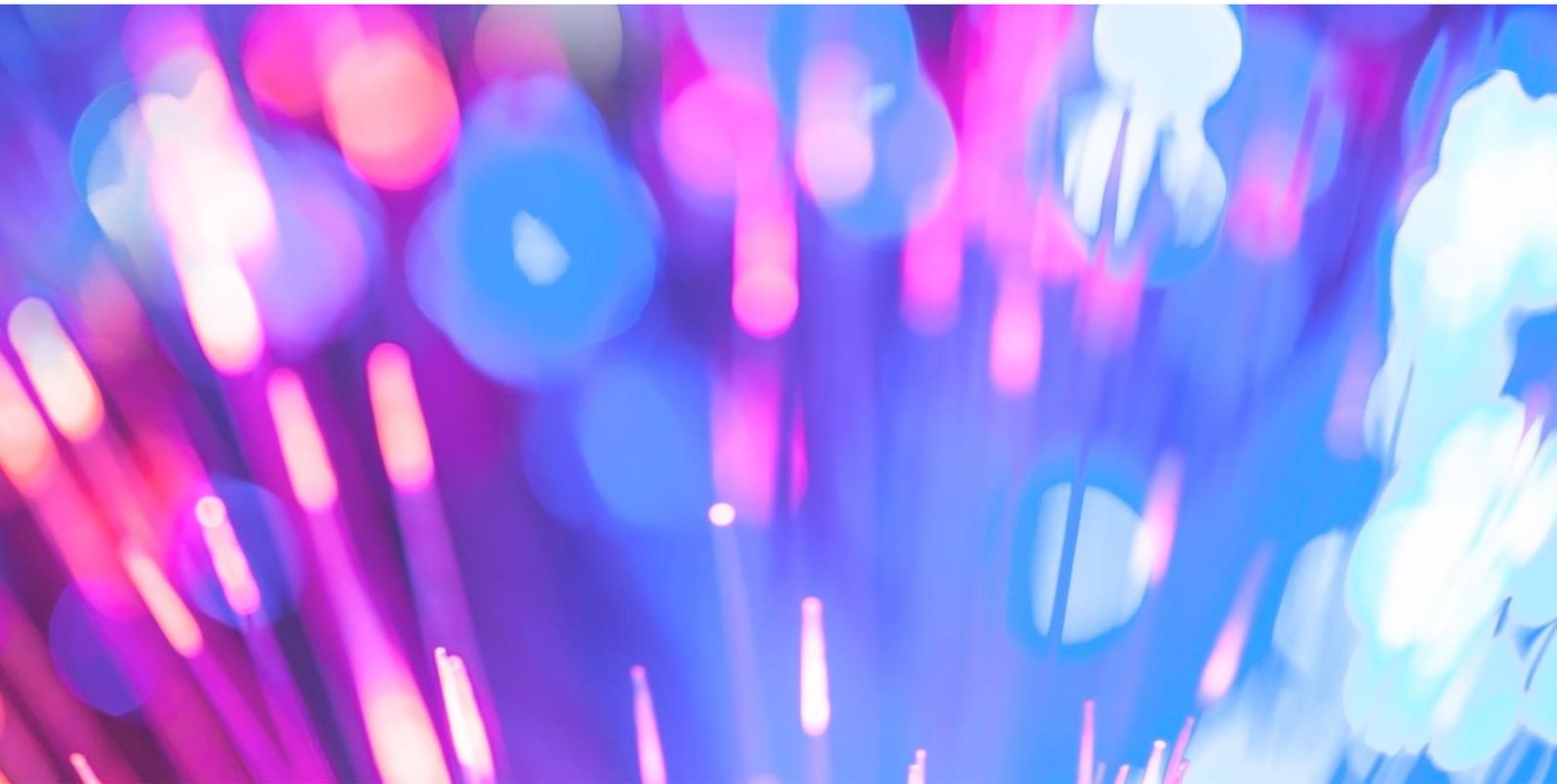


Patient Led Assessments of the Care Environment (PLACE) 2017

Data Quality Report 2017

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Information and technology
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Introduction

This document comprises the data quality report for the 2017 release of annual figures from the Patient Led Assessments of the Care Environment (PLACE) Programme. The statistics included in this release are the latest available figures, based on assessments conducted between March and May 2017.

