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

<table>
<thead>
<tr>
<th>Standard</th>
<th>CQC Domain</th>
<th>Data Source</th>
<th>Calculation</th>
<th>Good</th>
<th>Great</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>Safe</td>
<td>Infection Control Improvement Measure audit</td>
<td>Numerator: Number of compliant hand hygiene opportunities identified in the audit. Denominator: Number of observed hand hygiene opportunities identified in the audit.</td>
<td>90%</td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td>Incidence HAPU</td>
<td>Safe</td>
<td>Incidents from Datix Bed days from Carecast</td>
<td>Numerator: Pressure Ulcer Referrals acquired at UCLH Denominator: Bed days by ward</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Incidence falls</td>
<td>Safe</td>
<td>Bed days from Carecast</td>
<td>Numerator: Patient Falls (by ward) Denominator: Bed days by ward</td>
<td>5.8</td>
<td>3.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Preventable dose omissions</td>
<td>Safe</td>
<td>National Safety Thermometer national tool</td>
<td>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</td>
<td>10%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>
## Quality & Safety: Patients receive evidence based, individualised care

<table>
<thead>
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</table>
| 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 | 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? | Safe | Meridian Essence of Care audit | **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 | Safe | Meridian Essence of Care audit | **Numerator:** Number of completed vital signs observations where timing was in accordance with the recorded NEWS score  
**Denominator:** Number of completed vital signs observations | 93% | 96% | 98% |
| Did escalation occur according to NEWS score? | Safe | Meridian Essence of Care audit | **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% |
<table>
<thead>
<tr>
<th>CQC Domain</th>
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</table>
| **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) | 80%  | 90%   | 95%        |
| **Skin integrity** | 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** | Safe Effective Meridian Essence of Care audit |  
**Numerator**: Audits where both Pain questions are answered ‘Yes’  
**Denominator**: Total audits completed | 80%  | 90%   | 100%       |
| **Documentation** | Safe Effective Meridian Documentation audit |  
**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%       |
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Numerator: Number of audits completed where response to the falls question is ‘Yes’  Denominator: Total audits completed where question is asked</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Continence Compliance with the two questions on the Essence of Care audit that relate to continence</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Numerator: Number of audits completed where response to both continence questions is ‘Yes’  Denominator: Total audits completed where question is asked</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Manual Handling Compliance with the two questions on the Essence of Care audit that relate to manual handling</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Numerator: Number of audits completed where response to both manual handling questions is ‘Yes’  Denominator: Total audits completed where question is asked</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Personal Hygiene Percentage of documentation that states the patient is either independent with personal hygiene or has received assistance within the last 24hrs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Numerator: Number of audits completed where response to the personal hygiene question is ‘Yes’  Denominator: Total audits completed where question is asked</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Communication Compliance with the two questions on the Essence of Care audit that relate to communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Numerator: Number of audits completed where response to the two communication questions is ‘Yes’  Denominator: Total audits completed where question is asked</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
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</tbody>
</table>
Quality & Safety: The ward environment is managed to maintain safety

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<thead>
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<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient case note security audit</td>
<td>Safe</td>
<td>Numerator: Total notes found Denominator: Bed base (per audit)</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Percentage of Casenotes left unattended.</td>
<td>Meridian Casenote Security audit</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percentage of patients without a patient identifying wrist band</td>
<td>Safe</td>
<td>Numerator: ID Bands-number of patients not wearing a printed ID band Denominator: Number of patients checked during audit</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>The ward is clean and well maintained - Environment audit</td>
<td>Safe</td>
<td>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)</td>
<td>80%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Medications are kept securely</td>
<td>Safe</td>
<td>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)’</td>
<td>91%</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Efficiency: Patients receive the right care, at the right time in the right place

<table>
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<tr>
<th>CQC Domain</th>
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<th>Great</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre 12 discharges</strong></td>
<td>Effective</td>
<td><strong>Numerator:</strong> No of discharges that occurred before midday</td>
<td>10%</td>
<td>18%</td>
<td>35%</td>
</tr>
<tr>
<td>% of discharges that occurred before midday</td>
<td>Well led</td>
<td><strong>Denominator:</strong> The total number of discharges in the period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caring</td>
<td></td>
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</tr>
<tr>
<td><strong>TTAs are requested the day before discharge</strong></td>
<td>Effective</td>
<td><strong>Numerator:</strong> Number of TTAs prescribed on the day before discharge</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
</tr>
<tr>
<td>Number of patients with TTA prescribed on the</td>
<td>Well led</td>
<td><strong>Denominator:</strong> Total discharges with a TTA prescribed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>day before discharge out of those discharged</td>
<td>Caring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with a TTA prescribed (Carecast)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Evidence of discharge planning within 24 hours</strong></td>
<td>Effective</td>
<td><strong>Numerator:</strong> Number of audits completed where response to the discharge</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of documentation where there is</td>
<td>Well led</td>
<td><strong>Denominator:</strong> Total audits completed where question is asked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>evidence of discharge planning within 24hours of</td>
<td>Caring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>admission</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Meridian</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Essence of</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Care audit</td>
<td></td>
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</table>
### Efficiency: There are appropriate numbers of staff to meet patients’ needs

