

# Quality of Care Review for Care Assurance: Data Gathering/Triangulation

## Data Gathering/Triangulation

This template has been completed to provide a practical example of using the tool/template in practice.

The information used within the template is based on a theoretical scenario. All data provided is mock data, no patient or Board identifiable information has been used. It has been created in collaboration with subject matter experts.

You may also wish to view the QoC review guidance videos created to help get the most out of the Guidance, tools and templates.



# Quality of Care Review for Care Assurance: Data Gathering/Triangulation

## Local Context

- Capacity 120 individuals
- Remand and convicted young and adult men
- Remand and convicted young and adult women
- Majority of prisoners come directly from court
- Decreased staffing gap due to recruitment initiative
- Previous history of high staff absence

## Reason for QoC Review

- Improved completion rate of health check within 24 hrs of admission
- Opportunities for shared learning
- Focus on Admissions Team

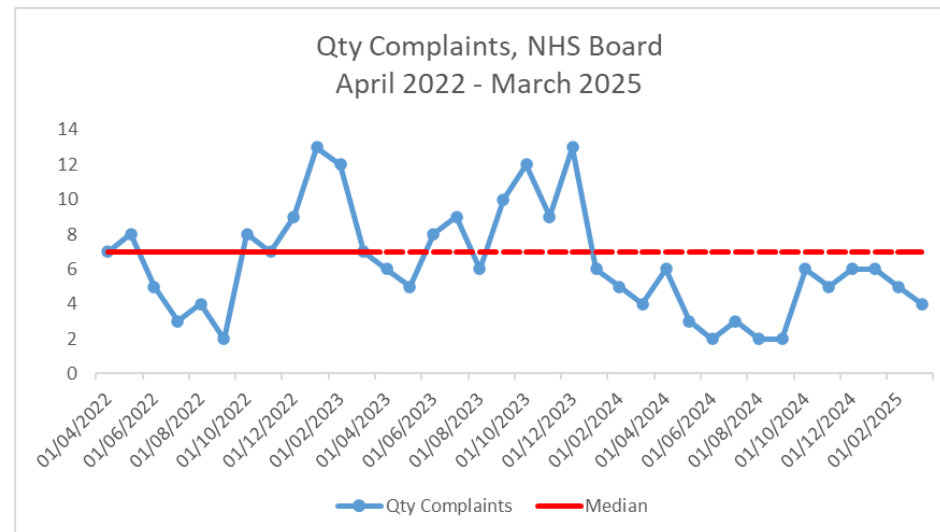
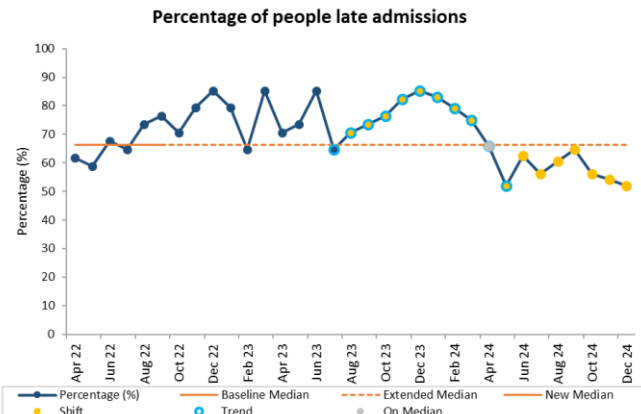
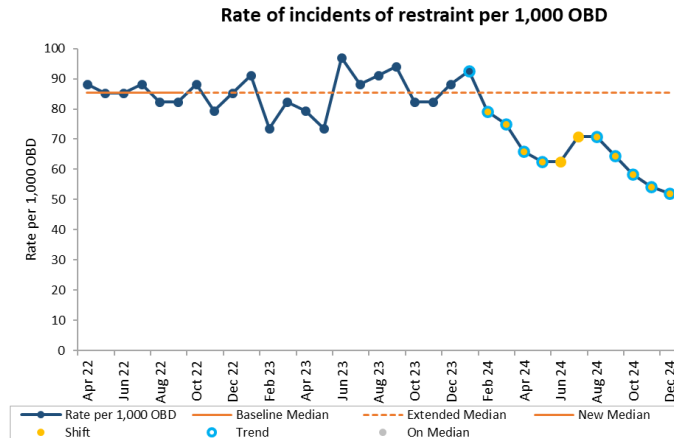
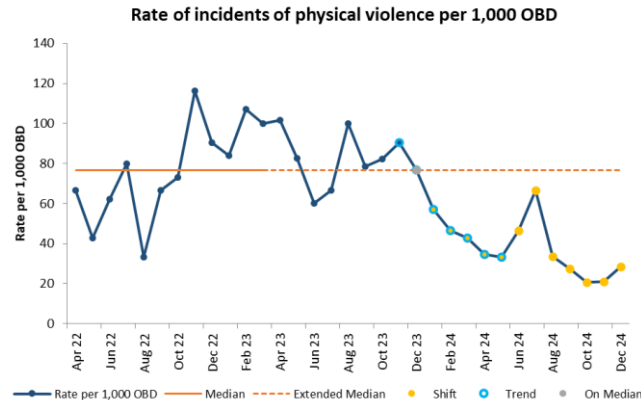
## What are you seeking to understand within your system?

