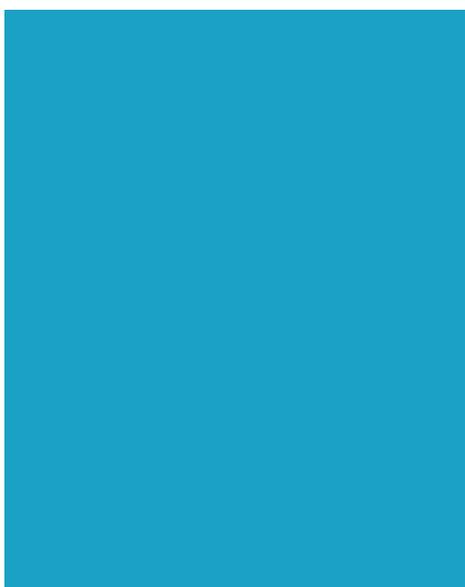


**Patient-led assessments
of the care environment**
Guidance and information
for patient assessors



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Foreword

Good environments matter. A clean hospital is the foundation for lower infection rates, whilst good food promotes recovery and improves the patient experience. High standards of privacy promote patient dignity, whilst good maintenance and décor support a safe and comfortable stay.

But good environments don't just happen. Without the efforts of all staff, the benefits of cleanliness, good food, privacy and proper maintenance may be lost.

Patient-led assessments of the care environment (PLACE) help organisations understand how well they are meeting the needs of their patients, and identify where improvements can be made. They take place across all hospitals, hospices and independent treatment centres providing NHS-funded care and use information gleaned directly from patient assessors to report how well a hospital is performing – in terms of national standards and against other similar hospitals.

This guidance document explains how patients are involved in the assessments and offers advice and guidance to those who choose to become patient assessors.

The role of patient assessor is an important one. It needs people who can be objective and unbiased, and who do not let themselves get sidetracked. It needs a clear commitment to quality and to viewing the hospital environment in its widest sense. Most of all, it needs people who are determined to help providers of NHS-funded care to improve, and who are prepared to make their voices heard in a constructive and supportive way.

Your NHS needs you. If we do not listen to patients, we will not be able to deliver the best experience possible of NHS care. By providing a patient's-eye view of the buildings and food your hospital offers, you are helping to make it better for yourself, your family and all other patients.



Introduction

The Department of Health and the NHS Commissioning Board recommend that all hospitals, hospices and independent treatment centres providing NHS-funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings. These assessments are referred to as patient-led assessments of the care environment (PLACE). They look 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; and
- how well the environment protects people's privacy and dignity.

The assessments apply to all hospitals of all types. This includes acute, specialist, children's, mental health, learning disabilities, community hospitals, and independent hospitals that provide NHS-funded care. The assessments also apply to hospices and independent treatment centres.

Assessments are carried out every year by people who use the hospital – patients,

relatives, carers, friends, patient advocates, volunteers or trust membership and trust Governors – supported by hospital staff. The assessment will be organised by a member of the hospital staff known as the assessment manager, but the patients' voice is the one that matters most.

The purpose of this document is to set out in clear and simple terms what qualities and experience are required to be a patient assessor, what carrying out PLACE assessments means, why you might want to join in, and how to get involved. Further guidance specific to your hospital will be provided locally.

PLACE is an annual snapshot that gives hospitals a clear picture of how their environment is seen by those using it, and how they can improve it.

PLACE assessments only look at the buildings and related non-clinical services like catering. The quality of care and all the other things that go to make up a good experience are dealt with elsewhere, for example local Healthwatch's "enter and view" assessments, or the Care Quality Commission's surveys and monitoring processes.



Experience, knowledge and skills

You do not need any specific knowledge of healthcare to take part in a PLACE assessment. However, there are a few things to think about before becoming a patient assessor, and these are set out below. This is to make sure that the process works as well as it can do for all concerned – the assessor, the patients, the staff and the hospital management.

Experience

- Some recent personal experience of hospital in-patient care is useful, although it is not essential. This could be as a patient, relative, carers, friend, patient advocate, volunteer or trust membership and trust Governor. You will be called a patient assessor even if you are not a patient yourself.
- You should not act as a patient assessor if you are employed (or have been employed within the last two years) by the organisation you are assessing. In this case you may be on the team as a staff assessor, or you may be a patient assessor for other organisations.
- Age is no barrier to being a patient assessor. It can be particularly helpful to have input from children and young people for paediatric areas. Older people make up the majority of the adult in-patient population, so should ideally be well-represented in the PLACE team.

