

**Boards in Common Paper G**

<b>Meeting title:</b>	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together				
<b>Date of the meeting:</b>	8 May 2026				
<b>Title:</b>	Patient Led Assessment of the Care Environment (PLACE) 2025				
<b>Report presented by:</b>	Julie Hogg, Chief Nurse, Ben Widdowson, Director of Estates, Facilities and Sustainability				
<b>Report written by:</b>	Sue McLeod, Head of Patient Experience; Preena Jethwa, Performance Manager, Estates and Facilities; Lee Clarke, Soft FM Transformation Manager; Kerry Morgan, Head of Nursing, Estates and Facilities				
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update
<b>Which Group Priorities does this link to</b>	Transform patient care	x	Strengthen our culture		Deliver our financial plan
<b>Where this report has been discussed previously</b>	N/A				

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

Providing assurance on actions already taken, and those planned, following the annual externally led assessment of University Hospitals of Leicester NHS Trust (UHL) against the requirements of the PLACE audit tool.

**Impact assessment**

PLACE assessments were introduced to provide valuable feedback to healthcare providers and to identify opportunities to improve the patient environment. They are undertaken annually and informed by patient-led assessment. Involving patients and the public in the process ensures that the evaluation reflects the perspectives and experiences of our patients, their carers and parents.

Assessment teams must comprise equal representation of patient assessors and Trust multidisciplinary team (MDT) staff. To maintain independence, Trusts cannot plan assessment routes or influence which areas assessors visit. This ensures organisations cannot pre-plan the process or 'mark their own homework'.

PLACE assessments are undertaken in Quarter 3 (Q3), with results published in Quarter 4 (Q4). A senior MDT remains in place to oversee delivery of the improvement actions required for UHL and to ensure changes are implemented and sustained.

## **1. Purpose of the Report**

To provide assurance to the Boards in Common on the outcomes of the Patient Led Assessment of the Care Environment (PLACE) 2025, summarise key themes and risks identified across University Hospitals of Leicester NHS Trust (UHL), and outline the priority improvement actions planned for 2026.

### **1.1 Recommendation**

To note the PLACE feedback for 2025 and our plans for improvement going forward.

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

### BOARD OF DIRECTORS 8 MAY 2026

#### 2. Background and Context

PLACE assessments are undertaken annually and are externally led, with equal representation from patient assessors and Trust colleagues. The process provides independent feedback on the patient environment and experience and evaluates performance across the following domains:

- Cleanliness
- Food (organisation and ward level)
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia-friendly environment
- Disability access

The 2025 assessments were completed in Quarter 3, with results benchmarked against organisational and national averages and published in Quarter 4.

