

Nursing and Midwifery Quality Assurance Framework

Version	1.0
New or Replacement	Replacement
Policy Number	
Approved by:	
Approval Date:	
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Name of Responsible Committee	Senior Leaders Committee
Review Date:	

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1. Introduction

The nursing quality assurance framework brings several quality measurement tools together under the umbrella of ward accreditation and with the introduction of the nursing cabinet provides further refinement that strengthens the ward to board assurance process on the quality of nursing care being provided to patients across United Lincolnshire Hospitals Trust. Ward accreditation will serve as the constant thread throughout the assurance framework which will be triangulated with findings from ward observations such as the “Golden hour” and “15 Steps”.

2. Purpose

The purpose of the framework is to provide a clear process of assurance regarding the quality of nursing care together with escalation actions.

Additionally, the processes and associated templates ensure that there is a consistency of approach across the Trust.

Through having clear and robust nursing quality assurance processes, quality improvement can be driven at all levels of nursing across the Trust; whilst providing the Director of Nursing a current accurate picture of the quality of nursing care being delivered to patients.

3. Scope

The framework applies to all areas providing nursing and midwifery care across the organisation. All nurses employed at Ward Manager, Matron, Head of Nursing, Deputy Chief Nurse, Deputy Director of Nursing and Director of Nursing are expected to comply with the framework as outlined in the roles and responsibilities below

4. Roles and Responsibilities

All NMC registrants must commit to uphold the standards outlined in the NMC Code which are a series of statements under the four headings of Prioritise People, Practise Effectively, Preserve Safety and Promote Professionalism and Trust; all of which promote high quality of care being delivered to patients

All NHS managers are duty bound to comply with the Code of Conduct for NHS managers (2002) which includes the following responsibilities:

- Make the care and safety of patients my first concern and act to protect them from risk
- Accept responsibility for my own work and the proper performance of the people I manage

All NHS providers and managers need to be compliant with the Health and Social Act 2008 (amended 2014 – part c regulatory activities). The regulations set in law a clear minimum standard that registered providers and managers must meet. CQC

will be able to take enforcement action against registered providers and managers that do not meet them. Non-compliance with Regulation 11,12,13,14, 20 and 20 b constitute a criminal offence and direct action including prosecution may be taken against the provider, manager or registrant. The regulations are as follows:

- 5: Fit and Proper persons: Directors
- 9: Person Centred Care
- 10: Dignity and Respect
- 11: *Need for Consent*
- 12: *Safe Care and Treatment*
- 13: *Safeguarding*
- 14: *Meeting nutrition and hydration needs*
- 15: Premises and Equipment
- 16: Receiving and acting on complaints
- 17: Good Governance
- 18: Staffing
- 19: Fit and Proper persons employed
- 20: *Duty of Candour*
- 20b: *Display CQC performance assessments*

4.1 Director of Nursing

The Director of Nursing has a responsibility to the Trust Board to provide robust triangulated evidence regarding professional nursing, midwifery and allied health workforce issues as well as intelligence on the quality of nursing care so that the Trust Board may make informed and sound decisions in fulfilling their joint responsibility regarding quality assurance and patient safety. That evidence should also include issues regarding escalation so that the Trust Board are sighted on the risks and challenges the organisation faces.

In order to do this effectively, the Director of Nursing is responsible for ensuring that there are robust and effective ward to board nursing assurance processes in place that drives improvement in the quality of nursing care delivered to patients and which addresses any identified suboptimal standards of care.

The Director of Nursing is responsible for ensuring that nursing care provided to patients is of a high standard meeting national standards and statutory requirements.

The Director of Nursing will chair the Nursing Quality Performance Cabinet supported by the Deputy Director of Nursing.

The Director of Nursing will chair risk summits supported by the Deputy Director of Nursing. Where issues are escalated, the Director of Nursing will support improvement plans and gain wider support from the Executive Team and Trust Board where appropriate.

The Director of Nursing will present the monthly nursing assurance quality paper to Quality Governance Committee and Trust Board as appropriate

4.2 Deputy Director of Nursing

The Deputy Director of Nursing is responsible for ensuring that the Director of Nursing is able to fulfil her role at Trust Board. This includes ensuring that robust assurance processes are implemented and their effectiveness monitored. The Deputy Director of Nursing is responsible for ensuring that the Director of Nursing is briefed about each clinical area and that items are escalated accordingly.

The Deputy Director of Nursing will ensure that Nursing Quality Assurance Cabinets are scheduled and attended by the appropriate Head of Nursing, Allied Health and Midwifery.