<table>
<thead>
<tr>
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<th>Great</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave</td>
<td>Effective</td>
<td><strong>Average percentage</strong> of all roster periods:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>percentage = Annual leave hours / Establishment hours * 100</td>
<td>10-12% &amp;</td>
<td>12-14%</td>
<td>14-16%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18-20%</td>
<td></td>
<td>&amp; 16-18%</td>
<td></td>
</tr>
<tr>
<td>Study leave</td>
<td>Effective</td>
<td><strong>Average percentage</strong> of all roster periods:</td>
<td>2.5 –</td>
<td>0 - 1%</td>
<td>1– 2%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>percentage = Study leave hours / Establishment hours * 100</td>
<td>3%</td>
<td>&amp; 2–3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&amp; 2–2.5%</td>
<td></td>
</tr>
<tr>
<td>Sickness leave</td>
<td>Effective</td>
<td><strong>Average percentage</strong> of all roster periods:</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>percentage = Sickness leave hours / Establishment hours * 100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special leave</td>
<td>Effective</td>
<td><strong>Average percentage</strong> of all roster periods:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>percentage = Special leave hours / Establishment hours * 100</td>
<td>2 –</td>
<td>1 – 2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRoster is published on time</td>
<td>Effective</td>
<td>Numerator: Total number of rosters published on time (Yes)</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>Denominator: Total rosters published over period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRoster is verified on time</td>
<td>Effective</td>
<td>Numerator: Total number of rosters verified on time (Yes)</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>Denominator: Total rosters verified over period</td>
<td></td>
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</table>
### Efficiency: The ward team uses its resources efficiently

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>% Variation from Staffing Budget</td>
<td>Effective</td>
<td><strong>Numerator</strong>: Pay actual minus Pay budget (variance)</td>
<td>-5%</td>
<td>-2.5%</td>
<td>&gt;=0%</td>
</tr>
<tr>
<td>General Ledger reported Pay budget and Pay actuals -adverse / overspent against budget</td>
<td>Well led W5</td>
<td><strong>Denominator</strong>: Pay Budget</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Variation from Non pay Budget</td>
<td>Well led W5</td>
<td><strong>Numerator</strong>: Non Pay actual minus Non Pay budget (variance)</td>
<td>-5%</td>
<td>-2.5%</td>
<td>&gt;=0%</td>
</tr>
<tr>
<td>General Ledger reported Non-Pay budget and Non-Pay actuals -adverse / overspent against budget</td>
<td>Finance ledger</td>
<td><strong>Denominator</strong>: Non Pay Budget</td>
<td></td>
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</table>
### Patient Experience: All patients receive timely, holistic, individualised care

These measures reflect 12 months’ worth of local patient experience surveys

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Patients report that they get enough emotional support from staff during their stay on the ward</td>
<td>Caring</td>
<td>Numerator: Weighted score from Patient Experience- emotional support question</td>
<td>84%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Patients report that hospital staff did everything they could to help control their pain</td>
<td>Caring</td>
<td>Numerator: Weighted score from Patient Experience- pain question</td>
<td>90%</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>Patients who need it get enough help from staff to eat meals</td>
<td>Safe Caring</td>
<td>Numerator: Weighted score from Patient Experience- help with meals question</td>
<td>82%</td>
<td>90%</td>
<td>98%</td>
</tr>
<tr>
<td>Patients are involved as much as they want to be in decisions about your care and treatment?</td>
<td>Caring Well led Responsive</td>
<td>Numerator: Weighted score from Patient Experience- decisions question</td>
<td>75%</td>
<td>85%</td>
<td>95%</td>
</tr>
<tr>
<td>Patients call bells are answered promptly</td>
<td>Safe Effective</td>
<td>Numerator: Weighted score from Patient Experience- call bell question</td>
<td>70%</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>The nurse call bell is always left within the patient's reach</td>
<td>Caring Meridian Essence of care audit</td>
<td>Numerator: Number of audits completed where response to call bell question is ‘Yes’</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>CQC Domain</td>
<td>Calculation</td>
<td>Good</td>
<td>Great</td>
<td>Outstanding</td>
<td></td>
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<td>------------</td>
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<td></td>
</tr>
<tr>
<td>Name boards above beds are up to date</td>
<td><strong>Effective</strong>&lt;br&gt;Safe&lt;br&gt;Well led</td>
<td><strong>Numerator</strong>: Number of audits completed where response to bed board question is ‘Yes’</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong>: Total audits completed where question is asked</td>
<td></td>
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</table>
Patient Experience: The ward is a pleasant and welcoming place to be

