

Board of Directors (Public)

Board of Directors (in Public)

Item 2.3

Subject: Excellent, Efficient, Compassionate and Safe Assessment Results 2017
Date of meeting: 28th November 2017
Prepared by: Joan Matthews Deputy Director of Nursing and Quality
Presented by: Susan Pemberton Director of Nursing and Quality

BAF Ref	Impact on BAF
1.1 – 1.2	Nil

1. Executive Summary

The Excellent, Efficient Compassionate and Safe (EECS) assessments have been performed throughout all wards, Theatres, Cath Labs and ITU/POCCU since 2015. In 2016 a number of departments were included in the assessment process and have undergone their second assessment in 2017. The results overall are very good with one area not meeting the required standard and awarded an amber status – Cedar ward. Six areas were eligible to apply for Gold status this year and will receive their awards at the Trusts annual awards ceremony on 1st December 2017.

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 areas across the Trust are rated green, with one area rated as amber – Cedar ward.

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 developed each year and contain elements of changes in the Trust processes or procedures. One added component for the 2017 assessments was to review the knowledge of managers and staff on the use of resources within their department. This included knowledge and management of the ward/department budget which currently runs as a pilot criteria until the use of resources (NHSI). This will be reviewed and assessed for the Trust when it is implemented nationally for specialist Trusts.

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 given, whilst the departments are assessed against their individual standards identified by the manager and aligned to any national targets. All areas are aligned to the CQC key lines of enquiry.

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 assessors compile their reports and present them to the manager of the department, the Divisional Head of Operations, the Deputy director of nursing and/or 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 November 2017. (EECS assessment document appendix 1)

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 A ward								
Birch B ward								
Birch B ward re-assessment								
Catheter Labs								N/A
CCU								
Mulberry ward	Achieved Gold Status							
Critical Care								
Community services	Achieved Gold Status							
Elm ward								
Holly ward								
Maple and Cherry wards	Achieved Gold Status							
Cedar ward								
Oak ward								
OPD								
Theatre	Achieved Gold Status							
Departments								
Cardiac Diagnostics								
Estates								N/A
Pharmacy								
Pulmonary Function								
Radiology								
Support Services								
Therapies								

5. Good Practice and Areas for Improvement

The ECS highlights much of the outstanding care and treatment that occurs each and every day at Liverpool heart and Chest hospital that was also highlighted in the Trusts CQC inspection in April 2016. This positive feedback is shared at the review meetings. All areas for improvement are addressed and an action plan is devised, which is reviewed at the divisional governance meetings. The one area that was rated amber was cedar ward.

Cedar ward review meeting was held on 8th August 2017, a comprehensive review was undertaken of ward observations, the review of patient records and interviews with staff and patients.

Patients and their families found the ward to be extremely good with only praise for the staff on the ward and were very complimentary in regard for the care they received.

The matron for surgery, the ward manager and the Head of Nursing have developed their actions that will address the changes to process, documentation, ward cleanliness and patient dependency within the ward environment. An unannounced review will be undertaken in February 2018.

6. Next Steps

The EECS assessment framework will need to be reviewed to ensure it is aligned to the updated CQC key lines of enquiry and this work is underway currently. In addition, we are looking to develop an EECS assessment for other corporate departments not currently included. These areas are – Human resources, finance, Receipts and distribution, Procurement, Medical secretaries, Health records and Digital Systems. The plan is to assess all of these areas in 2018/19.

7. Conclusion

The EECS assessments provide assurance to the Board of Directors of the standards of care and practice across the clinical areas and departments. A plan is in place to ensure all departments trust wide are assessed in 2018/19.

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 department assessed.

To note the area that has been rated amber and receive assurance that actions are in place to address the areas for improvement.

