



Lothian Accreditation and
Care Assurance Standards



Lothian Accreditation & Care Assurance Standards Framework

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Introduction

Improving the quality and efficiency of healthcare, that is safe, patient-centred and that consistently meets the needs of a growing and ageing population is at the heart of [NHS Lothian's Strategic Plan \(2014\)](#). However, measuring and assuring the quality and standards of care delivered to patients by individuals and teams is not an easy process. [NHS Lothian's Quality Strategy \(2015\)](#) sets out a vision to utilise a quality management system approach to ensure everything we do adds value and minimises waste. This approach requires leaders at all levels to regularly spend time with teams working collaboratively to develop an inspirational quality improvement approach to improving quality and care based on our values, resilience, shared learning and compassionate leadership.

The NHS Lothian Accreditation and Care Assurance Standards provides a framework to give organisational and service user assurance that quality person-centred care, is being delivered consistently across all NHS Lothians Services. The Framework has been developed to promote quality assurance activity to be utilised to positively inform and drive improvement in line with the Board's objectives, Quality Strategy and quality management approach.

The Framework builds upon the national work being undertaken by Excellence in Care by:

- identifying measures and indicators of quality
- supporting local teams to access quality measurement data and resources that will help them identify and plan improvements within their own area of practice
- supporting the ethos of the [Nursing and Midwifery 2030 Vision](#), that person-centred care is consistently being delivered by confident, competent and compassionate practitioners.

NHS Lothian Accreditation and Care Assurance Standards incorporates a self-assessment and external peer assessment process with teams having the opportunity to present themselves for 'Accreditation'. This is in line with Healthcare Improvement Scotland (2018)'s [Quality of Care Approach](#) which advocates self-evaluation to identify opportunities for improvement with subsequent action planning, implementation, monitoring and review of actions. This, complemented by external validation, challenge and intervention as required, are recognised as key drivers for improving healthcare. The NHS Lothian Accreditation panel, which will be made up of clinical, executive and non-executive members and HSCP representation, will provide the correct level of external scrutiny, challenge and feedback that celebrates successes and promotes a culture of continuous quality improvement.

What is the NHS Lothian Accreditation and Care Assurance Standards?

The NHS Lothian Accreditation and Care Assurance Standards Framework is based on a model used within Salford Royal NHS Foundation Trust and is designed to support nurses and the multi-professional team to identify and build upon what works well and to take effective action where further improvements are necessary.

- A process for developing a clear and inspiring vision for person centred care
- Incorporates a self-assessment and external peer assessment process that will provide assurance for all that care meets the standards of NHS Lothian
- Accurately measures a ward/department's level of performance against a set of Care Assurance Standards which incorporates and is triangulated with other sources of quality data and staff and patient feedback, including the learning from complaints and adverse events.
- The assessment process includes a mechanism to ensure continuous improvement is supported. This involves an analytical, counselling and self-improvement dimension to the improvement action plan process.

The framework is designed around a set of core defined standards that services have had the opportunity to co-develop as unique indicators of quality care for their patient population and service. A parallel process of supporting and developing for improvement is a key component to ensure the standards are achieved consistently and sustainably in clinical areas.

Care Assurance Standards Review Cycle

The NHS Lothian Accreditation Care Assurance Standards Framework is a continuous process, utilising a quality management approach, with an expectation that clinical teams will undertake two review cycles a year of their clinical areas - (every six months) in addition to other regular audits and reviews. These reviews will be based on self-assessment by the Senior Charge Nurses and Clinical Nurse Managers who have governance for the clinical area.

Once the self-assessment process has been evidenced as imbedded, peer reviews will be introduced as an external peer assessment. These peer assessments will be completed every 4th cycle once introduced. The decision on when a service is ready for peer review will be made at the Patient Outcome Programme Board.

Care Assurance Cycle Process

The LACAS cycle is completed in steps, which is described in Figure 3. Additional information about the award and accreditation process is described later in this document.



Figure 3: LACAS Cycle Steps

Learning from Care Assurance Review

The learning from the Care Assurance Review should be used to inform the next quality improvement cycle utilising the quality management system (See figure 4) and Value Management approach.

