

Board of Directors (Public)

Item 3.2

Board Report

Subject: Excellent, Compassionate and Safe Assessment
Date of meeting: 20th October 2015
Prepared by: Joan Matthews Head of Nursing and Quality Corporate
 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 Essential Standards of Quality and Safety (ESQS) assessment process was launched in 2011 across the Trust. Over the last three years this process has been refined to be a comprehensive monitoring of the standards for care delivery within our wards/departments, but also aligned to the Care Quality Commission (CQC) fundamental standards.

This monitoring system proved successful in measuring ward/department compliance of safe care delivery. The Board of Directors were appraised of the outcome following presentation at the relevant assurance committee.

In 2014, the CQC changed their assessment criteria of NHS healthcare organisations. This was in line with changes made to the inspections teams and criteria for inspections. The CQC therefore identified a selection of healthcare organisations for pilot inspections based upon their re-release of the fundamental standards which were launched in April 2014.

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 documentation and assessment approach was redefined and reflects a thorough review of the standards within our wards, theatres, community areas and catheter laboratories. The Excellent Compassionate Care (ECS) document and process was re-named following Trust wide consultation and involvement from multi-professional colleagues with the final document and process approved by the Board of Directors in March 2015. Appendix 1.

2. Assessment Process

Two independent assessors were identified to undertake the ECS review for each area; the assessors were substantive ward managers and senior nurse managers who had not been involved in the management of that ward /department area. Cardiology ward managers and senior nurses undertook the assessment in surgery whilst medical ward managers undertook the assessment in surgery. A 40% representation of patients, relatives and staff was required in the question sections of the assessment. The focus on quality and safety within each ward/department area consisted of:

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

Each assessment was performed over a two day period which was unannounced, in some instances the time period was longer and dependent upon activity, acuity and the ability to reach individual patients during their care pathway. The assessment was performed using the computer system on the ward /department and the use of an IPAD, which was configured for each ward area. Each ward personalised their assessment proforma to ensure the specialities were captured i.e. theatres process did not reflect a ward process due to their patients mostly being sedated, or having had a pre medication and their environment is different from that of a ward.

Following each assessment a review panel met to discuss the assessment and the outcomes from the assessment. The review gave the assessors, the ward manager and the review panel the opportunity to challenge the outcomes of the assessment. The panel consisted of:

- The Director of Nursing and Quality
- The Head of Nursing and Quality for the Division being reviewed
- The Lead for the ECS process
- The ward manager of the ward/department/community area assessed

- The two independent assessors

Additional information in regards to performance measures was presented by the ward manager to inform the post assessment review, this included sickness absence, skill mix and staffing and competencies of staff. (appendix two) Actions identified from the review panel were compiled into an action plan by the relevant ward manager which will be monitored and progressed by the appropriate Divisional Governance meetings.

Scoring the assessment

The score for each element of the assessment was calculated from the actual percentage of positive answers for all the questions in all the sections in each element. From the questions that are answered yes this becomes a positive response and therefore the percentage is worked from the positive answers within each element which results in the overall percentage as detailed in the chart below.

3. Assessment of Results

Ward/Division	Keeping patients safe (A)	Keeping patients safe (B)	Keeping patients safe (environment)	Keeping patients safe (Training)	Being Effective	Leadership	Responsive to patients needs
Surgery	Score = %						
Elm	93	98	92	99	95	96	99
Cedar	96	99	99	98	97	100	99
SAU	92	95	94	100	93	86	98
Oak	83	89	96	97	77	69	79
Theatres	93	85	88	86	85	91	100
Critical Care	95	89	94	100	98	82	98
Medicine	Score						
Birch	99	98	96	94	98	97	99
Maple	94	98	98	100	96	94	96
Cherry	83	84	92	96	88	67	88
CCU	98	95	93	94	87	100	85
Holly	88	79	95	100%	67	65	93
Cath Labs	90	89	93	97	91	84	100
Community	Score =%						
COPD/CVD	100	99	98	99	98	97	97

The assessments has shown eleven areas to be rated as good, with two areas being assessed as requiring improvement; Holly Suite and Oak ward These wards will be re-

assessed in November 2015. The assessments will be unannounced with the team consisting of the Lead for ECS, the care support Sister and the Matron for Clinical Services.

