

Cover Sheet

Public Trust Board Meeting: Wednesday 10 July 2024

TB2024.58

Title: NHS Patient-Led Assessment of the Care Environment
(PLACE) 2023 Results

Status: For Decision
History: Annual Reporting

Board Lead: Chief Nursing Officer
Author: Caroline Heason, Head of Patient Experience
Marilyn Rackstraw, Patient Experience and Engagement Lead
Confidential: No
Key Purpose: Assurance, Performance.

Executive Summary

1. This report presents the findings of the Patient-Led Assessment of the Care Environment (PLACE) 2023 assessment for the Oxford University Hospitals NHS Foundation Trust.
2. The assessment evaluates the non-clinical aspects of healthcare facilities that are important to patients and the public, including cleanliness, food, privacy, dignity and wellbeing, condition, appearance and maintenance, dementia friendliness, and disability.
3. OUH performed well on cleanliness and condition, appearance, and maintenance: The OUH scored 98% on cleanliness and 96% on condition, appearance, and maintenance, which are close to or above the national averages.
4. OUH performed below the national average on food, privacy, dignity and wellbeing, dementia friendly, and disability.
5. A PLACE improvement action plan been developed to address the gaps in the care environment OUH established and a PLACE delivery group to implement the action plan.

Recommendations

1. The Trust Management Executive is asked to:
 - Review the contents of the report and approve the Place improvement action plan.

Contents

Cover Sheet 1

Executive Summary 2

NHS Patient-Led Assessment of the Care Environment (PLACE) 2023 Results .. 4

 1. Purpose 4

 2. Background 4

 3. PLACE 2023 Survey..... 4

 4. Trust Results 5

 5. PLACE Delivery Group and Action Plan..... 7

 6. Conclusion..... 7

 7. Recommendations..... 7

 Appendix 1: PLACE 2023 domain score per hospital site. 8

 Appendix 2: PLACE 2023 Improvement Plan 9

NHS Patient-Led Assessment of the Care Environment (PLACE) 2023 Results

1. Purpose

- 1.1. Present the findings of the Patient-led Assessments of the Care Environment (PLACE) 2023 assessment.
- 1.2. Provide information on the PLACE improvement action plan and the development and implementation of the Trust wide PLACE Working Group.

2. Background

- 2.1. Patient-led Assessments of the Care Environment (PLACE) was relaunched in 2022 after the pandemic, and now takes place every year.
- 2.2. PLACE 2023 assessments were carried out between September and November 2023.
 - 2.1 The PLACE assessment evaluates the non-clinical aspects of healthcare facilities that important to patients and the public.
 - 2.2 The assessments focus solely on the environment in which care is delivered, not on clinical care provision or staff performance.
 - 2.3 The assessments involve local people, called patient assessors, visiting hospitals as part of teams. Patient representation must make up at least 50% of the assessment team.
 - 2.4 They assess privacy and dignity, food, cleanliness, general building maintenance, and the premises ability to meet the needs of people with dementia or disability.
 - 2.5 The results of the assessments are summarised below and supported by an action plan to drive improvements in the care environment.

3. OUH PLACE Assessment 2023

- 3.1. Between September and November 2023, 64 PLACE assessments were carried out across all four OUH sites. This was comprised of the following:
 - 3.1.1 Four communal areas – one for each hospital site
 - 3.1.2 Four external areas - one for each hospital site
 - 3.1.3 Two Emergency Departments: John Radcliffe Hospital and Horton General Hospital
 - 3.1.4 33 Ward assessments
 - 3.1.5 10 Outpatient department assessments

3.1.6 11 Meal assessments

- 3.2 The assessment groups comprised Trust volunteers, Trust Governors, the Clinical Hospitality Team, and the Patient Experience Team, with a staff-to-non-staff member ratio of 1:2.

4 OUH PLACE Assessment Results 2023

- 4.1 The PLACE assessments provide a framework for assessing quality against common guidelines and standards to quantify the cleanliness, food and hydration provision, the extent to which the premises support privacy and dignity and meet the needs of people with dementia or a disability. The results were released at the end of February 2024. Appendix 1 provides a breakdown of PLACE 2023 score by hospital site.

- 4.2 The OUH PLACE Assessment results for 2023 are as follows:

4.2.1 **Cleanliness:** In this domain, OUH scored 98%, which is very close to the national average of 98.1%. This domain assesses the cleanliness of the hospital environment, including patient areas, toilets and bathrooms, and other public areas. This score indicates that OUH is maintaining a high standard of cleanliness, which is crucial for patient safety and comfort.