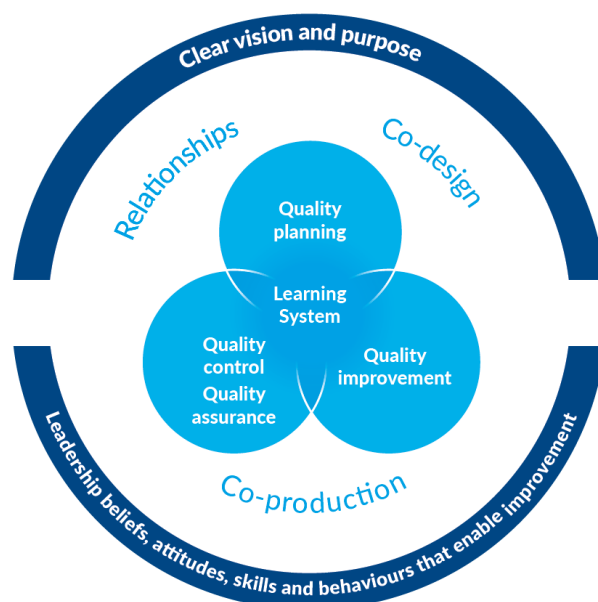


Figure 4: Quality Management System Framework (Healthcare Improvement Scotland, 2019)

Following the completion of the Care Assurance review the Lead Nurse for Quality Improvement and Standards and the Quality Improvement teams will support the wards/teams drive improvement within their clinical areas. Where common themes are identified the Head of Nursing and Lead Nurses for Quality Improvement and Standards, in collaboration with the Quality Improvement teams, will establish and support collaborative or pan-Lothian improvement workstreams with local team involvement in the development and testing of any improvement ideas. In addition, the Head of Nursing and Lead Nurses will support the role out of Quality Improvement Visual Boards and Quality Improvement Huddles across NHS Lothian.

The SCN, Clinical Nurse Manager and Lead Nurse will meet at regular intervals to review the data and improvements to ensure progress is being made within agreed timescales or whether further support is required. Regular updates will be provided to the Associate Director of Nursing/Chief Nurse and Head of Nursing and through the agreed governance structures (See figure 5).

Levels of Assurance

The levels of assurance are designed to set out Point of Care (Bedside) to Board governance for the organisation and the public. In circumstances where wards/teams are unable to demonstrate assurance in any aspects of care delivery it is recognised, that although there is associated risk, it does not necessarily conversely correlate to poor quality of care. This framework is designed to provide a learning system which informs and drives improvement. It is therefore essential that this is not seen as punitive and that teams and staff feel supported and enabled to make improvements. This is in line with NHS Lothians objectives, quality strategy, quality management approach and values.

Table 1: Levels of Assurance

Level of Assurance		Definition	Most likely course of action
Platinum (Accreditation)	Significant Assurance	<p>The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.</p> <p>Significant assurance can only be provided and awarded when the ward/team have met with the Lothian Accreditation and Care Assurance Panel and demonstrated sustained attainment of Quality Person Centred Care evidenced through a range of sources to support its conclusion including, but not exclusively:</p> <ul style="list-style-type: none"> • Evidence of measures of assurance presented during the accreditation ward visit and to the Accreditation Panel. • 3 Consecutive Gold Reviews (including 	<p>The Board or committee will not require a further report until the next scheduled Annual Report.</p> <p>The ward/team will retain their Accreditation Status for 2 years with the proviso that they continue to evidence sustained attainment of the Care Assurance Standards at their subsequent Care Assurance Reviews.</p> <p>In the event that the ward/team have a subsequent care assurance review that indicates that the quality of care has not been sustained they will have until the following care assurance review to remedy the identified</p>

		one peer review) with last Review evidencing NO RED Standards	area/s otherwise the accreditation of the ward/team may be revoked.
Gold	Moderate Assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> <p>Moderate assurance can be provided where the ward/team has:</p> <ul style="list-style-type: none"> • Still to present or be accredited by the Lothian Accreditation and Care Assurance Panel or • Has achieved the minimum number of green standards and maximum number of red Standards, based on the number of standards for their clinical area, in their most recent care assurance review/s (following validation & triangulation) 	<p>The Board or committee may ask the Associate Nurse Director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk.</p> <p>The ward/team will be supported to utilise the Care Assurance Reviews to drive improvement at a local and/or pan-Lothian level utilising a Total Quality Management approach.</p> <p>The Clinical Nurse Manager will provide regular progress reports to the Associate Director of Nursing/Chief Nurse.</p>
Silver	Limited Assurance	<p>The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p> <p>Limited Assurance can be provided where the ward/team has:</p>	<p>The Board or committee may ask the Associate Nurse Director to provide assurance at an agreed later date that there had been improvements within the identified areas. The timescale for this assurance will depend on the level of residual risk.</p>