Appendix 1

The Excellent, Efficient Compassionate & Safe Assessment - (EECS)

Date:			
Ward/Area and Specialty:			
Ward/Area Manager			
Assessors:			
Head of Service :			
Overall Rating:			

Inadequate		5 red standards or more in total or 5 or more ambers standards	Level 0	Reassess in 2 months
Requires Improvement		3-4 red standards in total or 3-4 amber standards	Level 1	Reassess in 4 months
Good		1-2 red standards in total or 1-2 amber standards	Level 2	Reassess in 8 months
Gold - Outstanding		To apply for ECS ward status- 3 consecutive green assessments Application & ECS panel If awarded – ECS review panels on a 12 month basis	Level 3	Reassess in 12 months

The EECS Assessment & Process

In Liverpool Heart & Chest Hospital it is essential we deliver the highest possible quality care for our patients & their families. To ensure we remain 'outstanding' we need to monitor our standards of care by providing evidence, recording measures, speaking to staff, completing observations and receiving essential feedback from patients & their families.

The EECS assessment consists of 7 elements, it is designed to support nurses in practice to understand how they deliver care, identify what works well and where further improvements are needed.

The 7 Elements

1. Keeping patients safe

Part A & Part B

2. Keeping Patients Safe (Environment)

3. Keeping Patients Safe (Staff Training)

4. Being Effective

5. Leadership

6. Efficiencies

7. Friends and Family- Responsive to people's needs

The Assessment Process

- Two selected senior members of the nursing team will undertake the unannounced EECS assessment of the Ward/Area that they have been allocated they will ensure the assessment is fully complete before the review meeting date.
- The assessment will cover 10 patients, 10 relatives and 10 Staff , also 10 sets of EPR documentation reviews and one set of environment and care observations,
- The assessment can be completed initially on the paper version provided or straight to the electronic link provided

- The assessment will be uploaded to a provided electronic link via i-pad or desktop pc.
- .The results will be generated automatically and viewed on Athena portal
- The assessors will be expected to keep notes, add comments of the assessment and collect any other relevant evidence for e.g. Screenshots, patient & family stories/comments, etc. to use as part of the feedback review process,

The Review Meeting

The DON or nominated deputy will chair the meeting; the EECS lead nurse will provide electronic support including results and will take the minutes,

Attendees include –

DON

DDON

EECS lead nurse

HON/Head of Service

Divisional Matron

Ward/Area Manager

The Two Assessors

- The Assessors will be expected to feedback their findings based on the results displayed.
- The Ward/Area Manager will be expected to provide supportive information at the end of each element, for example, KPI's, training figures, staff survey results, patients survey/feedback.
- Each Ward/Area will be accredited with a level Red, Amber, Green. Reassessment will take place at a time interval dependent upon the results: A plaque will be displayed outside the ward/area showing the results.
- Following the assessment the Ward/Area Manager will be required to formulate an action plan. The action plan will be prepared on a standard template within a two week timeframe.
- A copy of each assessment and action plan will be sent to the Director of Nursing and HON responsible for that area to approve and endorse in practice this should be presented through divisional governance until all actions are completed.
- Action plans must form part of every ward/ team meeting and Ward Manager /HON to track progress.

- Progress reports will be received by the Trust Board and the Trust Governors
- The EECS results must also be included in Service Reviews and in Executive Ward Rounds

The Results and Reassessment

The Don can use her descretion when there is other evidence to re score a Ward/Area if she feels there is extenuating circumstances.

- **Green** Wards/Areas will be reasssed in **8** months.
- **Amber** Wards/Areas will be reassessed in **4** months. The Ward.Area will receive an appropriate level of support to achieve their action plan and the DON will use her descretion when deciding the appropiate action for the Ward/Area Manager and the team.
- **Red** Ward/Areas will be reassessed **2** months The Ward Manager will work closely with the divisional Matron and HON to complete the action plan and wil receive support to progress and monitor the outcomes. The DON will use her descretion when deciding the appropiate action for the Ward/Area Manager and the team.

EECS Gold

The Trust has set a goal of all wards achieving EECS Gold status by the end of 2019.