4.2.2 **Food (Combined):** OUH scored 86%, which is below the national average of 90.9%. This domain assesses the quality of the food and drink provided to patients, including the taste, temperature, and presentation of food.

4.2.3 **Food (Organisation):** OUH scored 89%, which is slightly below the National Average of 91.17%. This domain assesses the quality of the food and drink provided to patients from an organisational perspective. As part of the PLACE improvement action plan the Trust will be examining the specific feedback from the assessment to identify areas for improvement in food services. This will include aspects such as menu variety, dietary options, mealtimes, or the process for ordering meals.

4.2.4 **Food (Ward):** OUH scored 85%, which is below the National Average of 90.98%. This domain assesses the quality of the food and drink provided to patients at the ward level. The improvement plan below (Appendix 2) outlines the actions to be taken to improve food services at the ward level with a particular focus on protected mealtimes and the use of mealtime volunteers.

4.2.5 **Privacy, Dignity and Wellbeing:** OUH scored 82%, which is below the National Average of 87.5%. This domain assesses how well the hospital

environment respects and maintains the privacy and dignity of patients. It includes factors such as the availability of single-sex accommodation and the ability to hold private conversations. The Trust is in the process of reviewing the feedback from the assessment to identify areas for improvement to enhance the privacy of patient areas and improve staff training on patient privacy and dignity.

- 4.2.6 **Condition, Appearance and Maintenance:** OUH scored 96%, which is slightly above the National Average of 95.9%. This domain assesses the general state of repair, decoration, and maintenance of the hospital. It includes factors such as lighting, signage, flooring, and the condition of fixtures and fittings. This score indicates that OUH is maintaining a high standard in the condition, appearance, and maintenance of its facilities from a patient experience perspective.
- 4.2.7 **Dementia Friendly:** OUH scored 69%, which is significantly below the National Average of 82.54%. This domain assesses how well the hospital environment meets the needs of people with dementia, including the use of appropriate signage and colour schemes, and the availability of quiet and comfortable communal areas. An improvement action plan has been developed to improve signage and colour schemes in bathrooms and toilets, displaying the date and time in a large format and enhancing the availability of quiet and comfortable communal areas.
- 4.2.8 **Disability:** OUH scored 71%, which is significantly below the national average of 84.3%. This domain assesses how well the hospital environment meets the needs of people with disabilities, including access to facilities, the availability of appropriate equipment, and the provision of information in accessible formats. An improvement action plan has been developed to improve the accessibility of facilities, enhancing the availability of appropriate equipment, or improving the provision of information in accessible formats.
- 4.2.9 The PLACE improvement action plan in Appendix 3 provides an outline of the specific actions and timelines for each of the above PLACE domain, and measures of success. The action plan is based on a thorough analysis of the PLACE data, feedback from patients and staff, and best practice examples from other organisations. A detailed action plan is included in appendix 2.

5 PLACE Delivery Group and Action Plan.

- 5.1 The PLACE programme aims to embed its output into the organisation's business model to improve patients' experiences.
- 5.2 A multi-professional PLACE delivery group will be established to deliver the PLACE actions plan and recommendations.
- 5.3 The PLACE improvement action plan is presented in Appendix 2 and is designed to deliver the required changes and environmental improvements.