- Factors that supported improved completion rate of health check on admission
- Risk assessment, treatment and care planning
- Staff training

This template can be used to collate the qualitative and quantitative data to support QoC Review and any final reports. The QoC Guidance and Chapters provide detailed guidance on potential quality and safety indicators to be considered once the scope is agreed.

**Safety** SPSP, CAIR and/or local dashboard, Incident reporting systems, Feedback from Care Opinion, Patient Experience Team and Complaints, Real Time Staffing and Escalation, Use of Mental Health Act – restraint, covert medication, capacity

## Fact Finding / Data



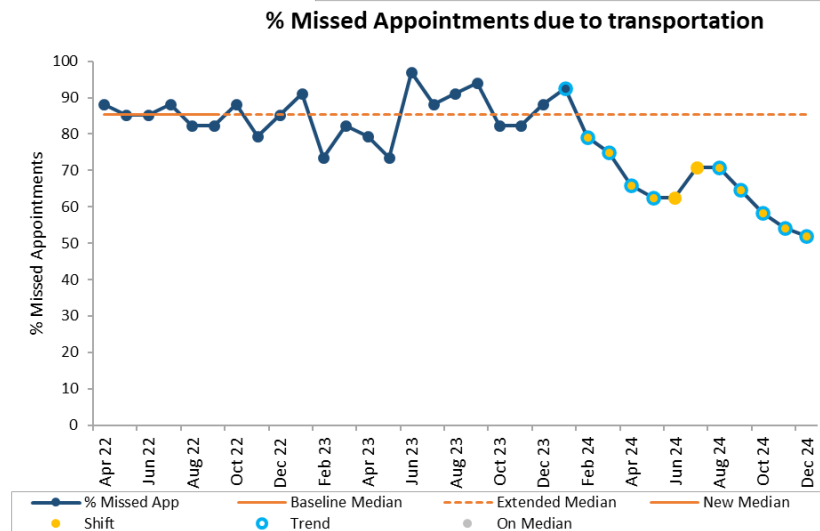
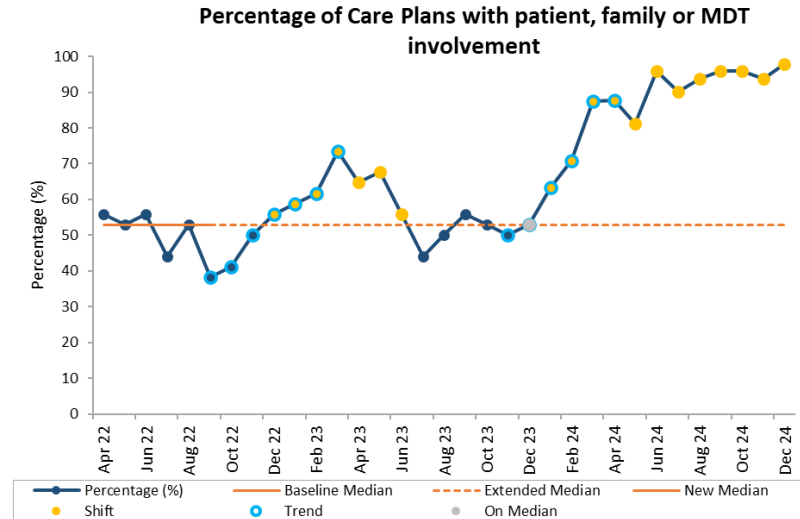
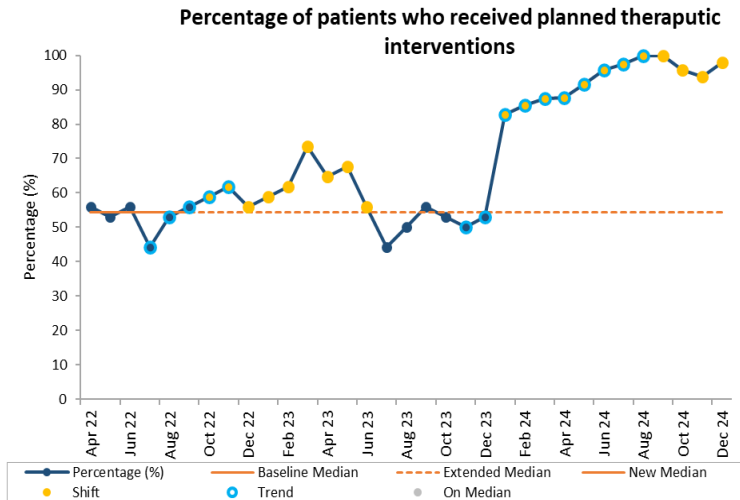
## What is your data telling you, what questions are emerging?

- Decreasing rates of physical violence and restraint, is this due to change in population group, practice or something else?
