Please complete section 4.3 in the content of your report</i>
Legal	Yes		No	X	
Environmental sustainability	Yes		No	X	

PLACE results 2023

Section 1: Analysis and supporting detail

Background

1.1 The aim of this report is to provide a high-level, outline of the 2023 Patient Led Assessments of the Care Environment (PLACE) scores for Sheffield Health and Social Care NHS Foundation Trust (SHSC).

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

Good environments matter. Every patient should be cared for with compassion and dignity in a clean, safe environment.

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 Patient Assessors as part of teams alongside staff. Patient assessors must make up at least 50% of the teams assessing how the environment supports the provision of clinical care, focusing on areas such as:

- Cleanliness.
- Food and Hydration.
- Privacy, Dignity and Wellbeing (how the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing).
- Condition, Appearance and Maintenance of healthcare premises.
- Dementia (whether the premises are equipped to meet the needs of people with dementia against a specified range of criteria).
- Disability (the extent to which premises are able to meet the needs of people with disability against a specified range of criteria).

1.3 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.

- 1.4 In July 2008 the Sheffield Care Trust was authorised to operate as Sheffield Health and Social Care Foundation Trust. Therefore, as part of the Organisation Data Service (ODS), which issues and manages unique identification codes and reference data for organisations that interact with any area of the NHS, SHSC is designated as a Care Trust, and this is based on the service offered.

Assessment

- 1.5 The PLACE assessment window was 4th September for 12 weeks however this was extended to 15th December 2023.
- 1.6 Unannounced inspections were undertaken during September and November 2023.
- 1.7 An email was also sent to all ward managers, September 2023 to ensure awareness of the PLACE assessment process initiating. A window timescale was given to ensure the assessments were not pre-planned by the areas.
- 1.8 The following areas were within PLACE 2023 timetable of assessments:

Burgage
Dovedale 1
Dovedale 2
Outpatient (SAANS)
Endcliffe
Maple
Memory Service
Decisions Unit
Forest Close
Forest Lodge
Woodland View
Birch Avenue
Grenoside Grange

Woodland View and Birch Avenue were not included within PLACE 2022.

- 1.9 For Information from PLACE 2023, nationally there was a small increase in the number of assessments undertaken:

1,106 assessments were undertaken in 2023 compared to 1,046 in 2022

37 assessments were excluded (and moved to our PLACE-Lite system for local use) due to patient assessor numbers or ratio to staff assessors not meeting the minimum criteria. Our findings are based on the 1,069 remaining assessments and results are not comparable with previous years.

Section 2: Risks

- 2.1 The guidance aims to make scoring consistent and as objective as possible; however, it must be noted that results are dependent upon the experience and views of the assessment team for that specific moment in time and therefore there are some subjective elements to the process which cannot be eliminated.
- 2.2 The data is published nationally and could therefore affect the reputation of SHSC where performance is low in comparison to other comparable NHS Trusts.

- 2.3 The results show that SHSC scores are below the published national average site score (see Appendix 1), except within the organisational food and dementia categories.
- 2.4 The Forest Close assessment was excluded from the PLACE 2023 results due to not meeting the required ratio for assessors and therefore was placed in PLACE Lite 2023 and did not contribute to the overall % scores.
- 2.5 It should be recognised that some of our buildings have specific challenges, related to the age, design and original purpose of the buildings, such as Grenoside Grange and Woodland View.
- 2.6 From 2022, PLACE enforced minimum patient assessor numbers and ratios, and assessments not meeting this standard were excluded from the national results (and therefore are not comparable to previous datasets). Therefore, SHSC should also bear in mind that the 2022 programme was heavily impacted by the covid-19 pandemic (and received fewer completed assessments) which limits the reliability of year on year comparisons.

Section 3: Assurance

Benchmarking

- 3.1 The criteria included within the PLACE Assessments are not regarded as formal standards, but they do represent both those aspects of care which patients and the public have identified as important and good practice, as identified by professional organisations whose members are responsible for the delivery of these services, e.g.; the Healthcare Estates and Facilities Managers Association (HeFMA), the Association of Healthcare Cleaning Professionals (AHCP) and the Hospital Caterers Association (HCA).
- 3.2 The completed assessments are submitted via an external platform, they undergo a period of moderation and subsequently the results are published via NHS Digital, to help drive improvements in the care environment. The published results show performance, nationally, and in relation to other hospitals providing similar services.
- 3.3 The formal results were published on 22nd February 2024.
- 3.4 It is positive to note that first and lasting impressions, within several areas were consistently confident or very confident with only three areas resulting in not very confident results:

Michael Carlise Centre – communal areas
Birch Avenue – bungalow 3
Woodland View - Chestnut
- 3.5 An action plan has been populated to reflect all the comments made on the paper-based assessments. Each action has a designated lead along with assigned start dates and completion dates.
- 3.6 Some high-level themes have been identified and form part of the action plan:
 - Cleanliness – issues were found in some areas across all areas relating to cleaning schedules not being displayed, high- and low-level dusting and attention to detail on items such as water coolers and radiators.
 - Food – the food was generally found to be of a good standard, but it was the temperature of the food that was raised as an issue, at several assessments.

