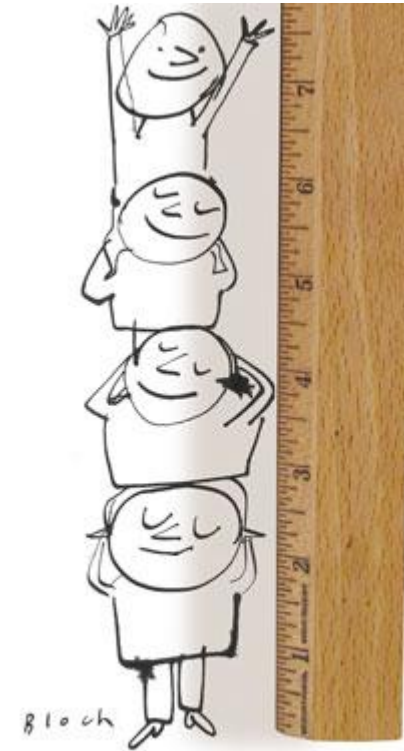


# Care Quality Commission

## Demonstrating Compliance by Showing We Care

Presented by Anne Sheldon  
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**Do we have all the pieces?**



**Will we measure up?**

# Getting Ready

- Dignity Champions and Audit champions
- Points of Care
- Pre-donation advice
- Performance measurement and management
- Nursing Dashboard and Heatmaps
- Reduction in all adverse events



# What Standards?

|           |   |
|-----------|---|
| <b>1</b>  | <b>Respecting and involving people who use services</b>           |
| <b>4</b>  | <b>Care and welfare of people who use services</b>                |
| <b>7</b>  | <b>Safeguarding people who use services from abuse</b>            |
| <b>8</b>  | <b>Cleanliness and infection control</b>                          |
| <b>14</b> | <b>Supporting workers</b>   |
| <b>16</b> | <b>Assessing and monitoring the quality of service provision.</b> |

# Gap Analysis

| CQC Outcome   | Prompts  | Mechanisms/<br>Processes   | Outcome Measurements   |
|---|--|--|--|
| <b>OUTCOME 4:<br/>Care and welfare of people who use services</b> | <b>Manage risk through effective procedures (PROMPTS 4B, 4C, 4D)</b> | <ul style="list-style-type: none"> <li>•RCA for SAEDs and major incidents</li> <li>•Venue assessments. Risk assessments</li> <li>•Report accidents and near misses</li> <li>•Points of Care</li> <li>•Follow clinical care pathways</li> <li>•Follow up unwell donors, refer for CST follow up</li> <li>•First aid trained staff and Nurses trained in BLS</li> <li>•Donor Adverse Events Reporting and measuring</li> </ul> | <ul style="list-style-type: none"> <li>•Clinical performance boards</li> <li>•Weekly key performance indicators reported</li> <li>•Monthly key performance Indicators reported.</li> <li>Heatmaps</li> <li>•Performance trending by Senior Nurses</li> <li>•BD CARE meetings</li> <li>•Nurse Leadership Team meeting minutes</li> <li>•Clientelle feedback</li> <li>•Trending of QIs</li> <li>•Clinical Audit programme</li> </ul> |

# Preparing Staff

- Guidance document for nurses
- Team discussion
- Reassurance
- Expectations

(No red carpet)



# Showing we care.....

|  |  |
|--|--|
| <p>Outcome 4.</p> <p>Care and welfare of people who use services</p> | <ul style="list-style-type: none"> <li>• We identify and support vulnerable donors to achieve a safe experience</li> <li>• Pre-donation preparation of donors reduces risk of harm</li> <li>• We identify high risk donors who should not donate e.g. EBV rule, low Hb</li> <li>• All adverse events are reported, trends reviewed weekly with actions to improve. Serious events are reviewed at Clinical Governance Groups.</li> <li>• Safe care and management of adverse events is evidenced by reduction in vv rates as seen on performance reports.</li> </ul> |
|--|--|

## Response to the Guidelines:

- *“I was wondering when the Care Quality Commission would get around to looking at NHSBT. I will certainly be discussing this with the nurses as it will be another opportunity to highlight to them the positive impact they have had in the recent past in improving standards and Donor experience across the board.”*

**Confident, but the proof of the pudding.....**



# A Pilot Inspection

- Measured against 6 CQC standards
- Five and a half hour stay!
- Looked at policies, risk assessments and safe systems of work
- Interviewed 2 donors
- Interviewed staff
- Evaluated quality management system



# “Absolutely exemplary”

- Expert, kind and compassionate
- Compliant in every standard
- Treat donors as individuals
- High staff morale
- Empathetic staff



<http://www.cqc.org.uk/directory/1-450533898>

# Looking Ahead

- Measurement of donor experience
- 15 Steps Challenge/Friends and Family
- Self inspection programme



- MHRA and CQC
- Patient and Donor
- Always ready

Thank you for listening

# Any Questions

