

PLACE Report 2023

0. Reference Information

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1. Purpose of Paper

1.1. Why is this paper going to the Patient Experience Meeting and what input is required?

This paper provides an overview of the outcome of the 2023 PLACE assessment (Patient Led Assessment of the Care Environment), for noting and challenge.

2. Executive Summary

2.1. Context

PLACE assessments are carried out annually, providing a patient's perspective on the Trust patient environment.

PLACE captures responses to questions on cleanliness; food; privacy, dignity and wellbeing; condition, appearance and maintenance; dementia and disability. Each year questions are updated/added to reflect what is deemed as best practice – the programme was extensively reviewed and revised in 2021, therefore careful consideration must be given when making any comparison to previous years responses.

2.2. Summary

Domain	2022 Score	2023 Score	Trend
Cleanliness	99.91%	98.84%	↓
Food	93.85%	88.60%	↓
Privacy, Dignity & Wellbeing	92.38%	91.84%	↓
Condition, Appearance & Maintenance	99.04%	95.75%	↓
Dementia	83.11%	79.40%	↓
Disability	83.21%	80.42%	↓

Whilst there is a downward trend, the feeling of the teams on the day was very positive. Scoring was negatively impacted by questions which bridged multiple criteria, such as signage, where feedback of a lack of consistency across areas and a high volume of 'home-made' signage impacted 4 of the above criteria. Over thousands of questions asked there were 166 resulting actions, alongside some general thematic commentary. All actions will be monitored through Patient Experience Meeting.

Recent refurbishments were highlighted as being completed to a high standard and Trust staff were commended throughout the assessment for their welcoming, friendly approach to patient care.

Patient assessors also noted that whilst many of the wards felt modern and refreshed, some departments were tired and in need of some organisation with specific thought for patient experience, to meet the same standard.

2.3. Conclusion

The group is asked to note the outcome of the national PLACE process for 2023 and to pass on our sincere thanks to volunteers, who took the time to support our annual PLACE inspection this year.

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3. The Main Report

3.1. Introduction

Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered in the both the NHS and independent/private healthcare sector in England.

3.2. The Aim of PLACE

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care – Cleanliness; the Condition, Appearance and Maintenance of healthcare premises; the extent to which the environment supports the delivery of care with Privacy and Dignity; the quality and availability of food and drink; and the extent to which the environment supports patients with Dementia and Disabilities.

3.3. The PLACE Assessment Teams

PLACE is specifically patient led, as such assessment teams are required to have at least as many patient assessors (PA's) as staff assessors. All assessors are briefed prior to the assessment day, meaning the PLACE results provide highly valid feedback, as such results are being used as a national benchmarking tool, an example of which is the NHS Choices – Hospital Food Standards page.

The Trust aims to recruit assessors to reflect the patient population we serve. This year, this included Healthwatch, patient panel representatives and colleagues from Shropshire Community Healthcare Trust.

