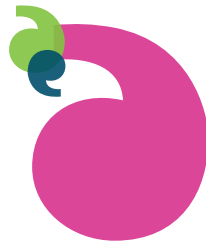


Patient Led Assessment of the Care Environment  
2015(PLACE)



Healthwatch Hertfordshire's experience of participating  
in PLACE with 6 NHS Trusts and their Recommendations  
for PLACE visits in 2016

## ● About PLACE

Patient-Led Assessments of the Care Environment are a self-assessment of a range of non-clinical services which contribute to the environment in hospitals, hospices and independent organisations providing NHS-funded care in England.

The assessments look at cleanliness, the condition of the buildings, how well the buildings meets the needs of those who use it e.g. signage, car parking, the availability and quality of food and drink and how well privacy and dignity is supported by the environment. This year a new strand was added that looked at how ‘dementia friendly’ the environment of each organisation was for patients with dementia.

This type of assessment was introduced in April 2013 and it is carried out annually. The aim is to focus on what patients say matter and they are undertaken by a combination (at least 50% of the team) of patients, the public and other bodies with an interest in healthcare such as Healthwatch in partnership with the NHS Trust staff using a range of criteria to identify how well the trust is performing and identifying areas for improvement.

Visits generally start at the beginning of March and end at the end of May with NHS Trusts being given a time frame as to when a site visit must be completed by. Results from these audits are logged onto a national database which is then analysed and fed back to the Trusts and the public (see HSIC - Health and Social Care Information Centre<sup>1</sup>) in August.

Guidance on how to conduct PLACE assessments and how to involve and train patient assessors is available but it is up to the individual Trusts as to how they use it.

Healthwatch Hertfordshire has been involved from the beginning in the PLACE audits and has continued to support PLACE with the NHS Trusts in Hertfordshire and 2 Trusts outside of Hertfordshire where services are commissioned for a significant number of Hertfordshire residents.

## ● Healthwatch Hertfordshire’s Role in PLACE in 2015

This is the second year that Healthwatch Hertfordshire (HwH) has formally written a report about the experiences of the HwH volunteers in the PLACE audits. Following our recommendation in the 2014 report, HwH approached The Princess Alexandra Hospital regarding taking part in their PLACE assessment in 2015 and this was accepted.

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<sup>1</sup> <http://www.hscic.gov.uk/searchcatalogue?productid=15336&q=title%3a%22Patient-Led+Assessments+of+the+Care+Environment%22&sort=Most+recent&size=10&page=1#top>

HwH therefore supported the following 6 NHS Trusts with their PLACE visits which started in March 2015 and finished at the beginning of June 2015:

- Hertfordshire Community NHS Trust (HCT)
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East and North Hertfordshire NHS Trust (ENHT)
- West Hertfordshire Hospitals NHS Trust (WHHT)
- Royal Free London NHS Foundation Trust -Barnet and Chase Farm Hospitals (RFL)
- The Princess Alexandra Hospital NHS Trust (PAHT)

HCT and HPFT have multiple sites where they deliver care and are undertaking PLACE visits constantly during the 3 month period whereas the acute trusts (ENHT, WHHT, RFL) may only have 2 or 3 assessments in the same time frame.

The aim for HwH has been to have at least one HwH representative on the visits acting as an independent observer utilising our trained Enter and View representatives as much as possible. Visits which are to mental health units are more sensitive and require less volunteers per visit due to their size compared to an acute hospital Trust. Mental health site visits benefit from having assessors with experience or an understanding of mental health.

HwH hopes that this method can ensure a level of transparency and clarity of assessments across the Trusts used by Hertfordshire residents and that other patient assessors on the visits feel supported to give full and honest feedback.

The table below shows where HwH representatives conducted PLACE assessments in 2015:

Site and Trust		Number of HwH Assessors Involved
Watford General Hospital	WHHT	7
Hemel Hempstead Hospital	WHHT	4
St Albans City Hospital	WHHT	3
Lister Hospital	ENHT	3
Mount Vernon (Cancer services)	ENHT	2
The Princess Alexandra Hospital	PAH	1
Barnet Hospital	RFH	2
Langley House	HCT	2
Danesbury	HCT	2
Herts and Essex	HCT	2
Potters Bar	HCT	4
St Peters ward, Hemel	HCT	2
Queen Victoria Memorial	HCT	2
Runcie ward, St Albans	HCT	2
Gossoms End	HCT	2

Hampdon House	HPFT	1
Gainsford House	HPFT	1
Thumbswood Mother and Baby	HPFT	2
Eric Shepherd unit	HPFT	1
Warren Court	HPFT	1
The Stewarts	HPFT	1
Logandene	HPFT	2
The Meadows	HPFT	2
Forest House	HPFT	1
Victoria Court	HPFT	1
Elizabeth Court	HPFT	1
Prospect House	HPFT	1
Beech ward	HPFT	1

There were a total of 28 visits where at least one HwH representative was present. ENHT also held a 'post PLACE' assessment in September which we also had a representative on.

We invited our volunteers to give feedback on their experiences at each of the Trusts and added it to the HwH Board and Executive team members involved to produce observations and recommendations on the PLACE process.

## ● Pre Assessment Planning and Training

Following the sharing of our 2014 report with all the Trusts, communication before the PLACE visits was much improved which was welcomed. This certainly meant that organising and preparing volunteers ran more smoothly.

