



healthwatch York

Consistency and Confidence in Patient Led Assessments of the Care Environment



February 2015

Contents

Consistency and Confidence in Patient Led Assessments of the Care Environment	3
Introduction.....	3
Why is Healthwatch York looking at PLACE?	5
How has the PLACE experience been for volunteers locally?.....	6
Before the visit.....	6
Pre Visit Briefings	6
Leading the visit	6
Listening to PLACE Volunteers	7
After the visit.....	8
Raising concerns elsewhere.....	8
Official PLACE results for Hospitals in York	9
Recommendations	11
References	12

Consistency and Confidence in Patient Led Assessments of the Care Environment

Introduction

The purpose of this report is to highlight the role of Patient Led Assessments of the Care Environment (PLACE), and how we can improve the PLACE process to give more consistency and confidence to those involved and the wider public.

In April 2013 NHS England introduced PLACE, a new system for assessing the quality of the patient environment. These are yearly assessments, which apply to hospitals, hospices and day treatment centres that provide NHS funded care. They give local people the chance to enter hospitals as part of a team. They look at how the environment supports patient care. They look at privacy, dignity, food, cleanliness and general building maintenance. The reports do not look at clinical standards (medical care), or at how competent members of staff are.

The results of these reports are openly published, showing how hospitals are performing nationally and locally.

In NHS England's guidance and information for PLACE Assessors they state that;

“Good environments matter. A clean environment is the foundation for lower infection rates. Good food promotes recovery and improves the patient experience. High standards of privacy promote patient dignity. Good maintenance and décor support a safe and comfortable stay. ... Patient-led assessments of the care environment (PLACE) help organisations understand how well they are meeting the needs of their patients. They identify where improvements can be made. They take place across all hospitals, hospices and independent treatment centres providing NHS-funded care. They use information from patient assessors to report how well a site / organisation is performing – in terms of national standards and against other similar sites / organisations.”ⁱ

PLACE looks at:

- How clean the environments are
- The condition, inside and outside, of the building(s), fixtures and fittings

- How well the building meets the needs of those who use it, for example through signs and car parking facilities
- The quality and availability of food and drinks
- How well the environment supports people's privacy and dignityⁱⁱ

We believe that PLACE assessments are a valuable opportunity for interested members of the public. It gives a chance for the patient voice to be heard. Visits bring members of staff together with members of the public. They allow staff to see their place of work afresh. But from the feedback we've received, we think more could be done to guarantee public confidence in the process, and provide consistency across organisations.

Why is Healthwatch York looking at PLACE?

Healthwatch York is already involved in PLACE Assessments. As identified in NHS England guidance to hospitals, “The first route to identify patient representation should always be through local Healthwatch, who have the right to join any PLACE assessments.”ⁱⁱⁱ Healthwatch York is proud to be able to support members of the public to get involved in these assessments.

We put forward volunteers for the PLACE assessments in 2013 and 2014. The organisations who requested volunteers were York Teaching Hospital NHS Foundation Trust, Nuffield Health York Hospital, and Leeds & York Partnership NHS Foundation Trust. Last year, our volunteers requested a debriefing session with us, and have asked us to make recommendations to improve the process.

This report is not intended to raise concerns about any one provider in York. The aim is to highlight ways in which we can improve transparency, confidence and consistency in the process overall. We believe this can be done best by working effectively together.

How has the PLACE experience been for volunteers locally?

Healthwatch York, as requested, asked for volunteers to take part in the PLACE Assessments for local providers. Three of our regular volunteers took up the opportunity. These volunteers collectively conducted visits arranged by three different providers. They subsequently requested a meeting with us, to discuss the PLACE process.

At the meeting, they shared a number of concerns about the process. Most importantly, they felt that the experience overall had been very different depending on the provider's approach and the staff involved. These varied from feeling they'd had a really great day where their involvement was fully supported and appreciated, to feeling that the process was a tick box exercise that would fail to bring any changes to services.