Results Holly Suite – Oak Ward outcome which require Improvement

Ward	Standard	Good practice	Standard	Improvement required	Action
Holly	Keeping patients safe training 99%	Evidence of in house training and teaching taking place for the teams	Keeping patients safe B 79%	Protected meal times not adhered to	Observation of practice by the ward manager. Reiteration to staff that patient meal times should not be interrupted.
				MCA and DOLS awareness. Staff were unaware how to complete the assessments	Lead for Safeguarding to deliver training within the ward.
				Staff unaware how to order pressure relieving devices	Tissue viability specialist nurse to deliver awareness training
				Staff unaware how to seek symptom control information from end of life team. Preferred priorities of care and rapid discharge awareness not known amongst staff	Specialist nurse to provide the awareness training
			Being	No evidence	Ward Manager to provide

			effective 67%	of families being offered the opportunity to be involved in the care	awareness to staff
				Care partner for families involvement - care staff unaware of process	Ward Manager to provide awareness to staff
				Health promotion not always delivered to patients and relatives	Ward manager to provide awareness to staff
				Patients did not always know the names of the staff looking after them	Ward manager to provide awareness to staff. Staff to provide their names to patients on admission and complete whiteboards above beds
			Leadership 65%	Staff unaware how to print from the Business continuity system	Training given to staff by ward manager
				Patients did not have the opportunity to speak with the ward manager	Ward manager and nurse in charge to introduce themselves to patients and families.
Oak	Keeping patients safe training 97%	Adequate numbers of nurse mentors for staff	Being effective 77%	Patients did not feel they were involved in their care planning	Care partner identified project plan in place
				Health promotion not always delivered to patients and	Ward manager to provide awareness to staff

				relatives	
				Patients did not always know the names of the staff looking after them. Also other professionals did not inform patients of their name	Ward manager to provide awareness to staff. Staff to provide their names to patients on admission. "Hello my name is" initiative to be re-launched on the ward"
				Estimated discharge date not always documented	Monitoring of documentation by ward manager
			Leadership 69%	Staff were unaware of the Speak out safely campaign for staff	Ward manager to ensure all staff are aware of the methods to raise concerns
				Patients did not have the opportunity to speak with the ward manager	Ward manager and nurse in charge to make themselves known to patients and families.
				Staff unaware how to print from the business continuity system	Training given to staff by ward manager
				Staff unaware how to print missed medication doses from EPR	Training given to staff by ward manager
				Staff did not receive feedback from team	Ward manager to ensure feedback is given following each team brief

				brief	
			Responsive to patients needs 79%	Patients unaware of their planned date of discharge	Education champion identified to lead training
				Relatives not involved in discharge planning	Ward manager to ensure discharge process is discussed with staff to include involving relatives.

All action plans will be reported through the relevant Divisional Governance Committee until all actions are completed.

With regard to the areas that have scored good they will be reassessed in March 2016. However, if any ward shows deterioration in the standards of care delivery they will be reassessed earlier.. This information may come from a rise in complaints, patient harms, outcomes or from patient and family feedback.

Good practice identified from the assessments of the eleven areas with an outcome of good

There are eleven ward/community areas that received an outcome of good for their assessment. Below are some of those positive aspects from the assessments.





- Staff are aware how to report an incident and could demonstrate feedback given from incidents reported within their areas
- Infection prevention measures were good across all areas with isolation of patients taking place in a timely manner
- Changes in ward manager leadership for some areas were highlighted as being excellent with new managers changing practice on their areas positively.
- Training records kept and monitored to ensure staff maintained up to date competencies within ward areas, all areas could demonstrate competency folders for their staff were in place.
- Friends and family questions answered positively in ward areas, all patients complimentary about the areas they were in. Patients thought staff were very friendly, and teams very approachable. Patients expressed their thought on the cleanliness of ward areas saying they were very clean.
- Tissue viability documentation and knowledge of procedures and access of equipment throughout team. Staff across all areas were aware how to access the specialist nurse and order the specialist equipment required for our patients.
- End of life care documentation awareness of policies within teams. This has improved from the previous ESQS assessments, with all areas aware of who the team are and how to access their specialist knowledge.
- Nutrition documentation and awareness of MUST risk assessment within teams. Previously on ESQS assessments this was not performed accurately. Now an electronic referral is made to the dietician for review.
- Excellent mandatory training figures across all ward/community/department areas for staff.