A confirm and challenge approach will be adopted to assess the quality of care provided and action plans to address any variance in performance will be reviewed.

The Deputy Director of Nursing will formulate a monthly quality paper that summarises the overall position including any action planned to address “hotspots”. This will be submitted to Quality Governance Committee and Trust Board on request

The Deputy Director of Nursing will ensure that the risk register accurately reflects the challenges nursing, midwifery and AHP are currently facing.

The Deputy Director of Nursing is responsible for ensuring that nursing care provided to patients is of a high standard meeting national standards and statutory requirements. This assessment will not only be informed by the Nursing Performance Quality Cabinets but through Ward Accreditation which will be the consistent thread throughout the assurance framework. This includes the Deputy Director of Nursing undertaking ward inspections (Back to the Floor, Golden hour, 15 steps) and quality visits with the Commissioners.

Where significant quality issues are identified, the Deputy Director of Nursing will initiate the risk summit process where appropriate to enable a deep dive into the clinical area/ service and subsequent formulation of an improvement plan. The Deputy Director of Nursing will ensure that the Director of Nursing is well briefed regarding any need to initiate the risk summit process.

Minutes of the Nursing Quality Assurance Cabinet and Risk Summits will be saved to U Drive: Corporate Nursing/Nursing Quality Assurance Cabinet/month of meeting

4.3 Deputy Chief Nurses

The Deputy Chief Nurses are responsible for ensuring that the Director of Nursing is able to fulfil her role at Trust Board in relations to issues relating to their portfolio.

The Deputy Chief Nurses will be members of the cabinet and provide support to the Head of Nursing and team regarding issues that are relevant to their portfolio area. Additionally, challenges and items escalated should inform future work plans and strategy formation.

The Deputy Chief Nurses are responsible for ensuring that nursing care provided to patients is of a high standard meeting national standards and statutory requirements. This assessment will not only be informed by the Nursing Performance Quality Cabinets but through Ward Accreditation which will be the consistent thread throughout the assurance framework. This includes the Deputy Chief Nurses undertaking ward inspections (Back to the Floor, Golden hour, 15 steps) and quality visits with the Commissioners.

The Deputy Chief Nurse (Workforce) will oversee the Golden Hour inspections and the Deputy Chief Nurse (Patient Experience) will lead the reintroduction of the 15 Steps. Both will provide monthly reports to the Nursing Cabinet of the themes arising from those observations.

4.4 Heads of Nursing/Midwifery

The Heads of Nursing are responsible for ensuring that nursing care provided to patients is of a high standard meeting national standards and statutory requirements within their area.

The Heads of Nursing will attend the monthly Nursing Quality Assurance Cabinet each month to present their business unit's nursing quality profile. The Head of Nursing will complete the agreed template (See Appendix One) which will be submitted to the Director of Nursing's PA 4 working days prior to the cabinet meeting. The assurance report will be based on Ward Accreditation Standards, matron's quality reviews, golden hour themes, CCG quality visits and ward assurance visits.

The Head of Nursing will meet with each Matron monthly and a record of the meeting will be taken according to the template in appendix two. The Matron will provide the Head of Nursing with a Matron's Quality Review report using an agreed template (See Appendix Three). Records of the meetings should be kept in a shared drive (U drive: Corporate Nursing/Nursing Quality Assurance Framework/Business Unit/Month of report)

Where variance to Trust's quality targets are observed or suboptimal care identified, an improvement plan should be instructed and monitored in future meetings.

The Head of Nursing will submit a nursing quality paper to the business unit governance meeting on a monthly basis. The Head of Nursing is required to attend the business unit governance meeting.

Where a risk summit is scheduled, the Head of Nursing is responsible for ensuring that the information is collated and presented a risk summit pack (See Appendix four

for risk summit pack template) and for ensuring that actions arising from summits are addressed and completed.

The Head of Nursing is responsible for meeting with Commissioners when announced quality visits are scheduled and attend the visit. The Deputy Director of Nursing should be informed of any action that requires immediate attention as soon as possible. The Head of Nursing should contact the Deputy Director of Nursing to verbally update them on the progress of the quality visit. The Head of Nursing will then oversee the progress of any action plans arising from the visit. These actions need to be submitted to both the Nursing Quality Assurance Cabinet and business unit governance meetings.

The Head of Nursing will be responsible for overseeing the progress of the wards to achieving platinum status on ward accreditation

4.5 Matrons

The Matron is responsible for ensuring that nursing care provided to patients is of a high standard meeting national standards and statutory requirements within their area.

