

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

- General Surgical Ward
- 30 beds: 4 bays and 6 single rooms
- Combination of day surgical procedures and general surgery
- Pre-op assessment does not take place on this ward
- Medical and nursing students regularly have placement on the ward

Reason for QoC Review

- Scheduled review
- Focus on governance, workforce, learning and quality improvement

What are you seeking to understand within your system?

- What is the impact of staffing levels/skill mix on education and learning within the ward?
- What are the enablers to QI?
- What are the barriers QI?

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.

Workforce

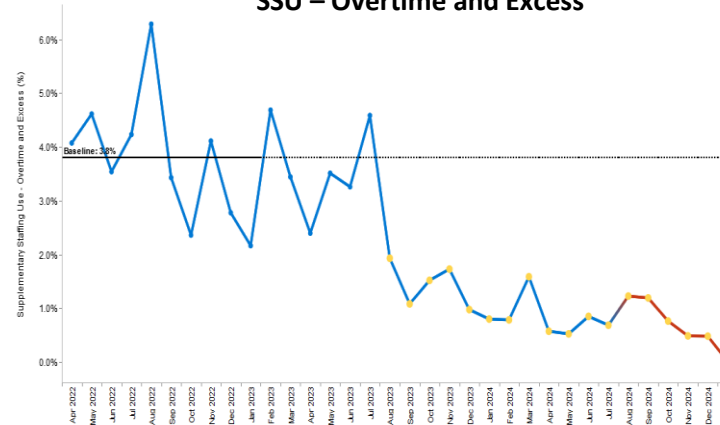
CAIR dashboard such as Establishment Variance, Predictable Absence Allowance and Supplementary Staffing Use (Bank and Agency/Overtime and Excess), Staffing Level (Workload) tool run

Fact Finding / Data

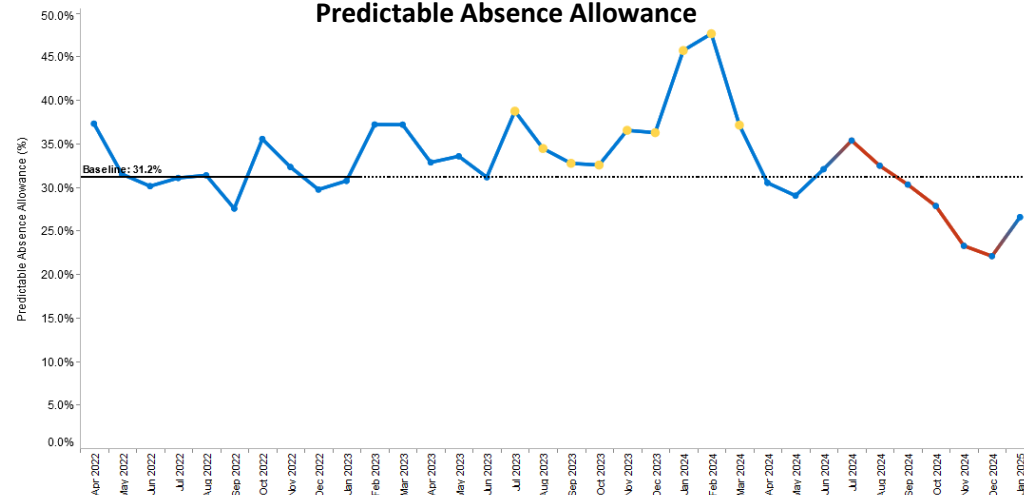
Establishment Variance



SSU – Overtime and Excess



Predictable Absence Allowance



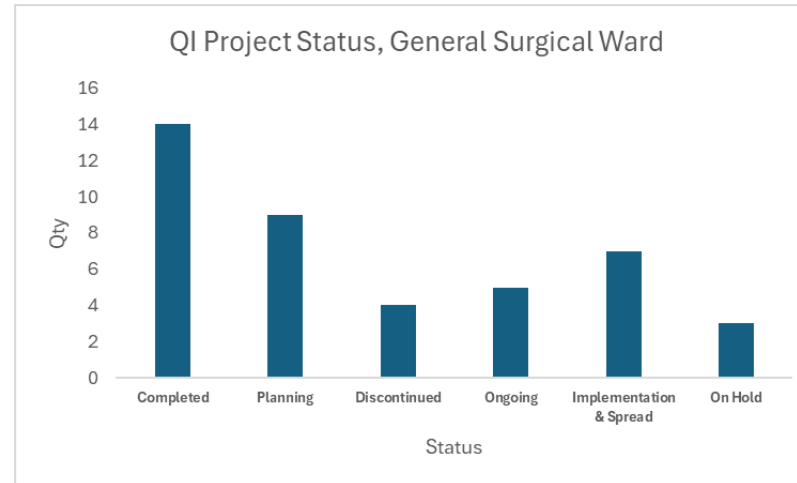
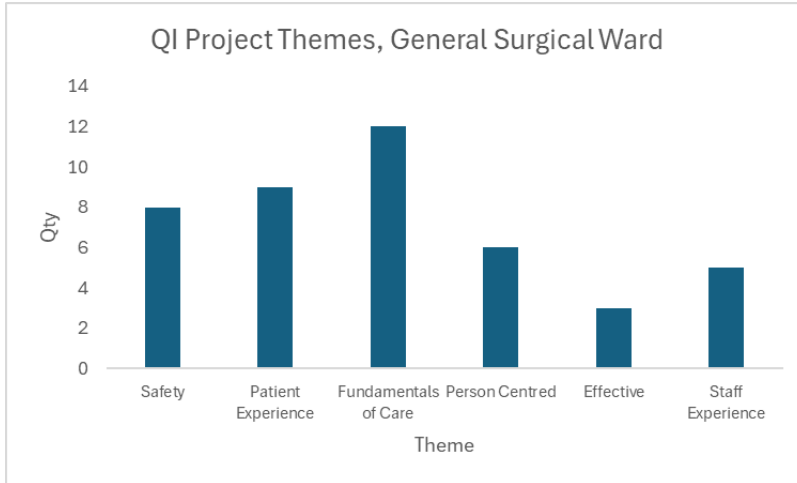
What is your data telling you, what questions are emerging?

