

PLACE 2023 Final Update

1. Introduction

This report is intended to give an update on the remaining action plan items logged from PLACE 2023 and is the final report before PLACE 2024 commences.

It is part of the three-report annual cycle that will be expanded to four once the 2024 programme starts. The next report will be a pre-start report in September, followed by another in December to cover the closure of the assessment window and initial findings, after that in April the Final report will be published showing the progress of works against the action plan and ELFT's results in relation to the national picture.

PLACE 2024 will be the first PLACE programme carried out by ELFT to be fully led by the Estates People Participation Lead. As a result, some changes have been made to address gaps and thus some shortcomings in the reporting below for the 2023 assessments.

2. Executive Summary

Of the 812 actions logged, 48 are still in progress and 9 are marked as held due to either being covered in projects awaiting a start date or funding. 755 are completed or closed.

As PLACE 2024 commences, these actions will be archived and logged again. The new action plan has improved status options so Estates can report more accurately on the outcome of the job and ensure a faster response from contractor partners.

There are some organisation questions that are still to be address such as Access Audits and that is being looked at by the Estates Team this year.

3. Timeline

The below is the updated outline timeline from the previous report date and covering a complete cycle and until this pre-start report is issued at the earlier date of 1st August.

| Action | Due | By Whom |
|--|----------|--|
| PLACE 2024 | | |
| EPPL start presenting to and recruiting service users | 30/04/24 | Gari Belasco |
| Review current action plan & closure report with service users | 31/05/24 | Gari Belasco |
| SU co-production of training and programme | 31/07/24 | Gari Belasco |
| SU training sessions & mock assessments | 21/08/24 | Gari Belasco with support from ELFT Area Facilities Managers |
| Service Provider / Contractor Briefing | 31/08/24 | Adam Fahn |

| | | |
|--|----------|---|
| Assessment window opens | 02/09/24 | ELFT Staff & Service Users |
| Assessment window closes | 22/11/24 | |
| Review of assessments and entry to NHSE portal | 22/11/24 | Gari Belasco & Adam Fahn |
| Ward de-briefs | 12/12/24 | Adam Fahn & Clinical Leads |
| Contractor de-briefs | 12/12/24 | Adam Fahn, NHS Trusts / PFI providers & Contractors |
| PLACE 2024 Pre-Start Report | 01/09/24 | Adam Fahn |
| PLACE 2024 ASSESSMENT CLOSURE REPORT | 13/12/24 | Adam Fahn |
| PLACE 2024 NATIONAL PICTURE REPORT | 30/04/25 | Adam Fahn |
| PLACE 2024 FULL CLOSURE REPORT | 31/07/25 | Adam Fahn |
| PLACE 2025 READINESS REPORT | 15/08/25 | Adam Fahn |

4. Results and Key Findings

A lot has been learned as ELFT continues to develop the PLACE programme and deliver it with integrity of scores and respect of service user input. Improvements are already in place for the 2024 assessments in terms of the days allocated to each site, the order in which sites are assessed, and the way in which data beyond the scores are collated and managed.

Items on the action log not closed have been discussed in the risk register meetings and a PLACE Assurance Group has been created. This group meets quarterly and includes the EPPL, Assistant Director of Estates – Facilities Management as the PLACE leads, as well the Director, and Deputy Director of Estates. The group review progress on the action log and is required to approve and actions not progressed. A couple of examples of items held larger signage projects for dementia friendly environments and building fabric projects that are managed by the project team.

Estates have also clarified with clinical leads which wards may take dementia patients and as a result are expecting an increase in scores under that domain this year, but do acknowledge there are some shortcomings expected to show in the scoring. Estates will be working on a signage audit and upgrade plan in 2024/2025.

It is believed that some of the items still showing as in progress are actually completed as part of larger works on site but this cannot be confirmed until the assessments in 2024 as the action plan was taken from service user comments and were not always collated or edited to allow adequate tracking.

This is something that is being changed for 2024 so every action can be tracked to completion. Some cannot be completed until a new signage audit takes place and additional budget is made available. The Action plan remains on file and where possible comments are still looked at and taken in to account when planning works.