		<ul style="list-style-type: none"> Has achieved the minimum number of green standards and maximum number of red standards, based on the number of standards for their clinical area, in their most recent Care Assurance Review/s (following validation & triangulation) 	<p>The ward/team will be supported to utilise the Care Assurance Reviews to drive improvement at a local and/or pan-Lothian level utilising a quality management approach.</p> <p>The Clinical Nurse Manager will provide regular progress reports to the Associate Director of Nursing/Chief Nurse.</p>
Bronze	Unable to provide assurance at this time	<p>The Board cannot take any assurance at this time from the information that has been provided. There remains a significant amount of residual risk.</p> <p>Wards/Teams will be unable to provide Assurance when:</p> <ul style="list-style-type: none"> Has achieved less than the minimum number of green standards and more than the maximum number of red standards, based on the number of standards for their clinical area, in their most recent care assurance review/s (following validation & triangulation) 	<p>The ward/team will be supported to utilise the Care Assurance Reviews to drive improvement utilising a quality management approach. This is in addition to any Pan-Lothian Improvement work.</p> <p>The Clinical Nurse Manager will provide regular progress reports to the Associate Director of Nursing/Chief Nurse.</p>

Improvement is recognised to take time and requires leadership, workforce development and quality improvement data, capacity and capability. Wards/teams will be provided with appropriate support and timescales to enable improvements to be

made through a mutually agreed improvement plan, approved by the area’s Associate Director of Nursing/Chief Nurses. Identified areas for improvement which are out with the scope of the ward/team will be escalated and addressed through the site and directorate clinical and management groups. In the event, that the ward/team continue to be unable to provide assurance or demonstrate improvement against one or more of the Care Assurance Standards, the Nurse Director and other relevant members of staff will meet to agree next steps.

Reporting and Governance Structure

To provide assurance from point of care delivery to the NHS Lothian Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard requires a robust reporting and governance structure (See figure 5). Following each Care Assurance review cycle, LACAS reports will be completed by the Nursing Quality Improvement and Standards Team for the respective site, locality or service. These reports will be approved by the NHSL Care Assurance Lead and then released to the AND/Chief Nurse(s) for the site, locality or service.

The LACAS reports will then be taken through local governance groups prior to being shared with the Healthcare Governance Committees and from there to the Lothian Board. Progress updates requested by the Board or the Committee will be progressed through this reporting and governance structure to monitor the situation until such time as the Board or Committee is satisfied that the level of assurance has been improved and/or enough risk mitigation is in place whilst improvements can be made. The Head of Nursing for Quality Improvement and Standards will provide oversight of the Lothian Accreditation and Care Assurance Standards Reviews and provide a regular report to the Patient Outcomes Board and from there to the Nurse Directors Group.