Areas for improvement - Thematic Analysis

Improvement	Action	Person Responsible
1. Nursing documentation omissions within flow sheets with copy forward being used on many occasions.	Review meeting highlighting nursing documentation sessions for September and November 2015. September meeting successful with actions identified for ward/departmental managers. Nursing documentation standard being developed. Documentation tool development for monitoring in ward areas	Joan Matthews/ Lyndsey Marsh/ Katie Mulhearn /Sue Pemberton/ Angela McKenna
2. Escalation of care not always documented	Mindray observation testing to commence 12-10-15 information and alerting direct in to EPR. Allscripts developing the hybrid to enable transfer of information directly in to EPR	Joan Matthews/Jo Shaw/Peter Hannaford
3. Cleanliness and tidiness of ward/department. Monitoring of general cleanliness to be developed	Role of housekeeper to be re-visited October/November 2015	Lisa Salter/ Carolyn Cowperthwaite
4. Storage of medication, in some areas drugs were not locked in cupboards, although locked behind swipe access doors. Drugs observed on patient locker tops in some areas.	Monitoring of areas through Division	Lisa Salter/ Carolyn Cowperthwaite
5. Staff feedback re- complaints and incident reporting. Some staff saying they did not receive feedback through team communications.	Monitoring of areas through Division Datix risk management software system being implemented 2015/2016. This will allow staff to see actions placed against reported incidents	Lisa Salter/ Carolyn Cowperthwaite Mark Jackson/ Helen Martin
6. Nurse call bells not always in reach. Senior nursing team	Monitoring of areas through Division	Lisa Salter/ Carolyn Cowperthwaite

to perform monitoring through walkabouts regularly on ward areas		
7. Missed medication doses	Audit performed – Actions being developed for further monitoring (October 2015)	Lisa Salter/ Carolyn Cowperthwaite

Following the assessments and panel review each ward is given a rating of Inadequate, requires improvement or good. The parameters are listed below.

Rating			Outcome	Award
Inadequate	5 red / amber standards in total	Level 0	Re assess in 2 months	
Requires Improvement	3-4 red/ amber standards in total	Level 1	Reassess in 4 months	
Good	1-2 red / amber standards in total	Level 2	Reassess in 8 months	
GOLD – Outstanding	To apply for ECS gold status 3 consecutive green assessments are required	Level 3	Reassess 12 monthly	

Each ward area will receive a certificate that will be displayed outside their ward areas following the assessments with the results of the outcome; this will inform patients and their families of the assessed standards within the ward area. Appendix 3.

4. Improvements for further assessments

Changes to the IT systems used for the assessments will require further development moving forward, using an IPAD has proven difficult for some areas with the IPAD not working as efficiently as required. Development of the assessment tool will change going forward, and learning from each assessment will form part of the assessment process.

5. Conclusion

The first ECS assessments have now concluded with findings concluding two ward/department areas of the Trust requiring re-assessment. Actions have been identified following these assessments from all ward/community areas which will be monitored by the respective Divisional Governance Committees until completed. The ECS lead will continue to lead this work going forward to provide a consistent approach to assessments. The Board will be updated with the second assessment results for Holly Suite and Oak ward in December 2015.

6. Recommendations

The Board of Directors to receive the results of the Excellent, Compassionate and safe assessments across the clinical areas in the Trust and to receive assurance of the good practice highlighted and the plan to address the areas highlighted for improvement.

The ECS Framework - 2015

Date:
Ward and Specialty:
Ward Manager
Nurse Assessors:
Assistant Director of Nursing Service:

Overall Score

Date action plan due

ECS Assessment & Process

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. Friends and Family-Responsive to people's needs

Assessment Process

1. Two members of the senior nursing team will select a day or further 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.

3. Each ward will have an assessment completed and will be accredited with a level. Reassessment will take place at a time interval dependent upon the results:
4. Following the assessment the Ward Manager/ HON 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 / HON will be given 2 weeks 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 Director of nursing and HON responsible for that area to approve and endorse in practice.
7. Action plans must then form part of every ward team meeting and Ward Manager /HON to track progress.
8. If the ward achieves red status then the Ward Manager will have an appraisal completed by the HON, with clear objectives set.
9. Progress reports will be received by the Trust Board and the Trust Governors
10. The ECS results must also be included in Service Reviews and in Executive Ward Rounds

Excellent, Compassion & Safe (ECS)

The Trust has set a goal of all wards achieving ECS status by the end of 2017. 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 maintained Level 2 ECS (green) for 24 months – a total of 3 ECS assessments.
- Ward Teams will also have to present to an ECS Panel 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. ESC 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 ECS to complete on a yearly basis.
- 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.

Red Wards

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

Amber Wards

- Wards that fail to achieve above Amber status on two concurrent assessments, unless there are extenuating circumstances, will be reviewed by HON for that area and Director of Nursing.
The Ward Manager will have an appraisal completed by the HON/DNS and clear objectives will be set.

