

Acute Hospital Inspection

Ward Inspection & Mandatory Training Documentation List

Hospital: _____ Inspector: _____

Ward: _____ Date: _____

Ward Audits

- Please tick all audits undertaken.
- Please provide access to KPI performance dashboard.
- Inspectors may request the most recent copy of performance dashboard and action plans in place to drive improvement.

Care Plans/Documentation Audits	<input type="checkbox"/>
Environmental Audits	<input type="checkbox"/>
Falls	<input type="checkbox"/>
Fluid and Food Intake (MUST/Fluid balance & food charts)	<input type="checkbox"/>
Hand Hygiene	<input type="checkbox"/>
HCAI's (inc. MRSA & CDI infection rates)	<input type="checkbox"/>
IPC Care Bundles (e.g. surgical site infection, peripheral & urinary catheter)	<input type="checkbox"/>
Mattress Audit	<input type="checkbox"/>
Medicines Reconciliation and Best Practice in the Handling of Critical Medicines	<input type="checkbox"/>
SEPSIS 6	<input type="checkbox"/>
SSKIN/Intentional Care Rounding/Preventable Pressures Ulcers	<input type="checkbox"/>
ED Clinical Standards	<input type="checkbox"/>

Please outline any other audits undertaken by medical and nursing staff

Meetings/Reports

Please tick if available and provide access to each of the following:

<p>The number of (past year)</p> <ul style="list-style-type: none"> • SAIs • Complaints/compliments • IR1 - completed for hospital acquired pressure ulcers (Grade 2 and above). • RCA - completed for hospital acquired pressure ulcers (Grade 3 and 4) • Cardiac arrest 	<input type="checkbox"/>
Trend analysis in relation to complaints, compliments, incidents, accidents, and SAIs at corporate level and shared down professional lines	<input type="checkbox"/>
<p>Evidence that there is a mechanism in place to ensure staff learn from ward:</p> <ul style="list-style-type: none"> • Incidents, accidents, near misses (including medication errors) • Complaints/compliments • Audits/action plans/change in practices • HCAs – post infection review • Cardiac arrest reviews 	<input type="checkbox"/>
Improvement groups minutes	<input type="checkbox"/>
Incident records – copies of reports detailing, near misses, trends	<input type="checkbox"/>
Directorate risk register identifying ward risks/ward health and safety risk assessment, with action plans	<input type="checkbox"/>
Minutes of staff meetings (last 6 months)	<input type="checkbox"/>
Minutes of Mortality and Morbidity meeting (last 6 months)	<input type="checkbox"/>
Multi-professional meetings (last 6 months)	<input type="checkbox"/>
Regional Educational Audits (Nursing)	<input type="checkbox"/>
Safety briefings (last week)	<input type="checkbox"/>
Patient experience reports/surveys	<input type="checkbox"/>

Please outline any relevant meetings or reports for medical and nursing staff

Staff Training

Please provide access to the following:

Ward Training Matrix	<input type="checkbox"/>
----------------------	--------------------------

Please provide a breakdown of:

Percentage of staff who have completed Mandatory Training **(this will be spot checked by inspectors)**. Outline any difficulties in completion or attendance.

Please outline any other additional training provided for staff:

Staffing Levels

Please provide details of the following:

Agreed staffing levels for the ward	
Number of staff vacancies	
Number of long term absence and overall percentage of ward sick leave	
Copy of the staffing week's duty rota	
Use of Bank or Agency staff breakdown of use over last month	
Ongoing recruitment	
Temporary staff in position	
Percentage of staff who have had	
<ul style="list-style-type: none"> • Appraisal 	
<ul style="list-style-type: none"> • Supervision 	
<ul style="list-style-type: none"> • Number of mentors/ preceptors 	
Number of new staff in past year (copy of induction programme)	

Outline the Link Nurses on the ward:

Mandatory Training: Checklist

- Please tick which of the following areas are considered to be mandatory training in your trust
- OR state if included in corporate training
- OR if undertaken as additional training

		Comments
Bereavement	<input type="checkbox"/>	
Customer Care	<input type="checkbox"/>	
Dementia/Delirium	<input type="checkbox"/>	
End of Life Care	<input type="checkbox"/>	
Food, Fluids and Nutrition	<input type="checkbox"/>	
Infection Prevention and Control	<input type="checkbox"/>	
Life Support Training	<input type="checkbox"/>	
Management of Actual or Potential Aggression (MAPA)	<input type="checkbox"/>	
Mental Health Awareness	<input type="checkbox"/>	
Mentorship Training	<input type="checkbox"/>	
Moving and Handling	<input type="checkbox"/>	
Pain	<input type="checkbox"/>	
Preceptor Training	<input type="checkbox"/>	

Pressure Ulcer Prevention and Management	<input type="checkbox"/>	
Promotion of Continence and Management of Incontinence	<input type="checkbox"/>	
Safe Administration of Medicines Training	<input type="checkbox"/>	
Safeguarding e.g. adult, children	<input type="checkbox"/>	
Specialised Equipment	<input type="checkbox"/>	
Swallow Assessment	<input type="checkbox"/>	
Right Patient, Right Blood	<input type="checkbox"/>	

Please detail any other Mandatory Training in your trust

*Term ward sister denotes: Charge Nurse, Ward Sister and Ward Manager

Signature of Ward Sister _____

Date Completed: _____ / _____ / _____