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| <b>Meeting Title</b> | Quality and Patient Safety Academy |                    |            |
| <b>Date</b>          | 28.06.23                           | <b>Agenda item</b> | QA.6.23.XX |

## PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) ANNUAL REPORT 2022

|   |  |  |             |
|---|--|--|-------------|
| <b>Presented by</b>                             | Professor Karen Dawber, Chief Nurse  |  |             |
| <b>Author</b>                                   | Jo Hilton, Deputy Chief Nurse<br>George Reynolds, Patient and Public Engagement Officer          |  |             |
| <b>Lead Director</b>                            | Professor Karen Dawber, Chief Nurse  |  |             |
| <b>Purpose of the paper</b>                     | Summary of the 2022 PLACE scores and recommendations   |  |             |
| <b>Key control</b>                              | This paper is a key control for the strategic objective to provide outstanding care for patients |  |             |
| <b>Action required</b>                          | For information  |  |             |
| <b>Previously discussed at/<br/>informed by</b> |  |  |             |
| <b>Previously approved at:</b>                  |  |  | <b>Date</b> |
|   | <i>Patient Experience Group</i>  |  |             |

### Key Options, Issues and Risks

This report provides an analysis and evaluation of the 2022 Patient Led Assessments of the Care Environment (PLACE) carried out at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT).

PLACE assessments are a voluntary self-assessment of the clinical and non-clinical services and environment, which contribute to healthcare delivered in both the NHS and Independent/Private Health sector in England. Whilst they are voluntary, the Care Quality Commission (CQC) uses the findings to form part of the intelligence used to monitor the performance of the Trust.

PLACE is about being open and honest, making a point-in-time assessment, against set criteria. Un-announced assessments for PLACE were carried out in both clinical and non-clinical areas of all Trust sites between September and December 2022. The inspections were undertaken by teams of public volunteers (Assessors) facilitated by Trust staff members (Facilitators). The assessments are not reflective of the whole Trust, but provide a framework for assessing quality against common guidelines and standards in order to quantify our facility's cleanliness, food and hydration provision, the extent to which the provision of care with dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

### Analysis

The PLACE 2022 programme was heavily impacted by the Covid-19 pandemic therefore should not be compared with earlier years including 2019. However since 2019 maintenance and improvement works continued Trust wide and has been reflected in the 2022 scores.

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These scores will be used as a benchmark for future years and is a good platform in reaching the Trust's aim of Outstanding (See Figure 1).

For the last PLACE programme there was an 18% reduction of Trusts participating in the assessments. This was due to the pandemic and the rise in respiratory illness and influenza. Positively BTHFT agreed to participate with support from infection prevention and control.

Nationally the 2022 results have been encouraging and overall the highest national average domain score was cleanliness at 98.0%. Across all of the assessed domains, Bradford Teaching Hospitals Foundation Trust has seen improvement. The highest overall average domain score between all the sites was cleanliness at 97.5%. Privacy, dignity and well-being peaked at 86% which is a vast improvement.

Whilst there has been good progress with all domains in the PLACE assessment, it is noted that there are key areas where progress can be improved. This is indicated by our lower scores in areas such as Dementia and Disability, which will be the focus this year. It is also worth noting in the previous report it is stated '*We continue to perform below the average scores reported locally.*' However we equal and in some domains scored above the average scores of local acute Trusts which are commendable (see Figure 2).

In order to ensure a continuation of improvement, an internal program called PLACE-lite has been re-formed with internal staff from clinical and non-clinical areas in association with Estates and Facilities staff. The PLACE-lite program will regularly assess wards and report their findings to senior ward managers.

Estates and Facilities project team has allocated budget (which has been spent on corridor rails to date) to make necessary improvements to flooring and hand rails for our most vulnerable patients following the results from PLACE assessments. There is budget remaining to support PLACE improvement.

Further detailed analysis and commentary is included in the body of this report.

### Recommendation

The Academy are asked to note:

- The contents of the report. An improvement plan is being developed to monitor specific actions and review through PLACE-lite.
- PLACE-lite will be conducted in all areas of Bradford Teaching Hospitals NHS Foundation Trust throughout the year and across all the domains involved, with more of a focus on BRI and St Luke's Hospital (see Figure 3).
- To facilitate the completion of the assessments, investment is required from the Trust to make improvements in certain areas in order to optimise scores. 2023/24 will require capital funding to reach our aim of Outstanding. There is funding in place and identified to continue to be used to support PLACE improvements. There is no additional ask at this time. This will be reviewed for 2024/25.

