Clinical Assurance Toolkit (CAT) Strategy

1. Introduction

The Trust’s Nursing and Midwifery Strategy, “Proud of Nursing and Midwifery in Newcastle – Compassion, Quality and Excellence in all we do” (2013-16) has as its five objectives:

1. To put patients first in all that we do
2. To deliver safe and effective harm-free care
3. To deliver high quality
4. To recognise, and maximise, our reputation for nursing excellence
5. To have an empowered, and skilled, workforce

The ongoing development of a Clinical Assurance Toolkit (CAT) underpins this commitment and this document describes the strategic context and vision for assurance of care provided by Nursing and Midwifery staff across the Trust, including the development of the tool to capture care provided by other clinical staff such as doctors and to measure safe levels of nurse staffing.

This strategy is a dynamic document that will be refined and refreshed as the Trust’s vision and requirements for clinical assurance develop. The strategy sets out the strategic context as it is understood at this point in time, the vision of how the CAT tool will underpin clinical assurance, and the development of the Acknowledging Continuous Excellence (ACE) awards, against which clinical standards will be judged.

Nationally the drivers to explicitly demonstrate quality of care are well recognised: the NHS Operating Framework; NPSA never events; Compassion in Practice – Chief Nursing Officer Strategy for Nursing; NQB guide to staffing, ‘How to ensure the right people, with the right skills, are in the right place at the right time’; Commissioning for Quality and Innovation (CQUIN); Safety Thermometer and harm-free care; patient choice; dementia care; and the Friends & Family Test.

The Francis report on the Mid Staffordshire Inquiry has made a number of recommendations for improving the quality of care and the patient experience. The CAT goes some way towards addressing a number of the concerns raised about healthcare providers but further work is planned to develop this.

The core theme of quality is explicit, emphasising the Nursing & Midwifery contribution to making tangible improvements that are meaningful and relevant to every member of the clinical team.

There is also a fundamental need to make available to Trust Board continuous, robust, transparent and meaningful data, which provides assurance in respect of quality of care at that strategic level, and is owned and managed by clinicians and leaders at all levels in the organisation.
Since its implementation in 2011 (replacing and expanding upon the Ward Accreditation Tool), the CAT has developed in response to the changing needs of the Trust, as well as in response to feedback from the clinical staff who use it. Questions have been clarified, software has been updated and specific sets of questions (particular to clinical settings) have been devised. The Trust’s Community Health Services have been incorporated from June 2012.

The latest development has been to include checks on nurse staffing levels and patient dependency as part of the CAT from April 2013. The Nurse Staffing Strategy sets out appropriate skill-mix and staffing levels based on a ward’s patient population, along with an escalation process for addressing any shortcomings on a short and long-term basis.

2. Strategy Overview

This purpose of this strategy document is to articulate

- The process and framework supporting the CAT
- The continued development of CAT within the Newcastle Hospitals as a Trust-wide tool to provide continuing clinical assurance to the Trust Board and an overview of performance at all levels (ie ‘Board to Ward’) for each clinical area and Directorate
- The development of the ACE awards (formerly Charter Mark) to demonstrate the achievement of the required Trust standards by clinical areas, and making this explicit to visitors, patients and professionals, in the spirit of openness and transparency
- The responsibility of key individuals and roles in delivering the strategy
- The forward plan in further developing both the concept and tool, responding to the needs of the Trust through a process of ongoing review and change
- The continued development of quality assurance data which is relevant and meaningful

The Clinical Assurance Toolkit (CAT) provides:

The Trust with:

- A robust and valid process for measuring performance across the Trust
- A breadth of evidence-based measures, including a care summary
- An ability to measure additional requirements through an established methodology
- A dynamic and challenging assurance process – measures will be refreshed, or removed over time as targets are met, and other measures will be introduced to ensure continuous improvement.
- Clarity of communication (i.e. easy to understand concepts)
- Knowledge of areas with good practice, which can then be shared around the Trust, thus improving patient care and service
- Mechanisms to support assurance against external requirements such as Care Quality Commission, Essence of Care and CQUIN initiatives

