

Board of Directors (Public)

Item 3.4

Board Report

Subject: Excellent, Compassionate and Safe (ECS) Status
Date of meeting: 31st March 2015
Prepared by: Susan Pemberton Director of Nursing and Quality
Presented by: Susan Pemberton Director of Nursing and Quality

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Bronze	1,2	None

1. Executive Summary

The ESQS (Essential Standards of Quality and Safety) assessment process was launched in 2011 across the Trust. Over the last three years this process has been refined as a comprehensive check of the standards of care delivery aligned to the CQC essential standards of quality and safety.

The Board of Directors have received annual reports demonstrating our internal assessment of the standards of care delivery aligned to the CQC standards. Detailing in addition areas for improvement and the actions identified. In light of the new CQC fundamental standards (April 2015) the nursing team including ward managers and senior nurses have reviewed the document and its process in its entirety to ensure this is aligned to the new CQC standards.

CQC fundamental standards

The fundamental standards are:

- Care and treatment must be appropriate and reflect service users' needs and preferences.
- Service users must be treated with dignity and respect.
- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Service users must be protected from abuse and improper treatment.
- Service users' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.

- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed.
- Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).
- The Fit and Proper Person's standard is not addressed within this document and assurance in relation to this is provided to the Board of Directors via The Associate Director of Governance.

In addition to reviewing the ESQS process the Director of Nursing & Quality is recommending to the Board of Directors that the Trust establishes a process by which wards, critical care, POCCU, theatres and catheter laboratories are recognised when they achieve ECS status. Therefore, following three consecutive level 2 assessments, where the ward has achieved 90% and above, the clinical area may apply for the recognition and award of being an ECS area. They will present to a panel (the Board of Directors) their outcomes. Our objective is that all wards will be achieving ECS status by the end of 2018.

2. Background





ESQS has been developing over a number of years and progressed to the Excellent Compassionate and Safe Care standards (ECS) framework for assessments in 2015. A number of ward/ departmental managers and senior nurses have been involved in the development and trialling of this process. This has meant the Trust has a tested and workable framework for internally monitoring the CQC fundamental standards, as detailed at Appendix 1

To work alongside this assessment process is the need for the development of the electronic systems to support this work. The assessment team will be able in real time to assess documentation, record the information from listening to patients, families, carers and staff. They will observe clinical practice and health record documentation standards. The ward manager will be expected to provide other intelligence of supportive information about their service when a panel review of the assessment occurs. The assessments will be occurring at least on an annual basis outside of any ward department performance concerns.

The assessments will be unannounced and will be performed over two days. The assessment questions of patients, families and their carers will occur for an identified 40% of the total numbers of patients and staff on the ward on the days of assessment.

Results will be shared with an ECS panel with all outcomes being reported to the Quality Patient and Family Experience Committee. Any poorly performing ward / department will be escalated to the Head of Nursing within the identified Directorate. A report will be presented of actions required for improvement as part of the Divisional quality report presented at Operational Board.

This assessment framework scoring matrix:

Inadequate	Less than 40% in any standard	Level 0		
Requires Improvement	40-80% in any standard	Level 1		
Good	80-90% in all standards	Level 2		
GOLD – Outstanding	Consistently achieve 90% and above in all standards	Level 3		

If a ward/department receives a **level 0** score, proportionate actions will be developed for the under performance of the outcomes and a reassessment arranged for two months following the initial assessment.

If a ward /department receives a **level 1** score actions will be identified with a reassessment arranged for four months following the initial assessment

If a ward /department receives a **level 2** score actions will be identified with a reassessment arranged for four – eight months following the initial assessment

All wards/department have the opportunity to become an outstanding area based on this assessment process. Having three consecutive green ECS assessments will mean the ward/department will receive an outstanding award to be displayed within their areas. The staff will be recognised at the staff award ceremony also.

3. Conclusion

The Quality and PFEC operational committee will receive the results from the outcome of the assessment and assurance will be given to the Quality Committee of the process and outcomes in order that the Quality committee can provide assurance to the Board of Directors on our own internal assessment of these standards.