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| Risk assessment   |              |         |          |      |             |        |
|---|--------------|---------|----------|------|-------------|--------|
| Strategic Objective   | Appetite (G) |         |          |      |             |        |
|   | Avoid        | Minimal | Cautious | Open | Seek        | Mature |
| To provide outstanding care for our patients, delivered with kindness   |              |         | g        |      |             |        |
| To deliver our financial plan and key performance targets   |              |         | g        |      |             |        |
| To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion  |              |         |          |      | g           |        |
| To be a continually learning organisation and recognised as leaders in research, education and innovation   |              |         |          | g    |             |        |
| To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals   |              |         |          |      | g           |        |
| <i>The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i> | Low          |         | Moderate | High | Significant |        |
|   | Risk (*)     |         |          |      |             |        |
| <b>Explanation of variance from Board of Directors</b>  |              |         |          |      |             |        |
| <b>Agreed General risk appetite (G)</b>   |              |         |          |      |             |        |

| Benchmarking implications (see section 4 for details)   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| Is there Model Hospital data relevant to the content of this paper?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there any other national benchmarking data relevant to the content of this paper?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Risk Implications (see section 5 for details)                          | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| High Level Risk Register and / or Board Assurance Framework Amendments | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Quality implications   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Resource implications  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Legal/regulatory implications  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Equality Diversity and Inclusion implications                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Performance Implications   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

| Regulation, Legislation and Compliance relevance  |
|---|
| <b>NHS England: (please tick those that are relevant)</b>   |
| <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework<br><input type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual |
| <b>Care Quality Commission Domain: Safe</b>   |
| <b>Care Quality Commission Fundamental Standard: Premises &amp; Equipment</b>   |
| <b>NHS England Effective Use of Resources: Clinical Services</b>  |
| <b>Other (please state):</b>  |

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| <b>Relevance to other Board of Director's academies: (please select all that apply)</b> |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| People  | Quality & Patient Safety            | Finance & Performance    | Other (please state)     |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| <b>1</b> | <b>PURPOSE/ AIM</b> |
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The aim of this report is to provide a high level evaluation of the 2022 Patient Led Assessments of the Care Environment (PLACE) scores for Bradford Teaching Hospitals NHS Foundation Trust, and provide recommended actions to improve our scores.

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| <b>2</b> | <b>BACKGROUND/CONTEXT</b> |
|----------|---------------------------|

Patient Led Assessments of the Care Environment (PLACE) is a voluntary self-assessment of the care environment, which contribute to health delivered in the NHS and Independent/ Private Healthcare sector in England. PLACE aims to promote the principles established by the NHS Constitution, that focus on the areas that matters to patients, families and carers; committing to ensure that services are provided in a clean and safe environment that is fit for purpose. The findings and scores are used by the CQC to form part of their assessment of the services that we provide.

The areas assessed are categorised under the following Domains:

- Cleanliness.
- Food and Hydration.
- Organisational Food.
- Ward Food.
- 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).

Unannounced inspections were carried out at Bradford Royal Infirmary, St Luke's Hospital and the Community Hospital sites between September and December 2022. Assessments included wards, outpatient areas, Accident and Emergency Department (AED), communal and external areas.

The number of areas to be assessed is clearly defined in the guidance and on all sites; the assessments met or exceeded these requirements. The PLACE scores are weighted in a number

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of ways to take account of a range of variables (such as the size of the site defined by the number of beds).

The guidance aims to make scoring consistent and as objective as possible; however there are subjective elements to the process which cannot be entirely eliminated (such as food tasting).

PLACE assessments are intended to provide motivation and direction for improvement by providing a clear message - directly from patients - about how our environments and the services we provide might be enhanced. Results are published to help drive improvements locally and nationally. The assessment focuses exclusively on the environment in which care is delivered and does not cover clinical care provision.

### 3 PROPOSAL

In this section of the report, the PLACE data (collated and distributed by NHS Digital) has been scrutinised and developed into several informative charts.