- Decreasing % of late admissions, what factors have supported earlier admission?
- Decreasing complaints are also noted, what are the themes and have these changed?

# Person Centred Care

Person Centred Care Planning, Care plan and bundle audits (SPSP), Trauma informed care, Anticipatory Care Planning and therapeutic interventions

## Fact Finding / Data



## What is your data telling you, what questions are emerging?

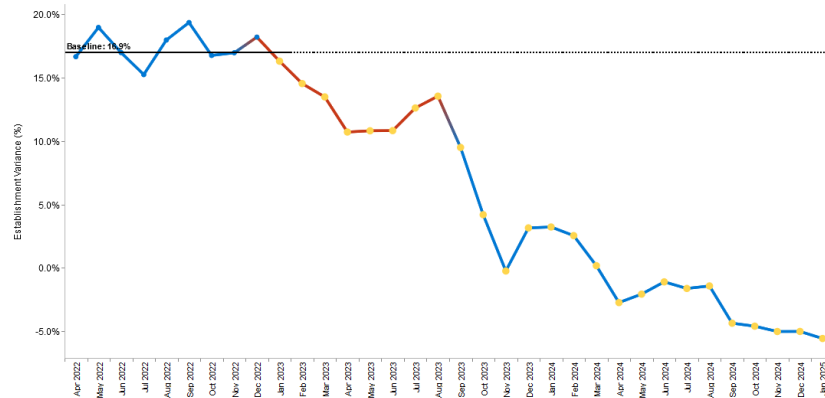
- Increased number of therapeutic interventions, number of care plans with patient, family and MDT involvement – how does this relate to themes emerging from complaints?
- Reduction in missed appointments related to transportation issues – what factors have impacted transport arrangements, e.g. is it different provider, booking system, prioritisation process or something else?

