

Board of Directors (in Public) Item 2.2

Subject: Excellent, Efficient, Compassionate and Safe Assessment Process and Results 2019
Date of meeting: Tuesday 28th January 2020
Prepared by: Joan Matthews Deputy Director of Nursing & Quality
 Angela McKenna EECS Lead
Presented by: Joan Matthews Deputy Director of Nursing & Quality
Purpose of Report: For Assurance

BAF Ref	Impact on BAF Risk Rating?
1.1, 1.2	None

1. Executive Summary

The Excellent, Efficient Compassionate & Safe assessments (EECS) have been on-going in the trust since 2015. The assessments have evolved and changed over time, the content is aligned with CQC key lines of enquiry with additional requirements set by the Trust as they are known.

As the EECS is in its fourth year, a review of the process has been undertaken within quarter one of 2019-2020 to re-evaluate the assessment criteria and assurance framework. Some changes were made to the approach to assessments with a team approach now being favoured to ensure consistency and less debate around interpretation of responses/questions. The key EECS team consists of Matrons, senior nurses and some ward managers.

The assessments detail a comprehensive review of clinical/non clinical standards in all wards and departments. The purpose of the EECS is to ensure that care delivery across our wards and departments is monitored regularly, with the aim of providing assurance to the Board of Directors.

The wards and departments are assessed on a rolling programme at intervals depending on the previous assessment outcome. There are robust action plans developed following an assessment, which are progressed through divisional governance structures until completed.

[EECS assessment Ward- Reviewed tool Process July 2019.docx](#)

After gaining three consecutive green EECS assessments all wards and many departments have now achieved GOLD status as demonstrated in section 4, showing Cedar, Elm and Birch Ward all being presented with GOLD during this year's staff awards ceremony, as well as many departments.

Achieving gold status has resulted in ward managers/departmental heads taking a more autonomous approach in developing their areas, leading on innovations and changes in practice for their teams, and

improving the environment for patients and their families. Feedback from the teams who have achieved Gold status has highlighted how proud they are for being recognised for the standards maintained within their respective areas. Achievement of Gold status involves all staff receiving a gold star badge, a plaque outside of their ward/department to signal achievement and a trophy to display in their area which is presented at the annual awards ceremony.

Corporate teams have embraced the EECS concept and are having their second assessments during January 2020 via peer review. All departments had a green outcome during their first yearly assessment in 2019, except for HR and radiology who achieved an Amber outcome. A plaque displaying results is evident in each department.

2. Background

The EECS is an assessment framework used by the Trust to assess standards of care and practice across the clinical areas and departments. The aim of the assessment is to achieve a green rating against all assessment criteria. When an area achieves three consecutive green assessments and 90% or over in the third assessment overall, they can then apply for Gold status. The outcome of the assessments has demonstrated that the majority of non-clinical areas across the Trust are rated green or Gold.

These assessments have become part of the Trust's rolling programme for reviewing the standards expected for ensuring the delivery of high quality and safe care to patients and their families. The assessment criteria are reviewed each year and contain elements of changes/improvements taken as a result of the previous year's assessment and any regulated changes from the CQC key lines of enquiries.

3. The Assessment Process

Staff members assess the areas using the EECS framework. The focus of assessment for the clinical areas is the quality and safety of care, whilst the departments are assessed against their individual standards identified by the manager and aligned to any national targets.

The assessment criteria consists of:

- observation of practice
- observation of documentation
- observation of environment
- speaking with patients and their families
- speaking with staff members and the manager for the area being assessed

The efficiency element was added to the assessment, as a pilot indicator until the Chief Finance Officer has agreed the use of resources shadow indicators for the Trust. The questions regarding this will be added to the assessment document once agreed. For this assessment the efficiency questions explores staff awareness and understanding of budgetary control within their area.

The assessors compile their reports and present them to the manager of the department, the Divisional Head of Operations, the Director of Nursing/ Deputy Director of Nursing / and Head of Nursing for the division. At this review meeting the content of the review and the overall scores are debated and agreed.

4. Outcome

Wards/Areas	Outcome	Keeping patients safe – part A	Keeping patients safe – part B	Keeping patients safe- environment	Keeping patients safe- staff training	Being Effective	Leadership	Efficiency	Friends & Family
Birch ward	GOLD 2019 Will be reassessed Nov 2020								
Elm ward	GOLD 2019 Will be reassessed Nov 2020								
Cedar ward	GOLD 2019 Will be reassessed Nov 2020								
Holly Suite	GOLD 2018 Yearly assessment Nov 2019 in progress								
CCU	GOLD 2018 Yearly assessment Nov 2019 in progress								
Aspen Suite	GOLD 2018 Yearly assessment Nov 2019 in progress								
KCRS	GOLD 2018 Yearly assessment Nov 2019 in progress								
KCVD	GOLD 2018 Yearly assessment Dec 2019 in progress								
Catheter Labs	GOLD 2018 Yearly assessment Dec 2019 in progress								
Cherry Ward	GOLD 2018 Yearly assessment Dec 2019 in progress								
Maple Suite	GOLD 2018 Yearly assessment Dec 2019 in progress								
Oak ward	GOLD 2018 Yearly assessment Jan 2020 in progress								
Theatres	GOLD 2018 Yearly assessment Jan 2020 in progress								
Critical Care	GOLD 2018 Yearly assessment Jan								

	2020 in progress								
Rowan Suite	First Assessment Awaiting result - in progress								

KCRS, Theatres, Cherry Ward and Maple Suite all achieved Amber in the 2018 assessments for the Efficiencies element, These questions had just been introduced and involved staff and managers understanding of CIP's, ward budget and the trust financial position. It was acknowledged there were some improvements to be made in this area at the time.

