

EXCELLENCE
IN CARE

Assuring and Improving
Nursing and Midwifery
Care in Scotland



NHS
SCOTLAND

Quality of care review guidance

September 2024

Version 1.0

NHS
SCOTLAND

**© Healthcare Improvement
Scotland 2024 Published
September 2024**

This document is licensed under the Creative Commons Attribution- Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Document History			
Version	Date	Comment	Author(s)
0.1	15/01/2024	Creation of draft document	EiC National Team
0.2	19/01/2024	Content added to draft document	EiC National Team
0.3	31/01/2024	Additional content added for review by SLWG - contents page added	EiC National Team
0.4	07/02/2024	Amendments to document following discussion at SLWG - navigational links added, content updated with Care assurance visit (CAV) section	EiC National Team
0.5	23/02/2024	Amendments to document following discussion at SLWG - navigational links added, content updated	EiC National Team
0.6	13/03/2024	Amendments to document following discussion at SLWG - front/back cover pages added	EiC National Team
0.7	02/04/2024	Added 'Draft' watermark to document	EiC National Team
0.8	01/05/2024	Updated following initial testing	EiC National Team
0.9	29/05/2024	Amendments to document following discussion at SLWG - updated logos, updated attachments and content updated	EiC National Team
0.10	26/07/2024	Revision to Using the elements of the EiC Framework, Quality of care (QoC) Process and Introduction	EiC National Team
0.11	08/08/2024	Amendments to documents following testing – additional examples of community quality and safety indicators, change from action planning to improvement plan	EiC National Team
0.12	20/08/2024	Revised Scope Template added to appendix Amended diagrams to improve accessibility	EiC National Team
1.0	23/09/2024	Added appendices links and removed 'Draft' watermark	EiC National Team

Acknowledgements

The Quality of care (QoC) review guidance has been developed as a collaboration between Scottish Acute Nurse Leaders (SANL) group and Healthcare Improvement Scotland's (HIS) Excellence in Care (EiC) programme.

We would like to thank all members of the QoC reviews and Care assurance visits (CAV) working groups, which later combined, for their commitment and engagement to create this resource.

Membership included – members of the Scottish Acute Nurse Leaders (SANL), Heads of midwifery, Board EiC clinical leads, Board professional leads with responsibility for quality and care assurance and the HIS EiC team.

We would also like to thank the Scottish Executive Nurse Director (SEND) communities of practice who provided feedback and the NHS boards who were involved in the testing of the resource.

Feedback

The initial review of this document will take place after 12 months to ensure the contents and templates are developed to meet the needs of the user. Feedback on the document is welcomed and can be submitted using the [Quality of care review feedback questionnaire](#).

Contents

Acknowledgements	4
Feedback	4
Why Quality of care reviews for care assurance are a priority	6
Chapter: Using the EiC Quality of care review - flowchart	8
Chapter: Guiding principles for undertaking a Quality of care review	9
Chapter: Quality of care review process.....	10
Stages of the QoC review process	10
Chapter: Quality of care review - using the elements of the EiC framework.....	13
Chapter: Preparing for and undertaking CAVs	14
Appendices:	16
Table of Abbreviations.....	17

If viewing the document online you can use Ctrl & Click to navigate to the specific chapter and return directly to the contents page.

Why quality of care reviews for care assurance are a priority

Quality of care (QoC) reviews are a care assurance process which can help to determine the extent to which people in receipt of healthcare have their needs and outcomes met through the provision of high quality, safe and effective person-centred care.

As the national care assurance programme, Excellence in Care (EiC) has provided a structure to inform a consistent approach to QoC reviews at a local level, in order to drive continuous learning and improvement. (For further information on the EiC framework see [Appendix 1](#).) The tools and resources within the chapters will support local teams to gain a deeper understanding of the standards and quality of care being delivered, the factors impacting on care delivery and where support might be required, while taking account of the need to make effective and efficient use of the workforce and resources. Ultimately this will result in improved experiences and outcomes for patients, their families and the workforce.