Knowledge

- Patient assessors do not require any particular technical expertise or knowledge. What you need is the ability to understand and apply simple guidance, together with a common-sense, unbiased and practical approach.

Skills

- Patient assessors need to be able to gather information in a variety of ways, following a clearly defined checklist. You will need to be able to:
 - communicate clearly with people;
 - listen actively and encourage people to talk about the hospital building and its services;
 - be objective when assessing or gathering evidence;
 - participate in discussions;
 - present a point of view clearly but reasonably;
 - be open to the views of others; and
 - contribute to a brief summary statement of what you saw.

Physical abilities

- Assessing a hospital can be very tiring. If you are not physically fit, the hospital should be able to make adjustments for this – perhaps by involving you in just a part of the assessment, or by providing a wheelchair.
- If you have a disability, there may be parts of the assessment you cannot contribute to, but this does not mean you cannot be involved. If you are partially-sighted, for instance, your input will be particularly helpful in assessing how easy it is to find your way around the hospital.
- You will also need to be able to manage time and travel in getting to hospitals in the local area (the hospital may provide help with this).

Involvement

How does it work?

PLACE patient assessors are volunteers who are appointed by local Healthwatch or approached directly by the hospital.

You may be asked to participate in one or more assessments. Assessments can last from two to six hours on any day, depending on the size of the hospital. In very large hospitals, an assessment might run over more than one day. You may be asked to carry out just part of an assessment.

You will help the team to agree a score for a number of things including cleanliness, décor, the quality and taste of food, and how the privacy and dignity of patients is provided for. You will not be asked to make any judgements about how well clinical staff are doing their job, although if you see something that causes you concern you will be expected to draw attention to it either straight away or at the end of the assessment. You will reach your own views about the scores to be applied, and these will contribute to overall judgements that the team will make.

You will be able to talk to the assessment manager, who will explain how your work will fit into the wider assessment of the performance of the hospital.

The key stages of an assessment are:

- **planning** for the assessment;
- **agreeing on the day** who will do what;
- **undertaking** the assessment;
- **discussing** your findings with other team members;
- **preparing or contributing to** a short summary statement of what you have seen;
- **completing** the patient summary assessment sheet.

The hospital will then send the results to the Health and Social Care Information Centre (HSCIC). You will not be involved in this step.

As a patient assessor, you will always be accompanied by a staff assessor whilst you are in the patient areas. You will have the chance to talk to other patient assessors on your own at the end of the assessment.



The table below shows how patient assessors are usually involved:

When?	What?	Where?	How long?
Before the assessment	<ul style="list-style-type: none"> • Reading through the assessment form and guidance so you know what you will be looking at and how the scoring system works • Undertaking training the hospital or local Healthwatch provides 	<p>At home or in a training session</p> <p>At the hospital or local Healthwatch</p>	<p>1–2 hours (you only need to do this once, no matter how many assessments you do)</p> <p>Time to be determined by the hospital or local Healthwatch</p>
On the day (before the assessment begins)	<ul style="list-style-type: none"> • Meeting with the rest of the team • Receiving a short briefing from the assessment manager and agreeing who will do what. Some hospitals are very big, and responsibility for specific areas is shared between separate teams 	At the hospital	30 minutes
During the assessment	<ul style="list-style-type: none"> • Carrying out the assessment • Noting down things you want to remember as you go • Agreeing a score for each area with the rest of the team 	At the hospital	2–6 hours approx
After the assessment	<ul style="list-style-type: none"> • Meeting with other patient assessors to answer some patient only questions • Completing the patient summary assessment sheet • Meeting with the full team to resolve any difficulties and agree scores that require joint input • Agreeing a short summary statement 	At the hospital	30 minutes to one hour – usually included in the times above

Joining the assessment team

Once you have agreed to be a patient assessor, the hospital will contact you approximately six weeks before the planned date of the assessment. If you are not able to take part on that day you can say so, but once you have agreed to join the assessment you should make every effort to do so. Late withdrawal will cause inconvenience to others and may result in the assessment being postponed. Of course, if you have any symptoms that might suggest an infectious illness (especially with vomiting and diarrhoea), you should not attend. Please inform the hospital as soon as possible in this situation.