4.1. ELFT and National Scores

As a reminder, the 2023 scores are below. Scores with a light orange background in the table below are those below the ELFT average (mean). Those in bold are the lowest ELFT site score in that domain. Food domain includes data from Org Food and Ward Food domains and is a weighted score. As an exception the two lowest Ward Food domains are bold as they are close to each other and clear outliers.

| Site Name | CLN ⁽¹⁾ | Food ⁽²⁾ | Org Food ⁽³⁾ | Ward Food ⁽⁴⁾ | PDW ⁽⁵⁾ | CAM ⁽⁶⁾ | DEM ⁽⁷⁾ | DIS ⁽⁸⁾ |
|-------------------------------|--------------------|---------------------|-------------------------|--------------------------|--------------------|--------------------|--------------------|--------------------|
| ELFT Average | 95.72% | 85.01% | 89.71% | 78.90% | 94.57% | 93.41% | 86.92% | 85.13% |
| National Average | 98.10% | 90.90% | 91.20% | 91.00% | 87.50% | 95.90% | 82.50% | 84.30% |
| Homerton | 94.10% | 75.00% | 91.15% | 56.10% | 97.33% | 90.18% | 80.00% | 69.35% |
| Cedar House / Fountains Court | 99.48% | 85.06% | 89.76% | 82.84% | 95.16% | 97.83% | 94.03% | 88.28% |
| Townsend Court | 96.61% | 89.82% | 88.19% | 90.59% | 92.06% | 97.83% | 92.45% | 90.58% |
| Calnwood Court | 97.68% | 94.63% | 87.67% | 96.03% | 93.10% | 98.08% | 90.00% | 89.91% |
| NCfMH | 87.81% | 83.63% | 79.76% | 88.89% | 93.81% | 78.68% | N/A | 77.27% |
| JHC | 96.64% | 77.81% | 95.66% | 55.26% | 93.83% | 95.50% | N/A | 89.42% |
| Mile End | 99.47% | 91.32% | 97.40% | 85.11% | 95.45% | 98.54% | 85.07% | 86.84% |
| WH | 98.07% | 91.57% | 93.71% | 89.02% | 95.83% | 99.63% | N/A | 94.19% |
| EHCC | 97.99% | 85.65% | 76.22% | 96.43% | 93.83% | 95.76% | 91.20% | 91.01% |
| Oakley Court | 96.26% | 94.05% | 92.19% | 94.95% | 92.06% | 96.99% | N/A | 90.43% |

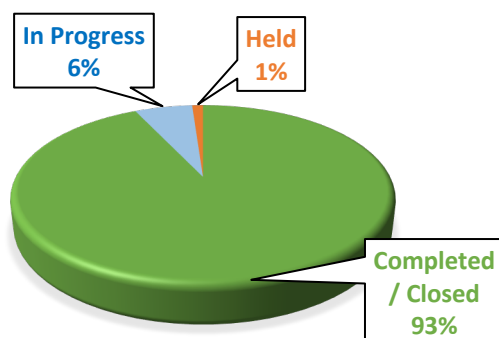
- (1) Cleanliness (how clean the environments are)
- (2) An overall score for Food services, including quality, availability and choice.
- (3) Organisation Food (the management of food provision such as food safety, menu choices and display etc.)
- (4) Ward food (scores from the food tasting and presentation etc.)
- (5) Privacy, Dignity and Wellbeing*
- (6) Condition, Appearance and Maintenance (the condition of the building and how well it meets the needs of those using it)
- (7) Dementia (how well the environment supports people with dementia)
- (8) Disability (how well the environment supports people with a disability)

| Year | CLN ⁽¹⁾ | Food ⁽²⁾ | Org Food ⁽³⁾ | Ward Food ⁽⁴⁾ | PDW ⁽⁵⁾ | CAM ⁽⁶⁾ | DEM ⁽⁷⁾ | DIS ⁽⁸⁾ |
|-----------------------------|--------------------|---------------------|-------------------------|--------------------------|--------------------|--------------------|--------------------|--------------------|
| 2019 | 97.02% | 86.91% | 90.85% | 82.22% | 93.18% | 90.93% | 97.40% | 89.66% |
| 2022 | 95.56% | 88.97% | 89.14% | 86.45% | 93.75% | 88.87% | 77.91% | 83.71% |
| 2023 | 95.72% | 85.01% | 89.71% | 78.90% | 94.57% | 93.41% | 86.92% | 85.13% |
| ELFT Difference 2023 v 2022 | +0.16% | -3.96% | +0.57% | -7.55% | +0.82% | +4.54% | +9.01% | +1.42% |
| 2019 National Average | 98.62% | 92.51% | 91.37% | 93.67% | 87.52% | 96.38% | 83.47% | 83.92% |
| 2022 National Average | 98.05% | 91.27% | 91.15% | 91.94% | 87.94% | 95.99% | 83.21% | 84.32% |
| 2023 National Average | 98.10% | 90.90% | 91.20% | 91.00% | 87.50% | 95.90% | 82.50% | 84.30% |