The Matron will ensure that at least monthly confirm and challenge meetings are held with the ward manager and make action notes as template in Appendix Five. The meeting should discuss the Ward Sister's review (See Appendix Six for template). The Matron at their discretion may hold more frequent supportive meetings if the ward manager is junior or the ward requires additional support. The purpose of the meeting is twofold; one to provide professional support and secondly to hold the ward manager to account on quality. Where quality falls short of key performance indicators, improvement plans are formulated together and the Matron supports the Ward and Ward Manager to improve the quality of nursing care

The Matron will triangulate the confirm and challenge meetings through visible ward reviews such as "Golden Hour", 15 Steps, Back to the Floor and meeting with patients, families and staff. The Nursing Assurance information Board in staff rooms should be up to date.

The Matron should ensure that any lessons learnt are being communicated to all ward staff

The Matron will meet with their Head of Nursing monthly; completing their Matron's Quality Review Report prior to the meeting. The purpose of the meeting is twofold; one to provide professional support and secondly to hold the ward manager to account on quality. Where quality falls short of key performance indicators, the Matron should present improvement plans that address this variance and report progress aligned to identified milestones.

The Matron will be expected to attend speciality governance meetings and present their Matron Quality Review Report

The Matrons will attend risk summits that relate to their clinical area, working alongside the Head of Nursing in preparing the relevant information and ensuring that any action points delegated are progressed within the identified timescale.

The Matron will deputise for the Head of Nursing is accompanying the Commissioner on any announced quality visits; ensuring that the Head of Nursing and Deputy Director of Nursing are briefed on any immediate required and the overall progress of the visit

4.6 Ward Managers

The Ward Manager is responsible for ensuring that nursing care provided to patients is of a high standard meeting national standards and statutory requirements within their area.

The Ward Manager is responsible for ensuring that the expected standards are effectively communicated to the ward staff and where deficits are identified; they are addressed either through quality improvement mechanisms or if relevant HR processes.

The Ward Manager will ensure that nursing quality is progress to consistently achieve the indicators outlined in the relevant standards in ward accreditation.

The Ward Manager will compile a monthly nursing quality report for the Matron as part of monthly confirm and challenge meeting (See Template in Appendix six). The Ward Manager together with the Matron formulate improvement plans to address where the quality is below that of expected standards as specified in key performance indicators in the Ward Accreditation Tool.

All reports and minutes form the confirm and challenge meeting should be stored on the U Drive: Corporate Nursing/ Nursing Quality Assurance Framework/Ward/Monthly Quality Report. Hard copies should be printed and be accessible to staff

