

# Caring at its Best – Blue Ward

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**Paper B**

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

## Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

## Executive Summary

### Context

The purpose of this paper is to outline the process involved in achieving Assessment and Accreditation 'Caring at its Best' Blue Ward status and to ask members to support the panel decision that recommends Kinmonth Unit becoming a 'Caring at its best' Blue Ward.

### Questions

1. What is a 'Caring at its best' Blue Ward?  
This paper describes the process for achieving Caring at its best' Blue Ward status.
2. How have Kinmonth Unit met the criteria for achieving 'Caring at its best' Blue Ward status?  
This paper describes how Kinmonth Unit have successfully met the criteria for achieving 'Caring at its Best' Blue Ward status.

### Conclusion

From October 2019 to May 2021, Kinmonth Unit achieved three consecutive Green Assessment and Accreditation results. In August 2021, further to a successful Blue Ward panel, Kinmonth Unit are recommended for 'Caring at its best' Blue Ward status.

## Input Sought

The Trust Board is asked to approve the recommendations of this report and award Assessment and Accreditation Caring at its Best Blue Ward status to the Kinmonth Unit.

### For Reference:

This report relates to the following UHL quality and supporting priorities:

#### 1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

#### 2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Investment in sustainable Estate and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
Embedded research, training and education	[Yes /No /Not applicable]
Embed innovation in recovery and renewal	[Yes /No /Not applicable]
Sustainable finances	[Yes /No /Not applicable]

#### 3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

#### 4. Risk and Assurance

##### Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?		
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register		
<b>New Risk identified in paper:</b> What <b>type</b> and <b>description</b> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does/~~does not comply~~]

## CARING AT ITS BEST STATUS

### 1. Introduction

The purpose of this paper is to recommend Kinmonth Unit for 'Blue Ward' Caring at its Best status, following three successful, consecutive Assessment & Accreditation visits and a successful Caring at its Best panel.

### 2. Background Information

The Assessment & Accreditation framework is designed around 15 standards and aligns with the CQC essential standards. Each standard is subdivided into elements of Environment, Care and Leadership and also incorporates national performance indicators as well as local indicators developed from lessons learned arising from complaints, concerns, adverse and quality improvement work.

The assessment process is undertaken by the Assessment and Accreditation Matrons who act as quasi external assessors. Each ward is assessed against 15 standards with each standard being RAG rated individually and when combined, an overall RAG rating produced. The re-assessment of the wards is dependent on the overall improvement and subsequent RAG rating (**Table 1**).

The Ward Sister/Charge Nurse, Matron and Head of Nursing are responsible for formulating a ward improvement plan, ensure that it is tracked and disseminated to all members of the ward team. The results and action plans from the assessment contribute to individual service reviews, and the data collated as a whole will provide the Trust Board with comprehensive information regarding care delivery within the organisation.

For a ward/area to be recommended for consideration at a panel for 'Caring at its Best' they must have achieved Green status on 3 consecutive occasions thus demonstrating sustainability in delivering high standards of care. The ward/area will then formally apply for 'Caring at its Best' Blue Ward Status.

**Table 1: RAG Criteria**

<b>RED</b>	6 Red Standards or more	Re-assess in 2 months
<b>AMBER</b>	3 – 5 Red Standards	Re-assess in 4 months
<b>GREEN</b>	0 – 2 Red Standards plus 8 or more Green Standards (standard 15 must be Green)	Re-assess in 6 months
<b>Caring at its Best</b>	3 consecutive green assessments Successful panel review Annual successful panel review	Re-assess in 12 months

### 3. Caring at its Best

When a ward/area has achieved green status on three consecutive occasions the ward/area will submit an application form and a portfolio of evidence to the Assessment & Accreditation team within 6 weeks of their last assessment. Once the submission is accepted the panel will convene within 4 weeks.