Before the visit

There were differences in pre-visit training. This included differences in how organisations arranged and notified volunteers of training. Our volunteers felt that local Healthwatch could support the training of volunteers. This would reduce the administrative burden on local hospitals and provide greater consistency. It could also encourage volunteers found through other routes to get more involved in local Healthwatch activity.

Pre Visit Briefings

The standard of pre visit briefing varied. Volunteers emphasised that where there is a gap between initial training and the visit, the pre briefing is particularly important. It provides an opportunity to remind volunteers of the ways in which they can record their concerns. It also helps remind volunteers how their feedback is used. At one location, the whole team went into the pre visit briefing - volunteers remarked that this was useful for building a sense of teamwork. Staff were not involved in pre visit briefings at all sites.

Leading the visit

Although the guidance from NHS England suggests teams should collectively choose a team leader, our volunteers reported that they had only been on staff-led visits. In one organisation, they reported that although they "did not choose the team leader, they had confidence that they would be okay" because the staff member listened, wrote down

their comments, and explained clearly how they could use the patient assessment summary sheet to add any further details or note any concerns they had to make sure nothing was missed.

Another provider appeared to use the same staff member for every visit. There was some concern over this approach. Volunteers felt that this meant they were involved in a 'led' assessment rather than a 'patient-led' one. The person leading the visits appeared to be involved in ordering food, and was proud of some changes they'd made. They were therefore unwilling to listen to concerns raised about the food provided. Volunteers reported making lots of comments which they insisted be written down, but they lacked confidence that these would be reflected in the report / action plan.

For another site, volunteers reported that it was not clear how teams were selected, or who should lead the visit.

A challenge was raised about the role of hospital governors in PLACE. Lay assessors agreed they were happy for them to be involved as part of the team, but not as a 'lay' representative. This is because as a governor they may be aware of other matters or agendas that could impact on the neutrality of their 'lay' voice. Whilst aware that all volunteers may have a conflict of interest in undertaking the role, there was a feeling this was more likely to be a problem for governors.

Listening to PLACE Volunteers

Our volunteers reported differences in how their comments were received and recorded. For example, they went on one visit where the staff member accompanying them discouraged them from recording concerns with statements like;

"it's a busy time"

"you are lucky there's only a shoe on the floor"

This led one volunteer to reflect that their comments were felt to be trivial and unwanted by the staff leading the team, and so would make no difference to the quality of care provided. They stated that if they felt they could not make a difference, they wouldn't choose to be involved in the future.

On another visit, volunteers noted a similar reluctance to record their comments. Volunteers reported making lots of comments which they insisted be written down, but they lacked confidence that these would be reflected in the report / action plan. For example, at one location there was a chair in front of the fire exit. The volunteer was concerned about this, and raised the matter 3 times. The team leader dismissed their concerns. On a visit to a different location within the same organisation our volunteer found a fire exit had been blocked by a delivery.

At another location, the volunteers picked up issues around the choice of foods available. They noted a lack of protein options as the breakfast offer was cereal or toast. One assessor suggested providing eggs for those following a less carbohydrate based diet but their comment was ignored.

Volunteers felt that there was a clear role for the leader in helping to facilitate discussions. They felt this was important to allow groups to air comments and concerns, before agreeing to a consensus based score.

After the visit

Volunteers felt that to provide reassurance at the end of a PLACE assessment, the visit leader should overwrite the report in pen. Volunteers were happy overall with the scoring system but felt that providers should listen to and record comments that help give the context. Volunteers felt clearly that the scoring was not consistent across the different sites. At one site, patient assessors reported that they were not left alone for completing their feedback sheet, despite the guidance stating that they should be. The staff member insisted on sitting with them.^{IV}

Raising concerns elsewhere

Volunteers were not clear about the ability to raise concerns elsewhere, either by escalating concerns direct with providers or outside the organisation. They felt it would be helpful to include this information within the pre-visit briefing, at the beginning of each assessment visit. They wanted clear information about when and how to flag issues to both the Health and Social Care Information Centre (HSCIC) and the Care Quality Commission.

