

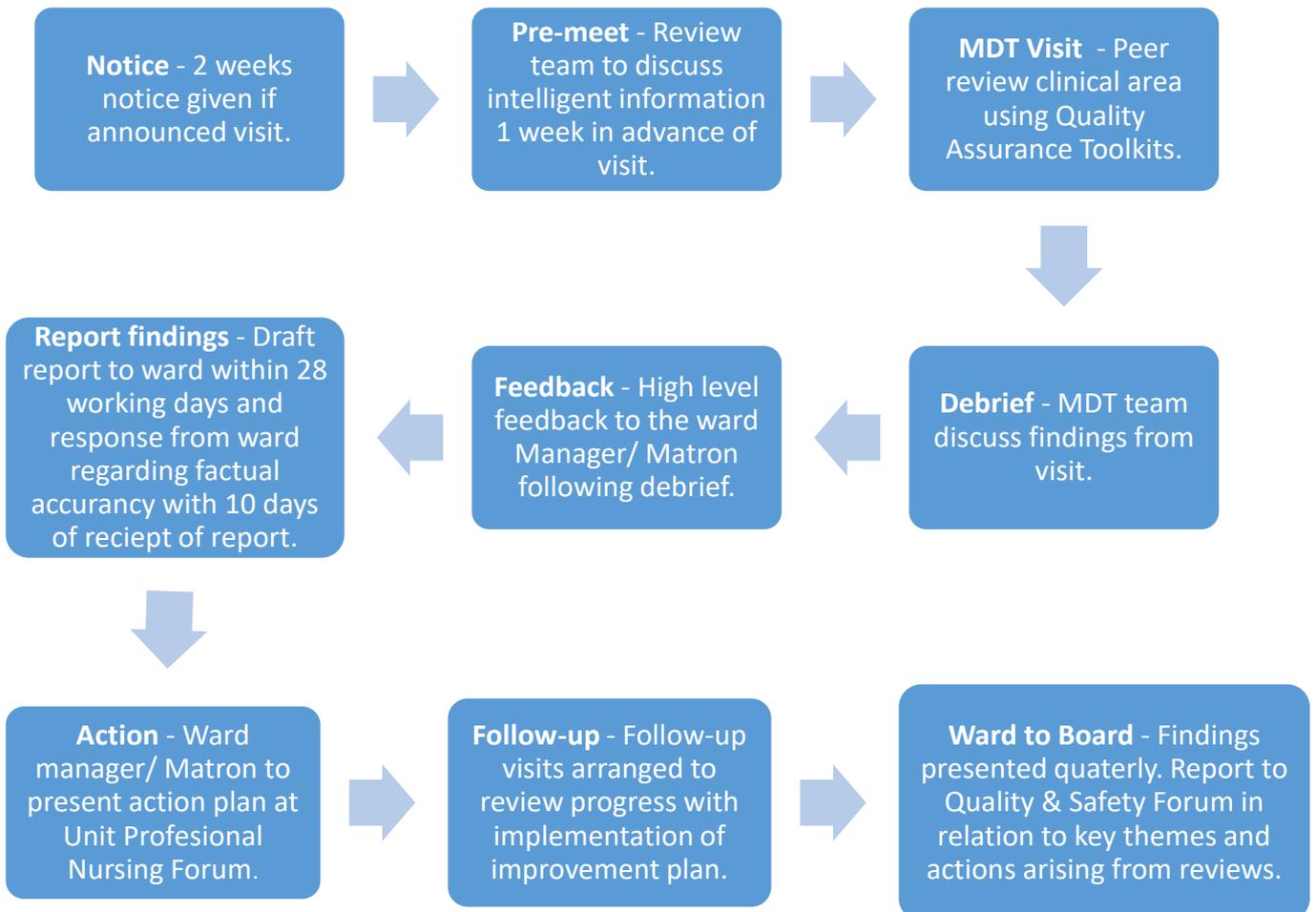
Quality Assurance Framework

Standard Operating Procedure And Guidance



December 2017

Standard Operating Procedure – Service Delivery Unit



Quality Assurance Framework Guidance

Pre-ward intelligence

Ward intelligence is obtained via the Informatics department, Datix, Finance and the Health and Care Standards Care Indicators prior to the pre-meet. The following information will need to be obtained from the sources:



N.B. Information from Health and Care Standards Care Indicators - Training and Competencies should be pre-populated into 'Workforce' booklet before visit.

Review Teams

A multi-disciplinary approach should be used throughout the process of the Quality Assurance visits. It is recommended that a minimum of six people form a review team to enable toolkits to be completed in the allocated time. It is recommended that team members with no clinical background pair up with a clinician to ensure that people with the right expertise complete each toolkit.



Each review team should include a lead reviewer who is identified at the pre-meet. The lead reviewer will provide verbal feedback to Ward Sister/person in charge & Matron following the debrief.