This will reassure patients that they are receiving Excellent, Compassionate & Safe care every time they visit Liverpool Heart & Chest Hospital

There is a rigorous application process that must be met, Wards and Community Services must complete an application and submit it to the Divisional Matron and EECS lead nurse.

The minimum criteria before applications can commence is X 3 Green EECS Assessments and the areas need to have achieved 90% or above in all elements of the third assessment.

The Divisional Head of Nursing and Quality/Service Lead must sign and contribute to the application to declare they support the Ward/Area with their application.

The Manager must be able to demonstrate that the team and service consistently deliver high quality care, show compliance and evidence of achievement by different sources; for example by providing requested supportive evidence such as, KPI percentages, Testimonials, Patient & Family feedback, Training figures and competence etc.

The EECS review panel will consist of:

- The Executive Director of Nursing and Quality and/or The Deputy Director of Nursing and Quality
- The Clinical Lead for the Service
- A Head of Nursing and Quality
- A Member of the Non-executive board
- AMD
- DHOO
- The Chief Executive

The Panel will consider the application along with a review meeting and a visit to the Ward/Area where they will inspect the environment, speak to patients and their families and talk to staff.

The Panel will complete the application and provide feedback to the Ward/Area manager.

If an area receives EECS Gold award the staff will receive a Gold star lapel badge, the area will be acknowledged at the annual awards ceremony with the Manager receiving recognition for great leadership and they will receive a Gold plaque to display their achievement.

The EECS Gold areas will continue to be reassessed annually.

Element 1

Keeping Patients Safe – Part A

Clinical Record Keeping	Source	Comments
Is there detailed information regarding the clinical history and condition of the patient within the health record (clerking)	Review EPR	
Is there a detailed medical plan of care within the health record	Review EPR	
Is there evidence of the patients allergy status	Review EPR	
Is there a detailed nursing care plan within the health record (flowsheets)	Review EPR	
Is there documentation to support ward round decision making at least on a daily basis	Review EPR	
If intervention was required, is this documented	Review EPR	
Staff reassess the care needs on transfer from one area to another (give example check health record	Review EPR	
Have VTE risk assessments been complete on admission (Taken out and at 24hrs)	Review EPR	
Has the 24hr follow up VTE been completed within 24hrs were appropriate?	Review EPR	
If required , is VTE prophylaxis prescribed	Review EPR	

Has the patient received a senior review in the last 24hrs?	Review EPR	
Elements of Care	Source	Comments
Are observations recorded at least once per shift	Review EPR	
Modified Early Warning scores above 3 are escalated to medical staff/outreach	Review EPR	
Is there an accurate record of fluid balance if applicable	Review EPR	
Are all risk assessments recorded accurately and reviewed	Review EPR	
Has the Falls flowsheet been fully completed daily?	Review EPR	
If Falls risks are identified has an appropriate plan of care been added?	Review EPR	
Are bed rails assessments completed appropriately and reviewed if patients condition changes	Review EPR	
Is there an estimated discharge date recorded –EDD, and within date	Review EPR	
Is comfort check documentation describing the patient needs, completed at appropriate intervals (Changed)	Review EPR	
All patients have a pain assessment recorded on admission and reassessment appropriate to patient status and severity of pain	Review EPR	
Are anti-embolism stocking care plans completed daily with leg measurements and stocking size recorded	Review EPR	
Has the enhanced care flow sheet been completed if appropriate?	Review EPR	
Management of Medicines	Source	Comments
Do you receive medication as prescribed in a timely way	Ask Patient	