Official PLACE results for Hospitals in York

Organisation Name	Site Name	Site Type	Cleanliness	Food Overall	Ward Food	Organisation Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
Nuffield Health	Nuffield Health York Hospital	Acute	98.63%	96.46 %	100.00 %	94.97%	92.31%	95.51%

Organisation Name	Site Name	Site Type	Cleanliness	Food Overall	Ward Food	Organisation Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
York Teaching Hospital NHS Foundation Trust	York Hospital	Acute	99.89%	79.62%	79.35%	80.93%	89.49%	96.15%
York Teaching Hospital NHS Foundation Trust	Archways Intermediate Care Unit	Acute	100.00%	91.03%	94.77%	86.80%	79.41%	92.39%
York Teaching Hospital NHS Foundation Trust	Whitecross Court	Acute	99.72%	92.04%	93.94%	89.73%	77.27%	92.86%
York Teaching Hospital NHS Foundation Trust	St Helen's	Acute	100.00%	90.25%	95.15%	84.28%	82.26%	98.05%

Organisation Name	Site Name	Site Type	Cleanliness	Food Overall	Ward Food	Organisation Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
Leeds & York Partnership NHS Foundation Trust	Lime Trees	General Acute & Mental Health/ Learning Disabilities	99.07%	93.67%	98.65%	89.82%	77.87%	85.48%
Leeds & York Partnership NHS Foundation Trust	Acomb Garth	Mental Health only	98.42%	94.07%	100.00%	88.68%	73.56%	84.17%
Leeds & York Partnership NHS Foundation Trust	Bootham Park Hospital	Mental Health only	99.63%	93.23%	100.00%	87.07%	94.07%	92.54%
Leeds & York Partnership NHS Foundation Trust	Clifton House	Mental Health only	99.47%	91.33%	96.43%	88.17%	94.25%	87.06%
Leeds & York Partnership NHS Foundation Trust	Meadowfields Community Unit	Mental Health only	98.64%	94.71%	100.00%	88.02%	80.17%	89.68%
Leeds & York Partnership NHS Foundation Trust	Peppermill Court	Mental Health only	99.62%	90.81%	94.87%	87.29%	87.35%	94.17%

Recommendations

Recommendation	Recommended to
<p>Consider ways of improving confidence in the process, both with volunteers undertaking PLACE visits and with the wider public. This could include considering the role of commissioners within PLACE teams, giving clear guidance on potential conflicts of interest for Governors when acting as PLACE volunteers, and expanding the role of Local Healthwatch organisations to support volunteers undertaking PLACE visits, working with HWE to provide a standard training package for volunteers. This could be provided within a joint training session across all local providers to improve consistency</p>	<p>NHS England, Department of Health, Healthwatch England, LHW</p>
<p>Provide all PLACE assessors with copies of the action plans for places they have visited. Provide copies to LHW. This helps reassure PLACE assessors that their comments and feedback are taken on board</p>	<p>All providers</p>
<p>Use a team of staff to support PLACE assessments so that no one staff member has too great an influence over the process</p>	<p>All providers</p>
<p>Develop an annual timetable for PLACE to show what happens when. Use LHW to book lay assessors into PLACE visit slots. Direct all local volunteers interested in taking part to their LHW organisation.</p>	<p>NHS England / All providers</p>
<p>Consider ways to widen the pool of volunteers used within PLACE assessments, to increase awareness of the programme, and to make sure recruitment is open, transparent and involves people from across the whole local community. This may require targeted recruitment and consideration of how to meet any access requirements.</p>	<p>NHS England, LHW.</p>

References

ⁱ <http://www.england.nhs.uk/wp-content/uploads/2014/01/place-patients-1.pdf>, slightly edited for shorter sentence length.

ⁱⁱ <http://www.england.nhs.uk/wp-content/uploads/2013/02/place-recruit-pa.pdf>, pg 4

ⁱⁱⁱ <http://www.england.nhs.uk/wp-content/uploads/2013/02/place-recruit-pa.pdf>, pg 6

^{iv} <http://www.england.nhs.uk/wp-content/uploads/2015/01/place-guid-info-assessors-jan15.pdf>, pg 7