Departments	Outcome	Keeping patients safe – part A	Keeping patients safe – part B	Keeping patients safe-environment	Keeping patients safe-staff training	Being Effective	Leadership	Efficiency	Friends & Family
Radiology	Amber outcome 2019 To be reassessed in March 2020								
Support Services	Green Outcome 2019 Ready to apply for GOLD								
Cardiac Diagnostics	GOLD 2019 Will be reassessed Oct 2020								
Pharmacy	GOLD 2019 Will be reassessed Oct 2020								
Pulmonary Function	GOLD 2019 Will be reassessed Oct 2020								
Therapies	GOLD 2019 Will be reassessed Oct 2020								
OPD	GOLD 2019 Will be reassessed Oct 2020								
Medical Engineering	GOLD 2019 Will be reassessed Oct 2020								N/A

Estates	Green 2018-Assessment due in Jan 2020								
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Radiology achieved an Amber outcome overall for their assessment in Nov 2019. An action plan has been devised which includes improvements in the following areas

- Improvements were required with incident reporting, and staff receiving feedback from incidents,
- Some improvements in the efficiencies element were needed, not all staff had good knowledge of trust and dept financial position
- Some areas of the dept were found to be untidy and dusty – Building work in progress
- The kitchen area was dirty.
- General cleanliness could be improved
- The resus trolley needed urgent attention – checks and cleanliness
- Staff was not always bare below the elbow
- X1 staff was wearing false eyelashes and false nails
- Staff wasn't sure of how to evacuate the dept in an emergency
- Staff didn't always know where the evacuation plan was located.
- Staff didn't receive feedback from team brief.

Radiology will be reassessed at the end of March 2020.

Extended Departments	Outcome	Safe	Quality	Environment	Staff Training	Leadership	Efficiencies/ Resource Management
HR	Amber 2019 Yearly assessment Jan 2020 in progress						
Finance	Green 2019 Yearly assessment Jan 2020 in progress						
Supplies & Procurement	Green 2019 Yearly assessment Jan 2020 in progress						
Digital Systems	Green 2019 Yearly assessment Jan 2020 in progress						
Medical Records	Green 2019 Yearly assessment Jan 2020 in progress						
Clinical Audit	Green 2019 Yearly assessment Jan 2020 in progress						
Information team	Green 2019 Yearly assessment Jan 2020 in progress						
Education team	Green 2019 Yearly assessment Jan 2020 in progress						
Research	Green 2019 Yearly assessment Jan 2020 in progress						

HR achieved an Amber assessment in Jan 2019; they required improvements in the following areas

- Staff said they didn't receive feedback on reported incidents
- Staff didn't know the top three dept risks on risk register
- Staff couldn't name the trusts safeguarding leads
- Staff didn't know where the evacuation plan was
- Staff didn't know about the department business plan/objectives
- Staff member said they don't receive feedback on the department's financial position.
- Mandatory training wasn't all completed

Medical Records and the Information team achieved a green overall outcome which included two Amber elements.
The Education team and The Research department achieved a green outcome overall which included one Amber element.

5. Aspirations of GOLD Status

To our patients and families, to see GOLD status plaques outside clinical areas is a reassurance to them that LHCH takes seriously the monitoring of:

- standards within the care environment – cleanliness and hospitality
- clinical practice of professionals
- care giving - and care received by patients is of a standard that we would each expect for ourselves and our families

Within clinical areas GOLD status reflects leadership, accountability and responsibility of earned autonomy expectations as below:

- Standards set by ward managers are consistent – without deviation
- Working within the control of budget
- Incident reporting management should be the norm
- Improving culture where identified as requiring attention – open and transparent
- Developing FTSU acceptance and encouragement
- Ensuring all staff are appraised and up to date with LHCH development and performance
- Uniform standards consistently monitored
- Documentation standards consistently monitored
- Care giving standards monitored
- Medication administration standards - consistent standards of excellent practice
- Risk assessment compliance – MUST, falls, dementia
- Training standards – programmes are in place for education and teaching
- Competency frameworks for staff are in date
- Complaints handling process
- Continued improvement's through clinical knowledge of falls and avoidable pressure damage
- Management of staffing and staff sickness within wards and departments is appropriate to ensure safety and quality for patients
- Infection prevention control measures are maintained

Next Steps

Discussions will take place to determine once GOLD status has been achieved how can we ensure Wards and Departments are being challenged to ensure continual improvement and development in their areas.

6. Conclusion

The EECS assessments provide assurance to the Board of Directors on the standards of care and practice across clinical areas and departments. All areas will have been through an assessment by the end of January 2020 and will be working towards GOLD status if not already achieved.

7. Recommendations

Receive assurance from the EECS assessments on the quality safety and standards of practice across the clinical areas and departments assessed.