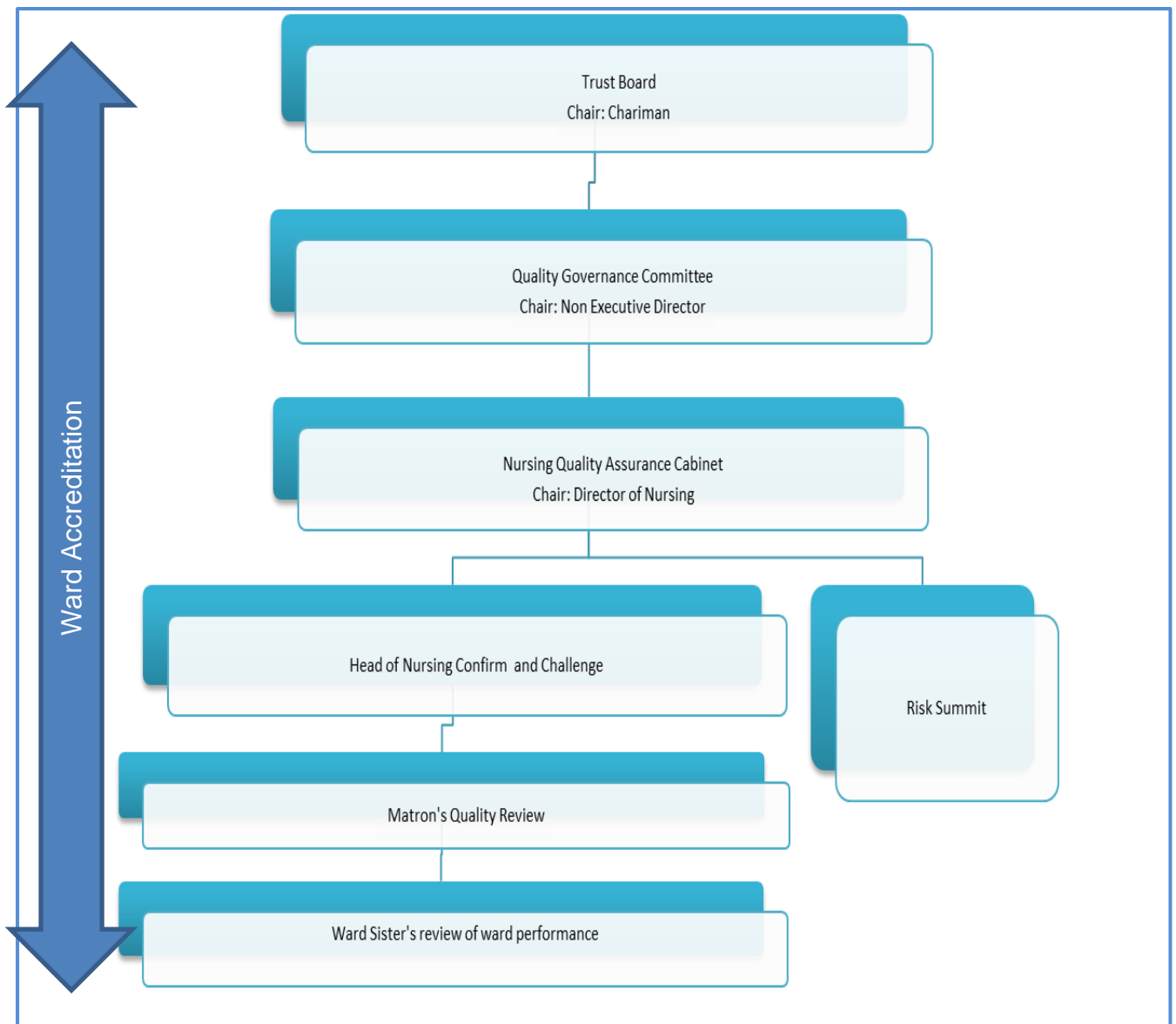
The Nursing Assurance information Board in staff rooms should kept up to date by the ward manager so all ward staff are aware of nursing quality priorities.

The Ward Manager should ensure that any lessons learnt are being communicated to all ward staff and be able to evidence how this is occurring

5. Nursing Quality Assurance Framework

The diagram below provides an overview of the framework with the following sections providing greater detail of the interdependencies and functions

Diagram One: Nursing Quality Assurance Framework



6. Nursing Quality Measurement Tools

6.1 Ward Accreditation

The Trust's Ward Accreditation Scheme is based on the continuous improvement principle of standardisation – recognising, sharing and adhering to best practice in the interests of patient care. Wards progress through white, bronze, silver, gold and platinum standards as they achieve their designated targets for consistent practice and performance over a two-year period. The accreditation framework is designed around 13 standards which are aligned to Fundamental Standards as outlined in the Health and Social Care Act 2008 (Amended 2014), CQC KLOE, Quality and Nursing Strategy, 6 C's and the National Nursing's Ten Commitments. Each of those thirteen standards are then sub-divided into three elements: ward environment, care and leadership

The assurance templates are aligned to each of those 13 standards ensuring that ward accreditation is the consistent thread throughout the Nursing Quality Assurance Framework.

Refer to the Ward Accreditation Standard Operating Procedure for more information. Ward Improvement plans need to be aligned to the current accreditation level and how the next level will be attained

6.2 Ward Accreditation Indicators (*currently SQD*)

The quality of nursing is audited monthly through the Ward Accreditation Indicators (WAI) at ward level. The WAI are aligned to Ward Accreditation with thresholds of performance specified facilitating a consistent assessment of each ward's accreditation level.

The audit is a point prevalence audit and 50% of patients on a given day are audited. The robustness of the data collection will improve over a two year period with additional investment to audit 100% of patients and this will be aligned to higher ward accreditation levels to evidence wider consistency of practice.

Audit results will be sent by the Governance Team to Ward Sisters, Matrons, Heads of Nursing, Deputy Chief Nurses, Deputy Director of Nursing and Director of Nursing and will form part of the data reported in assurance reports – see all templates.

For Maternity, the Maternity Dashboard will also form part of the data reviewed in the assurance process

Improvement plans should include any area of non-compliance with the Ward Accreditation Indicators

6.3 Ward Accreditation Pulse Check (*currently Ward Health Check*)

The Ward Accreditation Pulse Check is quality and workforce data triangulated for each ward. The Ward Accreditation Pulse Check will provide the nurse leadership team with a monthly pulse check in progress towards achieving ward accreditation.