The new framework assessment will include all the previous learning outcomes from the ESQC assessment, however now includes all the learning from previous CQC assessments of other healthcare providers.

4. Recommendations

That the Board of Directors:

- Approve the changes to the Trust CQC assessment of standards within the Trust
- Approve the documentation that underpins the assessment process

- Approve the process for ECS status and the Boards involvement within this

Appendix 1

The ECS Framework - 2015

Date:
Ward and Specialty:
Ward Manager
Nurse Assessors:
Head of Nursing:
Divisional Head of Operations
Associate Medical Director:
Directorate:

Overall Score:

Date action plan due:

ECS Assessment & Process

1. Standard one Keeping patients safe - Part A & Part B
2. Standard two – Keeping Patients Safe (environment)
3. Standard three Keeping Patients Safe (Staff Training)
4. Standard four Being Effective
5. Standard five Leadership
6. Standard six Friends and Family-Responsive to people's needs

Assessment Process

1. Two members of the senior nursing team will select the days to assess the ward, this will be unannounced.
2. The nursing assessment will cover the following areas and will involve at a minimum, 40 % of patients and staff on duty (appropriate skill mix used)
 - Observation of care given and patients documentation
 - Discussion with patients and staff members
 - The ward 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.

Inadequate	Less that 40% in any standard	Level 0	Reassess in 2 months
Improvements needed	40-80% in any standard	Level 1	Reassess in 4 months
Good	80-90% in all standards	Level 2	Reassess in 4-8 months
<u>Gold</u>	Consistently achieve 90% and above in all standards	Level 3	Reassess in 12 months

3. Each ward will have an assessment completed and will be accredited with a level 0 to 2 or if achieving above 90% will be recognised as achieving outstanding on that particular assessment. To gain full recognition for Gold

status the ward or clinical area must achieve 90% and above consistently on three assessments. Reassessment will take place at a time interval dependent upon the results

4. Following the assessment the Ward Manager/ Head of Nursing will be required to formulate an action plan. The action plan will be prepared on a standard template used throughout the organisation.
5. The Ward Manager/Head of Nursing will be given one week to complete their action plan. The date for completion will be noted on the front sheet of the assessment.
6. A copy of each assessment and action plan will be sent to the DON and Head of Nursing who has responsibility for that area to approve.
7. Action plans must then form part of every ward team meeting and Ward Manager /Head of Nursing to track progress.
8. If the ward achieves red status then the Ward Manager will have an appraisal completed by the Head of Nursing, with clear objectives set.
9. The ECS results must also be included in the divisional quality reports at operational Board.
10. Explanation of the scheme will be displayed on ward monitors.

Excellent, Compassion & Safe (ECS)

The Trust has set a goal of all wards achieving ECS status by the end of 2018. This will reassure patients that they are receiving Excellent, Compassionate & Safe care every time they visit Liverpool Heart & Chest Hospital.

- For a ward to achieve ECS status they must at a minimum have achieved 90% and above in three consecutive assessments.
- Ward Teams will also have to present to an ECS Panel which will include Board members and a representative of senior management. The Ward Team will be asked how they propose to maintain standards and how they will show case this to the rest of the organisation. This Panel will consider the ward's performance indicators i.e. sickness and absence, number of complaints, risk management issues, comments from Executive walk rounds, nurse bank usage etc. ECS wards will showcase best practice to the rest of the organisation.
- ECS wards will be reviewed by a Review Panel on a yearly basis. They will have an assessment annually.
- ECS ward staff will each receive a certificate from the Chief Executive/Director of Nursing stating they are a member of an ECS ward.
- A ward plaque will be available informing patients and relatives they are being treated on an ECS ward.
- The ward staff will also be recognised at the staff award ceremony.
- The Ward Manager will earn recognition as being a successful leader within the Organisation and this will be accompanied with the appropriate authority and accountability for managing all aspects of their ward autonomously.