Directorates with:
Comparisons, trends, benchmarks and RAG ratings to enable clinical leaders to understand and address performance across their services, measured against their own past performance and that of others

Data to support ownership by clinicians and the Directorate

Clarity of communication (i.e. easy to understand concepts)

An indication of where leadership and support for staff are required to bring about improvements

The ability to identify areas for improvement, drive up standards and influence patient care

Clinical areas with:

- Information to enable them to achieve the ACE award standards set out by this strategy
- A breadth of evidence-based measures that are relevant and meaningful to their area of practice
- Comparisons, trends, benchmarks and RAG ratings to enable all staff to understand their performance measured against their own past performance and that of others
- An awareness of gaps in staff knowledge and practice so education and training can be put into place to ensure practice is adhered to
- Data to share with staff

 Patients and their carers and visitors with:

- Relevant, clear information about the clinical area they are receiving care from
- Reassurance that the highest standards of care are expected, monitored and delivered
- Evidence of improving standards of care
- Reassurance that the Trust has understood and responded to the findings of the Francis report and the concerns of the public
- Transparency

3. Aims of the Strategy

The main aim of this strategy is to articulate the development process for the CAT.

This is an incremental strategy which will continue to develop the CAT and incorporate the vision for the ACE awards. This will define clinical standards with an agreed attainment process, assurance standards, and a revalidation process with expanded domains of assurance including patient and staff satisfaction.

January to December 2014

- Incorporation of staffing and patient dependency, relevant to the care setting
- Consider the involvement of other clinical settings where care is given
- Discuss essential knowledge for staff in other clinical areas
- Annual user evaluation to ensure involvement of all participants in the development of CAT
- CAT Steering Group will continue to monitor the CAT and the progress against this strategy
- CAT will be a standing agenda item at forums and a monthly report will continue to be produced for the Board
4. Defining Roles & Responsibilities

4.1. The Trust Board is responsible for overall assurance of clinical standards. CAT reports are submitted every month for information and comment. This provides challenge and scrutiny.

4.2. The Nursing and Patient Services Director is responsible for the delivery and monitoring of standards of clinical care provided by Nurses and Midwives across the trust. This will be underpinned by the development of reports from CAT to the Trust Board with a narrative on progress made and areas for improvement/development. The standards for achievement and all related governance processes of the ACE award will be agreed by the Nursing and Patient Services Director.

4.3. The Heads of Nursing and Patient Services have a responsibility to ensure sites and Directorates they have responsibility for are meeting agreed standards of care, challenging Matrons in regard to areas of concern and robust application of escalation processes, on behalf of the Nursing & Patient Services Director.

4.4. Matrons have a responsibility to complete the monthly checks on the CAT and submit the survey. Matrons have overall responsibility for the completion of the CAT, including sections filled in by Sisters/Charge Nurses/Department Managers. Any concerns over the validity of the questions or the reports being produced should be raised with the Information Manager. Matrons have a responsibility for monitoring the results and the development of any Action Plans required following two months in which 91% compliance for the total CAT score is not achieved. Matrons are responsible for the monitoring of these action plans.

The Matrons’ job description defines their role in the assurance and delivery of standards of care, environmental standards and clinical assurance. The CAT provides them with the tools to support monitoring of these. Matrons are responsible for the assurance across their sphere of responsibility; developing action plans with areas to address poor compliance (see point 6.3).

4.5. Directorate Managers have responsibility to ensure the delivery of required standards is achieved, to ensure adequate resource is available, and to support Matrons.

4.6. Sisters/Charge Nurses have a responsibility to complete their section of the CAT on a monthly basis, reviewing standards of care within their area, addressing any shortfalls immediately, and escalating any concerns they might have to the Matron. Sisters/Charge Nurses have a responsibility for the development of any Action Plans required following two months in which 98% compliance with any of the four measures is not achieved, in conjunction with their Matrons (see point 4.4 above and point 6.2). Sisters/Charge Nurses also have the responsibility to ensure their ward teams understand the concept of CAT and are made aware of their monthly results, along with any trends and remedial actions identified. This will be a standing agenda item for Directorate meetings, with results from other wards in the Directorate being shared.