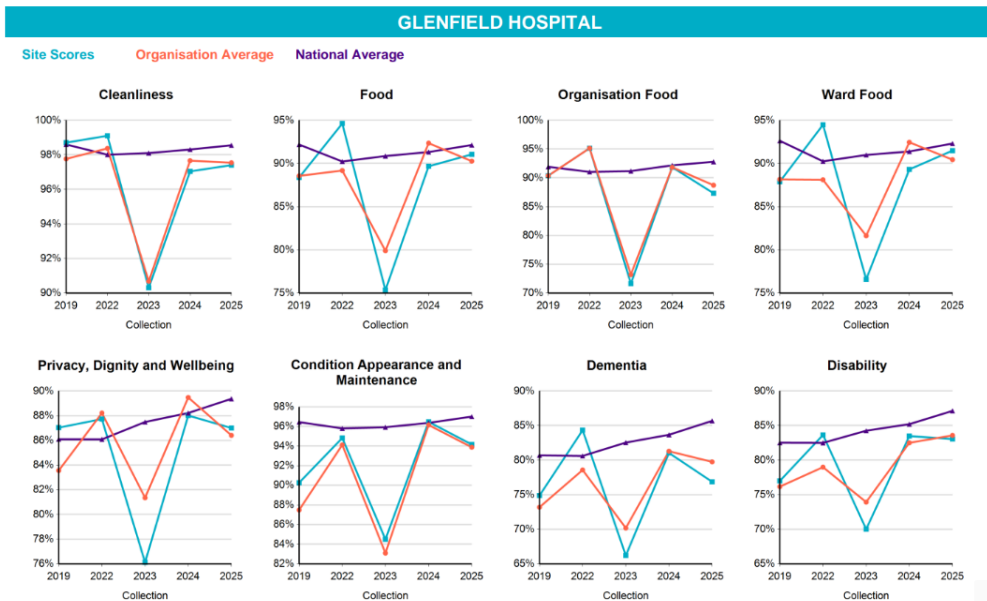
#### 3. Summary

- **Sustained improvement:** has been demonstrated across all three hospital sites compared with earlier PLACE collections.
- **Cleanliness** and **Condition, Appearance and Maintenance:** remain areas of strength, with scores close to or exceeding national averages
- **Food and Nutrition:** performance is stable overall, supported by positive patient feedback on choice and dietary accommodation, although ward-level variability remains.
- **Privacy, Dignity and Wellbeing** continue to show gradual improvement, with some residual inconsistency at ward level.
- **Dementia and Disability:** domains remain the lowest scoring themes across all sites, reflecting known estate and environmental limitations.

The PLACE 2025 results demonstrate consolidation of improvements achieved in recent years, while clearly identifying system-wide risks requiring continued focus and investment.

## 4. Performance by Site

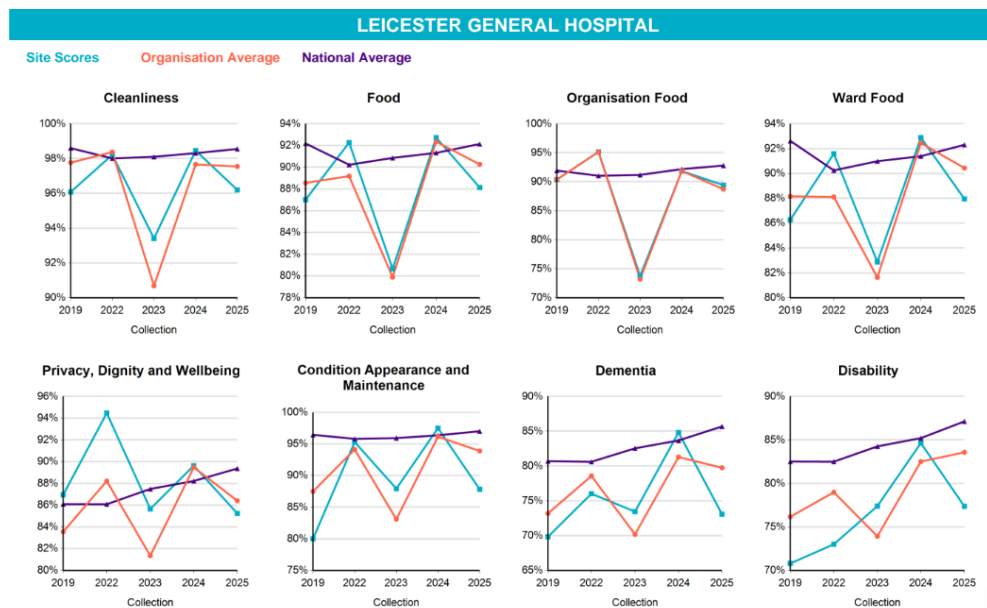
### 4.1 Glenfield Hospital (GH)



#### Overall summary:

- High and stable scores in cleanliness and condition.
- Continued improvement in ward food and organisational food scores.
- Dementia and disability domains show modest improvement but remain below organisational ambition.
- Positive assessor feedback regarding staff engagement and discharge processes.