The chapters have been written with the expectation that a multi-professional approach will be used when undertaking a QoC review, in recognition of the fact that care is delivered by multi-professional teams and to ensure a supportive and collaborative organisational culture. The local sponsor of the QoC review should identify staff with the appropriate knowledge and skills, as required by the scope and complexity of the QoC review, to lead the process. The scope will determine if a care assurance visit (CAV) is part of a wider QoC review or whether it is undertaken as a standalone process.

The frequency and format of QoC reviews can be determined locally within boards, who might consider a scheduled proactive programme of QoC reviews alongside a programme of responsive QoC reviews. Responsive QoC reviews might be undertaken to learn from clinical areas with a range of positive quality and safety indicators such as sustained quality improvement activities and positive feedback from people using a service or in response to patient safety issues, where quality of care has, or may become compromised.

A small number of key quality and safety indicators have been identified for each element of the EiC framework, along with possible sources of information to inform these care assurance processes. Using local knowledge and expertise, a number of other relevant speciality specific quality and safety indicators may need to be considered for inclusion. The number and combination of elements to be included is determined by the professional judgement of those undertaking the QoC review and as indicated by the scope of the QoC review.

While it is recognised that boards may have developed their own templates to capture information for a QoC review, this guidance identifies a standardised approach and key considerations when planning and undertaking a QoC review by detailing the approach, method and tools to be used (see Diagram 1).

<p style="text-align: center;">Approach</p>	<ul style="list-style-type: none"> • Guiding principles for undertaking a QoC review • EiC elements to inform a QoC review • Healthcare Improvement Scotland quality assurance framework • EiC framework mapped to quality assurance framework
<p style="text-align: center;">Method</p>	<ul style="list-style-type: none"> • QoC review process • QoC review: using the elements of the EiC framework • Preparing for and undertaking CAVs
<p style="text-align: center;">Tools</p>	<ul style="list-style-type: none"> • QoC review scope template • QoC review data gathering template • CAV tool • CAV template • QoC review report template

Diagram 1

[Return to Content Page](#)

Chapter: Using the EiC quality of care review - flowchart

This one page flowchart details when you would use each of the chapters within the EiC QoC review guidance. Not all chapters are relevant to every QoC review, CAV may be undertaken as a standalone process. Professional judgement should be used to determine the scope, data required and format of the final report for each QoC review undertaken. A number of resources and tools are available to support each chapter.