4.7. Information Manager has responsibility to provide administrative support to CAT users, sending email ‘tokens’ and reminders to complete the survey, and
making necessary changes to the CAT which have been agreed by the Heads of Nursing. He/she is also responsible for developing reports to be used for the monitoring of compliance, responding to queries about the CAT, and logging any issues. Implements changes to the CAT on a six-monthly basis.

4.8. The **IPC Matron** has responsibility to monitor environmental cleanliness and hand hygiene standards and, in conjunction with IPCNs, support Matrons in addressing any issues identified in the Directorate Action Plans to ensure compliance is achieved.

5. Process

5.1. Overview of CAT
- The CAT is a monthly online survey which requires staff to respond to questions on a range of clinical quality assurance measures.
- The staff must use information on five patients for the questions on assurance.
- For questions on staff knowledge, three members of staff are selected (different disciplines where possible)
- Three observations are made on various areas of clinical practice (see Appendix 2)
- Five members of staff are audited for compliance with hand hygiene opportunity, technique and ‘bare below the elbow’ (BBE).
- The final section of the survey is completed by the Matron, who contributes in his/her monthly cleanliness checks for the area.

5.2. Selection of Patients
- Many of the questions on the CAT require the user to select five patients to inform their answers.
- In a number of cases, selecting five patients at random is not appropriate.
- Appendix 1 of this strategy outlines the criteria which CAT users should apply when selecting five patients to answer certain groups of questions.

5.3. Monthly Process
- Each month, an email invitation (‘token’) is sent to the relevant staff on all participating clinical areas by the Information Manager.
- This token contains a link to the relevant set of questions for the area, as well as links to the printable paper versions of all questions, the ward pro-forma, Hand Hygiene tool, Matrons’ cleanliness checklist, and monthly submission dates.
- Each Monday, after the tokens have been sent, the Information Manager sends emails to those who have not yet completed.
- The survey software only sends reminders to those areas that are incomplete.
- In the final days before the deadline, reminders are sent more frequently.
- Once the deadline has passed, the Information Manager closes the current survey and contacts IT Development.
- The responses to the CAT are put into a database for the Information Services Reports team to run a process which produces a series of reports.
- Reports are accessible via InfoView from the Trust intranet.
- The survey is then reactivated and the tokens prepared for sending out by the Information Manager.
• Amendments to the distribution lists can be made on an ongoing basis by the Information Manager as required.

5.4. Six-monthly Process
• The CAT is reviewed at six monthly intervals to incorporate any changes required. Changes to the survey itself are made every six months following the go-live date.
• During the first four months, CAT users, CQUIN leads and others are encouraged to review and suggest relevant changes to CAT questions.
• The changes may reflect the need for clarity in some questions or the changing needs of the Trust. All changes must be agreed by the Heads of Nursing.
• In the last two months of the six-monthly process, the proposed changes are implemented in the ‘Build’ version of the CAT by the Information Manager in conjunction with IT Development.
• The Build version is then tested thoroughly before being released at the end of the six months.
• This process is also informed by the annual user evaluation questionnaires.

5.5. Reporting
• Responses to the CAT survey are shown as percentage compliance scores in a range of reports.
• The percentage scores are RAG-rated with the following conditions:
  o Red <91%
  o Amber 91%-97%
  o Green >=98%
• Reports are accessible via InfoView on the Trust intranet by the Matrons, Sisters/Charge Nurses and DM’s. These reports are then forwarded for discussion with staff at ward meetings, and are displayed for all staff to see.
• Access to InfoView is controlled by Information Services and allows clinical staff to run their own reports for current and previous months.