Things to do before the assessment

The hospital or support organisation will provide you with a copy of the assessment form and the guidance that goes with it. If you wish to, you can get these documents for yourself from the Health and Social Care Information Centre website. You can read these papers at home – this should not take more than two hours. If you have any questions, you should contact your assessment manager.

The papers tell you what you will be looking at and how the scoring system works. In general, you will work with other members of the team to decide on such things as whether something (for example a floor or toilet) is clean, or whether something is in good condition (such as furniture, decorations). Extra guidance will be provided to help you make these judgements.

The hospital or local Healthwatch will provide training for all patient assessors, either on a date before the assessment, or on the actual day of the assessment. It is recommended that you attend the training, as it will give you the opportunity to meet the other staff and patient assessors, and learn about the process and what is expected of you on the day.

Things to do on the day

Your first task will be to agree a lead assessor, who will co-ordinate the production of the final report. This may be a staff or patient assessor. You will then agree amongst yourselves which areas of the hospital you will be looking at. The assessment manager will be able to help you, but where there is a choice (for example if just a sample of wards is being assessed), the final decision should be discussed with you.



For most hospitals, the team will split up into smaller teams to make sure everything is covered. One person in each team will be appointed as team leader, and they will record the final agreed scores for each area. You will have a staff assessor with you at all times.

You will then visit the designated ward, department or other area of the hospital, looking at each relevant item. You should make sure you see enough of each to get a clear picture, but you do not need to check every single item. You should take care not to disrupt the normal activity of the ward, although you should be able to speak to staff and patients if you wish.

Remember that the hospital is looking for your opinion. This is not a patient survey, so when you talk to patients, you should do so in order to form your own opinion. As a general rule, you should only ask patients about those things that you cannot judge for yourself. So, for instance, you might ask: Do you always get the food you ordered?, rather than Do you think this locker is clean? Take care not to disrupt the care of patients. Do not enter bedrooms or bathrooms without permission (unless they are empty) and do not ask patients personal questions about their medical condition or care.

When speaking to patients always introduce yourself as part of an assessment team, stressing that you are there to represent the interests of current and future patients.

Have your ID badge issued by the hospital with you at all times.

You will need to follow the hospital's instructions about what to do in an emergency, for instance if there is a fire, or a cardiac arrest. Sometimes, the team may need to break off an assessment and come back later, if there is a clinical emergency.

Before you leave the ward, the team will spend a few minutes agreeing the score(s) to be awarded before moving on to the next part of the hospital. This means that if there are any disagreements you can return to the area or item and have another look. The team leader should then complete just one form per ward or department on behalf of you all.

This 'score as you go' approach means you should not need to write much down, but you may take notes if you wish. This will be especially useful if you see something that is not part of the assessment but which you want to mention at the end.



You do not need to assess every single item to make a judgement. Just make sure you assess a reasonable amount.

Ask yourself; “**Have I seen enough to be sure it’s clean enough?**”

Assessing the food services

You may be asked to taste the food and judge its quality. Every dish must be tasted by several people, but you do not need to taste each one yourself. For instance, if you are vegetarian, you would not want to taste the meat dishes, but it would be wrong to say they do not taste good. In this case, you would base your judgement solely on the vegetarian options. You should take care not to let any personal preferences overrule the general quality – for example, you may prefer white bread, but you would still be able to say whether a brown bread sandwich was fresh and well-prepared.

What to do if you see a problem

During the assessment, you may see something that is not covered by PLACE, but that you want to draw attention to. Usually this is best done direct with the ward staff or assessment manager. Although unlikely, it is possible that during a PLACE assessment you may see something which is of very serious concern. This may be something that should be acted on very quickly. For example, you may hear about or observe abuse. If this happens and if you feel that this is something that should be reported beyond the hospital management, you can contact the Care Quality Commission (CQC).

To do this you should call the Care Quality Commission 03000 616161 number and select Option 2 for safeguarding. This will put you through to the safety escalation team. The National Care Standards Commission will record your information and notify the relevant member of staff to deal with this, who may then contact you.

The role of the Care Quality Commission

The Care Quality Commission is the independent regulator of all health and social care services in England. Their job is to make sure that care provided by hospitals, dentists,

ambulances, care homes and services in people’s own homes and elsewhere meets essential standards of quality and safety. They put the views, experiences, health and wellbeing of people who use services at the centre of their work, and have a range of powers they can use to take action if people are receiving poor care.

After the assessment

Some questions are specifically written for patient assessors only to answer. This is to make sure that the patient voice is strong and clear.

