Appendix 4

Exemplar ward accreditation programme

March 2019

Dr Natasha Phillips RN
Chief Nursing Informatics Officer

University College London Hospitals

EXEMPLAR STANDARDS AND MEASURES

Quality & Safety: Patients always receive harm free care						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Hand Hygiene Observation of hand hygiene on the ward	Safe	Infection Control Improvement Measure audit	**Numerator:** Number of compliant hand hygiene opportunities identified in the audit. **Denominator:** Number of observed hand hygiene opportunities identified in the audit.	90%	95%	97%
Incidence HAPU The number of hospital acquired pressure ulcers grade 2 and above) per 1000 bed days	Safe	Incidents from Datix Bed days from Carecast	**Numerator:** Pressure Ulcer Referrals acquired at UCLH Denominator: Bed days by ward	2	1	0
Incidence falls The number of patient falls per 1000 bed days	Safe		**Numerator:** Patient Falls (by ward) Denominator: Bed days by ward	5.8	3.5	1.5
Preventable dose omissions A measure of patients that underwent at least one preventable dose omission as a proportion of patients during a 48-hour period. *(Preventable = medicine not available or not documented)*	Safe	National Safety Thermometer national tool	**Numerator:** number of patients that underwent at least one preventable dose omission **Denominator:** count of all patients checked by ward as part of the audit	10%	8%	5%

Quality & Safety: Patients receive evidence based, individualised care						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
VTE Percentage of Completed eVTE Risk Assessments	Safe	Admissions figures from Carecast	**Numerator:** Count of all patients where the VTE Assessed is not recorded as 'Not Assessed' **Denominator:** Count of all patients.	94%	95%	97%
Vital sign/NEWS Measures the wards compliance with the vital signs audit. Percentage of completed vital signs.	Safe	Meridian Essence of Care audit	**Numerator:** Number of completed vital signs observations **Denominator:** Number of Vital Signs Observations	93%	96%	98%
Was the NEWS score totalled correctly? Percentage of completed vital signs where the NEWS score was totalled correctly	Safe		**Numerator:** Number of completed vital signs observations where NEWS score totalled correctly **Denominator:** Number of completed vital signs observations	93%	96%	98%
Was the timing of the next vital signs in accordance with the recorded NEWS score Percentage of completed vital signs where the timing of the next vital signs was in accordance with the recorded NEWS score	Safe		**Numerator:** Number of completed vital signs observations where timing was in accordance with NEWS score **Denominator:** Number of completed vital signs observations	93%	96%	98%
Did escalation occur according to NEWS score? Percentage of completed vital signs where escalation occurred according to the NEWS score	Safe		**Numerator:** Number of completed vital signs observations where escalations occurred according to the NEWS score **Denominator:** Number of completed vital signs observations	93%	96%	98%

	CQC Domain	Data Source	Calculation	Good	Great	Outstanding
Nutrition Audit (average percentage value of "complete & accurate" and "completed within 24h")	Safe Effective	Meridian Nutrition audit	Completed within 24h **Numerator:** Nutrition screening done within 24 hours **Denominator:** Total Nutrition Audits Completed (10 per month) Complete & accurate **Numerator:** Complete and accurate nutrition screen **Denominator:** Total Nutrition Audits Completed (10 per month)	80%	90%	95%
Skin integrity Compliance with the seven questions on the Essence of Care audit that relate to skin integrity SSKIN bundles	Safe Caring	Meridian Essence of Care audit	**Numerator:** Audits where all seven SSKIN bundle questions are answered 'Yes' **Denominator:** Total audits completed	80%	90%	100%
Pain assessed Compliance with the two questions on the Essence of Care audit that relate to pain assessment	Safe Effective Caring		**Numerator:** Audits where both Pain questions are answered 'Yes' **Denominator:** Total audits completed	80%	90%	100%
Documentation Percentage of nursing entries reviewed in the last 24 hours that were timed, dated, legible and signed, have printed name after signature, evidence of soapier plans and soapier plans been re-evaluated.	Safe Effective		**Numerator:** Number of nursing entries reviewed that were compliant with each of the seven documentation questions. **Denominator:** The number of entries reviewed *7 (there are seven questions so the denominator is the total possible compliant entries across all seven questions	80%	90%	100%