6. Defining Standards & Compliance

6.1. Measuring Standards
• Standards will be measured through a series of reports, produced in conjunction with Information Services.
• The calculation of the percentage scores is agreed by the Heads of Nursing.
• Compliance will be monitored by the Matrons.
• The reports will be RAG rated to facilitate the analysis of compliance as follows:
  o 98% or above = Green
  o 91% to 97% = Amber
  o Below 91% = Red

6.2. Escalation
• All data from the completed CAT will be available via InfoView within one week, allowing Matrons and other users to be able to see the information prior to the Trust Board.
• The concept of CAT is to enable Matrons to use the reports as a way to better understand issues in their areas and to proactively lead improvement and manage change.
• Scorecard will be distributed to Matrons, Sisters/Charge Nurses/Department Managers, Heads of Nursing, IPCNs and Directorate Managers; reported to Trust Board via the Nursing and Patient Services Director, including a summary of those at Month 2 of the escalation process.

• CAT should be a standing agenda item at Ward, Directorate and Sister/Charge Nurse meetings.

• Escalation process for red scores is that the Information Manager produces a report for the Heads of Nursing and Patient Services every month to highlight all areas with a total score of <91%:
  o Immediate action, where possible: real time feedback to staff observed by the auditor; if poor compliance, the auditor informs the member of staff in charge, email sent to Matron to take remedial action where necessary.
  o Month 1 red score: Sister/Charge Nurses/Manager undertakes further investigation if necessary, actions any training, compliance or risk requirements.
  o Month 2: if compliance <91% for two consecutive months, Matron and Sister/Charge Nurse will receive a report highlighting that action is required. They will be required to respond, with their proposed actions, to the Head of Nursing and Information Manager. Actions will be reported at the next Trust Board by the Nursing & Patient Services Director.
  o Month 3: Matron will continue with the Action Plan until 91% compliance has been achieved.
  o Month 4: if compliance <91% for three consecutive months, review with Directorate Management Team.
  o Month 5: if compliance <91% for four consecutive months, Head of Nursing review to review with Directorate Management Team.

• Where non-compliance in a particular area is widespread, clinical leads for that area will work to develop a Trust-wide action plan.

• Matron’s monthly checks on cleanliness and the environment are of such importance that a separate report is prepared by the Information Manager for the Heads of Nursing. Matrons are required to audit their areas within the calendar month and submit data once required standards are met. It is not acceptable to routinely submit low scores for this section. It is expected that Matrons will ensure standards are consistently high and take immediate and robust action where this is not the case. Again, on Month 2, Matrons will be expected to send a list of their actions to the Head of Nursing and Information Manager to be included in the next Trust Board by the Nursing & Patient Services Director.

6.3. ACE awards
The aim of the ACE awards is to recognise and acknowledge success, as well as to ‘raise the bar’, defining and measuring standards across the Trust through a systematic and robust process. This is a dynamic process that can be adapted to respond to achievement of standards and a requirement to ‘raise the bar again’ to meet the needs of a changing organisation and healthcare environment or external requirements. The ACE awards process is outlined in a separate document. Scores from CAT will feed into this process. Once achieved, standards must be maintained in order to pass a periodic revalidation process.

7. Audit & Monitoring of Strategy Application
7.1. Current Reporting
- All CAT reports can be accessed via InfoView.
- InfoView allows senior clinical and admin staff in each Directorate to monitor, assess and improve their own performance, thus contributing to greater ownership of the CAT by the Directorates.
- A list of all current InfoView reports is listed in Appendix 3.

7.2. Peer Reviews
- The CAT is not usually completed by peers on a monthly basis because of the level of trust placed in the ability of clinical staff to fill in the survey accurately, as well as the need to encourage the ownership of CAT at the ward level.
- From 2014, peer reviews will be built in the CAT process, to be undertaken twice per year. This feeds into the ACE awards process as part of the validation of CAT results. Matron peer reviews of cleanliness will take place in January, April, July and October.