Element: Keeping Patients Safe	Source	Yes	No	N/A	Comments	CQC Fundamental standards
Part A CLINICAL RECORD KEEPING -						
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.
ELEMENTS OF CARE 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	Review					1. 4.

in place	EPR					
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 with leg measurements and stocking size recorded	Review EPR					1. 4.
<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/obse					4.

	rve					
<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 eg. 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/doc umentatio n					5.
Can staff describe the steps required when a patient lacks capacity (e.g NOK, friend, best interests, IMCA)	Ask Staff					5.
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.
		Red					
		Amber					
		Green					
	Best Practice/Comments						

Nursing Core Standard: Keeping Patients Safe-Environment				
<u>CLEANLINESS AND INFECTION CONTROL</u>				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,	Review CD			4. 9.

time, noting record as correct or incorrect. 2 signatures are evident and CDS are stored in an appropriate locked metal cupboard	register				
<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 eg 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.
	Red				
	Amber				
	Green				
	Best Practice/Comments				

Nursing Core Standard: Keeping Patients Safe-Staff Training						
Element: Keeping Patients Safe-Staff Training	Source	Yes	No	N/A	Comments	CQC fundamental standard
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 their 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 eg 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.
	Red					
	Amber					
	Green					
	Best Practice/Comments					

Nursing Core Standard : Being effective						
Element: Being Effective	Source	Yes	No	N/A	Comments	CQC Fundamental standard
<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 eg 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.
	Red					
	Amber					
	Green					
	Best Practice/Comments					

Nursing Core Standard: Leadership	:	
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Element: 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.
	Red					
	Amber					
	Green					
Nursing Core Standard: : Friends and Family- Responsive to people's needs						
Element:	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.
	Red					
	Amber					

	Green				
	Best Practice/Comments				

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

Overall Score =

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 ECS panel If awarded – ECS review panels on a 6-12 month basis	Level 3	Reassess in 12 months

Action Plan due =

Appendix 2 - ECS review document

Suggestions of Supportive evidence for The ECS Assessment Framework.

Area of evidence	Requirement	Data/Comments	Action required
Dashboard	<ul style="list-style-type: none"> Review and provide most recent -Sickness figures, YTD & Month -Dementia assessment completion -VTE Compliance -MUST Tool compliance -Smoking Assessment completion 		
Patient Experience Friends & Family	<ul style="list-style-type: none"> Review & Provide compliance % Provide evidence of how you share feedback Provide example of recent comment 		
Staff Experience Staff Survey	<ul style="list-style-type: none"> What % of staff completed staff survey Evidence of progression through Action Plan Culture survey key points 		

STF	<ul style="list-style-type: none"> • STF free days 		
TV	<ul style="list-style-type: none"> • Last ward acquired grade 2 or above PU 		
Infection Prevention	<ul style="list-style-type: none"> • Last MRSA attributed • Last C-Dif attributed • Hand Hygiene compliance% • Clean Trace Compliance % • Last Needle stick injury • ANTT compliance % 		
Dashboard The Education Centre	<ul style="list-style-type: none"> • Mandatory % • Appraisals % • Local Induction Compliance • Conflict resolution compliance % • IG compliance % 		
Attendance in last 6 months	<ul style="list-style-type: none"> • EOL meeting • TV • STF • Blood transfusion • NUT group 		
Risk/Safety	<ul style="list-style-type: none"> • Is Deptment /ward Risk register up to date and 		

	shared with staff <ul style="list-style-type: none"> • How many Moderate/Major risks are there? 		
Safeguarding	<ul style="list-style-type: none"> • MCA training % • DOLS % 		
Safe Staffing	<ul style="list-style-type: none"> • Bank/Agency usage % • Vacancies • Ward Monitor displays correct Expected/Actual for today 		
Complaints/Concerns	<ul style="list-style-type: none"> • Date of last complaint • Evidence of learning 		
Miscellaneous	<ul style="list-style-type: none"> • Pharmacy fridge temperature compliance % • Lapses in professional registration • Ward Cardiac arrest figures 		
Finance/Resource Management	<ul style="list-style-type: none"> • Ward manager can access budget report • Is ward under/overspent (Discuss) 		

Assessment Outcome

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

Appendix 3 – Ward Certificate

Elm Ward

Has been assessed for providing
**Excellent
Compassionate
Safe Care**
on

Day, Date, Year

The overall outcome for Elm Ward is

GREEN

The next assessment for Elm Ward will
be performed in March 2016.

If you would like an explanation of this assessment, please do not
hesitate to ask our Ward Manager or the Nurse in Charge.