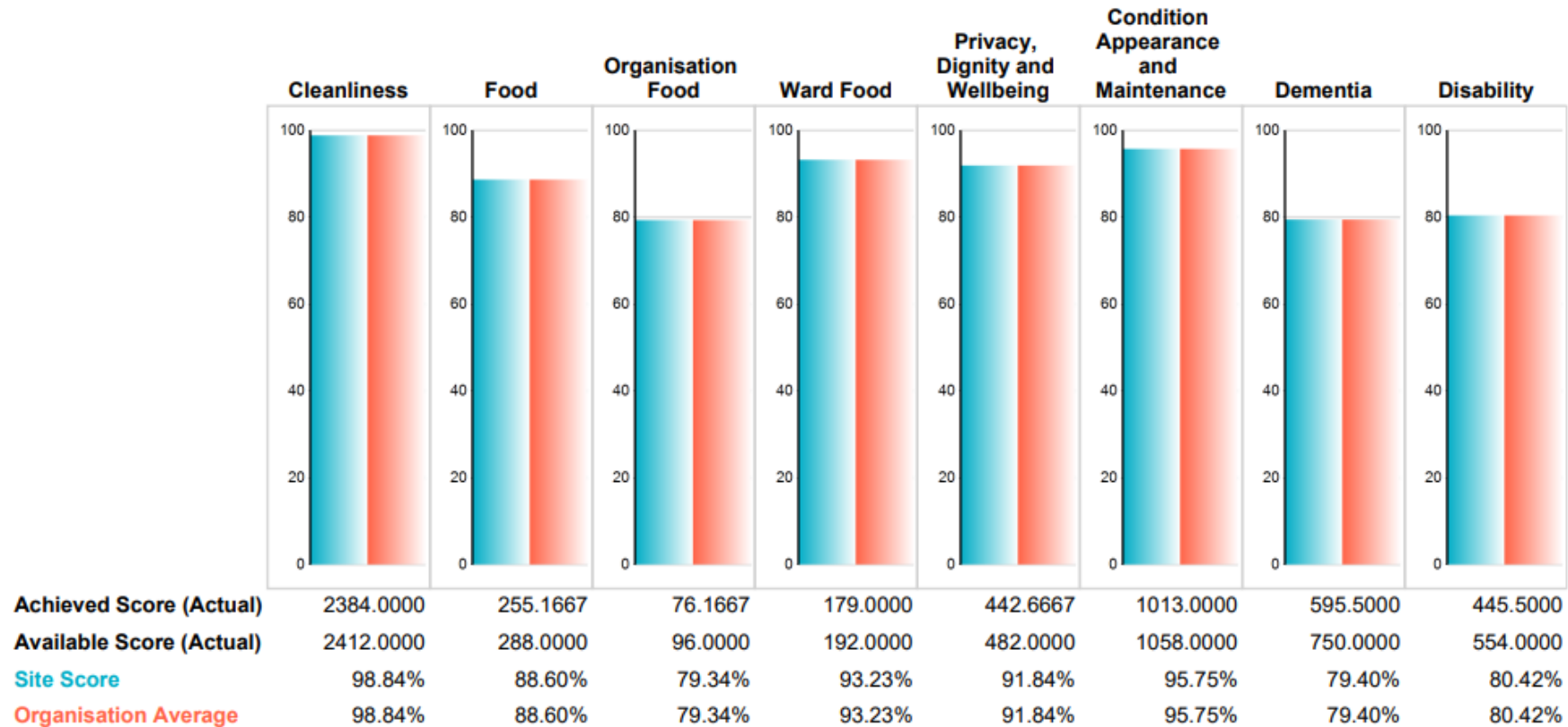
3.4. PLACE 2023 at RJAH

The 2023 PLACE assessment was carried out at the Trust on the 6th of October 2023. All findings were recorded and approved by the patient assessors before committing to the National database.

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4. The Trust achieved the below scores – (individual area scores appear in Appendix 2):

ROBERT JONES & AGNES HUNT ORTHOPAEDIC HOSPITAL- Collection: 2023



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5. Detailed Analysis of Score

5.1. Cleanliness – 98.84%

Cleanliness maintained its high standard, consistent with previous years and the internal reporting through Infection Control Working Group and Meeting. 5 of the actions identified related to clutter – specifically patient belongings within the MCSI unit across bedside tables, lockers and other tables; a theme which has also been highlighted through internal IPC and cleanliness audits. Another theme highlighted the use of wall mounted leaflet racks – many of which were found to be empty but harbour dust/debris; the patient assessors noted the Trust may consider more modern, digital options for sharing patient information to remove the need for such racking.

5.2. Food – 88.60%/79.34%/93.23% (*Overall/Organisational Food/Ward Food Taste*)

Overall, there was very positive feedback on the food provided. In particular, the Trusts ability to cater for dietary needs, as well as focusing on ‘what patients eat at home’ were called out as exemplary.

Under organisational questions, the Trust scores poorly for provision of 24-hour services. Whilst the Trust has snacks available at ward level, to achieve a full score, hot food would need to be provided at request throughout the night, requiring significant investment in staffing which does not appear to be productive given the positive feedback about food services in general provided through CQC inpatient survey. This year, patient assessors also marked down 3 questions relating to provision of snacks between meals, noting that although these are ‘available’, they are not routinely offered as standard practice.

In line with the National Standards for Healthcare Food and Drink (published in November 2022) PLACE also requires Trusts to use a digital menu ordering system – RJAH currently uses paper menus. Utilising electronic menus would also support two further metrics in this category where the Trust has scored poorly: provision of menu options at all times, and the timeliness of patients choosing their meals – currently up to 24 hours ahead (this fails separately for breakfast, lunch and dinner)

5.3. Privacy, Dignity and Wellbeing – 91.84%

The Trust continues to score poorly for some organisation level questions: not providing cover for payment machines, and utilising ‘day rate’ car parking charges, rather than pay on exit, as well as having public information available to indicate participation in enhanced carer access (John’s Campaign/Carers Passports).

