previous year. A total of 59 MRSA related bacteraemias were reported during 2007-08, compared with 38 reported in 2008-09, indicating a 35.6% reduction.

MONITORING PERFORMANCE
If a ward achieves 100% compliance, the ward sister/charge nurse agrees with the directorate management team that an application for accreditation should be made to the director of nursing and patient services. An unannounced inspection will be performed by the ward accreditation team made up of senior nurses to validate the award of accreditation. If accreditation is successful, the ward team attends an accreditation ceremony.

“Light touch” monitoring will start, where the ward is expected to complete a ward accreditation audit tool every three months to provide evidence of the achieved standard being maintained.

The process is outlined in Fig 2.

IMPROVING LOW SCORING WARDS
If a ward scores red in one or more sections of the tool, an action plan is agreed and implemented as a matter of urgency to address deficits.

The director of nursing and patient services sends the matron a letter and pro forma to complete within a specified time frame, as well as an action plan to be returned to the head of nursing who monitors progress.

BENEFITS TO THE TRUST
The ward accreditation scheme is now well embedded within the trust and has resulted in a collaborative ward to board approach resulting in standardisation of practice trust wide.

It has developed local ownership, promoted the sharing of ideas and information, and positively reinforced excellence in practice. In addition, it has highlighted areas where improvement was needed.

The implementation of this audit tool has promoted shared governance and encouraged communications within and between directorates.

FUTURE DEVELOPMENT
It is evident that, since its implementation 12 months ago, the ward accreditation scheme has led to a month on month improvement in practice and an increase in the overall trust average compliance from 83% to 99%.

Following the successful implementation of the ward accreditation scheme, additional audit tools have been developed specifically to monitor standards in theatres and outpatient departments.

The trust has also been approached to develop a tool in partnership with the primary care sector to work with nursing homes to identify and maintain good standards of care.

CONCLUSION
The introduction of the ward accreditation scheme has been a challenging project for a trust of this size.

It is evident that it has raised standards throughout the trust and reduced HCAI rates.

The development of this quality tool has also enhanced communications and, through standardisation of practice, has established a collaborative ward to board approach resulting in a robust critical shared ownership.

REFERENCES