United Lincolnshire Hospitals NHS
NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	Tuesday 4th April 2017
Essential Standards:	Health and Social Care Act 2008 (Regulated Activities) Fundamental Standards of Care

Title:	Improving the Quality of Nursing Care through Ward Accreditation and Nursing Assurance Framework
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Purpose of the Paper:	

The paper informs the Executive Team of the Corporate Nursing's intention to introduce Ward Accreditation to drive the required improvement in nursing care as highlighted in the recent CQC inspection report. It is hoped that the Executive Team will support the development and implementation of the Ward Accreditation Scheme and Nursing Assurance Framework

Background

The CQC reported many examples of how care being provided to patients fell short of best practice. Additionally, criticism was levied at the strength of leadership. The Nursing Assurance Framework outlines the ward to board via the Director of Nursing processes to ensure that action is taken to drive improvement at all level, targeted support is provided where needed and also that nurse leaders are held to account of the standard of nursing practice being delivered to patients (Attached Paper One). Both interventions form part of the response back to the CQC in terms of the improvements the Trust intends to make.

Ward Accreditation will act as the consistent theme through the nursing assurance framework providing nursing metrics for 14 standards; with each standard divided into three domains: Environment, Care, and Leadership (See Attached Paper Two for Ward Accreditation Tool). The SQD and Ward health Check will be aligned to the quantitative/audit data that is required for each standard so bringing together some of the current processes to provide robust oversight. This oversight will be achieved through reviewing different data sources including ward inspections and assurance ward visits.

Ward accreditation was initially implemented at Salford Royal and was highlighted as example of excellence in their last CQC inspection in 2015; where they were rated "Outstanding". The tool is being localised and updated to align with the fundamental standards of care and ULHT policies and guidelines.

Ward Accreditation Process

Each ward is assessed according to the ward accreditation tool and measured against quality improvement targets outlined in the tool and awarded a grade (white, bronze, silver, gold and platinum). The aim is to achieve and sustain gold for over a year so achieving Platinum which is full accreditation. The quality improvement journey the wards follow will be underpinned by ward improvement plans that will be reviewed monthly through the nursing assurance framework.

A Standard Operating Procedure has been developed which provides greater detail of how ward accreditation would work at ULHT (See Attached Paper 3)

Benefits of Ward Accreditation

- Introduces a quality improvement tool at ward level with specified targets and metrics
- Provides robust evidence regarding the regulated activities as outlined in the Health and Social Care 2004 (amended 2014)
- Introduces an consistent approach to holding ward leaders and clinicians to account on quality of nursing care being provided to patients
- Introduces a degree of competition in striving to achieve full accreditation
- Strengthens nurse leadership at all levels but particularly at Ward Manager's Level
- Full accreditation is seen as a marker of good leadership and provides an opportunity to reward good leaders within the organisation.
- Drives reduction in avoidable harm thus leading to future cost savings through the provision of effective care being provided first time every time
- Provides robust evidence to regulators regarding the quality of care being provided to patients
- Instrumental to improving future CQC ratings

Planned Implementation

1. The pilot would be undertaken at Pilgrim Hospital using two PDSA cycles of equal number of wards with each cycle expected to take one month. Ward 6A will be the first pilot ward taking a month
2. The tool would be reviewed in light of the evaluation of the Pilot
3. Ward Accreditation would then be implemented across the Pilgrim site in light of their increased number of falls and pressure ulcers. Again at PDSA approach would be adopted and the timescale expected to be 6 months
4. The next stage would be to implement Ward Accreditation across Lincoln County and Louth; again using a PDSA methodology with a timescale of 5 months.
5. Grantham will be the final site to roll out Ward Accreditation
6. A milestone plan will be formulated to provide greater detail on timescale and KPI's
7. It is proposed that a programme review group should be established to monitor the progress of the project and achieving the specified milestones.

Resources

0.6wte Band 8A Matron is required to project manage the implementation. This is being supported by Grantham					
The Report is provided to the Board for:					
	Decision	X		Discussion	
	Assurance			Information	X
Summary/Key Points: Please see attached documents					

Recommendations: To support the scheme	
Strategic Risk Register Recent CQC inspection rating	**Performance KPIs year to date**
Resource Implications (e.g. Financial, HR) 0.3wte Band 8A being supported by Grantham District Hospital	
Assurance Implications: Review will be integral to the Trust's evidence of achieving assurance with Health and Social Act 2008 (2014) regulatory activities	
Patient and Public Involvement (PPI) Implications: Improved patient experience due to higher quality care being delivered consistently	
Equality Impact - none	
Information exempt from Disclosure	
Requirement for further review?	