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<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends &amp; Family Test</td>
<td>Caring</td>
<td>June 2016 onwards - Envoy</td>
<td>Numerator: Patients who responded Extremely Likely or Likely to FFT question</td>
<td>91.5%</td>
<td>96.5%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responsive</td>
<td>Unify FFT return</td>
<td>Denominator: Total Responses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?'
<table>
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<tr>
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<tbody>
<tr>
<td><strong>Staff stability rate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percentage of staff currently in post, who have been in post for more than one year.</td>
<td>Well led</td>
<td>ESR</td>
<td>Numerator: Number of staff who have been in post for over a year&lt;br&gt;Denominator: Number of staff currently in post</td>
<td>&gt;=86% &amp; &lt;88%</td>
<td>&gt;=88 &amp; &lt;90%</td>
</tr>
<tr>
<td><strong>Staff FFT – Proportion of staff who would recommend UCLH as a place to receive treatment?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Well led</td>
<td></td>
<td>Numerator: Weighted score from Patient Experience- recommend to treat question&lt;br&gt;Denominator: Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Proportion of staff that would recommend the ward as a place to work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td></td>
<td>Numerator: Weighted score from Patient Experience- recommend to work question&lt;br&gt;Denominator: Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Proportion of staff satisfied with the quality of care that they give to patients, relatives and loved ones.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Well led</td>
<td></td>
<td>Numerator: Weighted score from Patient Experience- satisfied with care question&lt;br&gt;Denominator: Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Proportion of staff who report that they feel they are a valued member of the ward team.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td></td>
<td>Numerator: Weighted score from Patient Experience- valued member of team question&lt;br&gt;Denominator: Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Proportion of staff who report that they feel well informed about what happens in the Trust</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td></td>
<td>Numerator: Weighted score from Patient Experience- well informed question&lt;br&gt;Denominator: Exemplar staff surveys completed</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>CQC Domain</td>
<td>Data Source</td>
<td>Calculation</td>
<td>Good</td>
<td>Great</td>
<td>Outstanding</td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Proportion of staff who report that they feel able to ask for help when they need it</td>
<td>Well led</td>
<td><strong>Numerator:</strong> Weighted score from Patient Experience- ask for help question</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Proportion of staff who report that My line manager gives me constructive feedback</td>
<td>Well led</td>
<td><strong>Numerator:</strong> Weighted score from Patient Experience- feedback question</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Proportion of staff who report that their concerns are taken seriously by their line manager</td>
<td>Well led</td>
<td><strong>Numerator:</strong> Weighted score from Patient Experience- concerns taken seriously question</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Proportion of staff who report that unacceptable behaviour is consistently tackled</td>
<td>Well led</td>
<td><strong>Numerator:</strong> Weighted score from Patient Experience- unacceptable behaviour question</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Proportion of staff who report that they get the training and development they need</td>
<td>Well led</td>
<td><strong>Numerator:</strong> Weighted score from Patient Experience- training &amp; development question</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Exemplar staff surveys completed</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
</tbody>
</table>
### Staff Experience: Staff have the up to date skills and knowledge to do their job

<table>
<thead>
<tr>
<th>CQC Domain</th>
<th>Data Source</th>
<th>Calculation</th>
<th>Good</th>
<th>Great</th>
<th>Outstanding</th>
</tr>
</thead>
</table>
| Proportion of staff who have completed statutory & mandatory training | Well led | ESR | **Numerator:** Statutory & Mandatory Training Completed  
**Denominator:** SUM(Statutory & Mandatory Training Due + Statutory & Mandatory Training Completed) | 90% | 95% | 97% |

This measures how compliant staff are with mandatory training requirements. All staff should be fully compliant at all times.

| Number of appraisals completed | Well led | ESR | **Numerator:** Appraisals Complete  
**Denominator:** Appraisals due | 90% | 95% | 97% |

Percentage of staff that have had an appraisal within their relevant tier.
### Improving: The ward leadership team creates the conditions for continuous improvement