When giving medication, Staff check the identity of patients including unit number on ID band, also checking allergies prior to drug administration	Observe	
Staff explain prescribed medications to patients, including side effects	Observe	
If medications have been omitted, has the reason for omission been documented – is there any red outstanding medication for this patient?	Review EPR	
Oxygen has been prescribed and is signed for were appropriate	Review EPR	
Were you asked if you would like to administer your own medications (if appropriate) and were you supported to do this?	Ask Patient	
If you administer your own medications, are you supported to do this? Are staffs checking them against the prescription with you?	Observe	
Wards which operate patient self-medication should be able to show that they are following the Trusts self-medication policy and that all patients have received a self-medication assessment	Observe	
Have you read the Medicines administration procedure in the last six months?	Ask Staff	
Staff comply with standards for controlled drug administration	Ask staff	
Staff comply with standards for controlled drug administration	observe	
Incident reporting	Source	Comments
How would you escalate concerns should an incident occur	Ask Staff	

Do you feel able to report incidents?	Ask Staff	
Give an example of when you may be required to report an incident?	Ask Staff	
Staff receive feedback on reported incidents	Ask Staff	
Can you demonstrate learning from incidents within your areas	Ask Staff	
Are you aware what HALT is?	Ask staff	
Would you feel confident calling a HALT to a situation you felt uncomfortable with or knew was wrong?	Ask Staff	
Can you name the safety seven?	Ask staff	
Is there a safety seven poster on display?	Observe	

Keeping Patients Safe – Part B

Meeting Nutritional needs	Source	Comments
Protected mealtimes are adhered to by staff (patients are not disturbed whilst eating their meal, for e.g. By medics, x-ray, physio etc.)	Observe	
Have there been any instances where you have been disturbed during your mealtime?	Ask patients	
Are patients prepared for meal times, e.g. Informed of mealtimes, Tables cleared, hands washed/wipe available etc.	Observe	
Staff give assistance to patients at mealtimes as required (red trays in use)	Observe	
If the patient required specialist aids for mealtimes are they visible, documented in the care pathway as being required	Observe	
If the patient needs assistance with mealtimes is this documented, e.g. Specialist aids, red trays, feeding, and drinks in beakers, etc.	Review EPR	
Are patients receiving the help they need at mealtimes	Ask patients	
Are the nutritional requirements of the patients being met, special diets?	Ask patients,	
Observe weight and MUST score – Has a dietician referral been completed if appropriate?	Review EPR	
Are patients aware they can receive a snack / drink when they want 24/7	Ask patients	
Do patients receive their menu choices?	Ask patients	

Have patients got a MUST assessment completed appropriately and reviewed at regular intervals?	Review EPR	
Safeguarding people who use services from abuse	Source	Comments
Staff are aware of the process of dealing with children (0-18) in the adult ward environment	Ask Staff	
Staff are aware of their role as an alerter (escalator) for both children and adult safeguarding	Ask Staff	
Can staff recognize a safeguarding situation	Ask staff	
Can staff name the Safeguarding leads for the Trust	Ask Staff	
Patients capacity is assessed in line with Trust Policy	Review EPR	
Can staff describe the steps required when a patient lacks capacity (e.g. NOK, friend, best interests, IMCA)	Ask Staff	
Can staff describe when a Deprivation of Liberty Safeguard (DOLS) authorisation might be required	Ask Staff	
End of Life	Source	Comments
Are DNAR/Ceiling of Care orders fully completed with an appropriate review date	Review EPR	
Staff can describe the process of accessing chaplaincy and spiritual care services	Ask Staff	
Staff are aware of where to seek advice regarding symptom control in End of Life care	Ask staff	
Staff are aware of who to contact out of hours for End of Life advice	Ask Staff	
Appropriate End of Life care planning is evident	Review EPR	
Staff are aware how to address Preferred Priorities of care with patients at the End of life	Ask Staff	

Staffs are aware of how to facilitate discharge home to die if the hospital is not their preferred place of death.	Ask Staff	
Tissue Viability	Source	Comments
If a patient is a medium or high risk of developing a pressure ulcer staff can explain the preventative measures required	Ask staff	
Is there evidence to support pressure ulcer prevention and care	Review EPR	
There is evidence in the health record of pressure relieving devices that are in use	Review EPR	
Staff are aware of the process of ordering correct pressure relieving devices	Ask staff	
Staff are aware of how to access advice about tissue viability	Ask Staff	
If a patient develops a grade 2 or higher pressure ulcer, staff are aware of the correcting reporting process	Ask Staff	