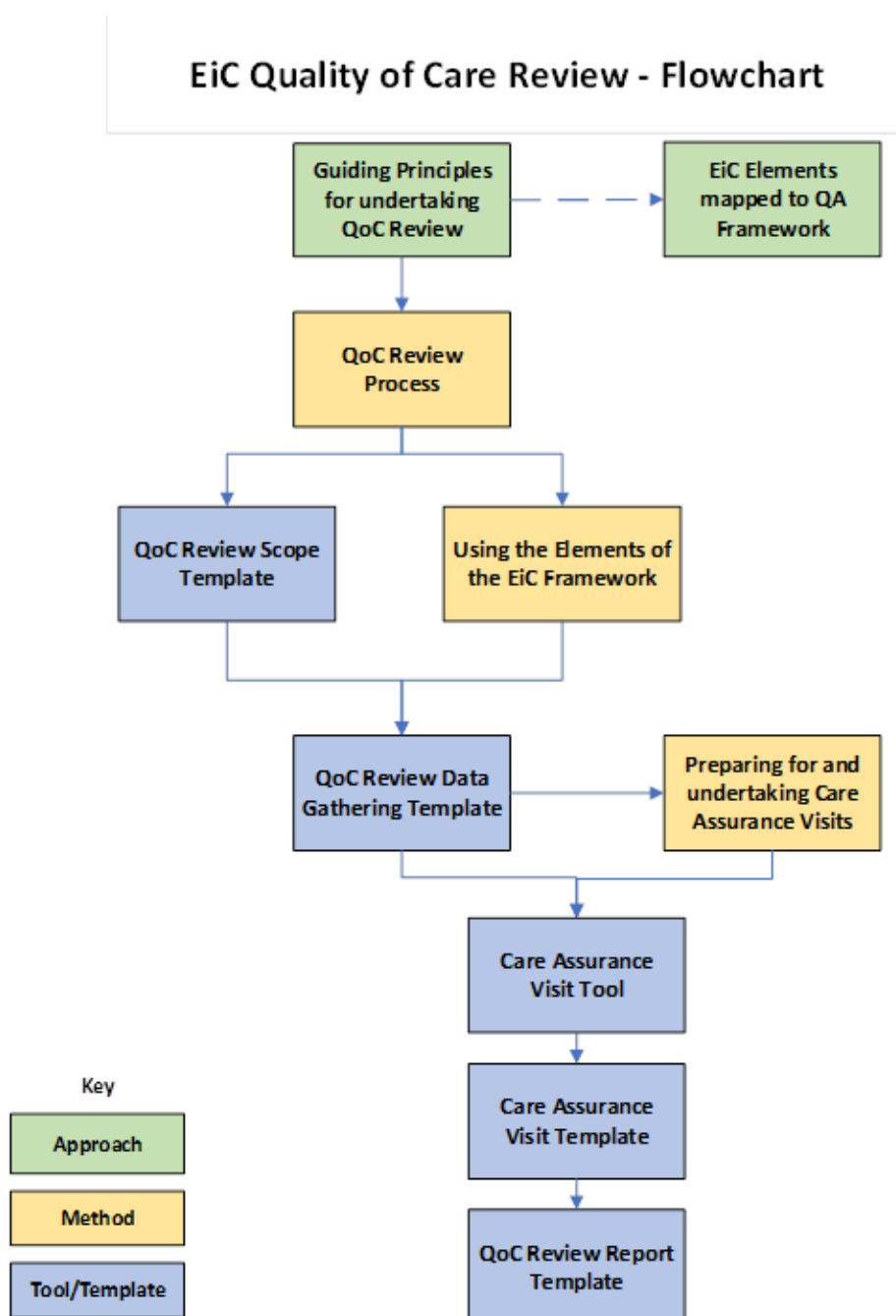


Diagram 2

[Return to Content Page](#)

Chapter: Guiding principles for undertaking a quality of care review

The guiding principles identify the underpinning approach and ethos when undertaking a QoC review, so that teams and organisations are supported to understand the level of care assurance they have across complex healthcare systems.

Principle 1

Use existing national frameworks to underpin process

- Utilise the Quality Management System (QMS) as part of the EIC framework and HIS quality assurance framework
- Consider what high quality care looks like and how this can be evaluated
- Understand a system's ability to reliably deliver high quality care
- Identify where additional support may be required

Principle 2

Be curious - Seek to discover and understand

- Ask questions for which you have no answers
- Consider qualitative and quantitative data, including information from CAV
- Value professional judgement - capture what you see, hear and feel when entering a clinical area
- Involve staff and those in receipt of care

Principle 3

Develop a new understanding of the system

- Understand the whole system and all contributing factors
- Analyse available information through triangulation
- Sense check your new understanding
- Identify key themes – areas of good practice and areas for improvement

Principle 4

Identify learning and potential improvement

- Identify and share learning – with the team and the wider system
- Target improvement support
- Plan to address systemic barriers
- Celebrate good practice

[Return to Content Page](#)