<table>
<thead>
<tr>
<th>CQC Domain</th>
<th>Data Source</th>
<th>Good</th>
<th>Great</th>
<th>Outstanding</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Defining the improvement agenda</strong></td>
<td></td>
<td><strong>Well led</strong></td>
<td><strong>Ward Improvement Submission</strong></td>
<td></td>
<td>Please see submission guidance criteria</td>
</tr>
<tr>
<td>Have ward leaders “taken the initiative” on formulating their improvement agenda?</td>
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<tr>
<td><strong>Establishing an improvement methodology</strong></td>
<td></td>
<td><strong>Well led</strong></td>
<td><strong>Ward Improvement Submission</strong></td>
<td></td>
<td>Please see submission guidance criteria</td>
</tr>
<tr>
<td>Have ward leaders got a clear idea of improvement methodology and have they advocated for and shared it with others on the ward?</td>
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<tr>
<td><strong>Improving systems and processes</strong></td>
<td></td>
<td><strong>Well led</strong></td>
<td><strong>Ward Improvement Submission</strong></td>
<td></td>
<td>Please see submission guidance criteria</td>
</tr>
<tr>
<td>Have ward leaders understood and addressed the “system and process” aspects of their improvement challenges?</td>
<td></td>
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<tr>
<td><strong>Using data to drive improvement</strong></td>
<td></td>
<td><strong>Well led</strong></td>
<td><strong>Ward Improvement Submission</strong></td>
<td></td>
<td>Please see submission guidance criteria</td>
</tr>
<tr>
<td>Have ward leaders encouraged an objective, data driven approach to managing improvement?</td>
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<tr>
<td><strong>Fostering Improvement capability and participation</strong></td>
<td></td>
<td><strong>Well led</strong></td>
<td><strong>Ward Improvement Submission</strong></td>
<td></td>
<td>Please see submission guidance criteria</td>
</tr>
<tr>
<td>Have ward leaders engaged others, widely and deeply in leading and participating in improvement work?</td>
<td></td>
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<tr>
<td><strong>Managing Improvement, experimentation and failure</strong></td>
<td></td>
<td><strong>Well led</strong></td>
<td><strong>Ward Improvement Submission</strong></td>
<td></td>
<td>Please see submission guidance criteria</td>
</tr>
<tr>
<td>Have ward leaders encouraged ward staff to explore and respond appropriately to failure?</td>
<td></td>
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<tr>
<td>Audit Completion rates</td>
<td>CQC Domain</td>
<td>Data Source</td>
<td>Calculation</td>
<td>Good</td>
<td>Great</td>
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<tr>
<td>Audit Completion rates</td>
<td>Effective</td>
<td>Various data sources</td>
<td>Numerator: Audits Submitted Capped (if numbers submitted exceed target, target number is used)</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td></td>
<td>Denominator: Expected Audits</td>
<td></td>
<td></td>
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<tr>
<td>Number of patients asked for their feedback</td>
<td>Caring</td>
<td>Unify FFT return</td>
<td>Numerator: Number of responses to the FFT question</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Well led</td>
<td>June 2016 onwards - Envoy</td>
<td>Denominator: Eligible Responses (number of admissions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidents reporting rate</td>
<td>Safe</td>
<td>Incidents from Datix</td>
<td>Numerator: Total patient incidents reported</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Effective</td>
<td>Bed days from Carecast</td>
<td>Denominator: Bed days by ward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control improvement measure audit completion rate</td>
<td>Safe</td>
<td>Infection control improvement measure audit</td>
<td>Numerator: Number of audits submitted (capped at one per month)</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Effective</td>
<td></td>
<td>Denominator: Expected Audit (one per month)</td>
<td></td>
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<tr>
<td>CQC Domain</td>
<td>Data Source</td>
<td>Good</td>
<td>Great</td>
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</tr>
<tr>
<td>Ward Participation and skills</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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</tr>
<tr>
<td>What can the team demonstrate about training in improvement skills and participation in improvement work?</td>
<td>Well led</td>
<td></td>
<td></td>
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<tr>
<td>Improvement project management</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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</tr>
<tr>
<td>What can the team demonstrate about their improvement project documentation?</td>
<td>Well led</td>
<td></td>
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<tr>
<td>Clear Improvement objectives</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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</tr>
<tr>
<td>How clear are the team's improvement aims?</td>
<td>Well led</td>
<td></td>
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</tr>
<tr>
<td>Creativity, testing and measuring improvement</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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</tr>
<tr>
<td>Can the team evidence that they have generated and tested improvement ideas?</td>
<td>Well led Responsive</td>
<td></td>
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</tr>
<tr>
<td>Engaging others in improvement</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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</tr>
<tr>
<td>Can the team show that it has mapped and engaged stakeholders appropriately?</td>
<td>Well led</td>
<td></td>
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<tr>
<td>Sustaining Improvement</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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<tr>
<td>Can the team show that it has considered, planned for and provisioned sustainability?</td>
<td>Well Led</td>
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<tr>
<td>Improvement Learning and Spread</td>
<td>Ward Improvement Submission</td>
<td>Please see submission guidance criteria</td>
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</tr>
<tr>
<td>What can the team show about how they learned from and shared with others?</td>
<td>Well Led</td>
<td></td>
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</tbody>
</table>
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:
ucnh futures @uclhfuture
UCLH improvement Team @improvementUCLH
We Communities @wenurses @wedocs @weAHPs
The Academy of Fab NHS Stuff @FabNHSStuff
NHS Improvement @NHSImprovement