5. Combined Action Plan

Status as at 31st July 2024.

| Site | Actions | Held | In Progress | Completed |
|-------------------------------|------------|----------|-------------|------------|
| Homerton | 115 | 0 | 5 | 110 |
| Cedar House / Fountains Court | 38 | 1 | 0 | 37 |
| Townsend Court / Poplars Ward | 51 | 1 | 0 | 50 |
| Calnwood Court | 114 | 2 | 0 | 112 |
| NCfMH | 233 | 1 | 29 | 203 |
| JHC | 51 | 1 | 3 | 47 |
| Mile End | 90 | 2 | 2 | 86 |
| WH | 23 | 1 | 0 | 22 |
| EHCC | 56 | 0 | 9 | 47 |
| Oakley Court | 41 | 0 | 0 | 41 |
| TOTAL | 812 | 9 | 48 | 755 |



5.1. Homerton East Wing (City & Hackney Centre for Mental Health)

Due to Homerton receiving the 2nd highest of actionable items in the action plan and scoring below average in 6 of the 8 domains, in two of which it came bottom for ELFT, an immediate action plan was created and worked on. The below shows the update for items not marked as completed in the previous PLACE 2023 Full Report.

| Homerton East Wing | | | |
|--|---|-------|------------|
| FOOD (including Org Food and Ward Food) | | | |
| Issue / Comments | Update | Owner | Target Due |
| Food not attractively presented on the patient's palate. | Additional training has been provided to ELFT staff but there has been some staff turnover meaning the actual percentage is not known at the time of the report. Estates continues to work with the Borough Lead Nurse and the Borough Director at EAG meetings and PLACE specific reviews and continually monitor this metric, working with ISS as required. | ELFT | Ongoing |
| CLEANLINESS / CONDITION, APPEARANCE and MAINTENANCE | | | |
| Several blocked & filthy toilets were reported on Brett. | There are ongoing challenges being addressed. The ELFT Estates Director is working with the HHFT Estates Director to resolve a number of issues. | HHFT | Ongoing |
| General tidiness scored low with a comment being added about toilets on Brett. | ELFT spent approximately £300k between April and July on additional cleaning as well as fabric works to bring the standards up while discussions around the SLA with HHFT continue. | | |
| Dirty ventilation grills | | | |
| General wear and tear | | | |
| General storage comments on Bevan and Connolly wards. | Both have been decluttered in the meantime but this is a | ELFT | Ongoing |

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| | constant issue that the Borough Director is looking for a solution for including reducing the amount of items stored and working with Estates to find off-site storage. | | |
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5.2. Newham Centre for Mental Health

NCfMH had the highest number of action points logged, and also scored below average in 6 domains. An immediate action plan was created and worked on. This is below.

| Newham Centre for Mental Health | | | |
|--|--|-------|------------|
| FOOD (including Org Food and Ward Food) | | | |
| Issue / Comments | Update | Owner | Target Due |
| Not using a digital ordering system | GFM management are exploring options within the business for a digital ordering system but it is noted that as GFM provide a choice of three meals ordered manually the day before, and this option still scores highly in PLACE, the action is not a failing. | GFM | Ongoing |
| Not having a range of butters/spreads at breakfast (can check this and make improvements) | GFM have assured us that a range of butter and spreads will be available at breakfast, going forward | GFM | Completed |
| Not having anything other than jam for breakfast (yeast spread, marmalade etc. also needed) | GFM have assured us that w range of spreads will be available at breakfast, going forward | GFM | Completed |
| Patients do not choose their meal at the point of service or one meal ahead (lunch and dinner) | Meals are chosen the night before for the following days lunch and dinner. GFM could accommodate point of service choice but due to preparation times this would result in large amount of food wastage and additional logistics costs. Estates will produce a costed feasibility report if the Trust requires this. | GFM | Ongoing |
| Not having 3 hot options (for lunch and for dinner) for patients with special diets (including veggie/vegan) - need at least 3 options to be veggie, 3 to be Halal/Kosher and so on. | There are three Halal hot meals provided daily, two of which are meat options and one vegetarian. Vegan meals can be supplied if requested and is not specified on the menu. The meal where possible will be a vegan version of the vegetarian meal listed for that meal service. Kosher meals are brought in and are selected from a range of at least three at the time of ordering. | GFM | Completed |