Chapter: Quality of care review process

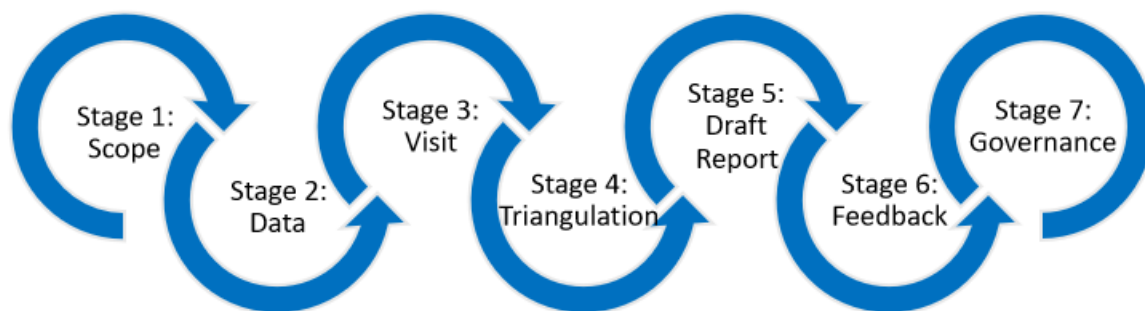


Diagram 3

The seven stages of the QoC review process are outlined in Diagram 3 above.

The guidance has been written with the expectation that a multi-professional approach will be taken. Areas to consider include the following:

- How in-depth the QoC review is will be influenced by the scale of the review - clinical area or whole service
- Local sponsor should identify staff with appropriate knowledge and skills, as required by the scope and complexity of the QoC review, to lead the process
- Consider where it takes place – remotely or within a clinical area
- Consider the governance pathway and final reporting
- At any stage of a QoC review if a significant safety issue is identified use local escalation processes to ensure a timely response
- Consider the methods to gather information – written, verbal and observational – to better understand the extent to which documented guidance/processes are implemented in practice

Stages of the QoC review process

Stage 1 – Scope/commission of a QoC review (see *Scoping template: [Appendix 2](#)*)

- When to undertake a QoC review – triumvirate leadership agreement for the commission
- Proactive planned QoC reviews and at what level/scope?
- In response to QoC concerns - criteria/triggers (incident reporting system, complaints themes/numbers, adverse event reporting, clinical judgement, signals in data – quality and workforce measures, staff survey/wellbeing, whistleblowing)
- In response to a high performing team, in relation to QoC – to understand what are the key enablers, what is contributing to success and how this learning can be shared?
- Who to undertake QoC review – seniority, clinical expertise, peer, external?
- What do you need to understand, what questions are you trying to answer?

- Consider how well you know your system? Record the understanding of those involved in the review on a Likert scale pre and post review
- Who needs to be made aware of a QoC review – staff side, trade unions, pastoral support?
- Consider timeline to undertake a QoC review and complete stages
- Consider escalation and feedback routes and timescales
- Consider final report writing and level of support required
- Draft an agreement between the commissioner of the QoC review, the team/individual undertaking the review with the service lead which outlines the scope of the QoC review, including the details above and who to contact if additional support is required

Stage 2 - Data gathering (see template: [Appendix 3](#) and tool: [Appendix 4](#))

- Identify relevant sources of data sets, aligned to the elements of the EiC framework and how to access, interpret and present (with data analysis support if required)
- Identify local care assurance processes which can inform the QoC review and incorporate relevant information. This may include information collected using validated tools such as infection prevention and control (IPC) and person-centred care
- Consider whether local care delivery aligns with local and national standards relevant to the clinical area
- Identify consistent timeframe for data across quality and safety indicators
- Review data to identify key themes – initial triangulation of quality and workforce measures
- Note one off signals in the data and any trends over time
- Identify areas for further questions - what needs to be asked, who do you need to speak to in the clinical area?
- Consider any current system improvement work (is there any impact, consider systems thinking, interdependencies)

Stage 3 - CAV or peer review to clinical area (see tool: [Appendix 5](#) and template: [Appendix 6](#))

- If undertaking a CAV as a standalone process, Stage 1 – Commission of the QoC review process will help define the scope of the CAV
- Preparation for host team
- Engagement of staff at different levels, from different disciplines
- Engagement of people in receipt of care and family/visitors
- Observations of care (staff and patient interactions) informed by elements of EiC framework
- Identify and consider information that will ascertain the culture of the area - [15 steps challenge](#), psychological safety
- Consider the physical environment – noise, IPC, integrity of the fabric of clinical area and equipment