However training varied considerably from trust to trust and needs a complete re-think. Sessions varied from a PowerPoint presentation to a practical 'taster' session (good practice). Having a patient assessor talk about what it's like on a PLACE assessment and to take you through a typical session was a good technique used by one trust, especially if trusts don't have the space for practical demonstrations.

Many of the patient assessors have been part of the PLACE assessments not just for several years but with a number of different trusts and PLACE training 'fatigue' has set in. Consideration needs to be given to ensuring that experienced assessors are 'refreshed' as to what is expected of them and introduced to any new elements or changes to the process. Unless a trust has a very good reason, one session should be sufficient training for all trusts that the volunteer may be involved in. The briefing on the day can be used for site specific information though trusts should not expect future plans for the environment (however interesting) to be taken into account when scoring on the day.

Conversely some of the NHS staff have not had enough information to allow them to support the process effectively and to understand the role of the patient assessors.

## ● The Assessments

How the assessments and day is organised can depend on the size and nature of the organisation. What HwH wanted to ensure was that assessments were fair and transparent and that everyone's view was taken into account.

One acute trust allowed teams to choose where they went and for the patient assessor to be the scribe which ensured independence but could at times be chaotic. Other trusts provided a scribe to record all comments which allowed more freedom for the patient assessors to observe. HwH felt that comments were accurately recorded where this method was used. Volunteers were reassured where staff read back what had been discussed. However it was important that patient assessors were left alone to complete the final review.

In the acute trusts, volunteers said it was important that the right team leader was chosen. It was suggested that potential team leaders were identified earlier and briefed before the visits.

HwH felt that having key staff e.g. an infection control nurse as part of the teams, aided the process but that it was important that they understood PLACE and what it was trying to achieve. Staff need to accept that comments are not personal criticisms of their work as this can get in the way of meaningful feedback.

Food tasting at one acute was haphazard and a number of scores were missed on the day. However when HwH pointed this out, the trust immediately worked with HwH to rectify the situation and ensured that the process was correct for the other visits which was welcomed.

As the paperwork is quite repetitive and the work is tiring, having teams that either did a morning or afternoon session rather than a whole day was seen as good practice.

## ● Post Assessment

Good practice was demonstrated by some trusts in the way that they had evidently analysed the potential results before publication in order to draw up and start implementing action plans.

One trust in particular met with HwH to go through the results site by site with a comparison to the previous year to identify key areas for improvement. This approach was welcomed by HwH as it not only demonstrated the importance that the Trust puts on PLACE but also acknowledges the work of volunteers and staff in the process to improve the patient experience.

## ● Conclusion

The PLACE assessments that HwH were part of were well organised with good communication between the trusts and HwH without exception. Representatives felt listened to and that their feedback was accurately recorded. If any issues arose during

the assessments, the trust leads acted swiftly and ensured that any learning was incorporated in future visits.

The PLACE assessments can be an intensive experience for staff and volunteers and in particular for the trust team responsible for carrying them out. It is important that all staff support the process and see the assessments as a way of highlighting areas that will improve the patient experience.

Many of the points we raised last year are still valid. HwH still feels that as there does not appear to be a consistent approach to the PLACE process across the country that the position on the league table is not necessarily an accurate reflection of performance. Rather the investigations as to what the scores mean, why there may be a drop in standards and the ensuing action plans are what will improve the patient experience and what the Trust Boards and commissioners should focus on. HwH needs to be assured that clear priorities are set and supported by the Trust Board particularly where there is a lack of funding to achieve all the identified actions.

## ● Recommendations

<p><b>Training</b></p>	<p>The training of patient assessors and staff still needs to be improved and planned. Generic PowerPoint presentations give little insight into what is involved for new assessors.</p> <p>Senior members of staff in each unit as well as the staff taking part need to understand the aims of PLACE and the patient role in the process so that they can disseminate information to their teams.</p> <p>Some thought also needs to be given as to how to ‘refresh’ experienced volunteers and those that cannot attend the training day but could be involved on the PLACE day. For example online resources, customised packs, peer support (matching up new volunteers with experienced volunteers).</p> <p>Consider joint training initiatives with other trusts in the county.</p>
<p><b>Pre - assessment</b></p>	<p>Key personnel need to meet with HwH representatives in good time to discuss how they work together to ensure an effective and open PLACE assessment.</p>

	<p>To prepare volunteers, provide a comprehensive pack including instructions on parking (provide passes/arrange transport where appropriate), accessibility, what the day will look like, site information (map) and samples of the questionnaires.</p> <p>Large acute hospitals may need to think about how they ensure teams do not get exhausted by having separate sessions to cover the hospital.</p>
<b>Assessment Day</b>	<p>A clear briefing at the beginning of the day so that everyone knows what team they are in, timings of the day, where they are going and their responsibilities. This is essential for large acute hospitals.</p> <p>Ensure team leads are briefed and supported.</p> <p>A time to de-brief at the end is especially important to bring everyone back together and allow volunteers to reflect on what they have seen and to provide the overall comments for the trust.</p>
<b>Post assessment</b>	<p>Early analysis of results before publication is recommended.</p> <p>Meet with HwH to share analysis of the assessments and the action plans resulting from them so that HwH can be assured that improvements will be made year on year.</p>