

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

- 20 bed specialist dementia ward
- Single rooms
- Locked ward
- Mixed ward
- History of difficult recruitment due to isolated location
- Staffing challenges across both nursing and medical
- Increased use of locum psychiatrist

Reason for QoC Review

- Increased violence and aggression incidents reported
- Increased patients on 1:1s

What are you seeking to understand within your system?

- Factors impacting increased V&A incidents
- Factors impacting 1:1s
- Staffing levels within the ward area
- Staffing skill mix
- Staff wellbeing, training
- Risk Assessment, treatment and care planning

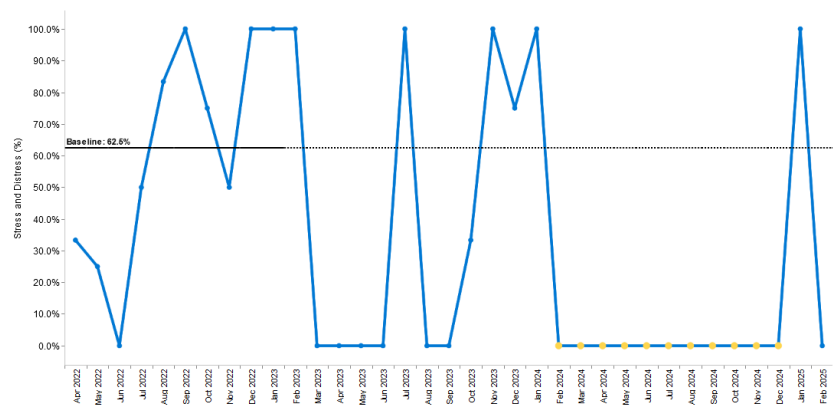
This template can be used to collate the qualitative and quantitative data to support QoC Review and any final reports. The QoC Guidance and Chapters provide detailed guidance on potential quality and safety indicators to be considered once the scope is agreed.

Fundamentals of Care

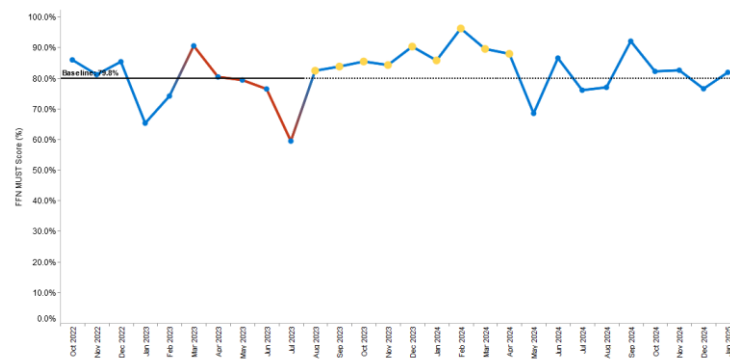
SPSP, CAIR and/or local dashboard data such as Inpatient Falls rate, Food Fluid and Nutrition measures, Early Warning Scores and Pressure Ulcer rates and other quality and safety documentation, Caseload size and complexity