- Consider use of other validated tools

Stage 4 - Triangulation of qualitative and quantitative data (see template: [Appendix 3](#))

- 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 or other measures that are available
- Identify key themes – areas of good practice and areas for improvement

Stage 5 - Create a draft QoC review report (see template: [Appendix 7](#))

- Summary of the QoC review – who writes it, how detailed?
- Recommendations and key actions/messages – for discussion with the team
- What areas of good practice have been identified - where can this be shared?
- What are the areas requiring improvement - who will take responsibility and how frequently will updates be required?
- Final report following discussion with the team – who is this shared with?
Governance and oversight of findings and recommendations

Stage 6 - Feedback to clinical team

- Consider when, how and who will be involved
- Support requirements - line managers/chaplaincy and spiritual care/staff side
- Improvement plan discussion and agreement
- Consider how to thank the host team for engagement

Stage 7 - Governance

- Consideration of final report by appropriate group
- Monitor progress to implement improvement plan

[Return to Content Page](#)

Chapter: Quality of care review - using the elements of the EiC framework



- Fundamentals of care
- Communication
- Compassion
- Person-centred care
- Quality control
- Quality planning
- Quality improvement
- Safety
- Evidence & standards
- Workforce
- Culture
- Staff wellbeing
- Leadership
- Learning
- Assurance
- Governance

Using the elements of the EiC framework to inform a QoC review:

- Examples of quality and safety indicators for each element of the EiC framework and potential sources of information (fact finding, observational and discussion) are provided in the *Using EiC elements tool* ([Appendix 4](#)). This list is not exhaustive, and consideration of the scope and the remit of the QoC review should be taken into account when identifying relevant quality and safety indicators.
- Using local knowledge and expertise, a number of other relevant speciality specific quality and safety indicators may need to be considered for inclusion.
- Consider which of the elements of the EiC framework are most appropriate to inform the questions being asked within the QoC review, the best way to gather the required information and how this will be triangulated.
- It is not essential to use all of the elements, professional judgement and the scope of the QoC review will determine which elements to use.
- Note that some areas of practice will impact a number of different elements of the EiC framework at the same time.
- The HIS QA framework has informed our consideration of how to apply the elements of the EiC Framework for care assurance purposes (see [Appendix 8 and 9](#)).

Chapter: Preparing for and undertaking care assurance visit

Care assurance visits (CAVs) are integral to local care assurance processes which assure high quality, safe and effective, person-centred care and will complement existing leadership walk rounds which boards currently undertake. They are an opportunity for clinical leaders to focus on the quality of care delivery, identify areas of good practice and those requiring targeted support and improvement. An area may also opt to invite colleagues from a neighbouring clinical area or Board to undertake a CAV, peer review.

For a description of where CAVs fit within the local processes for care assurance see Diagram 4.

Levels of care assurance

Peer review - across all levels

Executive / board level (leadership walk round)		
Organised visits with senior leadership teams to areas with a focus on quality and safety. The aim is to connect with front line staff and provide a platform for open dialogue, mutual learning and idea-sharing.	Clinical area/service (CAV)	
	Clinical nurse/midwifery managers/ professional lead carry out observational visits speaking with staff, patients and relatives with a focus on quality of care. Utilising the EiC framework to focus and articulate when improvements are needed.	Team leader level (care assurance audit)
		Senior charge nurse/midwife/team lead carries out regular audits using local templates and or information from systems e.g. Care Assurance Improvement Resource to review data and document actions and quality improvements.

Diagram 4

The CAV tool ([Appendix 5](#)) describes how each of the elements of the EiC framework can be used during a visit to a clinical area to inform observations and conversations with staff and people in receipt of care/families. The CAV template ([Appendix 6](#)) can be used to record reflections during the visit. This can be used to identify and agree with local team the areas to celebrate/share, the priority areas requiring support and improvement planning.