# Workforce

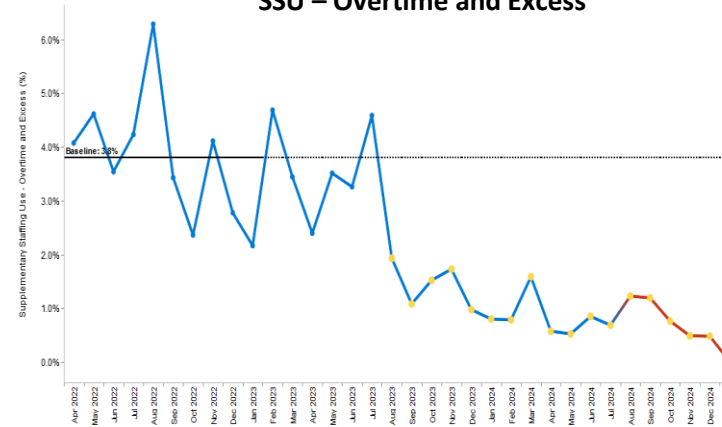
CAIR dashboard such as Establishment Variance, Predictable Absence Allowance and Supplementary Staffing Use (Bank and Agency/Overtime and Excess), Staffing Level (Workload) tool run

## Fact Finding / Data

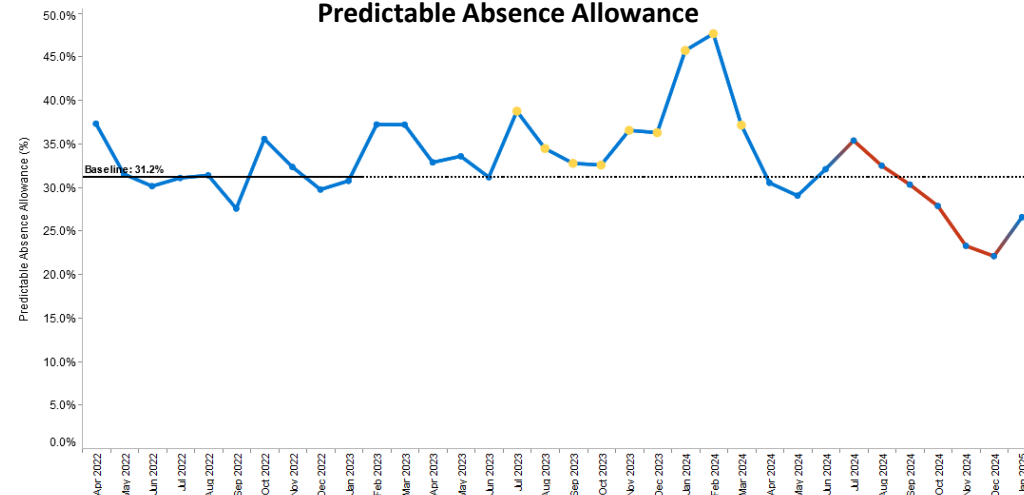
Establishment Variance



SSU – Overtime and Excess



Predictable Absence Allowance



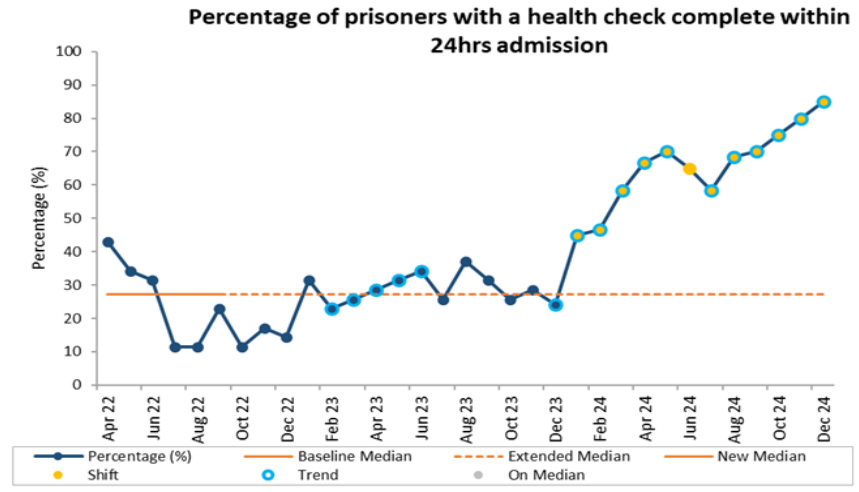
## What is your data telling you, what questions are emerging?

- Reduced staff vacancy within the team – which aspects of the recruitment initiative were successful; can this be replicated for other teams?
- Jul – Dec 24 decreased sickness absence within the team
- Reduced use of supplementary staffing overtime and excess
- Speak with staff about experiences

# Evidence and Standards

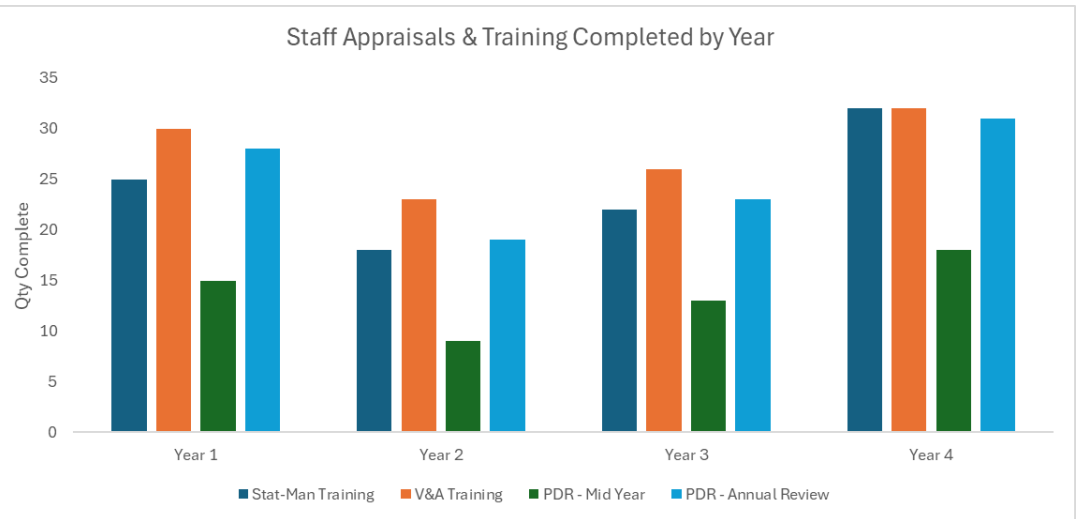
Board data for Scottish Government targets such as waiting time targets, CAIR dashboard data such as QMPLE Score and QMPLE Student Feedback measures, Annual Review, Professional Development and relevant registration (NMC, HCPC), GIRFEC/GIRFE/UNCRC

## Fact Finding / Data



## What is your data telling you, what questions are emerging?

- Significant increase in number of health checks completed within 24hrs of admission – what has contributed to this? How can we sustain?
- Training and PDR have increased – how can this be sustained? How can we further improve the number of completed mid year reviews?



### Understand your service:

- What are the root causes/contributing factors of any issues?
- Are there factors that impact the wider picture?
- Are there further questions to gain clarity, understanding and additional detail of local context?

### Analysis:

- Consider if support needed
- Are there other measures available?

### Identify key themes:

- Areas of good practice
- Areas for improvement