

Integration Joint Board  
Clinical and Care Governance Committee

15<sup>th</sup> August 2019

This Report relates to  
Item 8 on the Agenda

# Excellence in Care/Care Assurance

*(Paper presented by Alice Wilson)*

*For Discussion*

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<b>List of Background Papers</b>	<a href="https://www2.gov.scot/Topics/Health/Services/Preventing-Healthcare-Infections/Valelevenhospitalinquiry/Care%20of%20Older%20People%20in%20Hospital%20-%20Standards%20Link">https://www2.gov.scot/Topics/Health/Services/Preventing-Healthcare-Infections/Valelevenhospitalinquiry/Care of Older People in Hospital - Standards Link</a>
<b>Appendices</b>	Appendix 1 – Anonymised Care Assurance Level 3 Report Appendix 2 – Care Assurance Awards Achieved Table

## SECTION 1: REPORT CONTENT

**Title/Subject:** Excellence in Care/Care Assurance  
**Meeting:** IJB Clinical and Care Governance Committee  
**Date:** 15<sup>th</sup> August 2019  
**Submitted By:** Alice Wilson  
**Action:** For Discussion

### 1. Introduction

- 1.1 The purpose of this Report is to inform Clinical and Care Governance Committee (CCG) about the national Excellence in Care and the local Care Assurance programmes.

### 2. Recommendations

- 2.1 **The Clinical and Care Governance Committee is asked to:**
- **Discuss and seek assurance around the progress of Care Assurance locally and note the requirements to support the national Excellence in Care programme**

### 3. Background

- 3.1 Excellence in Care is a national programme and part of the Governments response to the Vale of Leven inquiry.
- 3.2 It is the aim that all NHS Boards and Integration Joint Boards will have consistent and robust processes in place for measuring, assuring and reporting on the quality of nursing and midwifery practice.
- 3.3 Locally, around the time of the Vale of Leven report, a system of Care Assurance had been agreed, which adapted Health Improvement Scotland (HIS) “standards of Care for Older People in Hospital” (COPH) in to three levels of assurance. (A link to the standards is attached within the background papers for your information).

## 4. Main Body of the Report

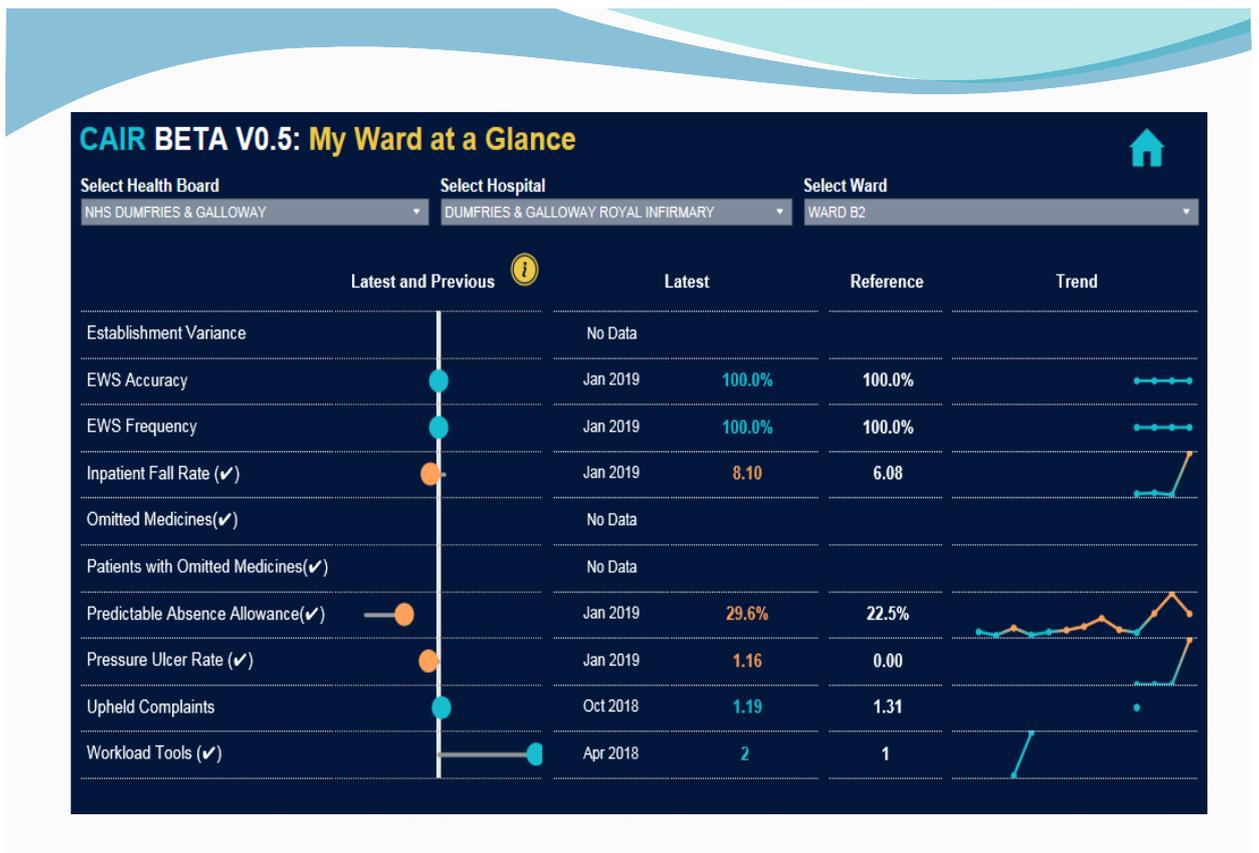
4.1 Excellence in Care aims to address four key questions:

