

Council of Governors

Date:

6th March 2018

Agenda item:

22

Title:

Ward & Outpatient
Accreditation Programme


Items:


- Presentation

Ward and Outpatient Accreditation Programme



WARD AND OUTPATIENT ACCREDITATION AIM

- 
- Recognise and incentivise high standards of care
 - Provide assurance that regulatory requirements (CQC fundamental standards) are being met
 - Standardise care at ward and departmental level
 - Identify where improvements are required

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- Scored against performance indicators for each of the CQC domains
 - Based on levels of performance over the last 6 months
 - Graduated score 1 - 3 for level of performance
 - **Need to achieve 75% or more in each domain**

OUTPATIENT ACCREDITATION: FOUNDATION LEVEL

Assessment based on data routinely collected
and observations of practice
18 of 20 areas achieved Foundation Level to date



Department	Foundation		Current Level Achieved	Most recent assessment					
	Date achieved	Number of attempts		Date	Safe	Caring	Effective	Well Led	Overall
Ambulatory Care	Mar-16	1	Foundation	Mar-16	80%	93%	78%	100%	88%
Breast Clinic	Mar-16	1	Foundation	Mar-16	76%	93%	80%	80%	82%
Diabetes	Mar-16	1	Foundation	Mar-16	100%	100%	80%	75%	89%
Fracture Clinic	Mar-16	1	Foundation	Mar-16	95%	80%	92%	100%	92%
Gynaecology	Mar-16	1	Foundation	Mar-16	86%	93%	80%	80%	85%
MTU	Mar-16	1	Foundation	Mar-16	80%	100%	80%	75%	84%
Pre-op Assessment	Mar-16	1	Foundation	Mar-16	100%	100%	87%	87%	93%
Respiratory	Mar-16	1	Foundation	Mar-16	78%	80%	87%	80%	81%
Sexual Health	Mar-16	1	Foundation	Mar-16	80%	100%	75%	100%	88%
Urology	Mar-16	1	Foundation	Mar-16	81%	80%	92%	87%	84%
Vascular	Mar-16	1	Foundation	Mar-16	80%	87%	89%	80%	83%
ENT	Oct-16	2	Foundation	Oct-16	80%	80%	92%	87%	84%
Oncology, Haematology	Oct-16	2	Foundation	Oct-16	100%	93%	75%	100%	93%
Ophthalmology	Oct-16	2	Foundation	Oct-16	80%	87%	83%	100%	88%
Oral Surgery	Oct-16	2	Foundation	Oct-16	100%	100%	92%	87%	94%
Gastroenterology	Aug-17	3	Foundation	Aug-17	87%	93%	100%	100%	94%
Neurology	Aug-17	3	Foundation	Aug-17	93%	87%	78%	100%	90%
Pain Clinic	Aug-17	3	Foundation	Aug-17	87%	93%	80%	89%	87%
Cardiology	x	3		Aug-17	73%	80%	53%	78%	70%
Dermatology	x	3		Aug-17	93%	100%	67%	100%	89%

OUTPATIENT ACCREDITATION: NEXT STEPS

Outpatient Accreditation Timetable	Date due
<p>Foundation assessment</p> <ul style="list-style-type: none">• Complete feedback meetings in 2 areas (not achieved) on Foundation reassessment• Reassess areas• Assess Rheumatology Outpatient areas	<p>Completed Nov 17</p> <p>Dates tbc</p> <p>March 2018</p>
<p>Develop indicators for Foundation level Admission Suite</p> <ul style="list-style-type: none">• Assess Admission suite	<p>Completed Dec 2017</p> <p>Feb 2018</p>
<p>Bronze assessment</p> <ul style="list-style-type: none">• Bronze indicators drafted : to be agreed• Assessment of all areas	<p>Feb 18</p> <p>Timetable being developed (commence March 2018)</p>

WARD ACCREDITATION: BRONZE LEVEL

- All wards including Mary ward and Emergency Department have achieved Foundation level
- Bronze level : 74 indicators
 - Data routinely collected
 - Observations of care and environment
 - Interview with Senior Sister/ Charge Nurse
 - Interviews with ward staff
 - Interviews with patients