- Reduced staff vacancy within the team – what factors have influenced this change?
- Jul – Dec 24 decreased sickness absence within the team
- Reduced use of supplementary staffing overtime and excess
- Speak with staff about experiences

Quality Improvement

QI qualifications within the area such as ScLIP, SiFS, ScIL or local training programmes, QI team support, Examples of QI testing and learning

Fact Finding / Data



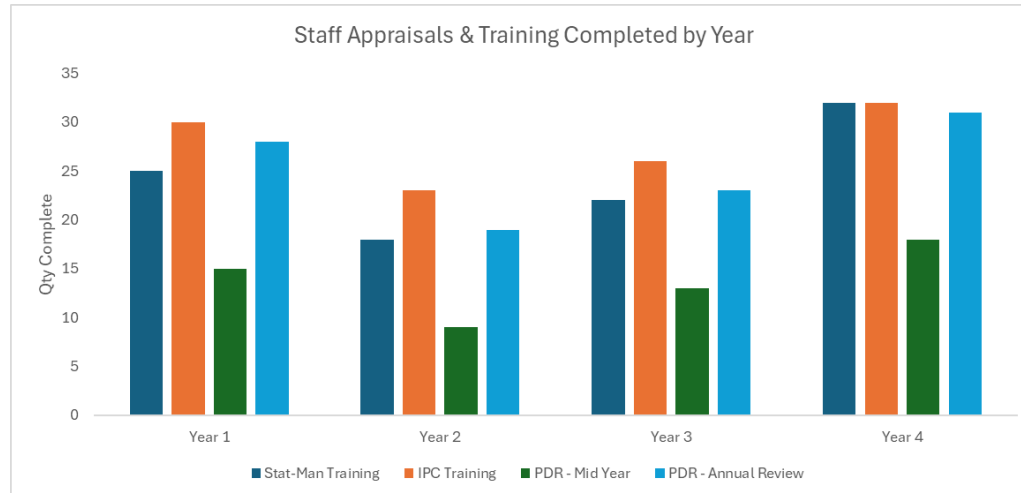
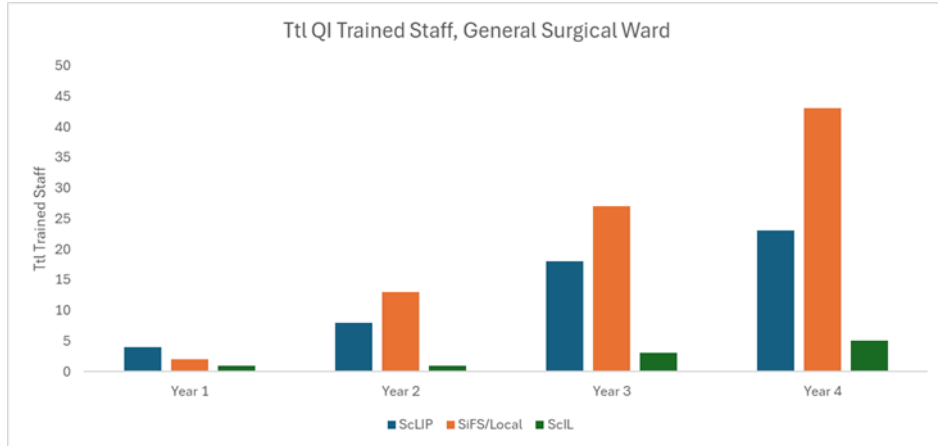
What is your data telling you, what questions are emerging?

- How are QI project topics chosen by the team? Are these topics specific to this ward or site/board wide initiatives?
- Is there external facilitation or support from the site QI team?
- Ask team about experience participating in QI work?
- Is there visual representation of the QI projects/data on the ward? How is communication about QI projects shared with the team?
- How is learning about QI projects shared across teams/senior leaders?
- What barriers have they experienced and what support is needed to unblock barriers (Discontinued and On hold projects)?