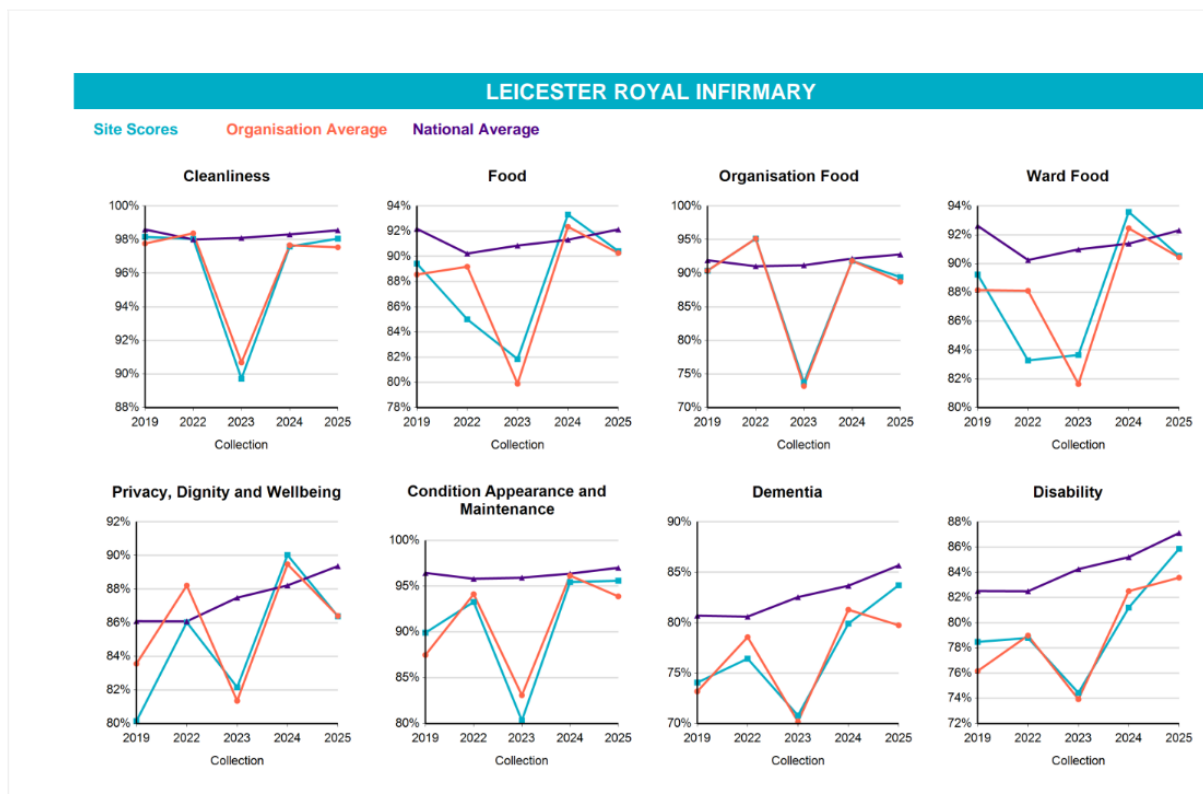
### 4.2 Leicester General Hospital (LGH)



#### Overall summary:

- Sustained improvement in cleanliness and condition, appearance and maintenance.
- Recovery in food scores following previous variability.
- Incremental improvement in privacy and dignity, with isolated issues relating to unattended patient information noted.
- Significant dementia-friendly environment and disability access constraints-linked to the age and layout of the estate.

### 4.3 Leicester Royal Infirmary (LRI)



#### Overall summary:

- Strong performance in cleanliness and food domains.
- Continued upward trend in overall site scores.
- Wayfinding and signage identified as a recurring concern for patients and visitors.
- Variable ward-level performance in privacy, dignity and dementia-supportive design.

## **5. Key Themes Identified**

### **5.1 Ward Areas and Staff**

#### **Strengths:**

- Consistent praise for professionalism, compassion and engagement of nursing, medical and support staff.
- Ward environments generally described as clean and well maintained.
- Positive collaboration with patient assessors during inspections.

#### **Areas for Improvement:**

- Variable staff awareness of PLACE purpose and expectations.
- Isolated incidents of patient information being left unattended.
- Limited availability and consistency of ward-based social and day spaces.

### **5.2 Buildings and Environment**

#### **Strengths:**

- Improved internal and external presentation across all sites.
- Positive perception of Estates responsiveness to reported issues.
- Reduced inappropriate use of corridor spaces to support patient flow and safety.

#### **Areas for Improvement:**

- Wayfinding and signage, particularly at LRI.
- Suitability and availability of communal seating.
- Ongoing backlog maintenance pressures in older estate.

### **5.3 Food and Nutrition**

#### **Strengths:**

- Good patient feedback on menu choice and accommodation of cultural and dietary needs.
- Positive commentary on food quality, portion size and variety overall.
- Evidence of good ward-level practice in meal support in selected clinical areas.

