Senior Charge Nurse & Midwife Forum
Care Assurance
Margaret A Connolly
Associate Chief Nurse
Care Assurance & Excellence in Care

Delivering better health
www.nhsggc.org.uk
# NHSGGC Structure

<table>
<thead>
<tr>
<th>Acute Operating Division</th>
<th>Primary Care - (Health and Social Care Partnerships)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clyde Sector</td>
<td>Glasgow City</td>
</tr>
<tr>
<td>North Sector</td>
<td>East Dunbartonshire</td>
</tr>
<tr>
<td>South Sector</td>
<td>West Dunbartonshire</td>
</tr>
<tr>
<td>Regional Services</td>
<td>East Renfrewshire</td>
</tr>
<tr>
<td>Directorate</td>
<td></td>
</tr>
<tr>
<td>Women and Children’s</td>
<td>East Renfrewshire</td>
</tr>
<tr>
<td>Directorate</td>
<td>Renfrewshire</td>
</tr>
<tr>
<td></td>
<td>Inverclyde</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
</tbody>
</table>
Nursing and Midwifery Structure Acute Services

Board Nurse Director
Dr Margaret McGuire

North Sector
Chief Nurse
John Stuart
Ass Chief Nurse
Ann Frances Fisher

South Sector
Chief Nurse
Morag Gardner
Associate Chief Nurses
Geraldine Marsh

Clyde Sector
Chief Nurse
Christina McKay

Regional Services Directorate
Chief Nurse
Elaine Burt

Women and Children’s Directorate
Chief Nurse
Jenifer Rodgers
Chief Midwife
Evelyn Frame

Corporate NMAHP Directorate
Chief Nurse
Elaine Love
Associate Chief Nurses
Angela Carlin – Midwifery Review
Margaret Connolly - Excellence in Care
Sandra Blades Lead Nurse Workforce & eHealth
Why do we need an Assurance System?
Core Indicators for Excellence in care
(Across all nursing families)

- Person centred-ness
- Number of PDR/e-KSF
- Number of nurses/midwives with leadership in QI
- QMPE
- Upheld N&M complaints
- Workforce %variances between funded establishment & staff in post
- All predicted & unpredicted absence of permanent staff
- Workload tools (run annually at present)
EiC Adult In-patient Indicators

- EWS accuracy & frequency
- MDRO screening
- In-patient fall per 1,000 bed days
- Acquired pressure ulcers grade ≥2 per 1,000 bed days
- Medicines omissions
- Nutrition & Hydration
Care Assurance In-patient Systems

- EiC will be articulated through CAS
- Refreshing CAS standards (group discussion)
- Web-page refresh with links & educational resources now live
- Combined Care Assurance Audit Tool V12 finalised & in use
- CAIR NHSGGC Dashboard
Dashboard: Care Assurance Improvement Resource (CAIR) Views

- NHSGGC dashboard launched 19th November 2018 with Falls data across all acute wards
- Pressure ulcers went live December 2018
- Will be able to pull information from existing systems like STSS (workforce element), Datix etc
- Need to keep recording process measures via lan-quip at present
Dashboard: Care Assurance Improvement Resource (CAIR) Views

Contact

Information Services:
Info.services@ggc.scot.nhs.uk

Data as at midnight on 21/04/2019
CAIR Views 3

CAIR Dashboard: Total Number of Falls in Last 365 Days

Actual Numbers

CAIR Dashboard: Total Number of Falls in Last 365 Days

Actual numbers | Rates per 1000 Occupied Bed Days | Falls per Month

[Graph showing the number of falls per 1000 occupied bed days from 2018 to 2019, with a peak in October 2018 and a minor peak in April 2019.]

Table showing the total number of falls and harm per month:

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Total Falls</th>
<th>Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>APRIL</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>MAY</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>2018</td>
<td>JUNE</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>JULY</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>AUGUST</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>SEPTEMBER</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>OCTOBER</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>NOVEMBER</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>DECEMBER</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>JANUARY</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>FEBRUARY</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>MARCH</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>APRIL</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 84 falls, 1 harm
### Falls per 1,000 bed days for last 365 days as at 21/04/2019