Element 2

Keeping Patients Safe - Environment

Infection Prevention & Control	Source	Comments
Is the ward/department clean (first impressions)	observe	
Are bed spaces clean, tidy and obstruction free at all times	observe	
Is bed linen clean	observe	
Are nurses stations clean and tidy	observe	
Has the 6 monthly Infection Prevention and Control Audit been done and the action plan completed.	observe	
Equipment not in use been "tagged" that it is clean and ready for use	observe	
Staff wear PPE (e.g. gloves and aprons) appropriately and remove and clean hands after use	observe	
Documentation related to peripheral cannula is completed e.g. insertion record and VIP completed each shift	Observe	
Catheters are secured appropriately in place and are not in direct contact with the floor	observe	
Can staff describe process for isolating patients with an infection	Ask staff	
What decontamination procedures are required for commonly used equipment	Ask staff	
Staff do not have false nails or nail polish in place	Observe	
Are all staff including medical staff bare below the elbows within or at the patients bed space.	observe	
Evidence of weekly completed hand hygiene audit, look at previous 4 weeks	observe	
Alcohol rub is directly accessible at the point of care, each bedside	observe	

Ward cleaning rotas are evident and are completed for previous week	observe	
Environment	Source	Comments
Are nurse call bells in reach for every patient	observe	
Is the bed space set up effectively for the level of care the patient requires	observe	
Are patient identification boards above each bed space completed	observe	
Are bathrooms and toilets appropriately signed for different genders	observe	
Are staff professionally presented, no false eyelashes, coloured socks hoodies etc.	observe	
Management of Medicines in the Environment	Source	Comments
Are medications locked away and not on display, at bedside and treatment room?	Observe	
Are medications left on patient lockers (excluding exceptions, GTN spray inhalers etc.?)	Observe	
Are the medication keys with the appropriate member of staff (trained staff, nurse in charge)	Observe	
2 signatures are evident for a sample of 10 CD entries in the CD register	Review CD register	
Staff check controlled drugs and complete the ward CD register stating date, time, noting record as correct or incorrect and any action taken.	Review CD register	
CD's are stored in a locked metal cupboard	Observe	
Safety, Availability & Suitability of Equipment	Source	Comments

Staff check there is sufficient equipment available to deliver care to patients, e.g. pumps, consumables, etc	Observe	
Before use, staff ensure that equipment is fit for purpose and is within date for the annual check, clean and easily accessible	Observe	
Emergency equipment is available, fit for purpose and accessible for use inc tracheostomy boxes, chest opening kit and red bags for level 2/3 pt transfers, were appropriate	observe	
Resuscitation trolley is clean and sealed.	observe	
Resuscitation trolley Checking schedules are complete – checked at least once daily and checklist is completed both sides	observe	
Are fans clean and fit for purpose and pat tested in date	Observe	
Check the use by date of 20 items of stock – are they suitable for use?	Observe	
Safety & Suitability of Premises	Source	Comments
Staff are careful about confidentiality and data protection e.g. patient information is not left on display on computer screens	observe	
How would you access security staff (what is the tel num?)	Ask staff	
How would you evacuate the ward in an emergency?	Ask staff	
Where is the evacuation plan?	Ask staff	
Do you feel safe and supported within the ward environment?	Ask staff	
Did we meet your expectations in relation to accommodation	Ask patients	
Safety crosses demonstrating number of days since last pressure ulcer are complete and visible. If in use	observe	

Safety crosses demonstrating number of days since last fall are complete and visible. If in use	observe	
Ward Information Monitor is up to date, check todays staffing, days since last PU, Fall are correct etc.	observe	
Is safety thermometer data displayed within the department for this or the previous month	Observe	
Is the treatment room clean and clutter free?	Observe	
Is the sluice room tidy, with no full dirty linen bags, or red contaminated bags evident, used drain bottles etc..	Observe	

