

Standard Operating Procedure Ward Accreditation

Background

The Trust’s Ward Accreditation Scheme is a Patient First initiative that was initially introduced at Salford Royal Hospital. The Scheme focuses on engaging staff and empowering leaders to improve standards and quality on adult in-patient wards. It is based on the continuous improvement principle of standardisation – recognising, sharing and sticking to best practice in the interests of patient care.

Wards progress through bronze, silver and gold standards as they achieve their designated targets for consistent practice and performance over a two-year period. The accreditation framework is designed around 14 standards which are aligned to fundamental standards, CQC KLOE, QS, 6 C's and the ten commitments. Each of those fourteen standards are then sub-divided into three domains of:-

- Environment,
- Care, and
- Leadership.

The 14 standards are:

Pressure Ulcer Prevention	Deteriorating Patient
Falls	Infection Prevention
Nutrition	Medicines Safety
Continence	Safeguarding
Pain Management	End of Life
Patient Experience	Patient Flow
Effective Workforce	Risk Management

The scheme sets clear expectations in relation to the quality of care being delivered to patients consistently by trained and appropriate staff. Ward accreditation sets ambitious but realistic goals thus taking wards on a quality improvement journey. The scheme has the following benefits:

- Targets setting consistent expectations of patient care delivery across the Trust
- Provides strong focus to leadership team
- Strengthens leadership
- Improves quality
- Reduces avoidable harm
- Improves patient experience
- Evidences compliance against regulatory standards thus improving CQC ratings
- Improved clinical efficiency and effectiveness
- Sharing good practise

- Introduction of healthy competition between wards

Implementation

1. Ward Accreditation Tool

Each of the fourteen standards of the Ward Accreditation Tool will be sent to the relevant quality forum for discussion and sign off; for instance, medicines safety will be discussed at medicines optimisation.

In conjunction with Deputy Director of Nursing, Patient Safety; the Heads of Nursing and Patient Safety Lead will establish target parameters for each indicator in each standard. This will set using current and benchmarking data. Each target set will also be agreed by the relevant quality forum e.g. Pressure Ulcer Prevention will be signed off by the Pressure Ulcer Committee.

The Tool will be signed off by the Senior Leaders Meeting

Timescale : January – March 2017

2. Baseline Assessment

Using mix of data sources (SQD, Ward Health Check, Safety Thermometer) and triangulation with patient experience and ward visits, the Ward Accreditation Tool will be completed for each ward providing a baseline assessment. That baseline assessment will result in each ward being awarded either Bronze, Silver or Gold. It is anticipated that most wards will initially score Bronze. If any wards score white, the Deputy Director of Nursing will schedule a risk summit to discuss urgent action that is required and a reassessment will be undertaken in the next month. The Deputy Director of Nursing will ensure that the Director of Nursing is fully briefed in such circumstances

Timescale: April 2017 – September 2017 for Pilgrim site
October – January 2018 – Lincoln and Louth Site
February 2018 – Grantham Site

3. Subsequent Assessments

Assessment will be led by a Quality Matron who will work with the Director of Nursing to build an assessment team which will include qualified, unqualified staff, non-executive directors, commissioners and public representatives. These assessments will build on the pathway reviews which have been undertaken to date.

All assessments will be unannounced (except to the assessment team) and will cover review of records, observation of care given, discussion with patients, carers and staff members.

There will be a review of ward performance prior to the visit led by the Quality Matron which will include (but is not restricted to):-

- Copy of any previous accreditation (for 2017-2018)
- Ward Health Check
- Safety Quality Dashboard (full record 6 months)
- Incidents – details from last 6 months (may also pull specific detail of incidents or cluster of incidents if required)
- Complaints – details complaint letters, their responses and action plans
- Student feedback both Nottingham and Lincoln
- Information from Patient Safety Walk Rounds
- Patient Feedback (Friends & Family Test/PALS)
- Length of staff
- DoL/Safeguarding Information
- Ward infection control information including, hand hygiene, Audit Trac, MRSA. CDiff
- E-Roster Summary data
- Safety Thermometer

The table below outlines the frequency of visits depending on assessment level awarded to the ward. It is anticipated that wards will progress through each level so ensuring the ethos of ward accreditation becomes firmly embedded within the organisational culture.