Fact Finding / Data

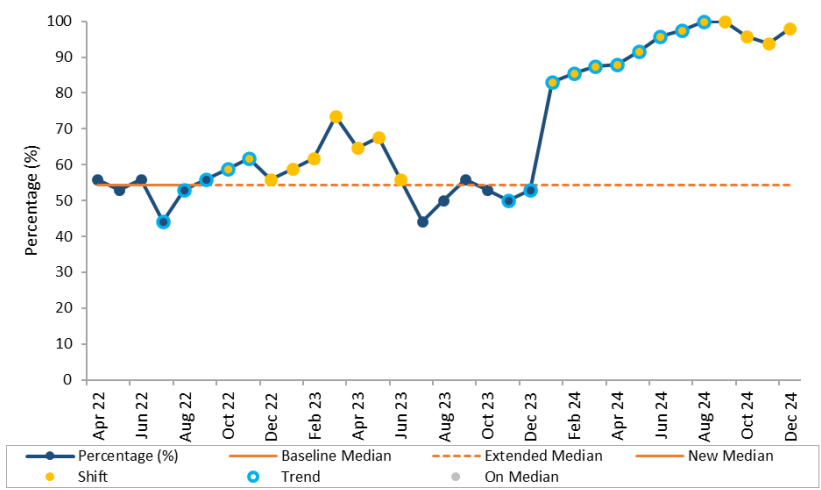
Stress and Distress



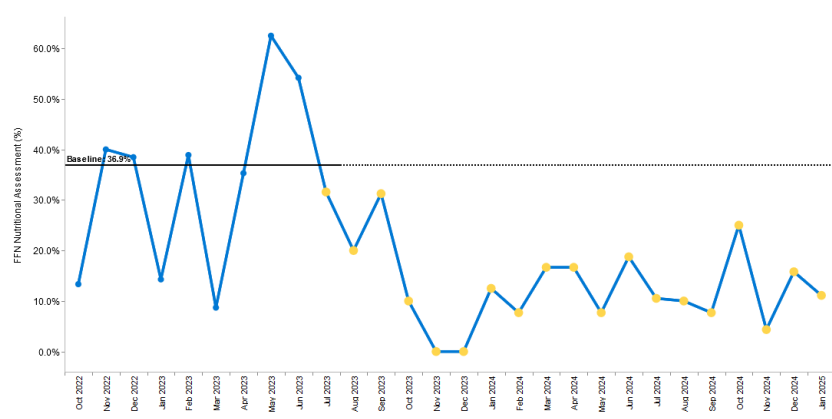
FFN – MUST score



Percentage of patients who received 1:1 observations



FFN – Nutritional Assessment



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

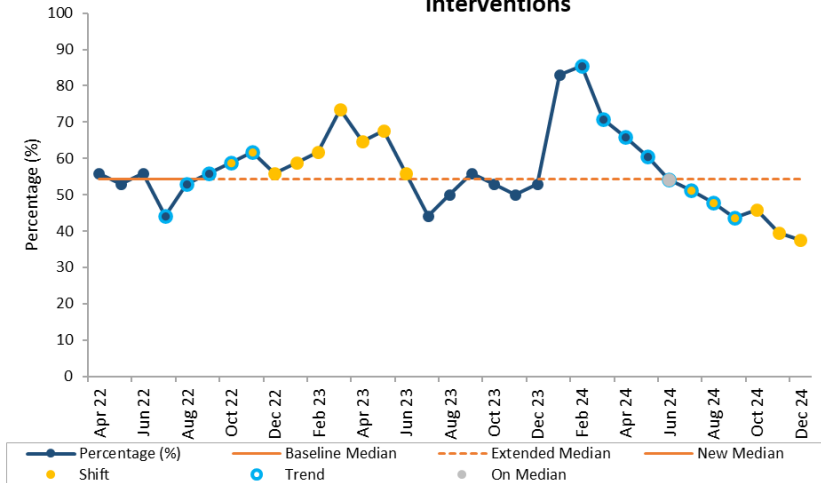
- Feb – Dec 24 no stress and distress assessments completed
- Feb – Dec 24 increased % of patients on 1:1 Observations
- Completion of MUST on time is good, due to admission process and follow up is poor – low completion of nutritional assessment

Person Centred Care

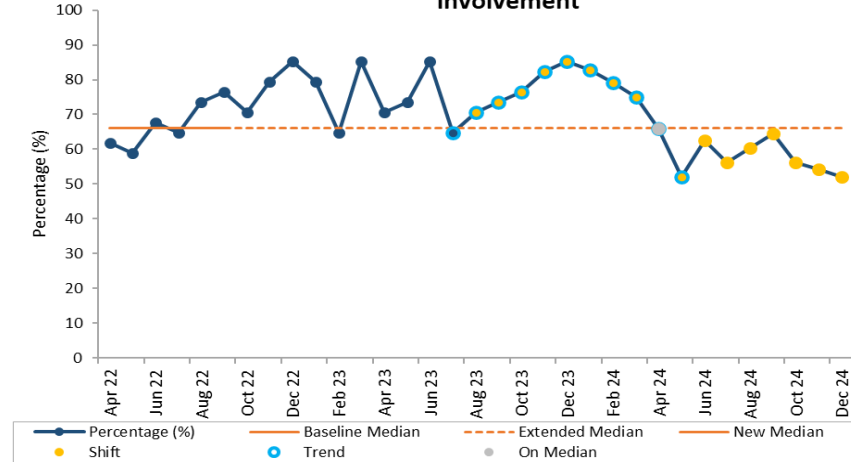
Person Centred Care Planning, Care plan and bundle audits (SPSP), Trauma informed care, Anticipatory Care Planning and therapeutic interventions