Not all elements of the EiC framework will be relevant for each CAV. Using professional judgement, you can select the number of relevant elements to use on the visit.

Preparing for a care assurance visit (CAV)

- Consider the focus of the visit. Use the QoC review guidance - chapters:
 - Guiding principles of a QoC review
 - Stage 1 Scope template
 - Using the elements of the EiC framework (even when CAV is a standalone process)
- Board to consider if a review is scheduled/proactive or responsive: determine whether to be announced or unannounced for the host team
- Preparation for host team: outline the purpose as part of local care assurance process, share the scope, identify who will be visiting, share date, time and duration of visit, outline what to expect and request to share information with multi-disciplinary teams and people in receipt of care, family and visitors regarding the visit
- Building capacity and capability in local teams: consider the opportunity to involve peers, colleagues and aspiring leaders
- Identify and consider information from previous walk rounds or reviews: Health and Safety, IPC, culture of the area
- Consider use of other validated tools: 15 Steps, psychological safety

Undertaking a care assurance visit (CAV)

- Engage staff at different levels, from different disciplines: promote attendance from MDT
- Engage people in receipt of care and family/visitors
- Observe and discuss delivery of care: using the Elements of EiC framework to structure observations (see template to record observations/discussions)
- Identify alignment between policy/best practice and your observations of care
- Consider the physical environment: noise, IPC integrity of the fabric of the clinical area and equipment
- Consider the Output/Summary: via professional judgement, RAG rating
- Identify areas to celebrate/share, priority areas requiring support and plan for improvement
- Feedback to teams: consider Stage 6 of QoC review process - consider when, how and who will be involved, support requirements, improvement plan development and how to thank the host team for engagement

[Return to Content Page](#)

Appendices:

The following link will take you to the [QoC review publication page](#) on the HIS website where all templates can be accessed and downloaded. The following appendices table provides a brief description of each appendix.

Appendix	Name	Description
1	EiC framework	A reference document detailing the evidence behind key elements and how they contribute, individually and collectively, to the delivery of high quality, person-centred care.
2	QoC review scope template	A template to help define the commission of a QoC review, identify governance/reporting arrangements, participant's responsibilities and timeline.
3	QoC review data gathering template	A template to support and guide the collation of data relating to the relevant elements of the EiC framework.
4	Using the EiC elements	Guidance that provides examples of quality and safety indicators for each element of the EiC framework and potential sources of information- fact finding, observational and discussion.
5	CAV tool	Guidance that outlines the approach to carrying out a care assurance visit including how to prepare for a visit, undertaking a visit and how each of the elements of the EiC framework can be used to inform conversations and observations during a visit.
6	CAV template	A template to record the key points and reflections during a care assurance visit. This is used to identify and agree, with the local team, the areas to celebrate and priorities for improvement.
7	QoC final report template	A template providing a structure and contents for a summary report. This includes key learning, areas for improvement and celebration.
8	EiC elements mapped to QA framework	A matrix highlighting the relationship between the elements of the EiC framework and the domains within the HIS quality assurance framework.
9	HIS' QA framework	A reference document which provides an overview of the quality assurance system and how this supports safety and promotes improvement.

[Return to Content Page](#)

Table of Abbreviations

CAIR	Care assurance improvement resource
CAV	Care assurance visit
EiC	Excellence in Care
HIS	Healthcare Improvement Scotland
IPC	Infection prevention and control
MDT	Multi-disciplinary team
QA	Quality assurance
QoC	Quality of care
SANL	Scottish Acute Nurse Leaders
SEND	Scottish Executive Nurse Director

EXCELLENCE
IN CARE

Assuring and Improving
Nursing and Midwifery
Care in Scotland



Published September 2024

You can read and download this document from our website.

We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999 or
email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland

Edinburgh Office

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

0131 623 4300

Glasgow Office

Delta House

50 West Nile Street

Glasgow

G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org