The results will be incorporated into the assurance templates and reported through the assurance framework.

The most recent Ward Accreditation Pulse Check should be available to all ward staff so they are kept up to date with how the quality of care they are providing is rated.

The most recent Ward Accreditation Pulse Check should also be available on the Corporate Nursing Website so providing a monthly heat map of those clinical areas that require additional support.

The Ward Accreditation Pulse Check will form part of the monthly nursing quality report to Quality Governance Committee and is included in the staffing dashboard which is an appendix in the monthly board report on nurse staffing

6.4 Safety Thermometer

Safety Thermometer data will be integral to the Ward Accreditation Pulse Check report; so using different triangulated data sources in assessing quality of care to improve the robustness of assurance.

The Governance Team circulate a Safety Thermometer report to all Heads of Nursing, Deputy Director of Nursing and Director of Nursing. The report includes a six month trend analysis and the ward improvement plan should include those harms that are rated as red or black.

6.5 Golden Hour

This is a daily ward assurance visit undertaken by the Matrons, Heads of Nursing, Deputy Chief Nurses, Deputy Director of Nursing and Director of Nursing using an agreed assurance template. A separate Standard Operating Procedure is in place to ensure consistency across the Trust. These observations are then triangulated with data ensuring that nursing leaders are visible and responsive to the challenges being experienced on the wards

6.6 15 Steps

To further triangulate observations with data, 15 steps will provide external objectivity to how the public and visitors perceive ward environments and staff behaviour/communication.

6.7 Back to the Floor

Each month, the senior nursing team (Matron and above) will on the same day and time across the Trust undertake a Back to the Floor exercise which will focus on a particular aspect of nursing care ranging from Waterlow Assessments to Meal Service. The findings will inform where greater focus is required across the Trust with the ultimate aim of improving compliance with the Ward Accreditation indicators

6.0 Nursing Quality Assurance Cabinet

The Cabinet will be held monthly for each business unit and the Head of Nursing/Midwifery/AHP is expected to attend to present the quality of care provided to patients over the previous month. Dates will be scheduled for the year. The minutes will be taken by the Head of Nursing's PA and papers will be filed on the shared drive.

The cabinet will be chaired by the Director of Nursing/ Deputy Director of Nursing, and other members will include Deputy Chief Nurses and Patient Safety Manager. Other members of the corporate teams may be invited if relevant to their role and agenda item. A patient representative will also be sought

The Head of Nursing's senior nursing team may attend. The cabinet also provides a good learning forum for student nurse and more junior staff nurses and are therefore welcome to attend with the team

Whilst the cabinet has a confirm and challenge component to the meeting; the cabinet primary aim is promoting quality through achieving platinum status on ward accreditation and how that is achieved using a variety of supportive measures.

The cabinet will also review wards who are applying for Platinum ward accreditation level as the approval and ratification process. A non-executive will join the Cabinet where such applications are being reviewed.

7.0 Ward Risk Summits

The assurance process should address those wards that are not compliant with the quality metrics, workforce issues etc. However, if the scale of the issue cannot be addressed within the time allocated to the Cabinet, a risk summit should be considered.

The Director of Nursing or the Deputy Director of Nursing will confirm the decision to hold a risk summit and either will chair.

The Ward Risk Summits will be automatically triggered in the following cases:

- If the Ward is accredited at "White" Level using the Ward Accreditation Tool
- If there is an avoidable patient death directly relating to nursing practice
- Where a member of staff raises concerns about the ward – using the Voicing Concerns Policy or through the Speak Up Guardian and Champions

The decision to trigger a risk summit will determined using the following scoring guide

Risk Summit Trigger Scoring Guide	
Patient Safety	
Infection Control – Period of Increased Incidence/ Outbreak	
More than 2 Serious Incidents in a month	
More than 10 overdue open Clinical Incidents not investigated	
More than 2 hospital acquired Grade 3 or 4 Pressure Ulcers	
Less than 95% new harm free care on previous month's safety thermometer	
Less than 90% compliance with Sepsis 6 Care Bundle	
More than 1 fall with Harm in the previous month	
Medication Error leading to severe patient harm	
More than 3 overdue Serious Incident Reports	
One or more substantiated safeguarding allegations against the ward	
Low level of DOL's reported for the Ward	
Poor compliance with Saving Lives Audit, Cleaning Scores etc.	
Lack of engagement in nursing leadership team in governance processes e.g. failure to attend RCA panels	
Occurrence of a Never Event	
Workforce	
Vacancy rate above 30% of the funded establishment for Registered Nurses	
Sickness above 10%	
Increase in Maternity Leave percentage that impacts significantly on staff rostering	
Training compliance level below 70%	
Appraisal rates below 70%	
Increased Agency Expenditure using above price cap agencies	
Poor Student Feedback about clinical placement	
Staff incidences regarding bullying and harassment	
Patient Experience	
FFT recommend result in the lowest 20% centile	
FFT response rate below 30%	
More than 4 complaints in a month per ward	
More than three same sex breaches	
Adverse media	

If there is a score that incorporates at least one red and three other issues, a risk summit should be undertaken to facilitate a deep dive into a particular area.