Fact Finding / Data

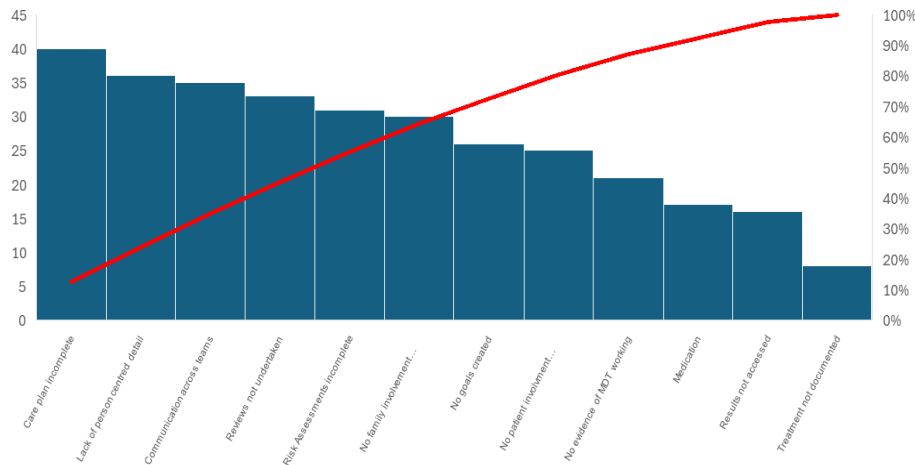
Percentage of patients who received planned therapeutic interventions



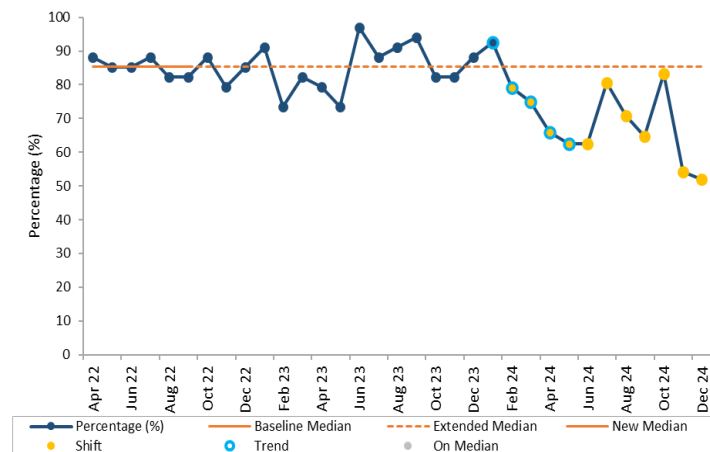
Percentage of Care Plans with patient, family or MDT involvement