- Condition, Maintenance and Appearance - there was a mixture of results within this domain which looks at aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, lighting (including access to natural light), there were several issues with holes in walls, grouting and general decoration required.
- 3.7 Birch Avenue and Forest Lodge scored below the average in all domains and therefore some additional support will be required, to be discussed and identified on the action plan.

Triangulation

- 3.8 The formal results of PLACE 2023 need to be triangulated with the cleanliness and infection prevention and control audits that take place.

Engagement

- 3.9 A crucial component of the assessment process is the involvement of patient assessors and therefore early engagement was ascertained as essential to ensure assessors were identified.

Therefore, a communication circulated via Jarvis in June 2023 encouraging individuals, staff and service users to become part of the assessment team.

- 3.10 PLACE 2023 was completed with the support and assistance of the patient experience team which resulted in five individuals acting as patient assessors.
- 3.11 In addition liaison was undertaken with the Head of Corporate Assurance to engage with the Governors, in July 2023, to encourage Governors to participate in the assessment teams, which resulted in five names being shared as interested in participating, in the event one governor was able to participate in one of the assessments. The expectation is that engagement will take place with Governors at an early stage in 2024.

- 3.12 Staff assessors identified:

Infection Preventions and Control Nurse
Dietician – Specialist Services x 2
Maintenance and Grounds Manager
Housekeeping and Catering Managers
Estates Compliance Officer

There was no representative from nursing therefore this is an area to focus on for the 2024 process.

- 3.13 In addition to support the process there were two planned induction days for all assessors, 30th August and 5th September 2023, only one took place but appeared to be well received by all the assessors that attended.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

- 4.1 Effective Use of Resources
Ensure environments are clean.

Deliver Outstanding Care

PLACE is not a technical or professional assessment, it does review standards of cleanliness, maintenance of premises, and access for disabled persons. All of these link to CQC Regulation 15 – Premises & Equipment and the Equality Act 2010

Great Place to Work

An appropriate action plan demonstrates SHSC takes the outcomes from the assessments seriously and has plans to act on the findings to make improvements for our service users and thereby improve their overall care experience of service users, visitors and in addition creating better environments for the staff to work within.

Ensuring our services are inclusive

Accessibility to all areas.

Equalities, diversity and inclusion

- 4.2 The PLACE assessments apply to all inpatient wards and the individuals we support for in them, equally. One element of the assessment relates to provision for service users with disabilities/disabled access (links to the Equality Act 2010).

Culture and People

- 4.3 There is a need ensure the housekeeping teams are supported, resourced, have suitable and sufficient training to enable them to meet both the National Standards of Cleanliness and National Food and Drink standard requirements.

Financial

- 4.4 The action plan is detailed in regard of work required but it does not ascertain how much the work will cost, it is also likely that if three rooms were found to require decorating the likelihood is that they all require decoration therefore there could be a significant cost to each action.

There is a small budget allocated to PLACE however dependant on the scale of work this may be exceeded.

- 4.5 There is also a possible budgetary impact of future training in relation to a generic training offer for all staff regarding training in awareness of best practice in working together across housekeeping and clinical services to provide service users with a safe and high-quality catering offer that is seen as part of the holistic health and wellbeing of people's assessment, treatment, and care.

Compliance - Legal/Regulatory

- 4.6 The following standards and regulations apply:

- National Standards of Healthcare Cleanliness 2021
- National Food and Drink Standard 2022
- CQC Regulation 15 Premises and Equipment
- Equality Act 2010