	CQC Domain		Calculation	Good	Great	Outstanding
Falls Percentage of documentation reviewed where the falls assessment and intervention plan is indicated	Safe Effective		**Numerator:** Number of audits completed where response to the falls question is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%
Continence Compliance with the two questions on the Essence of Care audit that relate to continence	Safe Caring		**Numerator:** Number of audits completed where response to both continence questions is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%
Manual Handling Compliance with the two questions on the Essence of Care audit that relate to manual handling	Safe	Meridian Essence of Care audit	**Numerator:** Number of audits completed where response to both manual handling questions is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%
Personal Hygiene Percentage of documentation that states the patient is either independent with personal hygiene or has received assistance within the last 24hrs	Safe Caring		**Numerator:** Number of audits completed where response to the personal hygiene question is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%
Communication Compliance with the two questions on the Essence of Care audit that relate to communication	Safe Effective Caring		**Numerator:** Number of audits completed where response to the two communication questions is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%

Quality & Safety: The ward environment is managed to maintain safety						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Inpatient case note security audit Percentage of Casenotes left unattended.	Safe	Meridian Casenote Security audit	**Numerator:** Total notes found **Denominator:** Bed base (per audit)	10%	5%	0%
Percentage of patients without a patient identifying wrist band Percentage of patients without a patient identifying wrist band	Safe		**Numerator:** ID Bands-number of patients not wearing a printed ID band **Denominator:** Number of patients checked during audit	10%	5%	0%
The ward is clean and well maintained - Environment audit Compliance with all 37 Meridian Environment audit questions.	Safe	Meridian Environment Audit	**Numerator:** The total number of questions that were answered yes across all audits completed **Denominator:** The total number of possible answers (i.e. 37 for each audit)	80%	90%	95%
Medications are kept securely Monthly audit that measures whether wards are storing their medicines securely.	Safe	Meridian Safe and Secure Storage of Medicines audit	**Numerator:** All Compliant questions. Qs 1 to 9, Q 11 and Q 13 should say Yes or In Use. Q 12 should say no or In use. The formula in the spreadsheet will then work out the compliance rate. **Denominator:** All questions that are applicable. Excludes any responses 'Not applicable (only use if the ward or area does not have fridge/trolley/CDs/IV fluids etc)'	91%	95%	100%

Efficiency: Patients receive the right care, at the right time in the right place						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Pre 12 discharges % of discharges that occurred before midday	Effective Well led Caring	Discharge data on Carecast	**Numerator:** No of discharges that occurred before midday **Denominator:** The total number of discharges in the period	10%	18%	35%
TTAs are requested the day before discharge Number of patients with TTA prescribed on the day before discharge out of those discharged with a TTA prescribed (Carecast)	Effective Well led Caring	Discharge data on Carecast	**Numerator:** Number of TTAs prescribed on the day before discharge **Denominator:** Total discharges with a TTA prescribed	40%	60%	80%
Evidence of discharge planning within 24 hours of admission Percentage of documentation where there is evidence of discharge planning within 24hours of admission	Effective Well led Caring	Meridian Essence of Care audit	**Numerator:** Number of audits completed where response to the discharge planning question is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%

Efficiency: There are appropriate numbers of staff to meet patients' needs						
	CQC Domain	Data Source	Calculation	Good	Great	Outstanding
Annual Leave 12 month average percentage of annual leave allocated per month for N&M	Effective Well led	E Roster	**Average percentage** of all roster periods: percentage =Annual leave hours / Establishment hours * 100	10-12% & 18-20%	12-14% & 16-18%	14-16%
Study leave 12 month average percentage of study leave allocated per month for N&M	Effective Well led		**Average percentage** of all roster periods: percentage = Study leave hours / Establishment hours * 100	2.5 – 3%	0 - 1% & 2–2.5%	1– 2%
Sickness leave 12 month average percentage of sick leave allocated per month for N& M	Effective Well led		**Average percentage** of all roster periods: percentage = Sickness leave hours / Establishment hours * 100	4%	3%	2%
Special leave 12 month average percentage of special leave allocated per month for N&M	Effective Well led		**Average percentage** of all roster periods: percentage = Special leave hours / Establishment hours * 100	2 – 2.5%	1 – 2%	<1%
eRoster is published on time Percentage of rosters published on time	Effective Well led		**Numerator:** Total number of rosters published on time (Yes) **Denominator:** Total rosters published over period	80%	90%	100%
eRoster is verified on time Percentage of rosters verified on time	Effective Well led		**Numerator:** Total number of rosters verified on time (Yes) **Denominator:** Total rosters verified over period	90%	95%	100%

