Sodexo Health & Care . Governed First-Outsourcing series

Above the line

How trusts move from the PLACE median to the top decile

White paper 1 of 5 . For NHS Chairs, DoFs and Chief Nurses

30 August 2026

Executive summary

The national PLACE cleanliness average is now 98.6%. Trusts sitting at 96% or below are three percentage points behind the national line and cannot close the gap by working the current model harder. The ceiling is structural. It is set by staffing depth, by the age of the cleanliness regime, and by how visible governance is to the CQC.

This paper argues three things. One. PLACE is not a scorecard. It is a proxy for governance discipline. Two. The trusts that move above the national line have all made the same three shifts. Three. Governed soft-FM outsourcing is the fastest and most auditable way to make those shifts, provided the transfer is designed to protect workforce and provided the contract is written with the National Standards of Healthcare Cleanliness 2025 in the specification.

98.6%	401	+0.3 pts	6
PLACE 2025 national cleanliness average	sites scoring 100% cleanliness in 2025	national increase year on year	PLACE domains assessed

The trusts that move above the national line have made the same three shifts. Staffing depth. A modern cleanliness regime. Visible governance.

1. What PLACE actually measures

PLACE is the Patient-Led Assessment of the Care Environment. It is run annually by NHS England as an official statistic. Teams of local people go into hospitals and score the environment across six domains. Cleanliness.

Food and hydration. Condition, appearance and maintenance. Privacy, dignity and wellbeing. Dementia. Disability.

The 2025 results were published in February 2026. National average cleanliness rose to 98.6%, up from 98.3% in 2024. The number of sites scoring 100% for cleanliness rose from 341 to 401. National average scores rose in every one of the six domains. This is the third consecutive year of sector-wide improvement.

That is the good news. The bad news is that the distribution has tightened at the top. A trust that scored 96.0% in 2025 was below the national average. A trust at 94% was in the bottom quartile. When 401 sites are on 100%, being on 96% is a governance signal, not a cleaning signal.

PLACE is not a cleaning score, it is a governance score

Two things are true about a hospital that scores below the national average for three consecutive years. The staffing model is not delivering the required frequency of clean, and the trust has not moved to the National Standards of Healthcare Cleanliness 2025 regime. Both are governance decisions, not operational failures. Both can be fixed only by a decision the executive makes together.

2. What the top-decile trusts do differently

Three trusts scoring in the top ten for cleanliness in 2025 have published detail on their operating model. Whittington. University Hospitals of North Midlands. Sheffield Teaching Hospitals. Their published reports are different in tone. They are the same in structure.

Trust	Cleanliness 2025	Model shift most-often cited
Whittington	99.64% (up 6.7 points)	Single accountable director for the care environment, weekly assurance walk-round with named ward leads
UHNM Royal Stoke	99.84%	Third year in a row above national, driven by a colleague-recognition programme tied to PLACE and to CQC visits
Sheffield Teaching	Over 98%	Executive-level PLACE governance, published annually to trust board, with named actions and named owners

Three shifts show up in every top-decile case. First, a single accountable executive for the care environment. Not the Chief Nurse alone, and not the DoF alone. A named director whose objectives include PLACE. Second, a modern cleanliness regime aligned to the National Standards of Healthcare Cleanliness 2025, with the frequency-of-clean matrix visibly in place on the ward. Third, governance that is public. PLACE at board. PLACE in the annual report. PLACE actions with named owners.

The top-decile trusts do not clean more. They govern the care environment more visibly.

3. Why in-house intensification does not close the gap

A trust below the national average has usually already tried the obvious response. More hours. A new cleaning-hours matrix. A refreshed training package. These help. They do not usually move a trust from the third quartile into the top decile because they do not change the three things the top-decile trusts have all changed.

Staffing depth

A trust running its own domestic team at 92% establishment is running a service that will drop below the national line whenever it has three ward-domestic vacancies at once. That is not a cleaning problem. That is a staffing-depth problem. A national soft-FM operator running a portfolio across 30 sites has bench-strength to backfill vacancies inside 24 hours from a neighbouring contract. An in-house team, by design, does not.

Regime age

The National Standards of Healthcare Cleanliness 2025 replaced the 2021 standard. The 2025 standard changes the frequency-of-clean matrix, changes how a functional risk category is assigned, and changes how assurance is scored. A trust that has not moved to the 2025 regime is scoring itself against a superseded standard. That gap shows up in PLACE and eventually in the CQC well-led review.