Element 3

Keeping Patients Safe – Staff Training

Staff Training	Source	Comments
Is there a medical equipment competency file for each member of staff and does it demonstrate competency. (Observe your selected 10 staff members)	Observe	
Does the ward manager keep detailed training records for each staff member	Ask WM	
Do staff have adequate knowledge and skills for specific groups of patients for example, diabetes, telemetry, tracheostomy, stroke etc. How is this evidenced?	Ask WM	
Is there evidence of in house teaching within the area, give an example	Ask staff	
What other areas of skill and knowledge are taught/how is it tested	Ask WM	
Newly Registered nurses are assessed as competent in delivering IV fluids/meds (Preceptorship)	Review competency files	
Are staff are competent with the use of McKinley syringe driver	Ask Staff Review competency files	
Is their sufficient numbers of mentors to support new learners in the ward area	Ask WM	
Does the ward manager receive student feedback and is this acted upon	Ask WM	

Is their evidence of annual mentor updates and completed triennial review	Ask WM	
Is Preceptorship documentation up to date	Ask WM	
Appraisal and development objectives are evident (Observe your chosen 10 staff records)	Ask WM/ Observe	
Explain situations where support has been given to staff re meeting their objectives set in their appraisal	Ask WM	
Do appraisals identify the leadership requirements of the ward/department manager	Ask WM	
Are new starter local inductions carried out within the 7 day time frame	Review Induction checklist	
Rostering is visible and completed at least 4 weeks in advance	Ask WM	
Can staff access these policies eg Equality and diversity, dignity at work, bullying and harassment, violence and aggression are used in practice	Ask staff	
Staff are up to date with MCA 2005, Safeguarding Adults and Children Mandatory training.	Ask WM	

Element 4

Being Effective

Respecting & Involving people who use services	Source	Comments
Were you involved in the planning of your care needs	Ask patient	
If you did not agree with your planned care did you feel able to change your mind?	Ask patient	
Have the patients concerns being listen to and acted upon if so is this documented in the health record	Ask patient	
Were you given the opportunity to ask questions for clarification of your planned care and treatment	Ask patient	
Were you given information regarding the procedure / operation in the appropriate format / language for you	Ask patient	
Have risks and benefits of your care been explained throughout your journey (ask patient)	Ask patient	
Have you been given sufficient information for you to make informed choices throughout your journey	Ask patient	
Were you asked if you would want your family member to be involved in your care giving	Ask patient	
If you wanted your family member to be involved have the patients family been offered to assist in their care	Ask patient	
Have the concerns of relatives been listened to and acted upon if so is this documented in the health record?	Review EPR	
Were you involved in the care planning of your family member	Ask Relative	
Do clinical records contain documentation of verbal communication between Healthcare professionals and patients/family/carers	Review EPR	
Staff can give examples of MDT decision making regarding	Ask staff	

patient care		
Is the patient aware of their estimated discharge date and time	Ask patient	
Were you given health promotion advice	Ask patient	
Do you feel you can ask staff for support or help	Ask patient	
Do you feel your views and experiences are listened to	Ask patient	
Do you know the names of the nurses caring for you	Ask patient	
Do you know the name of your Consultant	Ask patient	
Do the doctors and other staff like radiographers introduce themselves	Ask patient	
Do you have confidence and trust in the staff caring for you	Ask patient	
Have you received safe compassionate care throughout your journey	Ask patient	
Has your privacy and dignity always been considered throughout your journey	Ask patient	
Discussions and treatment are carried out in privacy eg curtains are pulled around the bed	Ask patient	
Throughout your stay, have we maintained your confidentiality	Ask patient	
Can you explain the information governance surrounding the transportation of patient identifiable data	Ask staff	
Complaints	Source	Comments
If you wanted to make a complaint would you feel comfortable in approaching the nursing / medical staff	Ask patient	
Did the staff tell you about RET or give you a card?	Ask patient	

