

# Quality of Care Review/Care Assurance Visit: Establish the Scope/Commission

## Establish the Scope/Commission of a QoC Review

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.



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## Guidance to completing the Scope/Commission of a QoC Review

See QoC Review Guidance for full details

- Consider the complexity and scope of the review to identify key participants and their responsibilities
- 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
- Be curious - consider the benefits of combining elements from different sections of the EiC Framework to develop a new understanding of service
- Consider how well you know your system? Record the understanding of those involved in the review on a Likert scale pre and post review
- Note that some areas of practice will impact a number of different elements of the EiC Framework at the same time
- Consider the format of the feedback, when it is required and creation/ownership of any action plan, what is appropriate to share with the clinical area



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**Executive Sponsor: Associate Nurse Director, Mental Health**

**Lead Reviewer: Head of Nursing**

## Reason for QoC Review

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

## What are you seeking to understand?

- 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
- EiC elements – fundamentals of care, workforce, staff wellbeing, person centred care, safety and leadership

## Governance/Reporting

- Escalation - Clinical and Care Governance meeting
- Governance – Clinical and Care Governance Committee
- Oversight of implementation / recommendations – Operational Service Group
- Final report
- Output – via professional judgement, RAG rating

## Quality of Care / Care Assurance Visit Team:

Consider who is involved, what support is needed for each Stage of the QoC Review Process and what their responsibilities are.

Who is involved	Role and Responsibility
Consultant Psychiatrist/ Psychologist	Case note review
CNM/SCN/Lead Nurse	Review admission documentation, care plans and medication administration
Chaplaincy	Provide support and seek feedback from patients, their families and staff
Ward Admin/QI Team	Provide information and analysis of available data
Occupational Therapist	Review care plans and current available therapeutic interventions

## QoC Review Process: Timeline

Stage	Outcome/Milestone	Start Date	End Date
1. Scope	Agreed scope/commission	1/4/25	2/4/25
2. Data	Data sources identified and reviewed	2/4/25	16/4/25
3. Visit	Visit to clinical area/service	9/4/25	9/4/25
4. Triangulation	Themes from gathered data	2/4/25	16/4/25
5. Draft Report	Report: Qualitative and Quantitative data	10/4/25	16/4/25
6. Feedback	Initial feedback	9/4/25	10/4/25
7. Governance	Final report	10/4/25	30/4/25