**Figure 1: BTHFT scores 2022.**

| Domain  | 2022 score | 2018 score | % improvement |
|---|------------|------------|---------------|
| Cleanliness Score %                           | 98%        | 97%        | ↑ 0.9%        |
| Food and Hydration Score %                    | 93%        | 85%        | ↑ 8.0%        |
| Organisational Food Score %                   | 89%        | 89%        | ↑ 0.0%        |
| Ward Food Score %                             | 96%        | 84%        | ↑ 12.0%       |
| Privacy, Dignity and Wellbeing Score %        | 86%        | 76%        | ↑ 10.0%       |
| Condition, Appearance and Maintenance Score % | 95%        | 90%        | ↑ 5.0%        |
| Dementia Score %                              | 84%        | 76%        | ↑ 8.0%        |
| Disability Score %                            | 82%        | 76%        | ↑ 6.0%        |

Figure 1

The above scores (Figure 1) shows, at a glance; the scores obtained for each domain in both 2022 and 2018.

Although it is not recommended to compare years, the Academy should note the continuous improvements made demonstrated by the percentage difference column.

This demonstrates an excellent result in terms of the enhancement work completed in our care environments and the ownership shown by wards and departments in maintaining our sites in good order.

It also demonstrates the additional work and significant effort and commitment made by our staff during an unprecedented time with the Covid-19 pandemic.

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**Figure 2: Scores in comparison to Yorkshire and Humber Acute Trusts.**

| Domain  | CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST | HARROGATE AND DISTRICT NHS FOUNDATION TRUST | HULL UNIVERSITY TEACHING HOSPITAL NHS TRUST | LEEDS TEACHING HOSPITALS NHS TRUST | YORK AND SCARBOROUGH NHS FOUNDATION TRUST | BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST |
|---|--|---|---|------------------------------------|---|--|
| Cleanliness Score %                           | 99%  | 99%   | 99%   | 100%                               | 93%                                       | 98%  |
| Food and Hydration Score %                    | 92%  | 78%   | 94%   | 97%                                | 80%                                       | 93%  |
| Organisational Food Score %                   | 88%  | 76%   | 97%   | 96%                                | 90%                                       | 89%  |
| Ward Food Score %                             | 94%  | 83%   | 94%   | 98%                                | 73%                                       | 96%  |
| Privacy, Dignity and Wellbeing Score %        | 92%  | 80%   | 89%   | 94%                                | 74%                                       | 86%  |
| Condition, Appearance and Maintenance Score % | 97%  | 98%   | 98%   | 100%                               | 94%                                       | 95%  |
| Dementia Score %                              | 83%  | 72%   | 77%   | 91%                                | 74%                                       | 84%  |
| Disability Score %                            | 81%  | 74%   | 78%   | 91%                                | 73%                                       | 82%  |

Figure 2

The above scores (Figure 2) are a snapshot of how we compare with other local acute Trusts within the Yorkshire and Humber Region.

However, it is interesting to note in our lower scoring areas such as Dementia and Disability we are performing better than most local Trusts, second only to Leeds Teaching Hospital Foundation NHS Trust.

A full and detailed review of the precise scores obtained in the inspected departments is underway and will form an integral part of the PLACE-lite Action Plan for 2023. The Place-lite action plan will begin in July 2023 and will cover three areas a month. The PLACE-lite team will discuss with the nurse in charge any findings and record on the database. The team will include staff from Estates and Facilities, nurses, the quality team and patient experience team and the dementia lead nurse. Updates and feedback will be provided through the PLACE steering group and Patient Experience Group.