Externally and throughout communal areas, signage discouraging smoking was deemed inadequate, as well as signage within patient lifts.

At ward/department level, the Trust records multiple fails where day rooms – either where there is not a room on the ward, or where the rooms are not decorated to encourage use or being used for other activities which would discourage patients from accessing it. In several outpatient areas, low scores were achieved where there was not deemed adequate space at reception desks to ensure patients privacy and dignity was maintained.

5.4. Condition, Appearance and Maintenance – 95.75%

Despite significant investment in refurbishment, the high standard of which was specifically commented on by the patient assessors, and overall reduction in score was recorded in this domain. 42 individual actions were recorded, 20 of which relate to clutter, inappropriate items left in corridors/patient areas or visual clutter e.g., homemade signage, disorganised noticeboards and overuse of posters. Patient assessors noted that many of these detracted from the overall professional feel of the Trust environment.

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Externally, actions were identified across the site relating to grounds maintenance and management of gardens or courtyards.

5.5. Dementia – 79.40%

Many of the actions impacting the dementia domain also impact other domains- including food and disability.

14 actions relate to signage across the Trust – a lack of consistency, with many areas not meeting basic criteria.

PLACE criteria reinforce the need for clinical areas, whilst remaining safe, to feel less alienating or unfamiliar for patients, further noting this can improve experience for both those with dementia and without. This includes effective use of colour and use of artwork, beyond refurbishments already completed to meet IPC requirements. 9 actions relate to these scoring criteria across a number of wards and departments.

5.6. Disability – 80.42%

Disability does not form a specific criteria, instead it picks up elements of all the above domains. As such, the Trust has also reported a reduction in score for this domain in 2023 – with 55 actions impacting this domain,

There is certainly some opportunity to a Trust wide approach to failures impacting this domain – for example, a review of signage and practices around 'home-made' or temporary signs and posters.

As in previous years, handrails (where appropriate) are not in place consistently throughout the Trust, and so multiple fails are reported for this metric, however patient assessors appreciated where wards could demonstrate installation of handrails since the previous assessment.

Organisationally, ensuring a review of reasonable adjustments, completed by or in conjunction with a representative disability group, would meet a single criteria in addition to identifying where further adjustments could improve patient experience for those with enhanced access needs.

6. Patient Assessor Summary

At the end of the assessment the PA's were asked to provide statements, providing an overview of their findings; their statements were:

In relation to the building, the way in which patients are treated with privacy and dignity and the food and drinks available:

"We really enjoyed taking part in the PLACE assessment. We feel all areas were covered as part of the assessment. There has been lots of refurbishment, this is evident across site, it's clear thought has been put into each and every refurbishment with regards to patient experience in a clinically challenging environment. In the areas we observed, patients privacy and dignity was maintained - there were plenty of single side rooms available and in use. The hospital felt clean and uncluttered, what was highlighted whilst taking part in the assessment was how proud, dedicated and involved all members of staff were - an absolutely great atmosphere!"

"You do an excellent job considering the constraints of the building. More use could be made of some of the rooms, e.g. for patient interaction and activities. Horatio's Garden is wonderful, but some areas need to be improved to enhance the patient experience. Suggestions made to further develop relationships with further education colleges (who are promoting volunteering/community projects) e.g., construction students, woodwork students. Also, local charities e.g., Shropshire Wildlife Trust, Feed the Birds, Men in Sheds. Patients

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we spoke to said their dignity was protected, and they were very positive about all staff interactions. A very positive and welcoming atmosphere. There is potential for greater use of volunteers e.g., to maintain outdoor spaces.”

“Improvements required in the OT workshop including the ceiling, including health and safety. Improvements in regard to the layout of physiotherapy - hard to manoeuvre around the department. Signage to the OT areas incorrect and waiting area of this department needs improvement. At the NHS Chef competition - we know who the winner should be!”

General comments not included elsewhere in the assessment:

“Enthusiasm from staff was evident - how much they care. You can tell how proud staff are of their environment and workplace. Particularly the catering managers enthusiasm - he was extremely passionate and proud of the work he and his team do and is always looking to improve. Consider views from windows (e.g., bin stores), particularly longer-term patients - we appreciate this is difficult, but possibly stickers or screening would help.”

“Surprised to see the garden by Montgomery (Proff's Garden) locked and no one seemed to know why. As some patients are here for a long time, I was surprised not to see any patient activities going on today.”