Below is an example of which group member could complete and lead on each toolkit:

Toolkit	Professional
Safe Care	Clinician/ Medic or paired up with other professional
Effective Care	Clinician/ Medic or paired up with other professional
Individual Care	Clinician/ Medic or paired up with other professional
Dignified Care	Clinician/ Medic or paired up with other professional
Documentary evidence	Clinician/ Medic or paired up with other professional
Pharmacy	Pharmacist/ Nurse/ Medic
Workforce	General/ HR/ Finance Manager
Staff survey	General/ HR/ Finance Manager
Patient survey	PALs/ General/ HR/ Finance Manager

Review team pre-meetings

A pre-meeting should be scheduled at least one week before the Quality Assurance visit, and should last approximately one hour in duration. The purpose of the pre-meeting is to discuss and plan for the visit.

The ward to be visited and the review teams must be identified prior to the pre-meet. The pre-intelligence information must be discussed during the pre-meet to ensure that review teams are knowledgeable about the ward they will be visiting.



The pre-meeting will also provide the review team the opportunity to familiarise themselves with Quality Assurance Framework toolkits and electronic devices. Action plans which may have been devised if the ward has previously been visited can also be discussed at this point.



Visits

• All review team members meet to confirm roles and expectations of the day.

• The MDT review team visit the ward. The teams should take approximately 2 hours on the ward to complete the toolkits.

• Review teams re- group for approximately 1 hour for analysis of findings and debrief.

• Lead reviewer revisits ward for approximately 30 minutes to provide Ward Manager and Matron with summarised report of key findings, areas of concern and immediate recommendations.

Review Team Debrief – Post Visit

Review teams re-group following each ward visit for a debrief. The meeting should last approximately 1 hour in duration.

The debrief will allow review teams to reflect on the experience, discuss good practice and areas for improvement on the wards visited.





Verbal Feedback to Ward

Following the review team debrief, the lead reviewer should visit the ward to give feedback to the ward Manager and Matron. The feedback should be a summary of high-level key findings, areas for concern and immediate actions.

Key findings From Visits – Report

A summarised report containing areas of positive observational and documentary evidence, as well as areas which require improvement should be completed for each theme. When applicable patient feedback should link into this evidence to support findings.

Individual scores for each theme including sub totals for observational and documentary should be identified within this report.

The full report should be presented to the ward Manager/ Matron within 28 days.

Action Plan

Action plans should be developed by the Ward Manager and Matron to reflect findings from the report. Actions should have clear solutions and time frames for completion.

Action plans should be discussed via Service Delivery Unit governance processes e.g. Quality and Safety Committees.



Re-visits

Re-visits can take place following the implementation of key actions after the agreed time frame has passed.

Scoring

Against each question give a score from 0 - 2:

0 – No evidence

1 – Some/ partial evidence

2 – Sufficient evidence

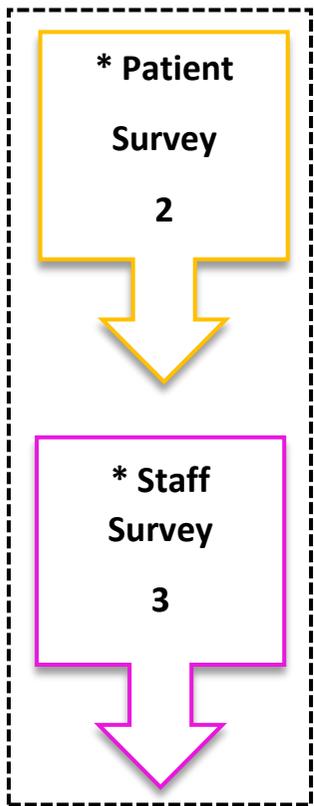
Critical questions, **highlighted in yellow**, represent never events and safety. If full compliance is not achieved for these questions, a flag is initiated, and immediate action should be taken by the reviewer to discuss with ward Sister/ Charge Nurse and Matron.

Scores will be automatically calculated as a % score and a RAG scoring

Standard of compliance	RAG score	Numerical score
0-50%		1
51-84%		2
85-100%		3

Numerical scores for Safe Care, Dignified Care, Individual Care, Effective Care, Workforce and Pharmacy toolkits are added together for a total RAG score of the reviewed ward. Patient and staff feedback is **not** included in the over-all RAG score. Instead they were referred to as additional intelligence information.

See following example of scoring matrix, each theme with corresponding score and total score providing overall result i.e. score of 11 (Amber).



EVIDENCE SCORE

* Noted but not counted in overall rating

Theme Rating	Points		Overall Score	Overall Rating
	1		0 - 6	
	2		7 - 12	
	3		13 - 18	

Ward Rating – 11 (Amber)

Staff and Patient Outcome – 5 (Green)