Levels requiring further monitoring

Level 0 (Red) Wards

- Wards that achieve Level 0 (Red) concurrently will be given an appropriate level of support to improve their status. These wards will be reviewed by the DON and Head of Nursing for that area and other relevant members of staff.
- Staff will be managed according to the Trusts Capability Policy.

Level 1(Amber) Wards

- Wards that fail to achieve above Level 1 (Amber) on two concurrent assessments, unless there are extenuating circumstances, will be reviewed by the Head of Nursing for that area and DON.
The Ward Manager will have an appraisal completed by the Head of Nursing and DON and clear objectives will be set.

Standard one

Keeping Patients Safe	Source	Yes	No	N/A	Comments	CQC Fundamental standards
<u>Part A</u>						
<u>CLINICAL RECORD KEEPING -</u>						
Is there detailed information regarding the clinical history and condition of the patient within the health record	Review EPR					4.
Is there a detailed medical plan of care within the health record	Review EPR					1. 4.
Is there evidence of the patients allergy status	Review EPR					4.
Is there a detailed nursing care plan within the health record	Review EPR					1. 4.
Is there documentation to support ward round decision making at least on a daily basis	Review EPR					4.
If intervention was required, is this documented	Review EPR					4.
Staff reassess the care needs on transfer from one area to another (give example check health record	Review EPR					4.
Have VTE risk assessments been complete on admission and at 24 hours	Review EPR					4.

If required , is VTE prophylaxis prescribed	Review EPR					4.
<u>ELEMENTS OF CARE</u>						
Safe care and treatment						
Are observations recorded at least once per shift	Review EPR					4.
Modified Early Warning scores above 3 are escalated to medical staff/outreach	Review EPR					4.
Is there an accurate record of fluid balance if applicable	Review EPR					4.
Are all risk assessments recorded accurately and reviewed	Review EPR					4.
For patients at medium/high risk of falls- have action plans been put in place	Review EPR					1. 4.
Are bed rails assessments completed appropriately and reviewed if patients condition changes	Review EPR					4.
Is there an estimated discharge date recorded -EDD	Review EPR					4.
Is comfort check documentation describing the patient needs, and completed at appropriate intervals (1hrly overnight)	Review EPR					1. 4.
All patients have a pain assessment recorded on admission and reassessment appropriate to patient status and severity of pain	Review EPR					1. 4.
Are anti-embolism stocking care plans completed daily	Review EPR					1. 4.

with leg measurements and stocking size recorded						
<u>MANAGEMENT OF MEDICINES</u>						
Safe care and treatment						
Do you receive medication as prescribed in a timely way	Ask Patient					4.
When giving medication, Staff check the identity of patients including unit number on ID band, also checking allergies prior to drug administration	Observe					4.
Staff explain prescribed medications to patients, including side effects	Observe					4.
If medications have been omitted, has the reason for omission been documented	Review EPR					4.
Oxygen has been prescribed and is signed for	Review EPR					4.
Were you asked if you would like to administer your own medications (if appropriate) and were you supported to do this?	Ask Patient Observe					1. 4.
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					1. 4.
Have you read the updated Medicines administration procedure?	Ask Staff					4.

Staff comply with standards for controlled drug administration	Ask staff/observe					4.
<u>INCIDENT REPORTING</u>						
How would you escalate concerns should an incident occur	Ask Staff					4. 9.
Do you feel able to report incidents and give an example of when this may be required	Ask Staff					9.
Staff receive feedback on reported incidents	Ask Staff					9.
Can you demonstrate learning from incidents within your areas	Ask Staff					9.
<u>Part B</u>						
<u>MEETING NUTRITIONAL NEEDS</u>						
Nutrition and Hydration						
Protected mealtimes are adhered to by staff (patients are not disturbed whilst eating their meal, for e.g. By medics, xray, physio etc)	Observe/ask patients					6.
Are patients prepared for meal times	Observe					6.
Staff give assistance to patients at mealtimes as required (red trays in use)	Observe					1. 6.
If the patient required specialist aids are they visible, documented in the care pathway as being required	Observe/EPR/ask patient					1. 6.