6 Conclusion

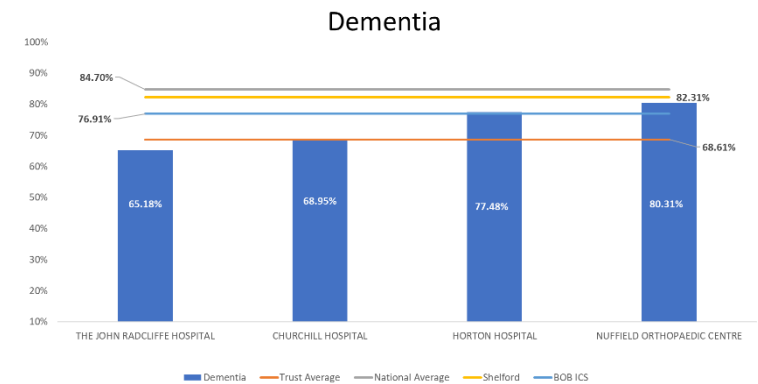
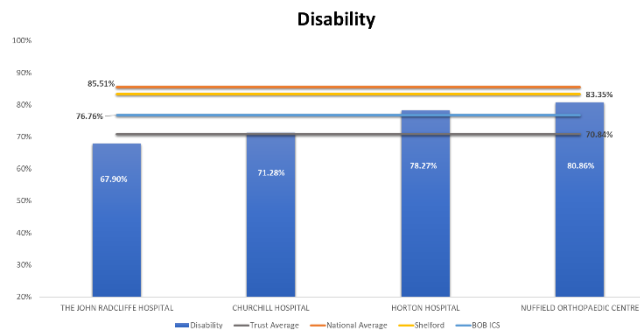
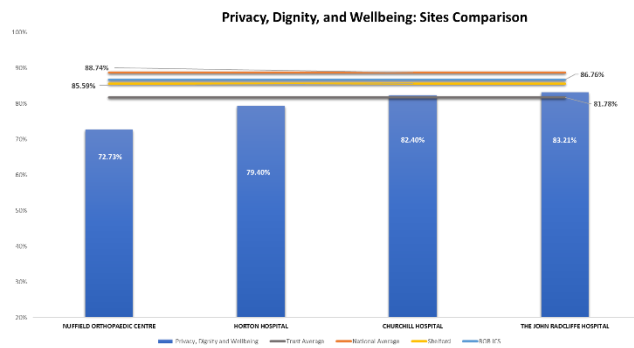
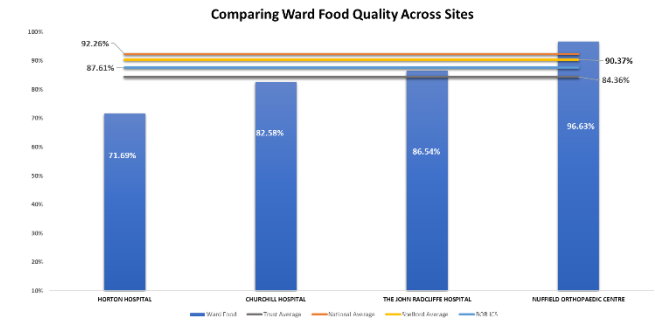
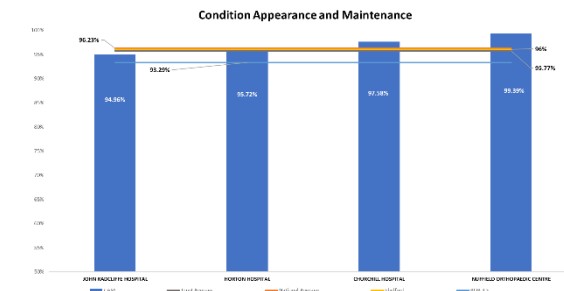
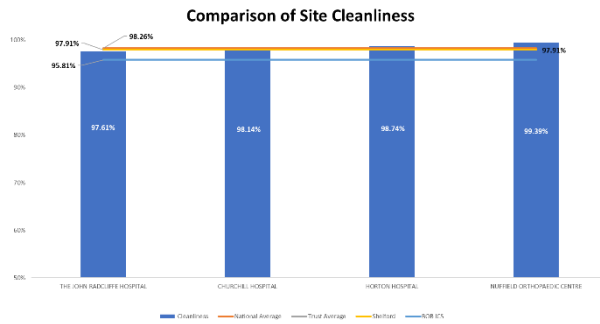
- 6.1 This report has outlined the findings of the 2023 PLACE assessments and the supporting PLACE improvement action plan.

7 Recommendations

- 7.1 The Trust Management Executive is asked to:

Review the contents of the report and approve the PLACE improvement action plan.

Appendix 1: PLACE 2023 domain score per hospital site.