- Do you know how good you are?
- Do you know where you stand relative to the best?
- Do you know where the variation exists?
- Do you know the rate of improvement over time?

By understanding these, using a nationally agreed set of measures, teams can see where they can improve and which teams are already improving and can share learning with them.

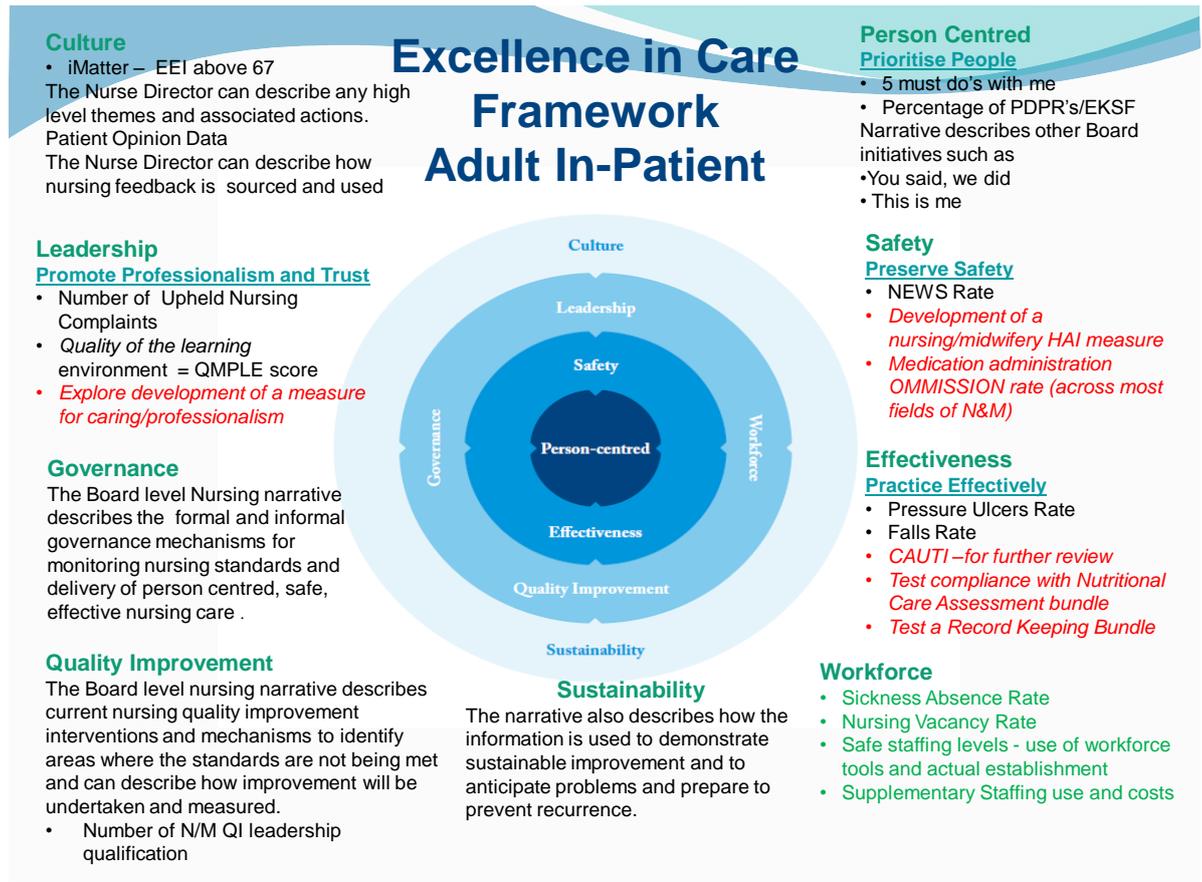
4.2 The national dashboard (CAIR – Care Assurance Indicator Resource) allows the Senior Charge Nurse/ Midwife (SCN/SCM) to interrogate their own data, help understand where they are and their rate of improvement over time.