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| Fruit not available at Ward level 24 hours a day | Ward leads specify how much they would like the day before, this is as per the contract specification. If none is requested then 3 - 4 portions will be delivered anyway as a courtesy by GFM. | GFM/ELFT | Completed |
| Conflicting answer between being scored as a no for "The earliest dinner service time is 5.30pm; if the meal is served earlier then snacks should be made available to ensure patients do not have long periods to wait between meals." and getting a yes for evening snacks being available - this is something to check closely next year. | As per the contractual agreement GFM service dinner at 5pm, GFM do provide an evening snack making this action complete, GFM would be open to adjusting the 5.30pm service time though this would affect the schedule of the Clinical team onsite. | GFM | Completed |
| There needs to be a range of menus available to meet patient needs e.g. simple and easy to understand. It was assessed as "Font too small and unclear. Difficult to know which week." | GFM have committed to ensuring menus are clear and any changes are made clear to ELFT staff to cascade the information to include menu changes which will be communicated by the GFM Contract Manager in advance to allow adequate notice. | GFM | Completed |
| Patients are not aware of the range of diets / meals available to them | GFM have committed to ensure the ELFT team are aware of the meal and diet options available, ELFT staff then can cascade this information to Service users. | GFM/ELFT | Completed |
| CLEANLINESS / CONDITION, APPEARANCE and MAINTENANCE | | | |
| Ceilings / Ceiling tiles in bedrooms and bathrooms require more cleaning in some areas. Also ventilation grilles. | GFM have implemented a soft service manager (new role) to assist in improvements to the current cleaning standard, regular site walks are being implemented to ensure the standards are improved. Challenges around staffing and retention and problems persist but through close ELFT management the outstanding works were completed. | GFM | Completed |
| Doors and Frames are not always as clean as they should be. | | | |
| Glazing is reports as dirty in many areas. | | | |
| General untidiness around the estate with inappropriate / inadequate storage. | GFM recognises that this has been an issue and have committed to ensuring GFM storage is improved, changes have already been implemented, Ward teams have agreed to identify areas requiring better storage. Although the specific items identified have been addressed, this continues to have the potential to be a problem and is marked as ongoing. | GFM/ELFT | Ongoing |

| | | | |
|---|--|---------|------------|
| Floors missing beading and looking in a poor state in multiple areas. | GFM have recognised this issue and have engaged with their flooring contractor to address a number of highlighted areas, GFM recognises that the lifecycle plan for last year in reference to flooring was deferred and are committed to addressing this on the upcoming lifecycle year. GFM have provided a list of potential areas of flooring to be addressed. These items may be picked up again in this year's assessments. | GFM/IML | 31/12/2024 |
|---|--|---------|------------|

5.3. John Howard Centre Ward Food

A low score in Ward Food with a fresh cook facility was largely due to service delivery. The assessment sheet recorded poor setup with the ward oven to ensure temperatures were correct and also issues around compliance and plating style.

This was addressed with clinical leads and more training has been delivered. Additional training will continue to be offered until all staff are at the required level.

5.4. East Ham Care Centre Org Food

It was previously reports that Org Food covers the management of food provision such as food safety, menu choices and display etc. It is a concern that the EHCC score was so low. The low score appears to be due to the lack of choice and weekly ordering system for meals. This will be addressed with Community Health Partnerships. They are currently retendering for catering services and improvements are expected once this is complete. The Estates team will support CHP and the new contractor in improving patient choice.

CHP have appointed a new contractor in the past 6 weeks or so and they are settling in to the site and making changes. The results will be seen when the 2024 assessments have been completed.

Adam Fahn
Assistant Director of Estates, Facilities Management
23/08/2024