The decision may fall outside the Cabinet meeting schedule if issues coming to light require a more immediate response.

8.0 Quality Visits by Commissioners

Announced visits will be hosted by the local nurse leadership team with issues that require immediate action being escalated to either the Director of Nursing or Deputy Director of Nursing. The nurse leader who accompanies the commissioners should then communicate via email to their Head of Nursing the overall themes whether positive or negative.

The Head of Nursing should ensure that there is an action plan in place to deal with any issues raised by the CCG and this should form part of the assurance reporting process until all actions have been completed and the action plan can be signed off by the Nursing Cabinet.

In the case of an unannounced visit inspection, the ward sister should inform their Matron and/ or their Head of Nursing to inform them of the visit. The Matron or Head of Nursing should visit the clinical area offering to accompany the commissioners and if refused that they are point of escalation if required. The feedback from unannounced should be fed back using the same process as announced visits

9.0 External Ward Inspections

Should there be an external ward inspection perhaps by “Healthwatch” or CQC, the status of the visitors and identity should be verified. The Ward Sister should inform the Matron and/or Head of Nursing who should inform the Director of Nursing/Deputy Director of Nursing. The Matron or Head of Nursing should visit the clinical area offering to accompany the inspectors and if refused that they are point of escalation if required. A post inspection feedback session should be arranged and feedback should be undertaken as outlined in the previous section.

If the CQC visits out of hours, the nurse in charge should inform the site duty manager who should inform silver who informs gold on call. Gold is responsible for ensuring the Director of Nursing is aware.

The Head of Nursing should ensure that the themes identified are captured in the assurance reports until action plans are signed off by the nursing cabinet. The Head of Nursing is responsible that any immediate action required by the regulators is dealt with the Director of Nursing/ Deputy Director of Nursing.

10.0 Linked Documents

- Standard Operating Procedure for Ward Accreditation
- Ward Accreditation Tool
- Ward Accreditation Metrics
- Ward Accreditation Pulse Check

- Standard Operating Procedure for Golden Hour

Monthly Assurance Report for Nursing Quality Assurance Cabinet	
Date of Nursing Quality Assurance Cabinet	
Author of Report	
Author's Job Role	
Monthly Summary	
Ward Accreditation Status	
Summary of Challenges experienced over the last month	Achievements made in the last month
1	1
2	2
3	3
4	4
5	5
Improvement Areas/ Actions required for next month	Areas that require escalation
1	1
2	2
3	3
4	4

5	5
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Monthly Assurance Report for Nursing Quality Assurance Cabinet – Page Two	
Ward Accreditation	
<p>Progress on Ward Accreditation Improvement Plan</p> <ul style="list-style-type: none"> • Findings from 15 steps, Golden Hour, CCG Quality Visits and last Ward Accreditation assessment • Achievements made on each standard of the Tool • Non-compliant areas on each standard of the Accreditation Tool • Action for next month on each standard • Timing of next Ward Accreditation assessment 	<p><i>Embed updated Ward Accreditation Improvement Plans</i> <i>Embed CCG quality visit action plans</i></p>
Ward Accreditation Pulse Check	
<p>Provide Overview</p> <ul style="list-style-type: none"> • Adverse variances explained • Action taken and how will be monitored 	<p><i>Embed ward accreditation Pulse Check</i></p>
Ward Accreditation Indicators	
<p>Provide overview</p> <ul style="list-style-type: none"> • Areas Improved last month • Areas of Non- Compliance 	<p><i>Embed Ward Accreditation Indicators</i></p>