The dashboard allows managers to look at all their areas of responsibility and allows a “whole Board” view which captures the high level results.



4.3 The measures, which have been or are currently being developed, are grouped under nine key headings (below is an example of the adult inpatient measures).

- Culture
- Effectiveness
- Governance
- Leadership
- Person Centred
- Quality Improvement
- Safety
- Sustainability
- Workforce



Work is also underway to determine how best to gather the data without creating a huge data collection burden for teams.

- 4.4 Locally this work is driven by the Excellence in Care Lead with a very small, temporary IT resource and a part time nursing resource. The Excellence in Care Lead is expected to contribute to national, as well as local, developments.
- 4.5 In January 2017 the Healthcare Governance Committee of NHS Dumfries and Galloway agreed to receive six monthly reports on a local system of Care Assurance that had been developed and tested in the adult in-patient setting. This system sits comfortably with the national Excellence in Care measures and has been adapted, as required, as the national system develops. Our local Excellence in Care Lead is appropriately involved at a national level, helping to influence and drive the agenda.

4.6 The aims and objectives of the Care Assurance system are:

- To act as a means to ensure consistency in the delivery of high quality standards of care which has a positive impact on people who use the health care services in inpatient settings within Acute, Community and Cottage Hospitals.
- To reflect national and local priorities.
- To identify and celebrate good practice and promote the dissemination of good practice throughout the organisation.
- To identify areas of practice not meeting the locally agreed Standards and understand where this may be Board wide.
- To provide support to continuously improve using knowledge and information gained from the Care Assurance Report for each area and across the Board.

4.7 The Dumfries and Galloway team have described three levels of Care Assurance, outlined below.

**Level 1:**

Weekly, in their own area the Senior Charge Nurse (SCN), will complete, along with a registered nurse, the Level 1 Care Assurance proforma for three people who are using their service. Levels 1 gathers and review:-

- The person's experience of the healthcare they are receiving and assess whether they know what the next steps of their treatment, care and support journey are.
- The person's records:-to ensure the person has all relevant documents related to their care and that it is up to date and accurate. Record review will include; Person Centred Care plans, National Early Warning Score (NEWS), Catheter Acquired Urinary Tract Infection (CAUTI) Bundle, Wound Assessment Records, Falls Assessments and Care Plans, Medicine Administration Records, Food, Fluid and Nutrition (FFN) Records and invasive devices information.

**Level 2:**

Once per week the Nurse Manager for their area, along with a registered nurse, will review and complete same Level 1 Care Assurance framework for one person using the health care services on the Level 2 Care Assurance form.

**Level 3:**

The Level 3 Care Assurance framework is designed to complement and build upon the Level 1 and 2 Care Assurance processes and will review the quality of care being provided within our Board based on the following

Standards; COPH 2015, Food Fluid and Nutrition (FFN) 2014, Complex Nutritional Care (CNC) 2015 and the Dementia Care Standards along with the framework from Leading Better Care.

The Level 3 Care Assurance Standards are:-

- Falls.
- Pressure Ulcer Care.
- FFN.
- Person Centred Care:- “What and Who Matters to Me”, maintaining dignity and privacy.
- Cognition:- Delirium, dementia, assessment and prevention of decline in cognition, depression, decision making, consent and capacity.
- Pharmaceutical care and medicine management.
- Patient pathway and flow, pre-discharge planning, Care Transitions and Rehabilitation.
- Skills mix and staffing levels.
- Infection control.

Every 6-8 months each ward/cottage/community hospital will have a series of unannounced visits where the above Care Assurance Standards will be reviewed and completed with, and for, 5 people who are using the health care service. The process will be undertaken by a number of assessors at different times in order to:

- Give a view of the ward or hospital over a period of time, not just a moment in time
- Give a variety of views about the feel, look and noise of each area
- Utilise those with skill or expertise in the standards to measure that element

In addition to this:

Some background data on the ward or hospital will be collated e.g. patient experience feedback (including complaints), incidents, (including falls and pressure ulcer development) patient safety and improvement information, sickness levels, rates of mandatory training and staff annual development reviews to give a rounded picture of the area

A general observation will be performed by each assessor who completes each standard.

There will also be a 30 minute “Caring Observations” assessment, completed by two assessors.

The information from levels 2 and 3 will be reported immediately to the nurse in charge and collated into a report for the SCN, Nurse Manager

and Lead Nurse for the area. It will be presented to the Nurse Director and Deputy Nurse Director for assurance purposes.