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**Figure 3: BTHFT sites 2023.**

| Domain  | Bradford Royal Infirmary | St Luke's | Westwood Park | Westbourne Green Community |
|---|--------------------------|-----------|---------------|----------------------------|
| Cleanliness Score %                           | 95%                      | 96%       | 99%           | 100%                       |
| Food and Hydration Score %                    | 89%                      | 92%       | 95%           | 94%                        |
| Organisational Food Score %                   | 85%                      | 88%       | 91%           | 92%                        |
| Ward Food Score %                             | 89%                      | 92%       | 95%           | 94%                        |
| Privacy, Dignity and Wellbeing Score %        | 86%                      | 80%       | 94%           | 83%                        |
| Condition, Appearance and Maintenance Score % | 93%                      | 96%       | 93%           | 99%                        |
| Dementia Score %                              | 80%                      | 86%       | 83%           | 86%                        |
| Disability Score %                            | 81%                      | 82%       | 81%           | 85%                        |

Figure 3

The Trust has improved its scores and demonstrates improvement in its performance in all domains. To focus in on areas that require more attention, you will see from the chart above (Figure 3) the acute areas of our hospital have scored lower than our community hospitals. This provides more clarity on where we focus our efforts and any funding that may be available.

A renewed focus on Dementia will be incorporated in the improvements across all sites. The Patient and Public Involvement team will work closely with Estates and Facilities on projects that should positively affect the scores around Disability. There is a new dementia lead nurse in post, who has been working with estates and facilities to advise on dementia friendly aspects of recent improvements to our clinical areas, including the introduction of bed graphics on F5/F6 and the forthcoming memory lane corridor. Feedback is actively sought from individuals with dementia to form part of our improvement plan. There is a current focus on improving the experience for those with dementia and their carers while they use our services, exploring how we can improve our pledge to the John's campaign and support our carers. The aim for this is to support meaningful activity between the person, their carer/relatives and staff. There is also a review of our catering options to be able to provide access to food and drink for carers. There continues to be a refocus post pandemic on improving and relaunching initiatives that are already in place to improve the experience of the patient, such as the forget me not tool kit and the red bag campaign.

It should be recognised that areas of both Bradford Royal Infirmary and St Luke's Hospital in particular have specific challenges, such as the age, design and original purpose of the buildings, which can limit the ability to meet specific criteria of the PLACE assessment in full or in part. It is positive to note first impressions on wards that have had recent investment had scoring as 'very confident' in the areas of very welcoming, clean and modern equipment.

In general it should be noted that local and national average scores are derived from all site types represented in the data, including small specialist services such as Hospices, Independent and Private sites delivering NHS services, Mental Health and Community providers, as well as Acute Trusts of all sizes.



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## Next Steps

In order to ensure that we continue to improve our scores as a Trust, we will endeavour to assess areas and identify any areas of improvements from “quick-wins” with minimal or no cost through to areas which will require significant capital investment, through the PLACE improvement plan.

This improvement plan will be reviewed and approved by the PLACE Steering Group and each action will have a designated lead along with assigned start dates and completion dates. The Improvement Plan is a working document and will be updated regularly to provide assurance to the PLACE Steering Group that the outcomes are being achieved.

A bi-monthly report will be provided at the Patient Experience Group (chaired by the Deputy Chief Nurse) and its content and progress noted. It is important that the Action Plan has ownership through all levels of the Trust and that its implementation is supported by all.

## 4 BENCHMARKING IMPLICATIONS

Included in the report Figure 2.

## 5 RISK ASSESSMENT

There is no risk related to PLACE. This will continue to be reviewed through the steering group and Patient Experience Group.

## 6 RECOMMENDATIONS

The Academy is asked to note that:

- The contents of the report. An improvement plan is being developed to monitor specific actions and review through PLACE-lite.
- PLACE-lite will be conducted in all areas of Bradford Teaching Hospitals NHS Foundation Trust throughout the year and across all the domains involved, with more of a focus on BRI and St Luke’s hospitals (see Figure 3).
- To facilitate the completion of the assessments, investment is required from the Trust to make improvements in certain areas in order to optimise scores. 2023/24 will require capital funding to reach our aim of Outstanding. There is funding in place and identified to continue to be used to support PLACE improvements. There is no additional ask at this time. This will be reviewed for 2024/25.

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| <b>7</b> | <b>Appendices</b> |
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Appendix 1 - The National Report for Patient-Led Assessments of the Care Environment in England published on 23 March 2023 can be found here:

[Patient-Led Assessments of the Care Environment \(PLACE\), 2022 - England - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk/patient-led-assessments-of-the-care-environment-place-2022-england-ndrs)

The link provides a summary, key facts and resources that can be used to provide in-depth scrutiny of the data for each and every care establishment in England that has participated in the PLACE Assessments in 2022.