<ul style="list-style-type: none"> • Actions to achieve compliance 	
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Monthly Assurance Report for Nursing Quality Assurance Cabinet – Page Three	
Nursing Establishments	<ul style="list-style-type: none"> • Funded establishment/ Vacancy Rate/ Recruitment and Retention Actions/ New Models/ exit interview themes • Care Hours Per Patient Day and Fill Rates • Skill Mix • Usage of Bank and Agency – number of above framework, above price cap, reasons for requesting temporary staff, Update on Key to Care • Maternity Leave • Sickness • E-roster compliance
Staff Development	<ul style="list-style-type: none"> • Appraisal Rates • Mandatory Training Rates • Talent Map • Mentorship and Preceptorship • Education • Staff competencies – IV administration, cannulation, NIV • HR issues • NMC issues and revalidation
Risk Management	<ul style="list-style-type: none"> • Number of SI's open/ Number of overdue SI's • Number of Clinical Incidents reported and themes/ outstanding open Datix • Risk Register

Leadership	<ul style="list-style-type: none"> • Attendance at Business Unit/ Speciality Governance Meetings • Attendance at Quality Meetings • Evidence of visibility to ward staff
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Action Points from Head of Nursing and Matron Confirm and Challenge Meeting – Page 1	
Date of Meeting	
Name of Head of Nursing	
Name of Matron	
Clinical Areas being discussed	
Summary of Actions completed from last review	Summary of Actions agreed for next month
1	1
2	2
3	3
Summary of Challenges being experienced escalated to the Head of Nursing	Summary of issues being escalated to the Nursing Cabinet
	1

<p>1</p> <p>2</p> <p>3</p>	<p>2</p> <p>3</p>
<p>Action Points from Head of Nursing and Matron Confirm and Challenge Meeting – Page 2</p>	
<p>Patient Safety</p>	<p>Ward Accreditation Indicators – monthly audit results and action required</p> <p>Ward Accreditation Pulse Check – monthly audit results and action required</p> <p>Ward Accreditation improvement plans</p> <p>Saving Lives and Hand Hygiene Audit results and action required</p> <p>Number of Clinical incidents, themes, number of open outstanding DATIX/plan to be up to date and maintain</p> <p>Number of SI’s and themes, timescale deadlines for completing SI reports/plan to be up to date and maintain</p> <p>Number of DOLs, unsafe discharges, restraint/sedation, safeguarding referrals/ allegations</p> <p>Pressure Ulcers, Falls, CA-UTI, Infection Control, Sepsis 6 compliance, medication incidents</p> <p>Checking of equipment – drug fridges, CD cupboard, Resuscitation Trolley etc.</p>
<p>Workforce</p>	<ul style="list-style-type: none"> • Funded establishment/ Vacancy Rate/ Recruitment and Retention Actions/ New Models/ exit interview themes • Care Hours Per Patient Day and Fill Rates • Skill Mix – ward competencies • Usage of Bank and Agency – number of above framework, above price cap, reasons for requesting temporary staff, Update on Key to Care • Maternity Leave

	<ul style="list-style-type: none">• Sickness• E-roster compliance• Appraisal rates, mandatory training,• HR Issues
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Matron's Quality Report	
Date of Report	
Matron's Name:	
Clinical areas being discussed:	
Ward Accreditation Rating	
Hotspot areas and rationale	Mitigation/ Action in place or planned
1	1
2	2
3	3
Achievements this reporting month	Challenges requiring escalation to the Head of Nursing
1	1
2	2
3	3
Actions for next reporting month	1
	2

	3
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Name of Ward	Name of Ward Sister
Ward Accreditation Level:	<p>Ward Accreditation Improvement Plan in place – <i>embed plan</i></p> <ul style="list-style-type: none"> • Are the milestones in the improvement being met? • For milestones not being met what is the plan to address that? • What additional support is required
Ward Accreditation Indicators:	<p><i>Embed Ward Indicators</i></p> <ul style="list-style-type: none"> • What action is being done to address those areas that are not compliant? • Themes of Golden Hour, Back to the Floor against each of the indicators
Ward Accreditation Pulse Check	<p><i>Embed Ward Accreditation Pulse Check for ward</i></p> <ul style="list-style-type: none"> • Is New Harm on the Safety Thermometer over 95%, any areas on the report showing a rating of red or black over 6 months? What action is being undertaken to address? •
Infection Control and Cleanliness	<ul style="list-style-type: none"> • Hand Hygiene and Saving Lives Audits – results and improvement actions required • Any Outbreaks or Period of Increased Incidences (PII)? Learning identified • Cleanliness Scores and improvement action being undertaken • Number of outstanding RCA's and action being undertaken to address this
Safeguarding	<ul style="list-style-type: none"> • Safeguarding activity, referrals, DoLs, Restraint, Allegations against the Ward
Patient Experience	<ul style="list-style-type: none"> • Complaints – number, overdue responses, themes • PALs – concerns/ positive comments