Case Note Review Themes



Percentage of GTKM completed



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

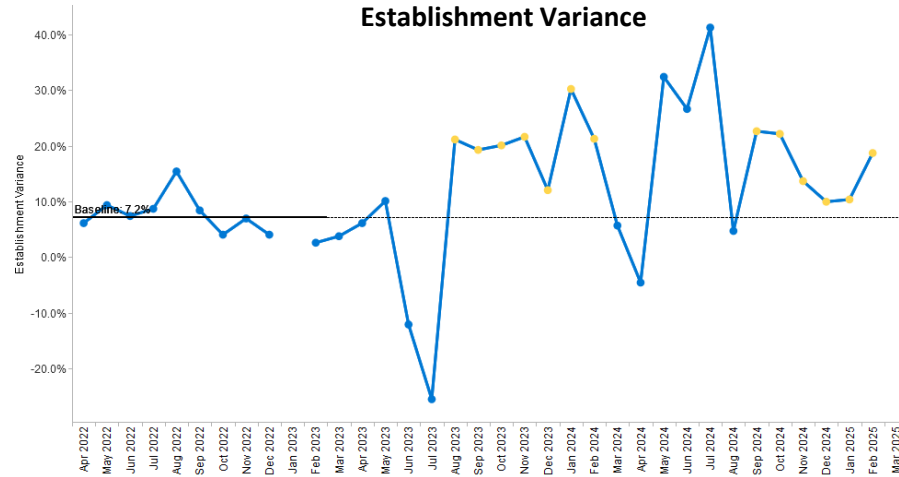
- Feb – Dec 24 decreasing trend, shift with % patients receiving planned therapeutic interventions decreasing
- May – Dec 24 % of care plans with patient, family or MDT involvement decreasing shift
- Jan – May 24 deteriorating trend and Feb – Dec 24 deteriorating shift of % of GTKM completed
- Top themes from case note reviews – incomplete care plans, lack of person centred details and communication across teams

Workforce

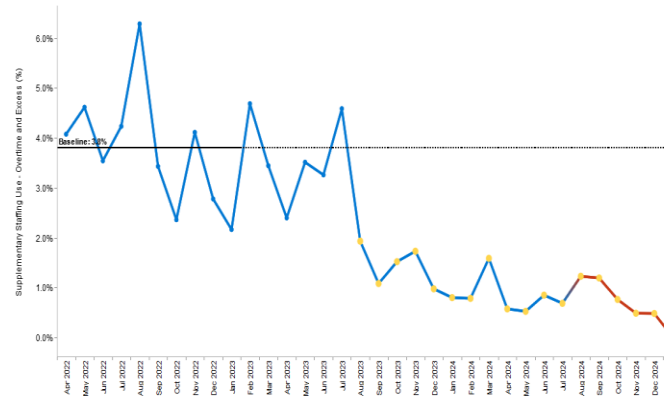
CAIR dashboard such as Establishment Variance, Predictable Absence Allowance and Supplementary Staffing Use (Bank and Agency/Overtime and Excess), Staffing Level (Workload) tool run