Results are collected online via the Estates and Facilities Management (EFM) System. Analysis and manipulation in order to present results was carried out using a range of software including MS Excel, MS Power BI, and reporting tools within EFM.

The products included in the release are:

Report (PDF version of MS PowerPoint document)

Data report containing scores at site and organisation level (MS Excel)

Underlying data (csv format) containing all collection data except where information could be used to infer detail about patient assessors.

Metadata – supporting information for csv files (MS Excel)

Interactive report (Power BI) – experimental analysis for feedback and comment

Data quality report (PDF version of MS Word document)

Purpose of document

This data quality report aims to provide users with an evidence based assessment of the quality of the statistical output of the accompanying publication products by reporting against those of the European Statistical System (ESS) quality and related dimensions and principles¹ appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics², particularly Principle 4, Practice 2, which states:

Ensure that Official Statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality.

¹ The original quality dimensions were: Relevance; Accuracy and Reliability; Timeliness and Punctuality; Accessibility and Clarity; and Coherence and Comparability. These are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat included some additional quality principles on: Output Quality Trade-Offs; Users Needs and Perceptions; Performance Cost and Respondent Burden; and Confidentiality, Transparency and Security.

² UKSA Code of Practice for Official Statistics <insert link>

Assessment of Statistics against quality dimensions and principles

Relevance

The scope and content of PLACE assessments was initially determined by the NHS Quality Board and a sub-group of the Board, and through consultations and discussions with patient/public representative bodies and professional organisations. Following completion of the 2016 programme a review was undertaken to seek views from both staff and patient assessors.

Relevance will continue to be monitored through post collection review each year via a voluntary survey issued to staff and patient assessors. All feedback received during the collection process is also considered. Feedback is jointly discussed between NHS Digital and the collection's sponsors (now NHS Improvement) and changes to the process and/or the assessment content is subject to sponsor approval.

Accuracy and Reliability

Accuracy

Owing to the nature of the collection, retrospective validation is not possible. Accuracy of scoring is achieved through the provision of guidance and training to teams undertaking the assessments, but there is an inherent element of judgement involved. Scores must however be agreed between the staff and patient assessors before data are entered onto EFM. Although it is not a requirement of the process, Independent Review (also known as External Validation) is recommended good practice and in 2017 131 sites (11.9%) included this in their assessment. This compares with 178 (13.8%) in 2016.

All data are provided by participating organisations through an online reporting system (the Estates and Facilities Management (EFM) system, or via one of the mobile reporting solutions. All possible responses to each question are provided by a 'drop down' facility and therefore out-of-range responses are not possible. The collection system additionally has internal validation systems which prevent contradictory responses.

Once an organisation has entered and validated all data their provisional result is produced. At this stage further amendments can be made to data, but not once committed.

Final submission of data cannot be completed until all required responses have been entered. Where any data are missing the collection system will highlight this to the person entering data. Data providers are asked to have senior signoff before committing their data, and once committed no changes to data can be made without prior consultation with NHS Digital.

Any alterations after commitment of data can only be made by NHS Digital, and this will only be carried out in exceptional circumstances. Requests to change assessment data are investigated by NHS Digital and are generally required to be accompanied by a written statement from the patient assessors to confirm the change is due to a genuine error.

Known issues

A small number of independent sites provided a response of 'NHS' in the 'NHS or independent fields. We have not corrected this in the data report or in the underlying data, but users of these should bear this in mind if conducting their own analysis, and consider 'cleaning' these values before use.