#### **Areas for Improvement:**

- Inconsistency in food quality and temperature at ward level.
- Occasional delays in meal service linked to staffing pressures.
- Presentation issues with specific dishes.

## 6. Risks and Gaps

The PLACE 2025 assessment highlights the following ongoing risks:

- Partial non-compliance with the revised National Cleaning Standards (2025), formally recorded on the Trust Risk Register.
- Dementia-friendly environment deficits, corroborated by other external assessment tools, requiring estate-level solutions
- Limited availability of ward-based social and day rooms, particularly within older people's and emergency care pathways.
- Financial constraints impacting the pace and scope of estate-related improvements.

## 7. Planned Actions and Next Steps (2026)

1. PLACE Lite Programme - commenced in the Children's Hospital in April 2026. Nutrition and Hydration Strategy - A new Trust-wide Nutrition and Hydration Strategy covering patients, colleagues, and visitors is in development. Once ratified, it will ensure full compliance with the NHSE 2022 National Standards for Healthcare Food and Drink.

**Action owner:** Sue Burton: Deputy Chief Nurse: For completion: September 2026

2. Food Safety Committee - A dedicated Food Safety Committee will be established and report to the Health and Safety Committee, with a focus on:
  - Prioritising ward-based staff food safety training
  - Ensuring compliance with Food Safety Regulations
  - Providing assurance to the Local Authority Environmental Health Officer

**Action owner:** Kerry morgan: Head of Nursing : Estates and facilities: September 2026

3. Meal Pathway Mapping - End-to-end process mapping is underway to ensure meals are ordered, delivered, and served in line with patient needs—focusing on quality, timeliness, and choice. This includes improved access to drinks (e.g. squash, milky drinks) and snacks.

**Action owner:** Sue McLeod Head of patient experience: QI colleagues: December 2026

4. Work is ongoing to ensure preparation of patient prior to mealtimes as observations have shown this is not the case, e.g. washing of hands, sitting out for meals and toileting

**Action owner:** Sue McLeod Head of Patient Experience / Head's of Nursing: Ongoing

5. #saferUHL Campaign - The #saferUHL infection prevention campaign will reinforce clear expectations and consistent monitoring of infection prevention practices in clinical areas.

**Action Owner** : Liz Collins: In progress

6. Wayfinding Improvements - A Trust-wide review of wayfinding is in progress, aligned to available financial resources, with the aim of improving patient and visitor navigation across the organisation.

**Action owner:** Ben Widdowson: Director of Estates and Facilities: December 2026

### **Gaps / Risks within the Plan**

We are working towards full compliance with the 2025 National Cleaning Standards, supported by a formal risk assessment and oversight through the Trust Risk Register, ensuring clear executive visibility and assurance. Soft Services are actively transforming service delivery to ensure it is fit for purpose, sustainable and responsive to the needs of patients, staff and the wider UHL organisation. This includes the implementation of a robust and transparent reporting framework, aligned explicitly to the National Cleaning Standards, to support consistent monitoring, escalation and improvement.

A review of catering services has been commissioned to assess how national standards can be adopted effectively, with a clear focus on safety, quality and value for money. This work will be undertaken through a collaborative approach with key clinical and operational stakeholders, ensuring menus are compliant with British Dietetic Association standards, enhance the nutritional quality of the patient experience, and remain financially viable and sustainable.

The dementia component of the audit identified significant and well-evidenced deficits, corroborated by the King's Fund Dementia Audit using the EHE Environmental Assessment Tool. In response, a focused and prioritised action plan will be developed for 2026/27. This will take account of financial constraints while identifying opportunities to deliver meaningful and proportionate improvement.

As part of this approach, the Dementia and Delirium Strategy Group proposes the development of Wards 29 and 30 at LRI as an older people's ward that meets the requirements of the King's Fund Dementia Audit, including the provision of an appropriate wandering pathway. This recognises that some inequity will remain in the short term but provides a clear, staged and deliverable improvement trajectory.

Within older people's wards, day rooms intended for meaningful activity have been recommissioned for their original purpose. A further review is planned to assess the feasibility of reinstating additional spaces that were repurposed during COVID-19 back to their original function, including day rooms within Specialist Medicine and Emergency Department portfolios. This programme of work is expected to contribute to improved PLACE scores in 2026/27, alongside wider benefits to patient experience and dignity.