Efficiency: The ward team uses its resources efficiently						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
% Variation from Staffing Budget General Ledger reported Pay budget and Pay actuals -adverse / overspent against budget	Effective Well led W5	Finance ledger	**Numerator:** Pay actual minus Pay budget (variance) **Denominator:** Pay Budget	-5%	-2.5%	>=0%
% Variation from Non pay Budget General Ledger reported Non-Pay budget and Non-Pay actuals -adverse / overspent against budget	Well led W5		**Numerator:** Non Pay actual minus Non Pay budget (variance) **Denominator:** Non Pay Budget	-5%	-2.5%	>=0%

Patient Experience: All patients receive timely, holistic, individualised care						
These measures reflect 12 months' worth of local patient experience surveys						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Patients report that they get enough emotional support from staff during their stay on the ward	Caring	June 2016 onwards - Envoy	**Numerator:** Weighted score from Patient Experience- emotional support question **Denominator:** Number of responses	84%	90%	95%
Patients report that hospital staff did everything they could to help control their pain	Caring		**Numerator:** Weighted score from Patient Experience- pain question **Denominator:** Number of responses	90%	94%	98%
Patients who need it get enough help from staff to eat meals	Safe Caring		**Numerator:** Weighted score from Patient Experience- help with meals question **Denominator:** Number of responses	82%	90%	98%
Patients are involved as much as they want to be in decisions about your care and treatment?	Caring Well led Responsive		**Numerator:** Weighted score from Patient Experience- decisions question **Denominator:** Number of responses	75%	85%	95%
Patients call bells are answered promptly	Safe Effective		**Numerator:** Weighted score from Patient Experience- call bell question **Denominator:** Number of responses	70%	75%	85%
The nurse call bell is always left within the patient's reach	Caring	Meridian Essence of care audit	**Numerator:** Number of audits completed where response to call bell question is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%

	CQC Domain		Calculation	Good	Great	Outstanding
Name boards above beds are up to date	Effective Safe Well led		**Numerator:** Number of audits completed where response to bed board question is 'Yes' **Denominator:** Total audits completed where question is asked	80%	90%	100%

Patient Experience: The ward is a pleasant and welcoming place to be						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Friends & Family Test The FFT score is a percentage of respondents who responded 'Likely' and 'Extremely likely' to the question 'How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?'	Caring Well led Responsive	June 2016 onwards - Envoy Unify FFT return	**Numerator:** Patients who responded Extremely Likely or Likely to FFT question **Denominator:** Total Responses	91.5%	96.5%	98%

Staff Experience : All staff are engaged, empowered and enjoy working on the ward						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Staff stability rate Percentage of staff currently in post, who have been in post for more than one year.	Well led	ESR	**Numerator:** Number of staff who have been in post for over a year **Denominator:** Number of staff currently in post	>=86% & <88%	>=88 & <90% >95%	>=90% & <=95%
Staff FFT – Proportion of staff who would recommend UCLH as a place to receive treatment?	Well led		**Numerator:** Weighted score from Patient Experience- recommend to treat question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff that would recommend the ward as a place to work?	Well led		**Numerator:** Weighted score from Patient Experience- recommend to work question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff satisfied with the quality of care that they give to patients, relatives and loved ones.	Well led		**Numerator:** Weighted score from Patient Experience- satisfied with care question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff who report that they feel they are a valued member of the ward team.	Well led		**Numerator:** Weighted score from Patient Experience- valued member of team question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff who report that they feel well informed about what happens in the Trust	Well led		**Numerator:** Weighted score from Patient Experience- well informed question **Denominator:** Exemplar staff surveys completed	75%	80%	85%

	CQC Domain	Data Source	Calculation	Good	Great	Outstanding
Proportion of staff who report that they feel able to ask for help when they need it	Well led		**Numerator:** Weighted score from Patient Experience- ask for help question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff who report that My line manager gives me constructive feedback	Well led		**Numerator:** Weighted score from Patient Experience- feedback question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff who report that their concerns are taken seriously by their line manager	Well led		**Numerator:** Weighted score from Patient Experience- concerns taken seriously question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff who report that unacceptable behaviour is consistently tackled	Well led		**Numerator:** Weighted score from Patient Experience- unacceptable behaviour question **Denominator:** Exemplar staff surveys completed	85%	90%	95%
Proportion of staff who report that they get the training and development they need	Well led		**Numerator:** Weighted score from Patient Experience- training & development question **Denominator:** Exemplar staff surveys completed	85%	90%	95%