The panel will consist of the following elements:

- Examination of the portfolio of evidence submitted by the ward. Ward team presentation to panel with a focus on achievements and sustainability
- Panel questions to ward team post presentation
- Virtual panel visit to the ward/area

The panel is chaired by the Chief Nurse and will include:

- Deputy Chief Nurse
- Non-Executive Director
- Matron (from another CMG than the ward applying for 'Caring at its Best' status)
- Head of Nursing (from another CMG than the ward applying for 'Caring at its Best' status)
- Representation from the CCG
- Representation from Patient Partners
- Regional Chief Nurse (NHSI)

Panel decision options:

- To recommend the ward/area to the Trust Board for 'Caring at its Best' status
- To refuse to recommend the ward/area to the Trust Board for 'Caring at its Best' status
- To defer the decision for a set timeframe

The final decision to grant 'Caring at its Best' status will be made by the Trust Board.

Wards that achieve 'caring at its Best' status will be re-assessed in 12 months.

Process Flow Chart (**Appendix 1**)

**4.Kinmonth Unit, LRI**

Kinmonth Unit were initially assessed in October 2019 and achieved a green rating. This was followed by further green assessments in October 2020 and May 2021 (the delays in re-assessment were due to the pandemic and the Assessment & Accreditation being paused during the first and second waves). Table 2 shows the results for the three assessments.

**Table 2**

Standard	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
May 21	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Red	Green
Oct 20	Green	Green	Yellow	Green	Green	Yellow	Green	Green	Yellow	Green	Green	Green	Green	Yellow	Green
Oct 19	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green

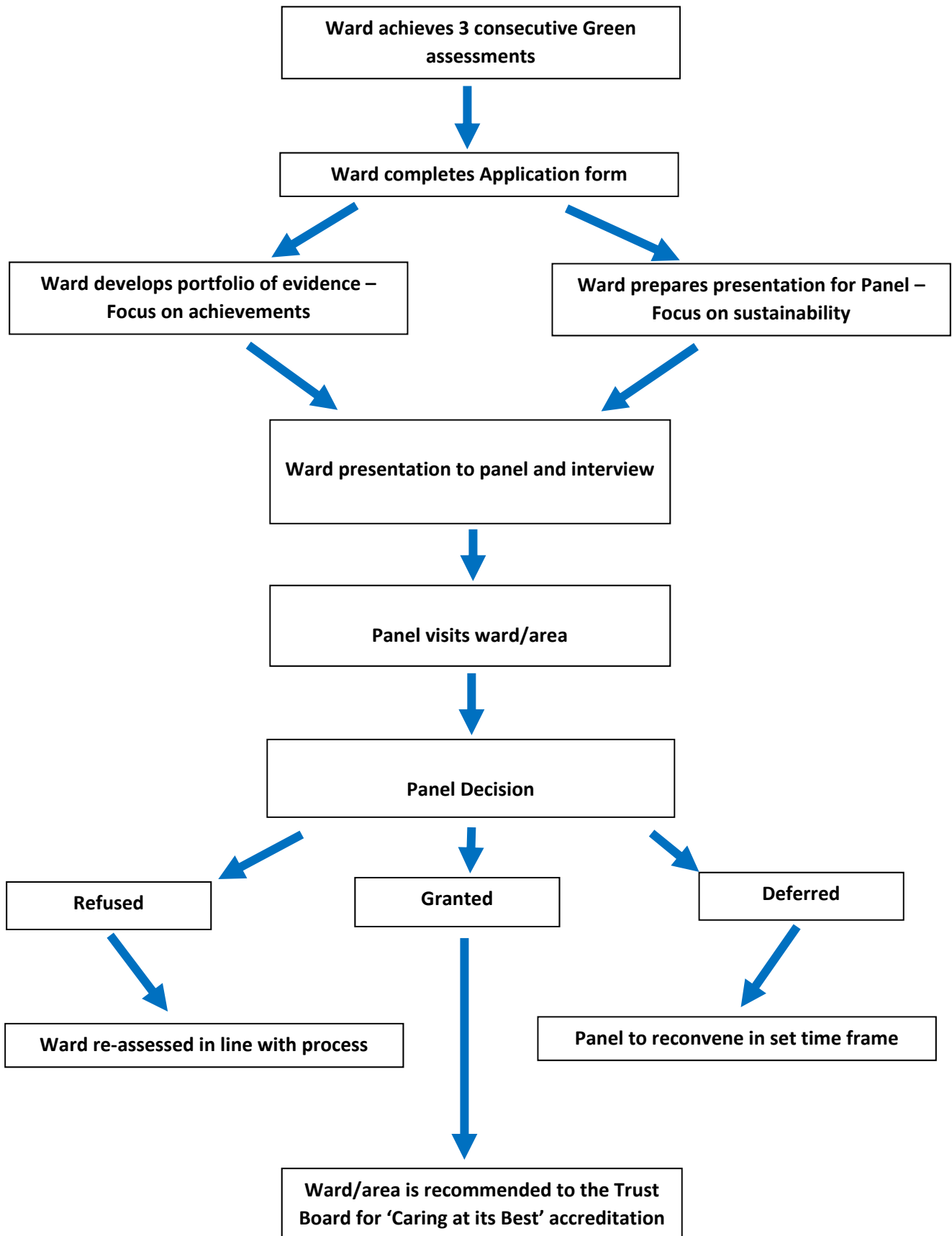
Kinmonth Unit applied for caring at its Best status June 2021 and a panel convened in August 2021. The Kinmonth Unit team presented formally to the panel as to why they should receive caring at its Best status and their plans for sustainability.