Fact Finding / Data

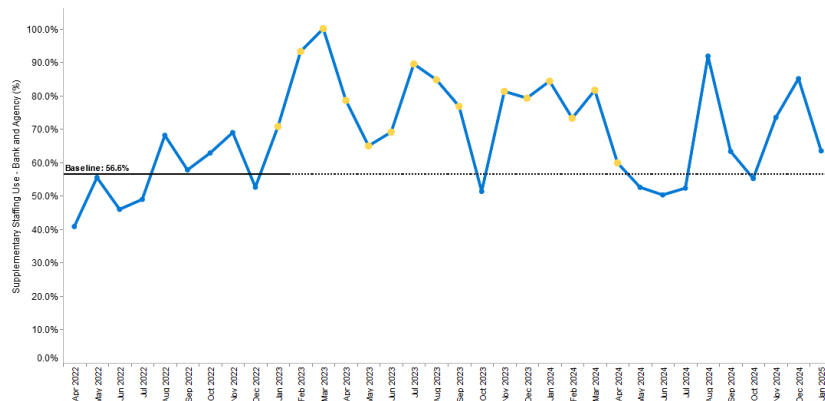
Establishment Variance



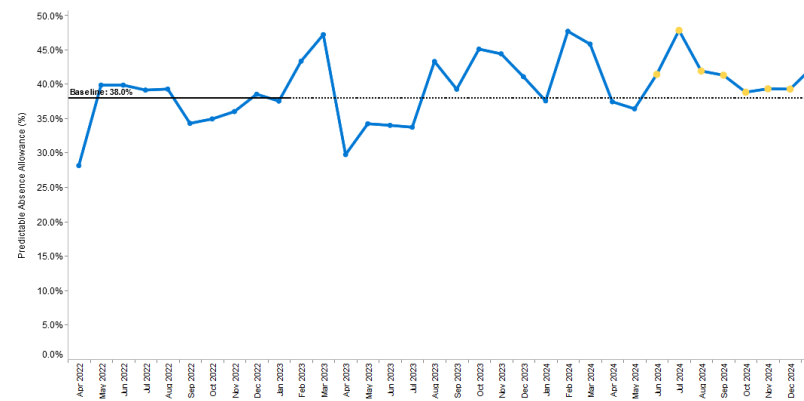
SSU – Overtime and Excess



SSU – Bank and Agency



Predictable Absence Allowance



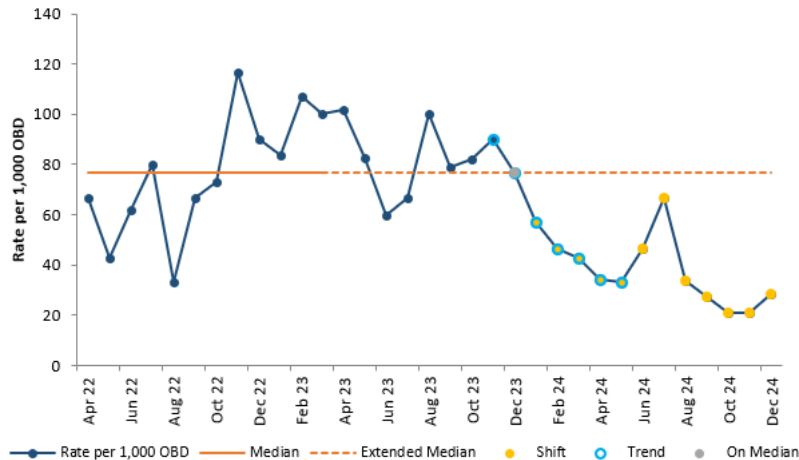
What is your data telling you, what questions are emerging?

- High vacancy
- High use of supplementary staffing – bank and agency
- Low use of overtime potentially due to staff sickness
- Understand the issues that impact on staff wellbeing due to absence and vacancies

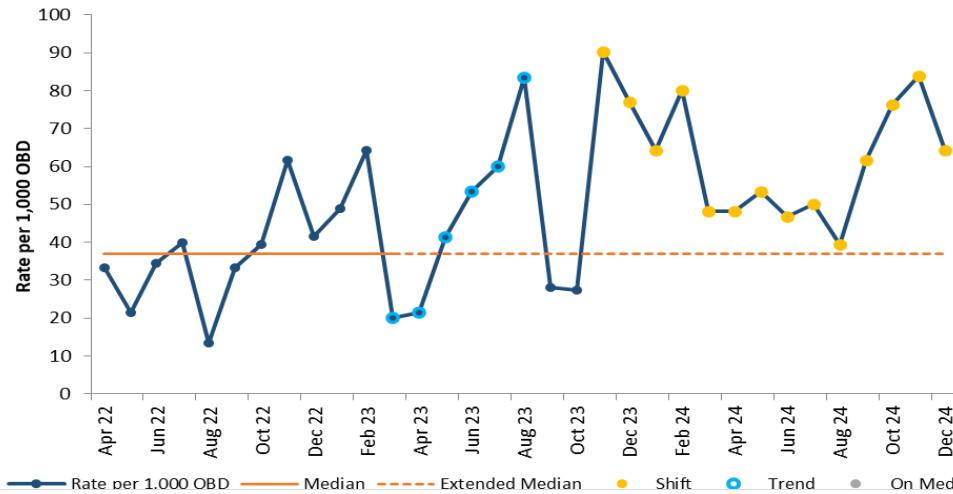
Safety SPSP, CAIR and/or local dashboard, Incident reporting systems, Feedback from Care Opinion, Patient Experience Team and Complaints, Real Time Staffing and Escalation, Use of Mental Health Act – restraint, covert medication, capacity