Reliability

Known issues

-We are aware that there are a small number of discrepancies between the paper PLACE scorecards and the collection system (both EFM and the mobile collection software). In particular, some clarification of questions and some 'not applicable' options were missing from the collection system. It is therefore likely that 2017 scores for some sites will have been affected to a small degree, although regional and national scores are unlikely to be influenced. We will be conducting a full review of collection materials prior to the 2018 collection to ensure that this does not occur again.

-A small number of sites (5) carried out and provided data that counts towards the dementia domain score, but declared on their site information form that they did not accept patients with dementia. It is not possible to determine whether these dementia scores should have been calculated for these sites or not. If not, it is still very unlikely to affect national averages, but should be noted by any users working with the underlying data in this area, but any users working with underlying data in this area should bear this in mind.

The sites were:

Nuffield Health Guildford Hospital (NT216)

BMI Winterbourne Hospital (NT443)

St. Luke's Hospital (RAE05)

Westmorland General Hospital (RTXBW)

Birmingham and Solihull Mental Health NHS Foundation Trust (RXT67)

Timeliness and Punctuality

PLACE data are published within two months of receipt of data, taking into account extended data entry time to allow for various local issues.

Accessibility and Clarity

The PLACE publication report consists of tables, charts and commentary showing the results at England, regional, organisational and site level. Various products are offered to cater for a wide range of users (see [Introduction](#) section). The report is in a new MS PowerPoint format that offers flexibility for presentation of results as well as viewing on a computer or in printed format, and has been redesigned to present results and messages in a clear and meaningful manner.

New also to the 2017 publication is full metadata to support analysts making use of our site and organisation level data or the more granular underlying datasets provided in .csv format.

We have also included some experimental interactive analysis in Power BI format for users who wish to view the PLACE data in a variety of ways. It allows for comparisons on a regional and local basis and incorporates historical data too. Feedback would be welcome in particular on this product.

Coherence and Comparability

Coherence

The number of assessments conducted in 2017 was 1,230, 61 fewer than 2016 (where 1,291 were conducted). However due to organisational changes (e.g. hospital closures, change of purpose, transfer services and sites between providers) and new organisations joining the programme the number of 'new' assessments (i.e. those undertaken at hospitals either not assessed in 2016 or assessed by a different provider) was 79, and 140 sites which undertook assessments in 2016 either did not do so in 2017 or were assessed by another provider.

The PLACE collection is voluntary but is usually completed by all NHS Trusts (1 was unable to complete the 2017 collection in time). The true number of independent/private healthcare providers eligible for the collection is unknown, but 57 provided data in 2017.

Comparability

Minor changes were made to the assessment relating to the following scorecards but none of these are considered to have had any significant impact on the comparability of domains between 2016 and 2017:

- Patient Assessment Summary Sheet
- Organisation and Assessment Details
- Organisational Questions – Facilities
- Organisational Questions - Food
- Communal Areas
- Out-Patient Departments
- Emergency Departments / Minor Injuries Units
- Ward Assessment – Acute and Community, Hospices and Treatment Centres
- Ward Assessment – Mental Health and Learning Disabilities Hospitals

For historical data, the following table details which PLACE collection domains are comparable across reporting years. Where a domain is 'not applicable' it was not present one of the two reporting years being compared.

| | 2013 to 2014 ¹ | 2014 to 2015 ² | 2015 to 2016 ³ | 2016 to 2017 |
|-------------------------------------|---------------------------|---------------------------|---------------------------|--------------|
| Cleanliness | Y | Y | Y | Y |
| Food & Hydration | N | Y | Y | Y |
| Organisational food | N/A | Y – but with caveats | Y | Y |
| Ward food | N/A | N | Y | Y |
| Privacy, Dignity & Wellbeing | N | Y – but with caveats | Y | Y |
| Condition, Appearance & Maintenance | Y | Y – but with caveats | Y | Y |
| Dementia | N/A | N/A | Y | Y |
| Disability | N/A | N/A | N/A | Y |

¹Due to changes in methodology, comparisons between 2013 and 2014 are not possible for the Food and Hydration or the Privacy, Dignity and Wellbeing domains. The organisational element of the food and hydration score was changed to introduce a weighting mechanism which had the overall effect of lowering the national scores. In addition, scores for ward based and organisational food assessments were not produced separately in 2013.