Are the nutrition requirements of the patients being met, special diets?	Ask patients, observe weight and MUST scores					1. 6.
Are patients aware they can receive a snack / drink when they want 24/7	Ask patients					1. 6.
Do patients receive their menu choices?	Ask patients					1. 6.
Have patients got a MUST assessment completed appropriately?	Review EPR					6.
<u>SAFEGUARDING PEOPLE WHO USE SERVICES FROM ABUSE</u> safeguarding						
Staff are aware of the process of dealing with children (0-18) in the adult ward environment	Ask Staff					• 5.
Staff are aware of their role as an alerter (escalator) for both children and adult safeguarding	Ask Staff					5.
Can staff recognize a safeguarding situation	Ask staff					5.
Can staff name the Safeguarding leads for the Trust	Ask Staff					5.
Patients capacity is assessed in line with Trust Policy	Review EPR/documentation					5.
Can staff describe the steps required when a patient lacks	Ask Staff					5.

capacity (e.g. NOK, friend, best interests, IMCA)						
Can staff describe when a Deprivation of Liberty Safeguard (DOLS) authorisation might be required	Ask Staff					5.
<u>END OF LIFE</u>						
Person centred care						
Are DNAR/Ceiling of Care orders fully completed with an appropriate review date	Review EPR					9.
Staff can describe the process of accessing chaplaincy and spiritual care services	Ask Staff					9.
Staff are aware of where to seek advice regarding symptom control in End of Life care	Ask staff					9.
Staff are aware of who to contact out of hours for End of Life advice	Ask Staff					9.
Appropriate End of Life care planning is evident	Review EPR					9.
Staff are aware how to address Preferred Priorities of care with patients at the End of life	Ask Staff					1. 9.
Staff are aware of how to facilitate discharge home to die if the hospital is not their preferred place of death.	Ask Staff					1. 9.
<u>TISSUE VIABILITY</u>						
Safe care and treatment						

If a patient is a medium or high risk of developing a pressure ulcer staff can explain the preventative measures required	Ask staff					1. 9.
Is there evidence to support pressure ulcer prevention and care	Review EPR					9.
Staff are aware of the process of ordering correct pressure relieving devices	Ask staff/ Review EPR					9.
Staff are aware of how to access advice about tissue viability	Ask Staff					9.
If a patient develops a grade 2 or higher pressure ulcer, staff are aware of the correcting reporting process	Ask Staff					9.

Standard Two

Keeping Patients Safe-Environment

<u>CLEANLINESS AND INFECTION CONTROL</u>	Source	Yes	No	N/A	Comments	CQC fundamental standards
Is the ward/department clean (first impressions)	observe					7.
Are bed spaces clean, tidy and obstruction free at all times	observe					7.
Is bed linen clean	observe					7.
Are nurse call bells in reach for every patient	observe					4. 7.
Is the bed space set up effectively for the level of care the patient requires	observe					1. 4. 7.
Are nurses stations clean and tidy	observe					7.
Are patient identification boards above each bed space completed	observe					7.
Are bathrooms and toilets appropriately signed for different genders	observe					7.
Catheters are secured appropriately in place and are not in direct contact with the floor	observe					4.
Can staff describe process for isolating patients with an infection	Ask staff					9.

What decontamination procedures are required for commonly used equipment	Ask staff					7.
Are nursing staff professionally presented	observe					11.
Are medical staff bare below the elbows in the clinical area	observe					11.
Evidence of weekly completed hand hygiene audit	observe					9.
Alcohol rub is directly accessible at the point of care	observe					7.
Ward cleaning rotas are evident and are completed	observe					9.
<u>MANAGEMENT OF MEDICINES</u>						
Safe care and treatment						
Are medications locked away and not on display	Observe					4. 9.
Are medications left on patient lockers	Observe					4.
Are the medication keys with the appropriate member of staff	Observe					4. 9.
Staff check controlled drugs and complete the ward CD register stating date, time, noting record as correct or incorrect. 2 signatures are evident and CDS are stored in an appropriate locked metal cupboard	Review CD register					4. 9.
<u>SAFETY, AVAILABILITY AND SUITABILITY OF EQUIPMENT</u>						
Premises and equipment						