Appendix 2: PLACE Improvement Plan 2023

Objective	Specific	Measurable	Achievable	Relevant	Time-bound
Successful delivery and implementation of the recommendations following the 2023 PLACE assessment.	<ul style="list-style-type: none"> Set benchmarks for improvement in the specified areas based on the PLACE 2023 assessment results. Use the PLACE 2024 assessment to measure progress against these benchmarks. Establish a Trust wide PLACE Delivery Group. 	<ul style="list-style-type: none"> Utilise Friends and Family Test data, CQC annual Inpatient survey results, PLACE scores, and Soft FM catering and mealtime audit scores to measure improvements. Use the PLACE 2024 assessment to measure progress against these benchmarks. 	<ul style="list-style-type: none"> Ensure that the PLACE Delivery Group has the authority and commitment from estates, nursing, midwifery and AHPs to lead the improvement changes. 	<ul style="list-style-type: none"> Align the group's objectives with the Trust's strategy and patient experience delivery plan Incorporate PLACE assessment results into the workstreams for Estates, PFI, Clinical Hospitality, Nutrition and Hydration Steering Group, and Clinical Divisions." 	<ul style="list-style-type: none"> First Delivery Group meeting is on 10th July 2024. To set the project plan and deadlines of the implementation and delivery of the recommendations relating to support for patients at mealtimes, privacy and dignity, safe environments for people with disability and for dementia.
Ensure a comprehensive approach to meeting all patients' nutrition, hydration, and support needs at mealtimes.	<ul style="list-style-type: none"> Conduct a thorough review of protected mealtimes to ensure minimal disruptions and maximum support for patients during meals. Audit the current process for patient mealtimes to identify areas for improvement. Reassess the visiting policy to facilitate visitor assistance at mealtimes where appropriate. Initiate a pilot programme involving trained volunteers to aid patients in preparing to eat and drink. Reevaluate the Terms of Reference and the reporting structure of the Trust Nutrition and Hydration Group to ensure alignment with current standards and practices. 	<ul style="list-style-type: none"> Utilise Friends and Family Test data, CQC annual Inpatient survey results, PLACE scores, and Soft FM catering and mealtime audit scores to measure improvements. Establish benchmarks for each area of review and pilot programmes to track progress. 	<ul style="list-style-type: none"> Engage with healthcare professionals, patients, and visitors to gather insights and feedback for the reviews and pilot programme. Provide training and support for volunteers to ensure safe and effective mealtime assistance. 	<ul style="list-style-type: none"> Align with the Trust's commitment to improve patient safety and experience. Ensure that the reviews and pilot programme contribute to a culture of care and support during mealtimes. 	<ul style="list-style-type: none"> Trust Nutrition and Hydration Group to set the deadlines for the completion of reviews, implementation of the pilot programme, and reassessment of the Trust Nutrition and Hydration Group's framework
To effectively embed PLACE domains across the Trust's clinical practice, Estates and Facilities, and Clinical Hospitality.	<ul style="list-style-type: none"> Deliver a continuous programme of PLACE Lite assessments throughout the year, excluding the national PLACE assessment period (September to November). Invite partner organizations to participate in PLACE Lite for peer review. Ensure PLACE Lite outcomes are included in Divisional Quality reports 	<ul style="list-style-type: none"> Track the number of completed PLACE Lite assessments. Divisional reporting on PLACE Lite outcomes and actions to CGC. Monitor the inclusion of PLACE Lite findings in estates and PFI plans. 	<ul style="list-style-type: none"> Set a monthly schedule for PLACE Lite assessments. Establish a protocol for inviting and engaging partner organizations in the peer review process. 	<ul style="list-style-type: none"> Align with the Trust's commitment to improve patient safety and experience. Ensure that the maintenance plans address the issues highlighted by PLACE Lite assessments to enhance the care environment. 	<ul style="list-style-type: none"> Divisional monthly reporting to CGC on PLACE domains and PLACE lite programme in Quality Reports to Clinical Governance Committee.