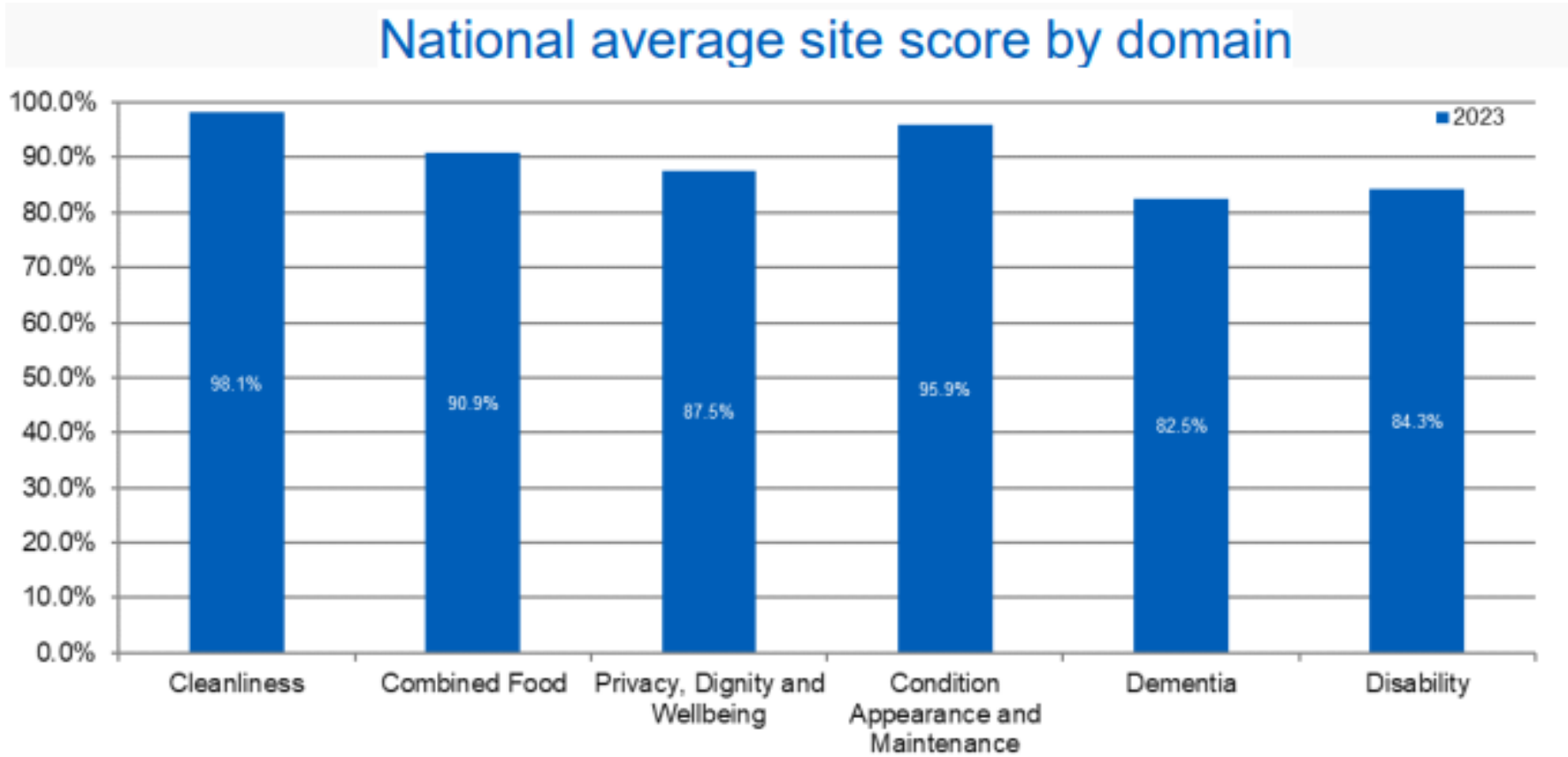
Environmental sustainability

- 4.7 No impact identified at this stage.

Section 5: List of Appendices

- Appendix 1 PLACE 2023
Appendix 2 Site Specific compared to National Average % Score

Appendix 1 PLACE 2023



The overall PLACE 2023 score for SHSC: (Forest Close excluded from results, red denotes below national average site score by domain)

CLN Score %	Combined Food Score %	Org Food Score %	Ward Food %	PDW Score %	CAM Score %	DEM Score %	DIS Score %
87.61%	85.63%	91.22%	80.48%	83.98%	83.98%	84.12%	76.30%

Appendix 2 Site Specific compared to National Average % Scores (red denotes below national average % score)

Site Name	CLN Score %	Combined Food Score %	Org Food Score %	Ward Food Score %	PDW Score %	CAM Score %	DEM Score %	DIS Score %
67 Birch Avenue	66.92%	80.56%	90.97%	66.67%	68.42%	69.51%	78.72%	65.00%
Forest Close (Place-lite)	96.61%	82.34%	91.16%	70.00%	94.59%	89.20%	-	81.82%
Forest Lodge	93.51%	84.39%	90.65%	76.32%	85.00%	78.05%	-	71.43%
Grenoside Grange	95.88%	88.32%	93.20%	85.26%	91.38%	93.60%	92.93%	85.33%
Longley Centre	92.15%	89.51%	90.65%	88.73%	84.88%	90.51%	88.14%	85.33%
Michael Carlisle Centre	89.58%	82.18%	91.16%	78.18%	89.53%	89.71%	81.85%	75.65%
Woodland View	96.10%	91.02%	91.49%	90.74%	89.33%	86.63%	85.31%	80.38%