Each level will trigger an action plan to address any gaps and these will be reviewed during the process to ensure the appropriate action is taken.

An anonymised Level 3 Care Assurance report has been attached as **Appendix 1** for your information.

4.8 Care Assurance began its journey in late summer of 2016 and the progress of developing, testing, refining and implementing has continued at a pace which is ahead of the national work. By June 2019 Care Assurance has been rolled out to:

- 98% of the wards within Acute and Diagnostics
- 100% Cottage hospitals
- Children's Ward
- Maternity ward
- All wards within Midpark commenced Level 1 Care Assurance at the beginning of May 2019.

Community Children's and Adolescent Mental Health are testing their first Level 1 Care Assurance.

The Nurse Managers within community District Nursing are reviewing the potential first Level 1 Care Assurance pro-forma and before testing later this month.

Combined Assessment unit are currently testing their first Level 1 Care Assurance

Community Mental Health are currently reviewing the Level 1 Care Assurance which was originally developed for Midpark to see if there are elements within the pro-forma that can be adapted for their areas.

Initial discussions have been held for Health Visiting and School Nursing with regards to Level 1 Care Assurance and how it can support and identify areas for improvement. First draft proposal will be developed for end July 2019

The SCN's and Band 6s within Cottage hospitals and Acute and Diagnostics now have 7 different staff question sets within the standard Level 1 Care Assurance proforma from which they can choose from e.g. Palliative Care, Hypoglycaemia, Advocacy, Levels of Adverse Events, Food, Fluid and Hydration, Infection Control, 5 Rights of Medicine.

Critical Care have their own Care Assurance pro-forma (one choice only at this point) which has recently changed as they moved to digital patient record keeping, this is still to be further developed.

Maternity have just revised their Level 1 Care Assurance this month due to midwifery feedback and are going to be testing the new pro-forma this month.

**Level 2 Care Assurance**

Level 2 Care Assurance is being performed successfully by the Nurse Managers within Cottage Hospitals with the odd exception due to staffing levels. Within Acute and Diagnostics, the Level 2 Care Assurance was not being completed and as a result a new process was tested at the beginning of the year, however this did not work .Consequently, in May this year, another test of change is being tested and early indications are improvements are being made.

**Level 3 Care Assurance**

Only the areas that have finished testing Level 1 and 2 Care Assurance have a Level 3 Care Assurance performed. Within the Children’s ward, acute Mental Health and Critical Care the Level 3 Care Assurance pro-forma still needs to be developed. In Midwifery, we are in the early stages of development.

All Cottage Hospitals and the majority of wards in Acute and Diagnostics (exception Critical Care Unit) have had at least two Level 3 Care Assurance completed, with 11 areas having had 3. As a result we have been able to see common themes for improvement across the organisation

4.9 The scoring matrix for level 3 Care Assurance has four levels – shown below – in order to achieve these the percentage shown must be achieved in each standard. **Appendix 2** illustrates the scores from all areas who have had level 3 applied and members will note where there has been progression.

<b>Bronze</b>	<b>Each Standard achieves at least 75% compliance</b>
<b>Silver</b>	<b>Each Standard achieves at least 85% compliance</b>
<b>Gold</b>	<b>Each Standard achieves at least 95% compliance</b>
<b>Exemplary Award</b>	<b>3 consecutive Gold assessments achieved in succession</b>

## **5. Conclusions**

- 5.1 It would be difficult to overestimate the effort and time that has gone in to and continues to go in to developing both Care Assurance locally and the national Excellence in Care programmes.
- 5.2 Staff engagement in the Care Assurance programme has developed, in particular, over the last year where staff can see improvements in the level 3 reports and changes made as a result of patient/service user feedback.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

6.1. There are no resource implications identified.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

7.1. Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected.

7.2. Outcome 7 – People using health and social care services are safe from harm.

7.3. By routinely measuring outcomes and patient feedback we can support improvements and monitor patient/service user experience.

### **8. Legal & Risk Implications**

8.1. No legal issues or specific risk implications have been identified.

### **9. Consultation**

9.1. Consultation is not required.

### **10. Equality and Human Rights Impact Assessment**

10.1. An Impact Assessment is not required for this as it does not propose a change in policy.

### **11. Glossary**

11.1.	CAIR	Care Assurance Indicator Resource
	CAUTI	Catheter Assured Urinary Tract Infection
	CNC	Complex Nutritional Care
	COPH	Care of Older People in Hospital
	FFN	Food, Fluid and Nutrition
	NEWS	National Early Warning Score
	SCN/SCM	Senior Charge Nurse/Senior Charge Midwife