	<p>and the reporting structure for Estates, Facilities, and Clinical Hospitality.</p> <ul style="list-style-type: none"> • Incorporate issues identified from PLACE Lite into the planned routine maintenance schedule. 				
<p>Develop and implement a robust process for triangulating audits from various sources such as PLACE, OxSCA, Cleanliness Audits, Nutrition audits, Facilities audits, and PLACE Lite.</p>	<ul style="list-style-type: none"> • To generate an integrated triangulation process that combines the data from PLACE, OxSCA, Cleanliness Audits, Nutrition audits, Facilities audits, and PLACE Lite. Use QI methodology. 	<ul style="list-style-type: none"> • Create a PLACE domain triangulation audit. • Pilot the audit and report at NMAHP, Nutrition and Hydration Steering Group and PLACE Delivery Group. 	<ul style="list-style-type: none"> • Ensure all relevant data and audits are identified. • Set a realistic schedule for the development of the triangulation audit considering the Trust's operational capacity. • Benchmark with peers if this has already been created elsewhere. 	<ul style="list-style-type: none"> • The triangulation process aligns with the Trust's strategy goals of improving patient care quality and operational efficiency. Include Trust leads in Assurance, PLACE, OxSCA, Cleanliness Audits, Nutrition audits, Facilities audits and Infection Prevention and Control • Approach a partner NHS Trust to collaborate in the development of this triangulation audit. 	<ul style="list-style-type: none"> • Implement the PLACE triangulation process within a 12-month period. <ul style="list-style-type: none"> ○ July - September: Define the scope, objectives and data of the triangulation process. ○ October - December: Develop the data integration framework and pilot test it. ○ January - March: Refine the process based on pilot feedback and plan integration into organization-wide training. ○ April - June: Fully implement the triangulation process and establish ongoing monitoring and review mechanisms
<p>To ensure patient's privacy, dignity, and wellbeing is upheld and respected at all times when being looked after by the Trust services.</p>	<ul style="list-style-type: none"> • Conduct a thorough review of the current methods of assessing patients privacy and dignity. • Deliver a programme of audit (using existing OxSCA and PLACE Lite) and improvement to clinical practice and the care environment to ensure that patients privacy and dignity is maximised at all times. 	<ul style="list-style-type: none"> • Utilise and triangulate Friends and Family Test, CQC Inpatient survey and the PLACE data to assess the current state of privacy and dignity within the care environment. • Generate the template for PLACE domains, PLACE lite and actions following Mixed sex accommodation breaches reporting in the Divisional Quality Reports for the Trust Clinical Governance Committee. 	<ul style="list-style-type: none"> • Review and change the Privacy and Dignity policy to incorporate robust monitoring and audit. Co-produce this with patients and relatives. • Involve and engage with patients and relatives - 'What Matters to You' stories about privacy and dignity and publicise on Staff Bulletin. • Review and change the Delivering Same Sex Accommodation Policy in light of the NHS Constitution changes to Privacy and Dignity. 	<ul style="list-style-type: none"> • These actions align with the Trust's commitment to Equality, Diversity and Inclusion and EDS 2022, patient centred care. 	<ul style="list-style-type: none"> • Divisional monthly reporting to CGC on PLACE domains, PLACE lite and actions following Mixed sex accommodation breaches in Quality Reports to Clinical Governance Committee.

<p>To ensure that the external, communal, and clinical environments are safe and accessible for people with disabilities.</p>	<ul style="list-style-type: none"> To enhance accessibility for people with disabilities through the successful AccessAble bid and integrating best practices in design for new builds and refurbishments. Improve accessibility for people with disabilities in the external, communal, and clinical environments. 	<ul style="list-style-type: none"> Success in obtaining the Accessible bid. Develop Estates and Facilities plan for safe and accessible Trust facilities for people with Disability. Identify the specific areas that need improvement as identified in PLACE assessment with a focus on accessibility. These could be areas like entrances, exits, corridors, bathrooms, signage, etc 	<ul style="list-style-type: none"> Ensure all the hospital Charity questions have been answered to ensure the bid is successful. Engage with healthcare professionals, patients, visitors and patient groups to gather insights to incorporate into the strategy. Increase the accessibility component of the PLACE score by 15%. 	<ul style="list-style-type: none"> These actions align with the Trust's commitment to Equality, Diversity and Inclusion and EDS 2022. Ensure that all areas with scores below the national average have action plans in place. 	<ul style="list-style-type: none"> Develop and implement the Place Estates Plan within 12 months. The initial AccessAble bid has already been made to the Hospital Charity. Clarification questions resubmitted with the phased approach to implementation. To be completed within 12 months.
<p>To improve environments for individuals with dementia.</p>	<ul style="list-style-type: none"> To enhance the clinical, external, and communal environments across all hospitals for better care of patients with dementia. 	<ul style="list-style-type: none"> Develop Estates and Facilities plan for safe and accessible Trust facilities for people with Dementia - aimed at maximising independence and emotional wellbeing. Develop and implement short term refurbishment plan based on specific areas of improvement identified in the PLACE assessment. Scope the number of large date and time clocks needed for the Clinical areas and plan the purchase and fitting in clinical areas. 	<ul style="list-style-type: none"> Collaborate with clinical Teams, Cognitive Frailty Group, Estates and Facilities, and patient advocacy groups to ensure the environments are tailored to the needs of these patients. 	<ul style="list-style-type: none"> Ensure that the improvements align with the overall mission of providing compassionate care for patients with cognitive challenges. Engage with stakeholders, including patients, families, and dementia specialists, to gather insights and ensure the changes meet their needs. 	<ul style="list-style-type: none"> Develop and implement the Estates plan within 12 months. Include refurbishment changes made in clinical areas in the PLACE section of the Quality Report.