Is there a RET poster above each bed?	Observe	
What is the Trusts complaints procedure	Ask staff	
Can you demonstrate learning from complaints within your areas	Ask staff	
Staff can identify common themes that have arisen from complaints	Ask staff	
Enough staff are rostered on for the dependency of patients on that shift	Ask WM	
Have patients only had use of single sex accommodation and toilets/bathrooms etc	Ask patient	

Element 5 Leadership

Leadership	Source	Comments
How would you escalate concerns about staffing levels	Ask staff	
How would you escalate concerns in line with the Speak Out Safely campaign	Ask staff	
Does the Directorate hold ward manager meetings to discuss operational issues	Ask DON/Matron	
Patients have the opportunity to speak with the ward manager	Ask patient	
Relatives have the opportunity to speak with the ward manager	Ask relative	
Communication of team brief	Ask staff	
Volunteers treated as part of the team	Ask volunteer	
Do staff know how to print a Missed dose medication report?	Ask staff	
Are staff aware of how to print a BCP for EPR?	Ask staff	
How would you escalate concerns if no action was taken against areas of risk	Ask WM	
Is there Evidence of Ward Meetings	Ask WM	
Review Care rounds/comfort checks – Are they being completed as expected, at patient's bedside with all appropriate questions being asked	Observe	
Are staff aware of what CUR data collection is for and involves	Ask staff	

Are managers working within Roster KPI's	Ask Manager	
Do take charge staff know how to complete safe staffing daily and are aware of red flags	Ask staff	
Has the ward completed x2 patient shadows per month?	Ask Manager	
Are staff trained to complete patient stories?	Ask Manager	
Has the ward/Area completed at a minimum of 2 patient stories in the last 8 months?	Ask Manager	
Can demonstrate an awareness of Natsips/Locsips?	Ask Manager	

Element 6

Efficiencies

Finance	Source	Comments
Are you aware of the trust targeted savings for 2016-2017	Ask Manager	
Are you aware of the Trusts financial position	Ask Manager	
Do you receive feedback from team brief which shows the trusts financial position in month and YTD	Ask Staff	
The ward/area should be able to demonstrate a (CIP) cost saving scheme they have introduced	Ask Manager	
Do you have access to budget statements	Ask Manager	
Do you have regular meetings with a member of the finance department	Ask Manager	
The Ward/Area should be working within their set budget	Observe	
Does budget/spending/costs appear on ward meeting minutes	Observe	
Do you receive feedback of the ward/Areas financial position	Ask Staff	
Nurse bank and agency cost should be at a minimum – See Budget Statement	Observe	
Are you aware of your nurse bank/agency cost for the last month	Ask Manager	
Sickness and absence should be within trust target	Ask Manager	

Element 7

Friends & Family

Responsive to people needs	Source	Comments
Did you feel able to ask questions of hospital staff regarding the care delivered to your relative?	Ask Relative	
Did staff meet and greet you in a respectful and courteous manner?	Ask Relative	
Do you have confidence and trust in the healthcare professionals looking after your relative?	Ask Relative	
Did the ward meet the dietary requirements of your relative?	Ask Relative	
Were you allowed to stay with your relative during meal times ?	Ask Relative	
Are you aware of the estimated discharge date of your relative?	Ask Relative	
Have you been involved in the discharge planning for your relative?	Ask Relative	
Has the Trust kept your relative's property and valuables safe whilst being cared for in our hospital?	Ask Relative	
How would you rate the standard of cleanliness of the environment your relative or friend received care in?	Ask Relative	
Do you feel your relative was cared for in a safe environment?	Ask Relative	
Do you feel enough staff were on duty to meet the needs of your relative?	Ask Relative	

Do you feel your relative's confidentiality has been maintained?	Ask Relative	
Have you any concerns you would like to tell us about today?	Ask Relative/ Add comment	