	<ul style="list-style-type: none"> • FFT – score, themes, action taken • Counting compliments
Equipment Checks	<ul style="list-style-type: none"> • Drug fridge, CD audits, Resuscitation etc.
Governance	<ul style="list-style-type: none"> • Date of last speciality governance meeting. Attendance by Matron and Ward Sister
Risk Management	<ul style="list-style-type: none"> • Number of SI's and themes – any overdue and what action is being undertaken to address • Number of open clinical incidents not investigated – what is the plan to reduce this number? What Target has been set? • Number of Clinical Incidents Report and top three themes – what action is being undertaken • <i>Embed ward risk register</i> –has a governance committee reviewed the risk ratings, has the risk been reviewed. • Outstanding RCA's for Falls and Pressure Ulcers- plan to ensure ward is up to date
Workforce	<ul style="list-style-type: none"> • E Roster compliance – <i>embed report</i> • Staffing Establishment • Sickness, Maternity Leave • HR Issues • Recruitment Plans • Appraisal Rates and Mandatory Training Rates • Leadership – Ward Leaders Assurance completed

Risk Summit	
Date of Report	
Author of Report	
Clinical areas	
Reason for Risk Summit	
Actions agreed	1
	2
	3
	4
Issues Requiring escalation	1
	2
	3
	4

Nursing Quality Assurance Framework

Agenda Item 10.5

Domain	Current Position /	Action Agreed	Responsibility	Review / Update	Re Date
Quality and Safety					
Staffing levels					
Training / Education					
Leadership					
Ward Culture					
Patient Experience					
Environment and Cleanliness					
Other					

Matron's meeting log with Ward Manager	
Date of Report	
Matron's Name:	
Ward Manager's Name	
Clinical areas being discussed:	
Ward Accreditation Rating	
Ward Manager's Report	<i>Attached Ward Manager's Report</i>
Hotspot areas and rationale	Mitigation/ Action in place or planned
1	1
2	2
3	3
Achievements this reporting month	Challenges requiring escalation to the Head of Nursing
1	1
2	2
3	3
	1

Nursing Quality Assurance Framework

Agenda Item 10.5

Actions for next reporting month	2
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Ward Manager's Monthly Report	
Date of Report	
Ward Manager's Name:	
Name of Ward being discussed:	
Ward Accreditation Rating	
Ward Accreditation Indicators	<i>Attach Monthly Ward Accreditation Report. Areas of compliance. Action plan for areas not compliance</i>
Ward Accreditation Monthly Pulse check	<i>Attach Monthly Pulse Check. Areas of compliance. Action plan for areas not compliance</i>
Ward Accreditation Improvement Plan	<i>Attach updated improvement plan</i>
Infection Control and Cleanliness	<ul style="list-style-type: none"> • Hand Hygiene and Saving Lives Audits – results and improvement actions required • Any Outbreaks or Period of Increased Incidences (PII)? Learning identified • Cleanliness Scores and improvement action being undertaken • Number of outstanding RCA's and action being undertaken to address this
Safeguarding	<ul style="list-style-type: none"> • Safeguarding activity, referrals, DoLs, Restraint, Allegations against the Ward
Patient Experience	<ul style="list-style-type: none"> • Complaints – number, overdue responses, themes • PALs – concerns/ positive comments • FFT – score, themes, action taken • Counting compliments

Equipment Checks	<ul style="list-style-type: none"> • Drug fridge, CD audits, Resuscitation etc.
Governance	<ul style="list-style-type: none"> • Date of last speciality governance meeting. Attendance by Matron and Ward Sister
Risk Management	<ul style="list-style-type: none"> • Number of SI's and themes – any overdue and what action is being undertaken to address • Number of open clinical incidents not investigated – what is the plan to reduce this number? What Target has been set? • Number of Clinical Incidents Report and top three themes – what action is being undertaken • <i>Embed ward risk register</i> –has a governance committee reviewed the risk ratings, has the risk been reviewed. • Outstanding RCA's for Falls and Pressure Ulcers- plan to ensure ward is up to date
Workforce	<ul style="list-style-type: none"> • E Roster compliance – <i>embed report</i> • Staffing Establishment • Sickness, Maternity Leave • HR Issues • Recruitment Plans • Appraisal Rates and Mandatory Training Rates • Leadership – Ward Leaders Assurance completed
Hotspot areas and rationale	Mitigation/ Action in place or planned
1	1
2	2
Achievements this reporting month	Challenges requiring escalation to the Matron
1	1
2	2