At the end of the assessment, patient assessors will meet alone to answer the questions that relate only to you and complete one patient assessment summary sheet. You will need to discuss your answers, resolve any difficulties, and agree the wording of a short summary statement. It is very unusual to find serious disagreements. You will need to agree amongst you which patient assessor will sign the patient assessment summary sheet on behalf of you all.

Your name will never appear in any published document or information.

The patient assessors will also make recommendations for improvement. Clearly, these must be reasonable and achievable – it would be unrealistic, for example, to suggest that the hospital needs to be completely rebuilt before the next assessment. Recommendations work best when they are specific and measurable – for example:

- Provide a hot option with the evening meal;
- Replace bed curtains with longer ones;
- Replace worn-out flooring in out-patients corridor.

After the assessment, you should hand your patient assessment summary sheet to the assessment manager. They will submit your comments along with the final results of the assessment through an online system.

The patient assessment summary sheet also asks you to confirm that you feel the visit has

been handled properly and your views have been listened to. If you have any concerns, you should say so here. However, you can also contact the Health and Social Care Information Centre. If you find you do need to get in touch, please state clearly the hospital where the assessment took place and be as clear as possible about what happened to make you need to write about it.

Publication of results

Once the results are submitted, they are analysed and weighted according to a standard procedure. This is done by the Health and Social Care Information Centre. The hospital will receive their final results and will have a chance to plan their response to your suggestions. They will then publish the results and their improvement plan on their website. The hospital will contact you when they are publishing their results and improvement plan.

The national results are published by the Health and Social Care Information Centre on their website later in the year.

How the information is used

PLACE information is used by a range of public bodies such as the Care Quality Commission, the NHS Commissioning Board, the Department of Health, local clinical commissioning groups and local Healthwatch. All the results will be published by the Health and Social Care Information Centre and will be publicly available.

How to get involved

Each hospital recruits its own patient assessors. They will start with local Healthwatch, but they will also use patients from other sources. If you want to be involved, you should contact your local Healthwatch or patient involvement team at your local hospital. Alternatively, the hospital's volunteer co-ordinator should be able to help.

Conclusion

The role of patient assessor is an important one.

It needs people who can be objective and unbiased, and who do not let themselves get sidetracked. It needs a clear commitment to quality and to viewing the hospital environment in its widest sense. Most of all, it needs people who are determined to help the NHS to improve, and who are prepared to make their voices heard in a constructive and supportive way.

If, at the end of the assessment, there are still any issues that you did not feel were properly dealt with or that you were unable to reach an agreement on, you can report this by sending an email to place@ic.nhs.uk or by writing to
PLACE TEAM
HEALTH AND SOCIAL CARE
INFORMATION CENTRE
TREVELYAN SQUARE
LEEDS LS1 6AE



Q&A

Will I get paid?

Hospitals will normally cover travel expenses and/or provide free parking, and provide refreshments. This may be just tea and coffee for a short assessment, but if the assessment is a long one you would normally be offered a light meal. Depending on their policy, some trusts pay a small honorarium.

Will I have to have a Criminal Records Bureau (CRB) check?

The Government stated its intention in May 2010 to scale back the Vetting and Barring Scheme and the criminal records regime to more proportionate and 'common sense' levels. Whilst some patient assessors may already have CRB checks (for example local Healthwatch members who undertake 'enter and view' activities), it is unlikely that CRB checks will be needed for the majority of patient assessors. However, the final decision on this rests with the hospital, who may choose to seek a standard CRB check. Patient assessors are not eligible for enhanced CRB checks.

What if I see something that is clearly wrong, but that is not part of the PLACE assessment?

You should report any concerns immediately to the assessment manager and to the person

in charge of the ward or department you are assessing. Usually, this will be sufficient, but if you are concerned that this will not be enough, there is a place on the form for you to make a written report. If you see something that is of great concern, you may wish to contact the Care Quality Commission.

What if I disagree with the Staff Assessors?

Most times, the assessors all agree, because the questions are mainly factual (for example a toilet either looks clean or it doesn't). There is detailed guidance to help you understand the questions so that everyone judges things in the same way.

Generally speaking, at least 50 per cent of the assessors on the team will be patients. You will have a chance to talk to the other patient assessors without the staff assessors there, so you can check whether you all feel the same.

Most importantly, at the end of the assessment you will be asked to confirm that you agree with the overall summary result. If you do not agree, you should make it clear at that stage.