Award	Frequency of Assessment	Definition of Award
White	1 Month	Below basic standards of care
Bronze	2 Months	Meets the basic standards expected for that area
Silver	4 Months	Meets all the standards expected for that area with a clear plan and evidence of improvement
Gold	6 Months	Meets all the standards and is deemed excellent
Platinum (Full Accreditation)	Annual	Sustains Gold for one year

4. Post Assessments

The assessments will highlight to the ward area the improvements required. As such, it will be the responsibility of the ward manager to formulate in partnership with the multi-professional team, an improvement plan using a standard Ward Accreditation template. The improvement plan will have clear milestones and will require robust evidence of completion.

Where a ward is assessed to be either white or on the cusp of being white, immediate actions will be highlighted and the ward is expected to address within 7-10 days. If evidence of response is lacking, a White award level will be determined.

The outcome of the assessment will be validated by the Ward Accreditation Matron and the Deputy Director of Nursing. The final report will be provided to the respective Head of Nursing and Matron within 14 days of the assessment.

The Matron is expected to discuss progress of the improvement plan with the ward manager each month holding them to account on delivery against milestones. Likewise, the Head of Nursing will discuss progress on a monthly basis with the Matron and again hold them account on delivery against the milestones.

The Head of Nursing will be expected to present progress on the Ward Accreditation Assessments and Improvement plans at the monthly nursing quality assurance cabinet which will be chaired by the Director/Deputy Director of Nursing.

The improvement plans and associated evidence will form part of the ward's evidence against regulatory standards

3. Achieving Full Accreditation

Once a ward can evidence sustaining gold accreditation award for one year, they may apply for Platinum status (Full Accreditation). The Director of Nursing, Medical Director and Non-Executive Director who is Chair of Quality Governance will review the application and make the decision regarding award of platinum status.

The process for application will be divided into review of quality, announced inspection, senior leadership interview and presentation of service improvement project.

If successful, the team will be invited to present their quality improvement journey to the Trust Board and receive their full accreditation.

Accredited wards will be identified as an exemplar within the organisation, and be a site for best practice and learning. Those wards who achieve full accreditation will receive greater autonomy

Award Recognition

Award	Recognition	Intervention to achieve next level
White	Status on Ward Patient Safety Board	Risk Summit, additional training, involvement of clinical education team and specialist nurses, leadership development. Support from HR if required. Tailored intensive support depending on findings. Trust –wide development on areas of practice

Bronze	Internal communication strategies Magnet on Ward Patient Safety Board	Improvement plan, tailored support, training. Buddy and coaching for ward leaders
Silver	Internal communication strategies Magnet on Ward Patient Safety Board Silver (background) Trust ID badges for staff	Leadership development course
Gold	Internal communication strategies Magnet on Ward Patient Safety Board Gold (background) Trust ID badges for staff Buddy for another leader Become members of the Nursing Cabinet	Support for ward team to undertake service improvement projects
Platinum	Internal and external communications Magnet on ward patient safety board (Platinum Star) Trust ID badges for staff Ward Leader in a different colour uniform to recognise leadership Ward Manager title to change to Ward Matron to recognise achievement Recognition in staff awards for team Increased autonomy in ward management – such as in shared governance model	To sustain by being beacon sites for new initiatives

Governance

Programme progress will be overseen by the Quality Governance Committee. Progress will be reviewed quarterly but monthly in 2017/18. Executive leads are the Director of Nursing and Medical Director, operational lead is the Deputy Director of Nursing and programme lead will be the Quality/Ward Accreditation Matron