Fact Finding / Data

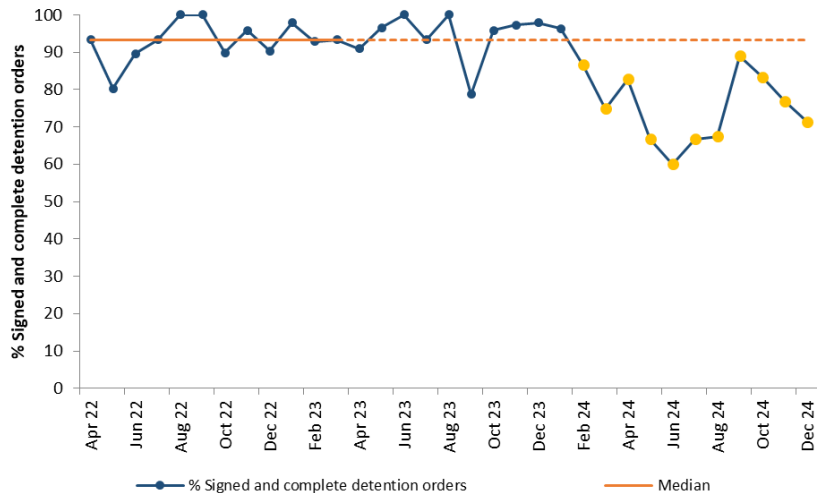
Rate of incidents of physical violence per 1,000 OBD



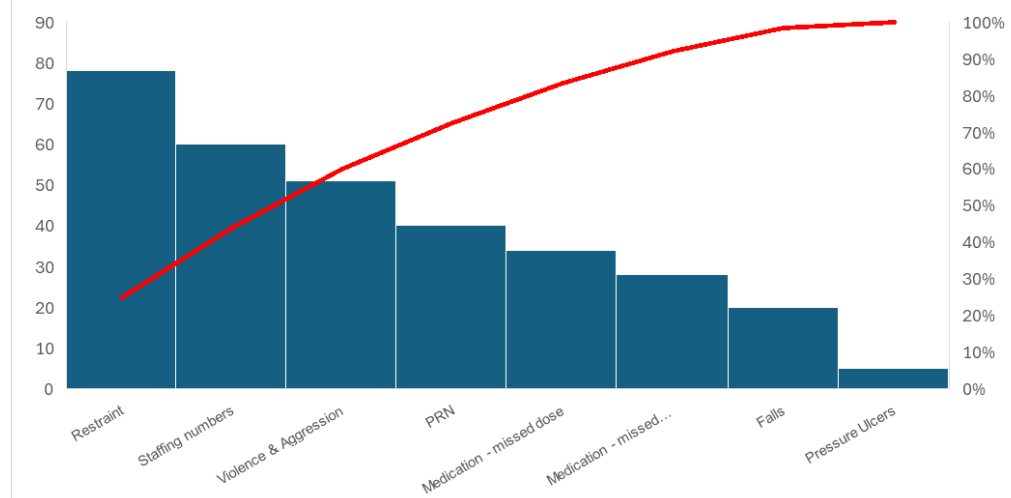
Rate of incidents of restraint per 1,000 OBD



% of Detention Orders (Signed and Completed)