²Minor changes were made to the Privacy, Dignity and Wellbeing domain questions. Although these were not considered to have had a significant effect on comparability, it is advised to treat comparisons with caution because changes were made to the online collection system (the addition of a 'not applicable' option) in order to improve the accuracy of responses. This may have led to a slight reduction in scores. For the Condition, Appearance and Maintenance domain, a new set of questions was introduced around improving accessibility through the installation of handrails and the provision of a variety of seating types and toilets which can accommodate a wheelchair and carer/staff member. The addition of this section is likely to have resulted in a small downward change in the scores and an overall reduction of the national average, so comparisons should again be treated with caution for these reporting years. In the Food and Hydration domain, the tasting component was amended to introduce a weighted aspect to the scoring algorithm and also to increase the range of possible responses from a 3 point to a 5 point scale. This is likely to have led to a downward change in the score for Ward Food, although this will have been balanced by a rise in the Organisational Food domain leading to an overall small reduction in the overall food national average.

³The Disability domain was introduced in 2016. However, with the exception of two questions, this domain is comprised of questions which were already present in the scorecard questions.

Trade-Offs between Output Quality Components

Statistics are released as soon as possible after collection. The formal collection period lasted between March and June and was then further validated before preparing the materials for publication. This included the development of new products (see [Introduction](#)).

Assessment of User Needs and Perceptions

We work closely with our principal stakeholders (Department of Health, then NHS Improvement from 2017) to ensure that data meet the needs of data users. A survey of participating assessors is conducted following collection close, and this is used alongside feedback received during the course of the collection to review the collection and guidance on an annual basis.

Known users of the PLACE data include:

Department of Health

Information from the collection is used to brief Ministers, answer Parliamentary Questions, and provide responses to correspondence and to inform policy decisions around areas such as the patient environment and dementia strategy.

Care Quality Commission

Information from the collection is used in the CQC's Intelligent Monitoring (IM) process. IM is an analysis used to inform the CQC's new inspection programme about which trusts could be prioritised for inspection.

NHS England

Information from the collection is used for a range of purposes including:

- Informing quality improvement programmes, including the daily care environment and nutrition
- Informing compassion in practice implementation in relation to privacy and dignity
- Informing patient engagement work in terms of the level of patient involvement and related processes
- Informing commissioners of best intelligence tools to guide healthcare contract decisions

Healthcare providers

-Healthcare providers use their scores to produce action plans on service improvement which are published locally.

Others

We believe other key users of the statistics will be:

- Ministers and their advisers
- Clinical Commissioning Groups
- Healthcare providers to produce action/improvement plans and for benchmarking purposes
- Students, academics and researchers
- Individual citizens to support choosing their provider of healthcare

Performance Cost and Respondent Burden

The collection exploits online technology in order to reduce the burden on organisations in completing and returning the data. Following a review of the 2015 process changes were made to the assessment process which, whilst they added a slight increase in data entry burden, were designed to speed up the assessment process thereby reducing overall burden.

Providers also have the option of purchasing a mobile solution with which to directly enter data agreed by the assessing team on the day, which saves a significant amount of time entering data onto the online collection system.

The collection was reviewed by the Burden Assessment Advisory Service (BAAS) and approved by the Standardisation Committee on Care Information (SCCI).

Confidentiality, Transparency and Security

There is no person identifiable data (PID) in the PLACE collection, except for some limited detail about patient assessors, which has been removed other than counts of persons participating in each assessment.

Please see links below to relevant NHS Digital policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page):

<http://content.digital.nhs.uk/pubs/calendar>

Freedom of Information Process

<http://content.digital.nhs.uk/foi>

A Guide to Confidentiality in Health and Social Care

<https://digital.nhs.uk/article/1226/A-Guide-to-Confidentiality-in-Health-and-Social-Care->

Privacy and data protection

<http://content.digital.nhs.uk/privacy>