EXAMPLE OF BRONZE TOOLS

Accreditation		Accreditation	Senior	Patient	Ward Staff Questionnaire (Bronze)			
Questions	Section	Section	Ward	Questions	Staff 1	Staff 2	Staff 3	
Observer	Quality	Security	Name of Question	Are you at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the definition	Area	Private	Can the process	Do you plan	Are staff able to identify vulnerable patients on the ward at this time? (e.g. learning disabilities, mental health, DoLS, patients at risk of leaving the ward unattended) (Observers confirm by checking on PAL on Millennium and on Whiteboard or			
Who is it for?	Area	Staff friend	Can the responsibility	Are hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Where is the place	Area	Staff delivery	Is there a duty (incl	Do you	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
End of Office	Area	Staff badge	Can the \$ for allocation	Do staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other Is clin	Area	Beds during	Are there	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
nursing record	Area	Staff curtain	Tissue V Falls	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Observed at the	Area	Staff as per	Infection	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
appro	Area	Staff dignit	Dementia	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Observed of har	Area	Staff Resuscit	Safeguard	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are patient	Area	Staff Named a	Resuscit	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do staff answer	Area	Staff Named a	Named a	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
quest	Area	Staff Named a	Named a	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Observer in an	Area	Staff Named a	Named a	If you n	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WARD ACCREDITATION: BRONZE LEVEL

13 of 27 wards achieved Bronze Level to date

Ward	Foundation		Bronze		Current Level Achieved	Bronze: most recent assessment						
	Date achieved	Number of attempts	Date achieved	Number of attempts		Date	Safe	Caring	Effective	Responsive	Well Led	Overall
Charlotte	Feb-16	3	Sep-16	1	Bronze	Sep-16	88%	82%	75%	78%	76%	79%
Cheselden	Apr-15	2	Sep-16	1	Bronze	Sep-16	84%	83%	78%	78%	80%	81%
Midford	Apr-15	2	Sep-16	1	Bronze	Sep-16	89%	89%	81%	83%	80%	84%
Pulteney	Apr-15	2	Sep-16	1	Bronze	Sep-16	76%	78%	83%	87%	80%	80%
SAU	Apr-15	2	Sep-16	1	Bronze	Sep-16	79%	83%	79%	80%	78%	80%
Waterhouse	Nov-14	1	Sep-16	1	Bronze	Sep-16	76%	92%	76%	94%	83%	82%
William Budd	Apr-16	3	Sep-16	1	Bronze	Sep-16	80%	75%	84%	89%	76%	80%
Cardiac*	Nov-14	1	x	1	Foundation	Sep-16	78%	92%	70%	78%	74%	77%
CCS	Nov-14	1	x	1	Foundation	Sep-16	71%	89%	70%	67%	76%	75%
Combe	Feb-16	3	x	1	Foundation	Sep-16	73%	72%	78%	67%	65%	72%
Forrester Brown*	Nov-14	1	x	1	Foundation	Sep-16	67%	72%	84%	47%	81%	75%
Haygarth*	Nov-14	1	x	1	Foundation	Sep-16	88%	78%	79%	78%	80%	81%
Respiratory*	Apr-15	2	x	1	Foundation	Sep-16	80%	81%	84%	93%	70%	80%
Robin Smith	Feb-16	3	x	1	Foundation	Sep-16	76%	72%	65%	72%	76%	72%
Surgical Short Stay	Nov-14	1	x	1	Foundation	Sep-16	78%	61%	76%	58%	67%	71%
Children's	Oct-16	2	Jun-17	1	Bronze	Jun-17	97%	97%	79%		92%	91%
ACE OPU	Apr-15	2	Oct-17	2	Bronze	Oct-17				78%		78%
CCU	Nov-14	1	Oct-17	2	Bronze	Oct-17					76%	76%
Helena	Nov-14	1	Oct-17	2	Bronze	Oct-17				100%		100%
MAU	Apr-15	2	Oct-17	2	Bronze	Oct-17			75%			75%
Philip Yeoman	Nov-14	1	Oct-17	2	Bronze	Oct-17				83%	76%	77%
Acute Stroke Unit	Nov-14	1	x	2	Foundation	Oct-17		94%		61%		82%
Medical Short Stay	Nov-14	1	x	2	Foundation	Oct-17			65%		70%	68%
Parry	Nov-14	1	x	2	Foundation	Oct-17				83%	71%	74%
ED	Jul-15	1	x	0	Foundation	Not Assessed						
Mary and CDS	May-16	1	x	0	Foundation	Not Assessed						
Violet Prince	Jun-17	3	x	0	Foundation	Not Assessed						