In addition the panel received an extensive portfolio of evidence developed around key performance indicators detailed in Appendix 2. Kinmonth Unit were asked a series of questions by the panel related to the process, portfolio and presentation. The panel experienced a ‘virtual’ visit to the unit (due to visiting restrictions) to see the improvements ‘in action’.

**5.Recommendation**

The panel would like to make a formal recommendation to the Trust Board to award Kinmonth Unit ‘Caring at its Best’ status.

**Appendix 1 – CARING AT ITS BEST ACCREDITATION FLOW CHART**



**Appendix 2 - ESSENTIAL ELEMENTS OF PORTFOLIO OF EVIDENCE**

Please provide supporting evidence covering <b>NO less than a 12 month period</b>	PANEL Comments
Ward details and structure of team	
Patient experience: <ul style="list-style-type: none"> <li>■ FFT/In-patient survey/Message to Matron/Compliments</li> </ul>	
Complaints and PiLS concerns (numbers and themes)	
Datix submission (numbers and themes)	
Serious Incidents (numbers and-themes)	
Safeguarding Concerns (numbers and themes)	
Incidents of Pressure Ulcers	
Infection prevention: <ul style="list-style-type: none"> <li>■ MRSA</li> <li>■ MSSA</li> <li>■ CDIFF</li> <li>■ Hand Hygiene</li> <li>■ Environment</li> </ul>	
Falls with harms (numbers and themes)	
Safety Thermometer	
Nursing Metrics Scorecard	
Training Data <ul style="list-style-type: none"> <li>■ Mandatory and Essential to role</li> </ul>	
Appraisal data	
Systems and processes for safe and timely discharge – linked to patient feedback	
Quality Improvement Initiatives	
Safety: <ul style="list-style-type: none"> <li>■ Late Observations</li> <li>■ Missed medications</li> <li>■ Cardiac/Peri Arrest (numbers)</li> </ul>	
Ward testimonies: <ul style="list-style-type: none"> <li>■ Patient</li> <li>■ Doctor</li> <li>■ AHP</li> </ul>	
Finance – Budget Statements	
Roster metrics: <ul style="list-style-type: none"> <li>■ Sickness/absence</li> <li>■ Temporary staffing</li> </ul>	