Staff Experience: Staff have the up to date skills and knowledge to do their job						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Proportion of staff who have completed statutory & mandatory training This measures how compliant staff are with mandatory training requirements. All staff should be fully compliant at all times.	Well led	ESR	**Numerator:** Statutory & Mandatory Training Completed **Denominator:** SUM(Statutory & Mandatory Training Due **+** Statutory & Mandatory Training Completed)	90%	95%	97%
Number of appraisals completed Percentage of staff that have had an appraisal within their relevant tier.	Well led	ESR	**Numerator:** Appraisals Complete **Denominator:** Appraisals due	90%	95%	97%

Improving: The ward leadership team creates the conditions for continuous improvement					
	CQC Domain	**Data Source**	**Good**	**Great**	**Outstanding**
Defining the improvement agenda Have ward leaders "taken the initiative" on formulating their improvement agenda?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Establishing an improvement methodology Have ward leaders got a clear idea of improvement methodology and have they advocated for and shared it with others on the ward?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Improving systems and processes Have ward leaders understood and addressed the "system and process" aspects of their improvement challenges?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Using data to drive improvement Have ward leaders encouraged an objective, data driven approach to managing improvement?	Well led Responsive	Ward Improvement Submission	Please see submission guidance criteria		
Fostering Improvement capability and participation Have ward leaders engaged others, widely and deeply in leading and participating in improvement work?	Well led Caring	Ward Improvement Submission	Please see submission guidance criteria		
Managing Improvement, experimentation and failure Have ward leaders encouraged ward staff to explore and respond appropriately to failure?	Well led	Ward Improvement Submission	Please see submission guidance criteria		

Improving: The wider ward team are able to demonstrate improvement capabilities						
	CQC Domain	**Data Source**	**Calculation**	**Good**	**Great**	**Outstanding**
Audit Completion rates Percentage of expected audits submitted (All audits that contribute to Exemplar Accreditation - Essence of Care, Casenote Security, Dose Omissions (at least one patient audited), Meal Service, Patient Property, Exemplar Staff Survey, Nutrition, Environment (EMO and Matron),Security of Medicines, NHS Safety Thermometer)	Effective Well led	Various data sources	**Numerator:** Audits Submitted Capped (if numbers submitted exceed target, target number is used) **Denominator:** Expected Audits	80%	90%	95%
Number of patients asked for their feedback The number of responses to the FFT question as a percentage of all eligible responses (number of admissions)	Caring Well led Responsive	Unify FFT return June 2016 onwards - Envoy	**Numerator:** Number of responses to the FFT question **Denominator:** Eligible Responses (number of admissions)	27%	30%	40%
Incidents reporting rate The number of patient incidents reported per 1000 bed days	Safe Effective Well led	Incidents from Datix Bed days from Carecast	**Numerator:** Total patient incidents reported **Denominator:** Bed days by ward	10	20	30
Infection control improvement measure audit completion rate Percentage of all expected infection control improvement measure audits submitted	Safe Effective Well led	Infection control improvement measure audit	**Numerator:** Number of audits submitted (capped at one per month) **Denominator:** Expected Audit (one per month)	80%	90%	100%

	CQC Domain	Data Source	Good	Great	Outstanding
Ward Participation and skills What can the team demonstrate about training in improvement skills and participation in improvement work?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Improvement project management What can the team demonstrate about their improvement project documentation?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Clear Improvement objectives How clear are the team's improvement aims?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Creativity, testing and measuring improvement Can the team evidence that they have generated and tested improvement ideas?	Well led Responsive	Ward Improvement Submission	Please see submission guidance criteria		
Engaging others in improvement Can the team show that it has mapped and engaged stakeholders appropriately?	Well led	Ward Improvement Submission	Please see submission guidance criteria		
Sustaining Improvement Can the team show that it has considered, planned for and provisioned sustainability?	Well Led	Ward Improvement Submission	Please see submission guidance criteria		
Improvement Learning and Spread What can the team show about how they learned from and shared with others?	Well Led	Ward Improvement Submission	Please see submission guidance criteria		

ADDITIONAL RESOURCES

UCLH intranet

Exemplar Ward

Exemplar Ward Programme Insight page

Improvement Team

uclh improvement Insight page

External resources:

The Academy of Fab NHS Stuff http://fabnhsstuff.net/

NHS Improvement Hub https://improvement.nhs.uk/improvement-hub/

The Edge http://theedge.nhsiq.nhs.uk/school/

Twitter:

uclh futures @uclhfuture

UCLH improvement Team @improvementUCLH

We Communities @wenurses @wedocs @weAHPs

The Academy of Fab NHS Stuff @FabNHSStuff

NHS Improvement @NHSImprovement