

## Board of Directors (in Public) Item 2.3

**Subject:** Excellent, Efficient, Compassionate and Safe Assessment Results 2018  
**Date of meeting:** 8<sup>th</sup> January 2019  
**Prepared by:** Joan Matthews Deputy Director of Nursing and Quality  
**Presented by:** Susan Pemberton Director of Nursing and Quality  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
1.1 – 1.2. 1.3	Nil

### 1. Executive Summary

The Excellent, Efficient, Compassionate and Safe (EECS) assessments have evolved and changed over time, based upon the CQC standards and additional requirements set by the Trust. 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 meets the high standards expected by LHCH and to provide assurance to the Board of Directors. The EECS assessments focus on patient care and experience with monitoring of these standards commencing in 2015. Documentation used for assessments can be accessed from the link below.

[The EECS Assessment Ward - CQC New Feb 2018 \(2\)](#)

Since the introduction of EECS assessments in 2015 nine out of eleven areas have achieved Gold status. Many departments have come on board with the assessment processes and all have achieved green status and will have the opportunity to apply for Gold status at their next assessments in 2019.

Achieving gold status has resulted in ward managers 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, a notice 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 this concept with managerial leads developing their individual assessment templates which will form the basis for their assessments in January 2019. It is recognised that non patient areas may find this assessment slightly more difficult therefore these first assessments will be their trial of identifying any improvements to the assessment templates going forward. This means all departments and clinical areas will now

form part of the overall Trust assurance framework for the monitoring of standards in line with the CQC key lines of enquiry. The corporate team assessments will take place within the months of January and February 2019.

## **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, with nine clinical areas/services achieving Gold status.

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**

Two independent 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. All assessments were completed by December 2018 apart from the corporate teams.

#### 4. Outcomes

Wards	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								
Catheter Labs	GOLD							
CCU	GOLD							
Critical Care	GOLD							
Elm ward								
Holly Suite	GOLD							
Cedar ward								
Oak ward	GOLD							
Departments								
Cardiac Diagnostics								
Estates								
Pharmacy								
Pulmonary Function								
Radiology								
Support Services								
Therapies								
OPD								
Medical Engineering								N/A
GOLD Ward/Areas Yearly review								
Theatres								
KCRS								
KCVD								
Aspen Suite								
Maple Suite & Cherry Ward								

## **5. Good Practice and Areas for Improvement**

The EECS highlights much of the outstanding care and treatment that occurs each and every day some of these examples are:

- Patients & families on Elm ward felt they were cared for in a safe environment
- All patients on Birch ward who were assessed had an EPR risk assessment recorded accurately and it was reviewed appropriately.
- All staff asked from Cardiac Diagnostics department received communication from Team Brief and attended regular team meetings
- The Medical Engineering department were found to have robust processes in place to evidence maintenance activity of devices and provided assurance of robust governance arrangements for the reporting of planned maintenance.
- All patients & families asked felt they had enough appropriate information before they attended theatre.

This positive feedback is shared at the review meetings.

All areas requiring improvement are recorded on an action plan which is reviewed at divisional governance meetings some examples from the assessment found:

- The radiology team were not always aware of the department or Trust financial position
- Some staff in support services did not know the trust complaints procedure
- A small number of patients on Cedar ward had not had the opportunity to meet the ward manager
- Relatives on Birch ward did not recall being asked if they wanted to be involved in their families care ( Care Partner)
- Some patients on Cherry ward had not heard of HALT.

## **6. Next Steps**

As the EECS is entering its fourth year, a review of the process will be undertaken within quarter one of 2019-2020 to re-evaluate the assessment criteria and assurance framework. The Board of Directors will be updated on this review and further steps in June 2019.

## **7. 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 February 2019. Departments will have the opportunity to apply for gold status at their next assessment.

## **8. Recommendations**

The Board of Directors to receive assurance from the EECS assessments on the quality safety and standards of practice across the clinical areas and departments assessed.