Staff check there is sufficient equipment available to deliver care to patients	Observe					4. 7.
Before use, staff ensure that equipment is fit for purpose and is within date for the annual check, clean and easily accessible	Observe					7.
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.	observe					4. 7.
Resuscitation trolley is clean and sealed. Checking schedules are complete	Observe					7.
Are fans clean and fit for purpose	Observe					7.
Check the use by date of 20 items of stock – are they suitable for use?	Observe					7.
<u>SAFETY AND SUITABILITY OF PREMISES</u>						
Premises and equipment						
Staff are careful about confidentiality and data protection e.g. patient information is not left on display on computer screens	observe					7. 9.
How would you access security staff (what is the tel num?)	Ask staff					9.
How would you evacuate the ward in an emergency? Where is the evacuation plan	Ask staff					7. 9.
Do you feel safe and supported within the ward environment	Ask staff					7.
Did we meet your expectations in relation to accommodation	Ask patients					7.

Safety crosses demonstrating number of days since last fall and last pressure ulcer are complete and visible.	observe					9.
Ward Information Monitor is up to date	observe					9.
Is the treatment room clean and clutter free?	Observe					7.

Standard Three						
Keeping Patients Safe-Staff Training	Source	Yes	No	N/A	Comments	CQC fundamental standards
Is there a medical equipment competency file for each member of staff and does it demonstrate competency. (Observe your selected staff members)	Ask WM/ Observe					10. 11.
Does the ward manager keep detailed training records for each staff member	Ask WM					10. 11.
Is there evidence of in house teaching within the area	Ask staff					10. 11.
What other areas of skill and knowledge are taught/how tested	Ask WM					10. 11.
Newly Registered nurses are assessed as competent in delivering IV fluids/meds (Preceptorship)	Review competency files					10. 11.
Are staff are competent with the use of McKinley syringe driver	Ask Staff/Observe Review competency files					10. 11.
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					10. 11.
Is there evidence of annual mentor updates and completed triennial review	Ask WM					10. 11.
Is Preceptorship documentation up to date	Ask WM					10. 11.
Appraisal and development objectives are evident (Observe your chosen staff records)	Ask WM/ Observe					10. 11.
Explain situations where support has been given to staff re meeting their objectives set in their appraisal	Ask WM					10. 11.
Do appraisals identify the leadership requirements of the ward/department manager	Ask WM					10. 11.
Are new starter local inductions carried out within the 7 day time frame	Ask WM/Review Induction checklist					10. 11.
Rostering is visible and completed at least 4 weeks in advance	Ask WM					10. 11.
Can staff access these policies e.g. Equality and diversity, dignity at work, bullying and harassment, violence and aggression are used in practice	Ask staff					10. 11.
Staff are up to date with MCA 2005, Safeguarding Adults and Children Mandatory training.	Ask WM					10. 11.

Standard Four						
Being effective	Source	Yes	No	N/A	Comments	CQC Fundamental standards
<u>RESPECTING AND INVOLVING PEOPLE WHO USE SERVICES</u>						
Were you involved in the planning of your care needs	Ask patient					1.
If you did not agree with your planned care did you feel able to change your mind?	Ask patient					1. 12.
Have the patients concerns being listen to and acted upon if so is this documented in the health record	Ask patient					1. 12.
Were you given the opportunity to ask questions for clarification of your planned care and treatment	Ask patient					1. 12.
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					3. 12.
Have you been given sufficient information for you to make informed choices throughout your journey	Ask patient					1. 3. 12.
Were you asked if you would want your family member to be involved in your care giving	Ask patient					1.