7.3. Hand Hygiene Audits
- Compliance with hand hygiene opportunity/technique and BBE is monitored against the Hand Hygiene Policy.
- Results are monitored and managed by the Matron with support from IPC Matron and IPCNs ensuring non-compliance is reviewed and addressed.
- The IPCNs will monitor areas that do not routinely submit audits via peer review, ensuring peer reviews occur once on an annual basis.
- A cross-section from all Directorates will be independently audited on an annual basis by the IPCN team, validation audits reported to IPCC on a quarterly basis.

8. Summary

The progress against the aims of this strategy will be monitored by the Nursing & Patient Services Director and the senior nursing team.

The strategy will be reviewed by the CAT Steering Group annually.

Helen Lamont, Nursing & Patient Services Director
Liz Harris, Head of Nursing RVI
Frances Blackburn, Head of Nursing FH
Chris Eddy, Head of Patient Services
Suzanne Medows, Senior Nurse Practice Development
Louise Hall, IPC Matron
Sharon Thompson, Matron Critical Care
Chris Ellis, Information Manager
Appendix 1 – Criteria for the Selection of Patients

Not all wards will have patients who trigger the measures below. Where this is the case, patients should be chosen at random. For example, if two patients in the month have triggered the MEWS red score, use these patients to answer the questions on MEWS along with three other patients on the ward, chosen at random.

FOCUS charts/Braden/Glamorgan scores
Select five patients who are at risk of developing pressure ulcers.

Nutrition
Select five patients who are at risk of malnutrition.

MEWS/PEWS/OEWS
Select five patients who are the most unwell, but who are not on the Liverpool Care Pathway. Audit the most recent MEWS/PEWS/OEWS chart at the end of the bed.

Invasive Devices
Select five patients who have an invasive device.

Isolation practice
Select five patients who require isolation for suspected or confirmed infection
Appendix 2 – Measures audited through CAT

1. Nurse staff & patient acuity
2. Falls
3. FOCUS chart/Pressure ulcers
4. Breastfeeding
5. Nutrition
6. Wristband ID
7. Early warning scores (MEWS)
8. Invasive devices
9. Immunisations
10. Patient perception
11. Theatres checklist
12. Ventilators
13. Waiting times
14. Waiting room seating integrity
15. Isolation practice
16. Venepuncture observations
17. Customer services observations
18. Pressure ulcer staff knowledge
19. Urinary catheter care staff knowledge
20. ANTT staff knowledge
21. IPC staff knowledge
22. Ventilator staff knowledge
23. Flexi endoscope staff knowledge
24. Hand hygiene
25. Matron cleanliness checks
Appendix 3 – Reports

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<td>Trust-level report of all CAT scores</td>
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<tr>
<td>Assurance Measures</td>
<td>Question-level report of assurance measures</td>
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<td>Clinical Assurance</td>
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<td>Community CAT Board Scorecard</td>
<td>Trust-level report of all community CAT scores</td>
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<td>Environmental Cleanliness</td>
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<td>Trend Board Report</td>
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<td>Ward Scorecards</td>
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All reports listed are available via InfoView on the Trust intranet.
## Appendix 4 – Achieved from 2013 Strategy

### January to December 2013
- Develop questions aimed at medical staff
- Enhance the patient experience aspect of the CAT to make this a more prominent part of the reports (Friends & Family now incorporated)
- Questions changes every six months following review
- Closure of Ward Accreditation by December 2012 (ie. all areas to have achieved this standard by this time).
- Continual flagging of 'red' scores to clinical managers
- Annual user evaluation to ensure involvement of all participants in the development of CAT
- Update the resource scorecard in light of the nurse staffing review to provide continuous monitoring (new questions will be included from April 2014)
- Include outcome measures around harm-free care (this information will be available at ward level by April 2014)
- Develop and set standards for the Charter Mark (now the ACE awards)
- Implementation of process for the award of a Charter Mark (now the ACE awards)
- Discuss and define staff feedback, including a ‘cultural health barometer’, as recommended in the Francis report (awaiting the start of a national scheme for staff)
- CAT Steering Group will continue to monitor the CAT and the progress against this strategy
- Succession planning for the administration of CAT
- CAT will be a standing agenda item at forums and a monthly report will continue to be produced for the Board