Datix Themes



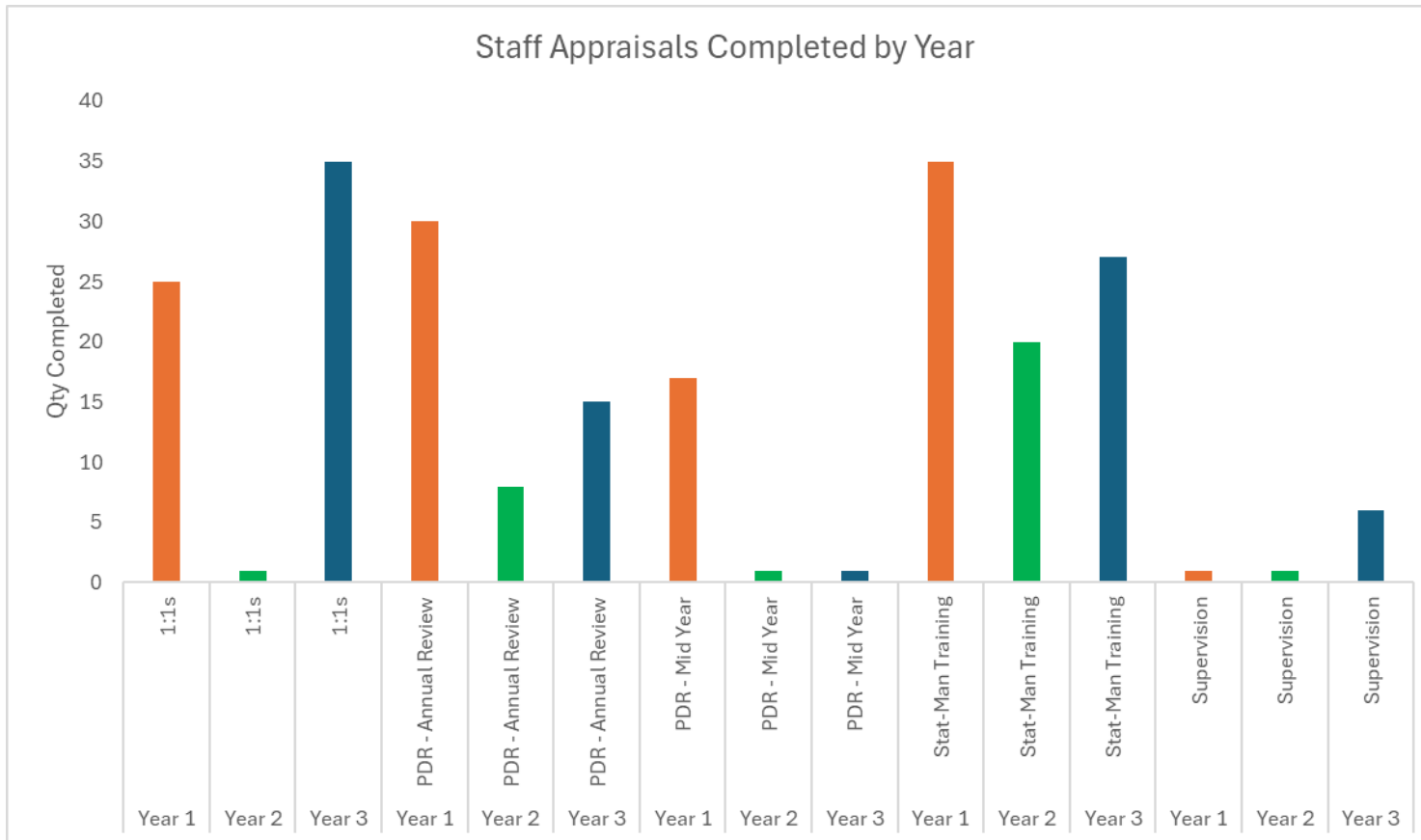
What is your data telling you, what questions are emerging?

- Nov 23 – May 24 improving trend in rates of physical violence
- Nov 23 – Dec 24 increasing shift in rates of incidents of restraint
- Jan – Dec 24 deteriorating shift in % of detention orders signed and completed
- Datix top three themes – restraint, staffing numbers, violence and aggression

Leadership

Time to Lead, TURAS – training and appraisal (local records keeping)

Fact Finding / Data



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

- Year 1 – good completion of completion of training, appraisals, supervision etc
- Year 2 – a decrease across completion
- Year 3 – a new SCN in post, numbers have started to increase across training, appraisals, supervision etc

Staff Wellbeing

CAIR dashboard such as Predictable Absence Allowance, Establish Variance measures, iMatter, Joy in Work, TURAS - Appraisal and Training

Fact Finding / Data



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

Responses from a recent staff wellbeing questionnaire demonstrates that staff feel supported and listened to.

However, due to staffing levels we can see that there are issues that affect staff wellbeing and morale. During the CAV it would be good to speak with staff to understand these issues.

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