Learning

Access to Clinical Supervision and Training, QI qualifications within the area such as ScLIP, SiFS, ScIL or local training programmes, Hot/Cold debriefs, protected learning time, TURAS learning

Fact Finding / Data



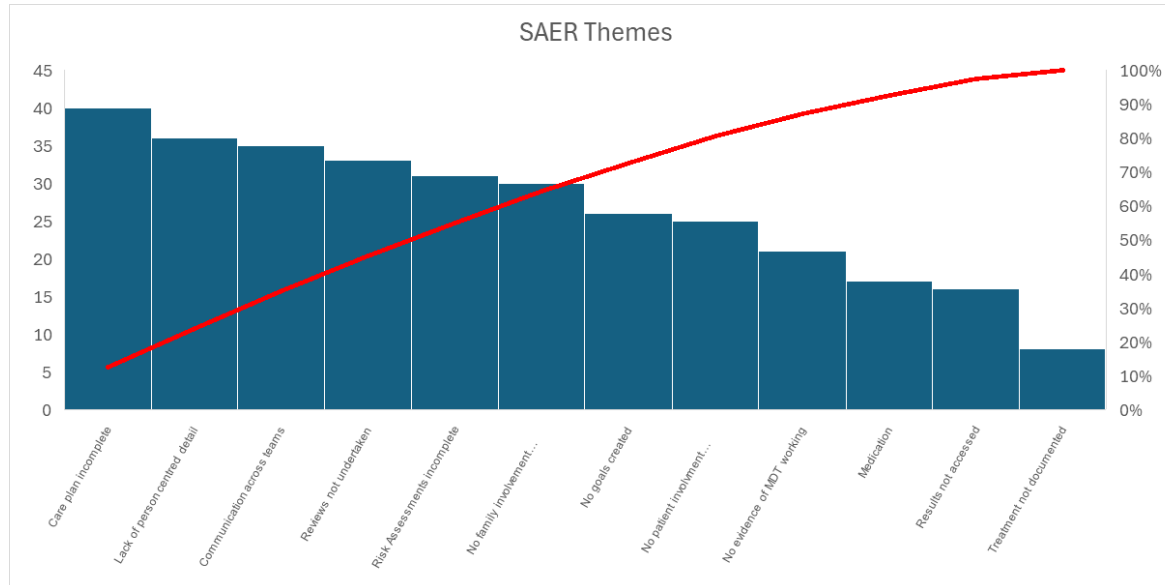
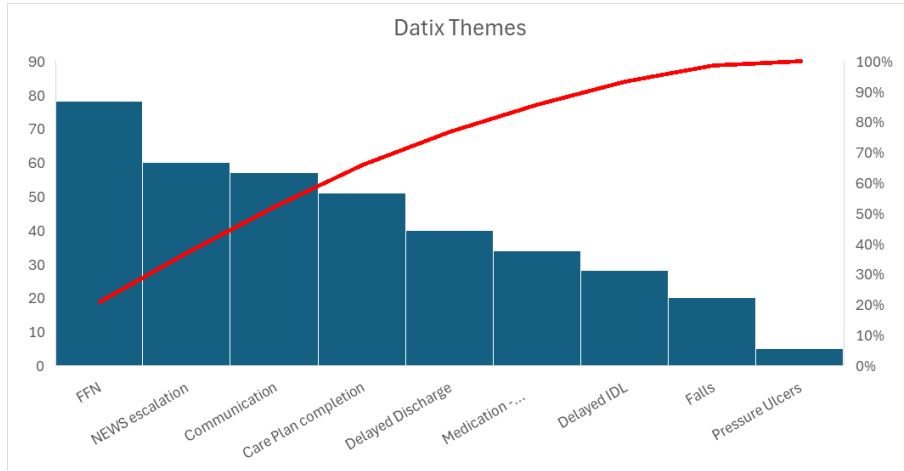
What is your data telling you, what questions are emerging?

- Increasing numbers of staff with formal QI training – do staff have the opportunity to lead QI projects, do staff feel able to propose opportunities for improvement?
- Increased numbers of staff completing Stat-Man and IPC training
- Mid Year and Annual PDR completion has also increased
- What opportunities are available to access clinical supervision?
- How is learning time made available/arranged/protected e.g. rostered, in own time?

Governance

Risk Assessment and Escalation processes, Visible and effective governance, Child protection/Adult support and protection

Fact Finding / Data



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

- Top 3 themes from Datix are – FFN, NEWS escalation and communication; what are the underlying themes within these? How do they link with the current QI projects underway?
- Top 3 themes from SAERs are –care plan incomplete, lack detail in care plans, communication across teams; what learning has emerged, how has this been shared? How do they link to with the current QI work?
- Observed huddle, topics discussed include – quantification of risk, appropriateness of staffing, escalation and feedback

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