If you wanted your family member to be involved have the patients family been offered to assist in their care	Ask patient					1.
Have the concerns of relatives been listened to and acted upon if so is this documented in the health record?	Review EPR					1. 12.
Were you involved in the care planning of your family member	Ask Relative					1. 12.
Do clinical records contain documentation of verbal communication between Healthcare professionals and patients/family/carers	Review EPR					9.
Staff can give examples of MDT decision making regarding patient care	Ask staff					9.
Is the patient aware of their estimated discharge date	Ask patient					1. 4. 9.
Were you given health promotion advice	Ask patient					1.
Do you feel you can ask staff for support or help	Ask patient					1. 12.
Do you feel your views and experiences are listened to	Ask patient					1. 12.
Do you know the names of the nurses caring for you	Ask patient					9.
Do you know the name of your Consultant	Ask patient					9.
Do the doctors and other staff like radiographers introduce themselves	Ask patient					9.
Do you have confidence and trust in the staff caring for you	Ask patient					4. 11.

Have you received safe compassionate care throughout your journey	Ask patient					4. 11.
Has your privacy and dignity always been considered throughout your journey	Ask patient					2.
Discussions and treatment are carried out in privacy e.g. curtains are pulled around the bed	Ask patient					2.
Throughout your stay, have we maintained your confidentiality	Ask patient					3. 9. 11.
Can you explain the information governance surrounding the transportation of patient identifiable data	Ask staff					9.
<u>COMPLAINTS</u>						
If you wanted to make a complaint would you feel comfortable in approaching the nursing / medical staff	Ask patient					8.
What is the Trusts complaints procedure	Ask staff					8.
Can you demonstrate learning from complaints within your areas	Ask staff					8.
Staff can identify common themes that have arisen from complaints	Ask staff					8.
Enough staff are rostered on for the dependency of patients on that shift	Ask WM					10.
Have patients only had use of single sex accommodation and toilets/bathrooms etc.	Ask patient					7. 9.

Standard Five

Leadership	Source	Yes	No	N/A	Comments	CQC Fundamental standards
How would you escalate concerns about staffing levels	Ask staff					10.
How would you escalate concerns in line with the Speak Out Safely campaign	Ask staff					9. 10. 11. 12.
Does the Directorate hold ward manager meetings to discuss operational issues	Ask ADNS					7.
Patients have the opportunity to speak with the ward manager	Ask patient					1. 12.
Relatives have the opportunity to speak with the ward manager	Ask patient/relative					1.12.
Communication of team brief	Ask staff					9.
Volunteers treated as part of the team	Ask volunteer					12.
Do staff know how to print a Missed dose medication report?	Ask staff/ Ask WM					9.
Are staff aware of how to print a BCP for EPR?	Ask staff/ Ask WM					9.

How would you escalate concerns if no action was taken against areas of risk	Ask WM					
Evidence of Ward Meetings	Ask WM					9.

Standard Six:						
Friends and Family- Responsive to people's needs	Source	Yes	No	N/A	Comments	CQC fundamental standards
Did you feel able to ask questions of hospital staff regarding the care delivered to your relative?	Ask Relative					1.4.12.
Did staff meet and greet you in a respectful and courteous manner?	Ask Relative					12.
Do you have confidence and trust in the healthcare professionals looking after your relative?	Ask Relative					4. 12.
Did the ward meet the dietary requirements of your relative?	Ask Relative					6.
Were you allowed to stay with your relative during meal times?	Ask Relative					6.
Are you aware of the estimated discharge date of your relative?	Ask Relative					1. 4. 9.
Have you been involved in the discharge planning for your relative?	Ask Relative					1. 4. 9.

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	Very clean	Fairly clean	Not very clean	Not clean At all	7.
Do you feel your relative was cared for in a safe environment?	Ask Relative					4. 7.
Do you feel enough staff were on duty to meet the needs of your relative?	Ask Relative	Always	Sometimes	No		10.
Do you feel your relative's confidentiality has been maintained?	Ask Relative					3. 9. 11.

Standard	Level	To be Added to Ward/Dept Risk Register Y/N	To be Added to Directorate Risk Register Y/N
1- part A			
2			
3			
4			
5			
6			

Overall Score =