<table>
<thead>
<tr>
<th>Location</th>
<th>Falls per 1,000 bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orchard View</td>
<td>12.5</td>
</tr>
<tr>
<td>VOL</td>
<td>10.3</td>
</tr>
<tr>
<td>New Victoria</td>
<td>8.9</td>
</tr>
<tr>
<td>Lightburn</td>
<td>8.5</td>
</tr>
<tr>
<td>QEUH</td>
<td>7.8</td>
</tr>
<tr>
<td>GGH</td>
<td>7.5</td>
</tr>
<tr>
<td>RAH</td>
<td>7.3</td>
</tr>
<tr>
<td>Dykebar Hospital</td>
<td>6.5</td>
</tr>
<tr>
<td>Meamskirk</td>
<td>6.4</td>
</tr>
<tr>
<td>IRH</td>
<td>6.3</td>
</tr>
<tr>
<td>GRI</td>
<td>6.1</td>
</tr>
<tr>
<td>Stobhill</td>
<td>6.0</td>
</tr>
<tr>
<td>GRH</td>
<td>5.2</td>
</tr>
<tr>
<td>Beaton</td>
<td>4.4</td>
</tr>
<tr>
<td>Dumbarton Joint Hospital</td>
<td>4.2</td>
</tr>
<tr>
<td>Levedale Hospital</td>
<td>2.6</td>
</tr>
<tr>
<td>Netherton</td>
<td>2.4</td>
</tr>
<tr>
<td>Blythwood House</td>
<td>1.3</td>
</tr>
<tr>
<td>Rowanbank Clinic</td>
<td>1.2</td>
</tr>
<tr>
<td>RHC</td>
<td>0.4</td>
</tr>
<tr>
<td>PRM</td>
<td>0.2</td>
</tr>
<tr>
<td>IRH Larkfield</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6.1</strong></td>
</tr>
</tbody>
</table>

#### Falls per 1,000 bed days - by location

- **Orchard View**: 12.5
- **VOL**: 10.3
- **New Victoria**: 8.9
- **Lightburn**: 8.5
- **QEUH**: 7.8
- **GGH**: 7.5
- **RAH**: 7.3
- **Dykebar Hospital**: 6.5
- **Meamskirk**: 6.4
- **IRH**: 6.3
- **GRI**: 6.1
- **Stobhill**: 6.0
- **GRH**: 5.2
- **Beaton**: 4.4
- **Dumbarton Joint Hospital**: 4.2
- **Levedale Hospital**: 2.6
- **Netherton**: 2.4
- **Blythwood House**: 1.3
- **Rowanbank Clinic**: 1.2
- **RHC**: 0.4
- **PRM**: 0.2
- **IRH Larkfield**: 0.0

**Total**: 6.1

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**NHS Greater Glasgow and Clyde**
Combined Care Assurance Audit Tool (CCAAT)

- Objective of the tool is to provide objective feedback to clinical areas on the quality of care
- Fresh eyes approach (services user feedback)
- Based on 15 Steps Approach (NHS England 2017), OPAC standards, NMC Code 4 pillars
- Each of sectors has schedule of visits planned
- Encompasses quality assurance indicators
- Red / Amber/ Green / Gold (RAGG) same as IPCAT with v12
- Revisiting and improvement plans will also follow IPCAT guidance
- Section for completion of improvement plan
What does Quality Care look like for your loved ones?
Quality Improvement

- QI Capability & capacity
- QI journey not a destination
- Transparency of Data
- Learning from each other & beyond
CAS Standards

CAS is based on the Salford Royal NHS Foundation Trust model and each of the standards have been framed using the fours domains within Leading Better care Role Framework (2008). These domains are:

1. Safe & Effective patient care
2. Enhancing the patients experience of care
3. Leading, managing & developing the performance of the team
4. Contributing to the organisations objectives
What Next?

1. Tissue Viability (PUDRA)
2. Falls
3. Effective management of resources & staff governance
4. Deteriorating Patient
5. Medicines Management
6. Pain Control
7. Standard Infection Prevention & control
8. Food, Fluid & Nutrition
9. Person Centred Care
10. Older Adult
11. End of life Care
Consider in your Groups the following questions

- Is the standard statement clear?
- Can you suggest any additions or editing required to the standard criteria?
- Review the suggested evidence for each of the standard criteria and where appropriate suggest amendments
- Can you discuss the formatting of the standards and suggest options
What Next?

- Take your valuable feedback from today
- Integrate in refreshed Standards
- Clarify changes with Expert development group
- Seek ratification from board nurse director & chief nurses
- Seek support to Launch new standards
Thank you

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@NHSGGC
@ExinCare