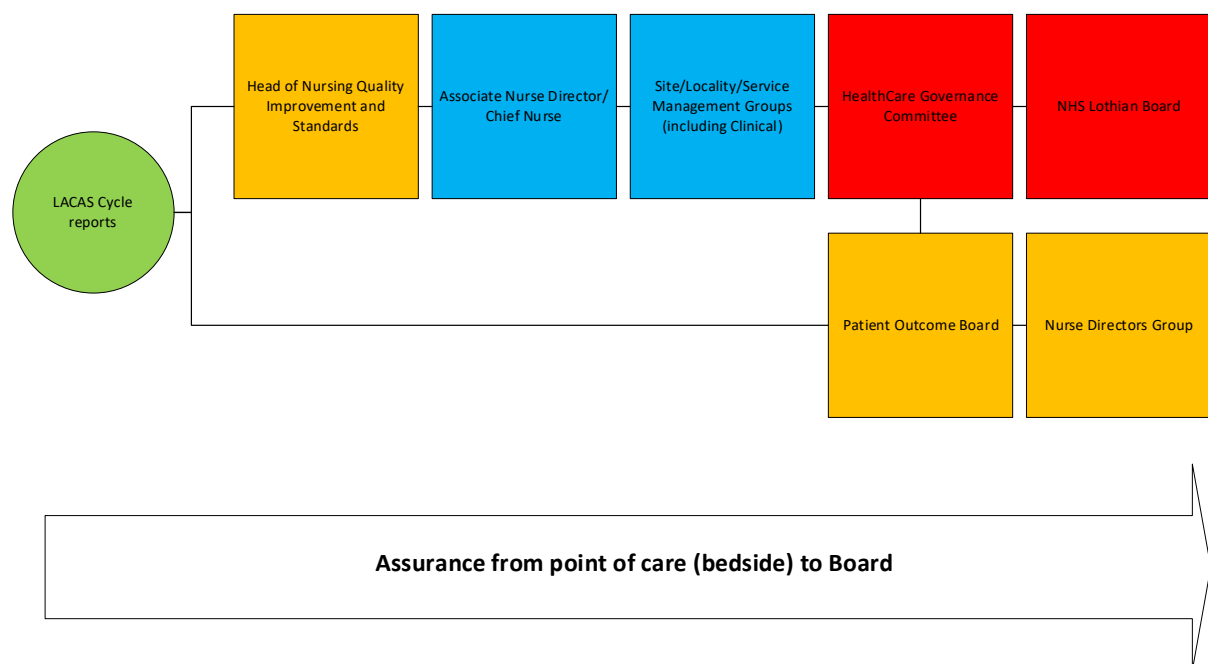


Figure 5: LACAS Report Governance

Accreditation

NHS Lothian has set an aspirational goal that all wards/teams will achieve platinum accreditation status. This will reassure patients that the care they receive will be safe, person-centred and of value no matter where they receive care across the organisation.

For a ward/team to be considered for platinum accreditation status they must have achieved gold status for their previous three Care Assurance Standards review cycles (including a peer review) with the most recent cycle demonstrating no red (<60%) for any standards. The ward/team will be required to be able to demonstrate attainment of consistent high-quality person-centred care and leadership utilising a wide range of resources, including their previous care assurance reviews and improvement journey.

The Associate Nurse Director/Chief Nurse for that area will nominate wards/teams to be put forward for accreditation based on the criteria and evidence that the ward/team have delivered consistent high-quality person-centred care for a minimum of 12 months (three Care Assurance Standards review cycles).

Representatives from the accreditation panel will visit the ward/team prior to the ward/team presenting to an accreditation panel which is made up of clinical, executive, non-executive members and where appropriate representatives from the HSCP Integrated Joint Board. The panel will consider the wards/teams Key Performance Indicators (KPIs) and Quality Measures, including but not limited to their previous Care Assurance review findings and improvement work. The panel will provide the right level of scrutiny and challenge to seek significant assurance on the quality of care and the systems and processes in place to sustain the quality of care. The ward/team will be asked how they propose to maintain the standards, showcase best practice to the rest of the organisation and support other areas with their improvement journey. Following an adjournment to consider all the presenting quality assurance measures the accreditation panel will make a decision on whether to award the platinum accreditation status, recognising the areas of exemplar practice and also making recommendations on any further areas for improvement.

Platinum accredited wards/teams will receive a plaque to recognise their status, which will be awarded by the Chief Executive/Executive Nurse. This will be a visible assurance to patients and relatives that they are receiving care by a ward/team who have achieved the highest accolade for their high-quality care. Each ward/team member will receive a certificate to recognise their contribution to delivering high quality care which will be recognised at the staff achievement awards ceremony.

Wards/teams will hold the platinum status for a period of two years, providing they maintain a minimum of gold status at subsequent care assurance reviews. Thereafter they will receive a further visit from representatives of the accreditation panel and present again to the accreditation panel to have their platinum status renewed for a further two years.

In the event that a ward/team have a significant cause for concern raised about the quality of care e.g. significant complaint or adverse event the ward/team will undertake an additional care assurance review and have an agreed period of time, dependent on the significance of the concern, to address any identified areas for improvement otherwise their accreditation status may be revoked.

In the event that a ward/team do not maintain a gold level of assurance at subsequent Care Assurance review cycles they will have until the following review cycle to make improvements identified from the findings and provided the next review is gold, they will retain their platinum assurance status. Should a ward/team have two consecutive care assurance reviews that did not meet the requirements of a gold status their accreditation status may be revoked.