Governance visibility

Neither PLACE nor CQC is looking for perfection. Both are looking for evidence that the executive team knows the state of the care environment, has a named plan, and is learning. A trust with a monthly executive care-environment committee, published walk-round outcomes, and a public PLACE-improvement plan scores higher, even at the same actual cleaning frequency, than a trust without visible governance.

4. Governed outsourcing as the mechanism

Governed soft-FM outsourcing is not a cost decision. It is a governance decision, made for reasons that show up in PLACE, CQC and the annual report. A trust that chooses this route does so because the operating partner brings three things the trust does not have in-house.

1. Bench-strength to hold staffing depth above 96% establishment year-round.
2. A cleanliness regime that is already aligned to the 2025 standard, with the training, the auditing and the frequency-of-clean matrix already in place.
3. A monthly governance rhythm that is visible to the trust board, the CQC and the ICB, without the executive team having to build it themselves.

What the contract must say

A governed outsourcing contract for soft-FM services must specify four things or the governance advantage is not real.

Contract clause	Why it matters
National Standards of Healthcare Cleanliness 2025 in the specification	Locks the regime to the current standard rather than the historic one
PLACE domain scores in the KPI schedule	Ties the operator's performance directly to the metric that appears at trust board
Named executive-to-executive governance rhythm	Ensures the Chief Nurse or DoOps has a direct line to the operator's Regional Director
TUPE clauses that protect Agenda for Change	Removes the workforce anxiety that stalls most first-

equivalence	outsourcing conversations

5. Case reference. CS-018 PLACE lift

One of the case studies in the cleared Sodexo Health & Care knowledge bank shows a trust moving from a PLACE cleanliness score of 89% to 96% in eighteen months after a governed transfer. The trust in question was a district general. The scope was full soft-FM. Cleaning, catering, portering, waste and helpdesk. The transfer was TUPE with Agenda for Change equivalence preserved for the protected period.

Three things drove the lift. Frequency-of-clean matrix aligned to the modernised standard. Bench-strength backfill inside 24 hours for ward-domestic vacancies. Monthly care-environment committee attended by the Chief Nurse, the operator's Regional Director and the trust's non-executive nursing lead.

The paper CS-018 is available for board-facing cleared external use. It has been cleared under the Sodexo governance intake queue and is available on request from the BD Director.

6. What a Chair should ask before the next PLACE cycle

Five questions any Chair can put to their Chief Nurse and DoOps ahead of the next PLACE cycle. Any answer worse than clear and evidenced is a governance signal, not an operational one.

- What was our cleanliness score in 2025, and what is our target for 2026?
- Are we running the National Standards of Healthcare Cleanliness 2025 regime, or the 2021 regime?
- What is our ward-domestic establishment as at last week, and what has it been over the last twelve months?
- Who is the single accountable executive for the care environment, and when did we last review PLACE at board?
- If PLACE scored our trust today, would we be above or below the national line?

> *Any Chair should be able to name the trust's PLACE score, the target for next year, and the accountable executive. If any of those three is unclear at board level, the score is a symptom.*

Sources and notes

All figures verified 30 August 2026. Where a figure is illustrative or derived from a Sodexo case study, this is stated inline.

• NHS England, Patient-Led Assessments of the Care Environment 2025. https://www.gov.uk/government/statistics/patient-led-assessments-of-the-care-environment-place-2025

• NHS England, National Standards of Healthcare Cleanliness 2025. https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness/

• Whittington Health NHS Trust, 2025 PLACE results. https://www.whittington.nhs.uk/mini-apps/news/newsPage.asp?NewsID=2485

• University Hospitals of North Midlands, PLACE 2025. https://www.uhnm.nhs.uk/latest-uhnm-news/royal-stoke-and-county-hospitals-rated-among-uk-s-best-for-cleanliness-and-facilities/

• NHS England Digital, PLACE 2024 statistical release. https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2024

• Sodexo UK, Case study CS-018 PLACE lift (cleared external, on request). uk.sodexo.com/health-and-care

Sodexo Health & Care

Sodexo is one of the largest employers in the UK and provides governed soft-FM services to acute, community and mental-health NHS providers. This paper is part of the Governed First-Outsourcing knowledge bank.

uk.sodexo.com/health-and-care