“NHS England could improve PLACE by adding more detailed data protection questions. Innovation is evident, with links to good and healthy food. The catering managers enthusiasm fantastic - how he treats food, his love for making a difference, personalising menus and meeting dietary requirements. Staff all had a positive attitude, all friendly and kind and willing to support, listen and understand. It was great to hear how PLACE guidance has been implemented and how actions at ward level had been completed and referenced by ward managers.”

7. Peer Analysis

PLACE results are published publicly, enabling the Trust to benchmark not only against the National average for that year, but also against relevant peers and ICS partners. This domain specific benchmarking allows us to identify where learning could be gained, and best practices mirrored with a view to delivering the highest quality patient environment.

National results to support this analysis are expected to be published in February 2024.

8. Conclusion

The below action plan has been created to address the issues raised, this paper welcomes challenge in relation to resolving actions and timescales.

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Appendix 1: Acronyms

PLACE	Patient Led Assessment of the Care Environment
PA	Patient Assessor
CQC	Care Quality Commission
ICS	Integrated Care System
IPC	Infection Prevention and Control

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Appendix 2: Area Scores

Assessment Type: Food							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
Gladstone		92.16%			100.00%	100.00%	
Wrekin		94.44%			100.00%	100.00%	
Assessment Type: Out-Patient Areas							
Ward Name	Cleanliness	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	Comparison to 2022	Comments
Baschurch	100.00%	100.00%	98.15%	86.96%	82.35%	→	Too much visual clutter - signage and posters Some equipment collected at entrance to patient lift, felt like a back entrance/storeroom.
Children's Outpatients	100.00%	85.71%	98.28%		83.33%	→	Staff very polite.
Main Outpatients	100.00%	100.00%	98.15%	95.45%	93.75%	→	Staff in the area were particularly welcoming & able to demonstrate how they supported patients individual needs.
MCSI OPD	100.00%	85.71%	94.44%	63.64%	75.00%	→	Too many signs/posters in waiting room. Not as homely, some artwork/colour would make area more welcoming.
Montgomery	100.00%	100.00%	100.00%	87.50%	92.86%	→	
Occupational Therapy	98.44%	80.00%	100.00%	50.00%	50.00%	→	Overfilled linen skip in patient area. Conversations about other patients made in patient therapy area - queried confidentiality. No wayfinding signage for exit.
Physiotherapy	99.22%	50.00%	98.28%	46.15%	45.45%	↑	Curtains labelled and not in date. Signage does not assist patient wayfinding. Very hot & humid within spinal gym
Radiology	96.09%	90.48%	89.66%	52.38%	53.33%	→	The area is tired and in need of organisation. to support the patient experience, consistency is needed throughout. Some areas could be made more child friendly for paediatric patients. TV in waiting area not working. Post op area does not support a positive patient experience. MRI 'waiting area' - patient in area fed back they felt they were sat in a storeroom.
Veterans Centre	100.00%	100.00%	100.00%	100.00%	100.00%	→	

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Assessment Type: The Ward Assessment - Acute and Community Hospitals									
Ward Name	Cleanliness	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression	Comparison to 2022	Comments
Alice	100.00%	100.00%	95.31%		100.00%	Very Confident	Confident	↓	Bubbles on floors, scuffed doors Missing handrail on entrance.
Ciwyd									
Gladstone	93.92%	95.00%	83.33%	91.67%	92.31%	Confident	Confident	→	Relatives room - not welcoming - looks like the 80's! Patients lockers on corridor useful for long stay patients but not being used by patients. Patients mentioned not liking listening to 'ticking' clock in room. Patient dining room - pool table with no balls, vending available but not accessible for wheelchairs - table blocking access. MCSI conference room (used by patients) cluttered and messy, like a dumping ground.
Kenyon	100.00%	95.00%	100.00%	65.38%	66.67%	Very Confident	Very Confident	→	Information chart not completed. Old style basin & different patterned floor in female bathrooms. Friendly and welcoming staff throughout.
Ludlow	100.00%	92.31%	98.33%	60.87%	71.43%	Very Confident	Confident	↓	Ward is a little too clinical, white, lacking colour - doesn't feel homely.
Oswald	99.32%	100.00%	100.00%	100.00%	100.00%	Confident	Very Confident	↑	
Powys	99.32%	88.24%	98.33%	82.61%	78.57%	Confident	Very Confident	↑	
Sheldon	99.34%	95.00%	98.44%	88.46%	80.00%	Confident	Very Confident	↑	Clutter in corridors. Caring staff interacting with patients.
Wrekin	95.95%	100.00%	91.67%	92.31%	93.33%	Confident	Confident	→	