* Cardiac full reassessment at request of Charge Nurse

* Haygarth full reassessment post NIST

* Forrester Brown full reassessment as 2 wards – FB and Pierce

* Respiratory full reassessment triggered by Nursing Indicators


WARD ACCREDITATION : NEXT STEPS

Ward Accreditation Timetable	Date due
Foundation assessment <ul style="list-style-type: none"> Indicators developed for NICU Assess NICU Scope indicators for non RUH Birthing centres Assess non RUH Birthing centres 	Completed March 18 Jan 18 April 18
Bronze reassessment <ul style="list-style-type: none"> Full Reassessment of 8 wards that did not achieve Bronze(in 3 or more domains) 	Feb - March 18
Bronze assessment <ul style="list-style-type: none"> Assess Violet Prince Assess Mary ward Assess ED 	Feb 18 Feb 18 Feb 18
Bronze reassessment <ul style="list-style-type: none"> * Second reassessment in 3 wards that did not achieve Bronze 	March 18
Silver assessment <ul style="list-style-type: none"> Draft indicators for Silver developed : broadened to include Multidisciplinary team Test in one ward 	March 18 April 18
Evaluation of programme <ul style="list-style-type: none"> An evaluation of the programme to commence. 	March 2018
Develop website for accreditation programme	March 2018

THANK YOU



Any Questions?

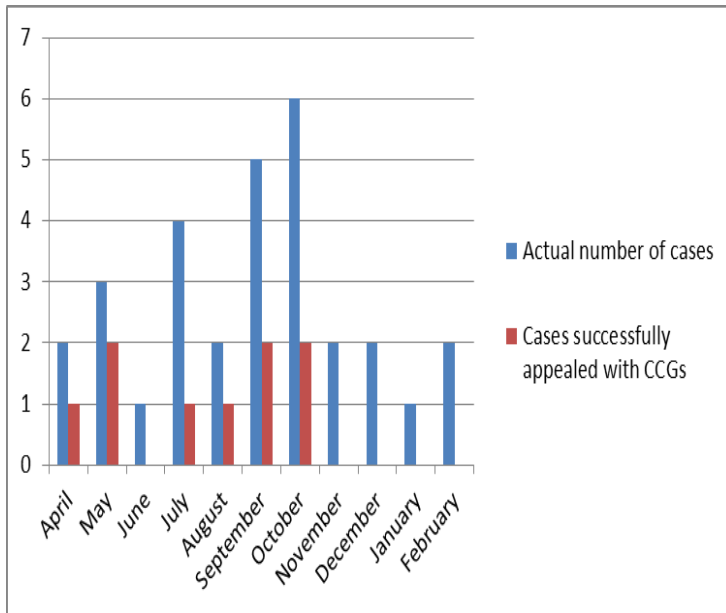


Update on
C. diff and
RCAs

Clostridium difficile performance

Cases reported year to date

Clostridium difficile cases 2017/18



- Year end trajectory is 22 cases
- 30 cases reported year to date
- 9 cases successfully appealed with CCG approval
- A further 2 cases are awaiting review by the CCG C diff panels
- RCAs for February cases are to be completed: these may also be sent for appeal

Reporting and root cause analysis process



Reporting process:

- All new cases reported to Public Health England via the Healthcare Associated Infections data capture tool
- A unique identifier number is assigned to each case by PHE
- Enhanced surveillance information is uploaded onto the data capture system by the Infection Prevention and Control Team

RCA process:

- A meeting will be held usually within the first 72 hours after the case has been diagnosed. The person(s) who will complete the RCA will be identified. Attendees include medical and nursing representation from the ward, Infection Prevention and Control and the matron for the area.
- A second meeting to finalise the RCA is held one week later and any actions will be identified. Attendees include those mentioned above plus a microbiologist, antimicrobial pharmacist and a cleaning manager.
- The completed RCA will be presented to the C diff Working Group and the appropriate divisional governance committee.

Root cause analysis findings

- 'Lapses of care' identified in 19 cases year to date:
- Delay in taking stool sample in 12 cases
- Antimicrobial stewardship concerns in 11 cases (either inappropriate prescribing or lack of review/stop dates)
- Incomplete or inaccurate recording on stool charts in 10 cases
- Delay in isolation in 6 cases
- Hand hygiene compliance less than 95% in 6 cases
- Dirty equipment found on audit in 5 cases

Action plans from C diff RCAs

- Action plan instigated on completion of RCA
- RCAs and action plans signed off at the C diff working group
- All RCAs taken to the divisional governance committees where progress against the action plan is monitored
- Infection Prevention and Control Team visit each area where a C diff infection has occurred and use a swarm technique to observe and audit practice. Educational sessions offered and follow up visits to support staff in the area.