Excellence in Care – Quality of Nursing and Midwifery Care during the COVID 19 Pandemic

Principles and Best Practice

March 2021

Version 1
**Excellence in Care – Quality of Nursing and Midwifery Care during the Covid19 Pandemic**

**Principles and Best Practice**

Excellence in Care is the national quality assurance system for Nursing and Midwifery care in Scotland. It aims to deliver a national approach to ensure people have confidence they will receive consistent quality nursing and midwifery care no matter where they receive treatment in NHS Scotland. In alignment with the Healthcare Staffing Programme (HSP - Healthcare Improvement Scotland) the ethos is on teams at the clinical level owning their approach to managing ‘quality’, taking early action to address any slippage, as well as progressing opportunities for further improvement using objective data from the Care Assurance Improvement Resource (CAIR). CAIR has been developed by Public Health Scotland in collaboration with NHS Scotland Nurses and Midwives is a central data repository and data visualisation dashboard. CAIR allows users to view and understand their data over time, respond appropriately and plan improvement. CAIR will inform quality of care reviews at national and local level and drive quality improvement in nursing and midwifery.

During this Covid19 pandemic, nursing and midwifery teams have had to form, adapt and implement changes at an unparalleled rate. Significant adjustments to systems, processes and practice continue in order to deliver safe care for patients. This includes the re-deployment of staff across the health system; dilution of skill mix, reduced specialty specific knowledge/experience; increased patient to staff ratio’s; decreased nursing and midwifery capacity (sickness/self-isolation); prioritising fundamentals of nursing and midwifery care. These necessary changes to staffing and practice are temporary. It is acknowledged that significant changes to systems, processes and practice could potentially impact on delivery of quality care. The avoidance of harm is fundamental during this period, safety science recommends a focus on enhancing teamwork and utilising non-technical skills such as communication, risk management and well-being (Hollnagel et al, 2020). Recognising the impact of the above on the wider organisation these principles aim to provide teams with guidance to maintain quality of nursing and Midwifery care during a period of crisis management.

**Principles** (including links to relevant resources)

1. **In line with your professional Code, apply professional judgment, working with other colleagues across all disciplines to assess risk, ensuring patient care is safe and effective.**

Any risks to the quality of care that has the potential to cause harm must be mitigated or escalated in line with local processes (and recorded) – real time staffing assessment processes are central to this. Both the regulator and professional leaders across NHS Scotland have issued guidance which acknowledges the challenges of professional decision making during this period.

**NMC Guidance and Resources**

- [https://www.nmc.org.uk/standards/code/](https://www.nmc.org.uk/standards/code/)
2. Staff’s health and wellbeing is paramount. Look after yourself and others.

Staff should be pro-active in taking action to support their own wellbeing, with team leaders ensuring practical arrangements are in place to support wellbeing while at work. Civility during an enduring period of stress is paramount and it is often helpful for managers to reinforce this as part of communications with teams. Team leaders can support psychological safety through demonstrating personal fallibility; inviting regular input from the team regarding wellbeing; thanking staff for their contributions and framing the work being done in the context of responding to a pandemic. There is a range of tools and techniques which are useful to prevent burnout and promote resilience, including restorative reflection and clinical supervision.

Wellbeing Resources
- National Wellbeing Hub - https://www.promis.scot/
- RCN wellbeing resources - https://www.rcn.org.uk/healthy-workplace/healthy-you/time-and-space

Civility and Psychological Safety
- Psychological Safety – Amy Edmundson - https://www.youtube.com/watch?v=LhoLuui9gX8

3. In line with your professional Code, use professional judgement in the delegation of activity.

NMC guidance sets out clearly that delegation of an activity can be from a registrant to a nonregistered person, carer or family member. The overarching principle is that you should only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand the instructions given. Checklists and processes can support effective delegation where staff are less familiar with the particular clinical environment. It is imperative that support and supervision whilst undertaking the delegated duties is available.

Delegation of Care
- RCN – Accountability and delegation - https://www.rcn.org.uk/professional-development/accountability-and-delegation
- NES - HCSW Code of conduct
4. **Multi-professional communication should be enhanced during an extended period of crisis management.**

Planned multi-professional team huddles at regular intervals throughout a shift (including beginning of shift – focus on staffing capacity and risks management / end of shift – focus on rapid debrief/wellbeing/thanks) will support shared decision making/acknowledge the shared, collective responsibility. Structured communication resources may aid this process.

**Leadership, Communication and Teamwork**


5. **Education and training is important.**

It is vital that all staff are given time to undertake the mandatory and specific training required for their role. It is recognised that education materials may be provided in alternative formats; virtual updates rather than face to face and it is essential staff are informed of the availability of, and how to access resources.

**Education and Training – COVID Resources**


6. **Care Assurance/Delivering the fundamentals.**

Find the best way to provide care for people while recognising and working within the limits of the teams competence. Consider which aspects of care remain fundamental e.g. early warning scoring, medication administration. During periods of increased clinical activity and demand checklists and processes and the early warning scoring tool (e.g. NEWS) are the main care documents, supporting staff to prioritise fundamental care delivery and patient safety. Many NHS Boards have developed priorities of care guidance to support teams with risk assessment (including mitigation and escalation). Contact local EiC lead for examples.

Within HSCP services, the prioritisation of care is set out within Annex 4 of the Covid-19+ National+Clinical+Guidance+for+Nursing+and+AHP+Community+Health+Staff+-+7+April+2020.pdf ([www.gov.scot](http://www.gov.scot)) Community staff must ensure all face to face visits are prioritised in line with the
national guidance and where possible virtual contact is established to support self-management where visits are non-essential.

Recognising NHS Boards have stepped down routine manual data collection processes it is vital to identify quantitative/qualitative data (tracked over time) that will enable teams to monitor quality without adding unnecessary burden. This may include available electronic data such as your CAIR dashboard (e.g. adverse events, falls, workforce, complaints); data from other teams (e.g. ERT data, business intelligence); qualitative data (staff feedback, carer/family feedback, patient opinion); care assurance data (e.g. CNM audit). Early recognition of themes or trends will allow teams to identify and progress improvement actions.

Resources
- GG&C guiding principles care assurance template/tool (This would need hosted centrally)
- Essentials of Safe Care
- EiC Leads Excellence in Care (healthcareimprovementscotland.org)
- CAIR Dashboard

7. Delivering improvement is challenging but achievable.

During this unprecedented time, nursing and midwifery teams have had to form, adapt and implement changes at an unparalleled rate. Your CAIR dashboard may highlight areas for improvement, using rapid PDSA cycles (at the core of all improvement), the goal is to learn quickly with the least possible interruption to clinical work. This can be facilitated by focusing on a short period, e.g. test an idea somewhere in the system for 30–60 min, observe and gather some data, and then immediately give feedback on its feasibility before planning next steps. Look for ways to integrate PDSA’s into daily work that is already happening such as using data that is readily available, learning from routine huddles or handovers. It is also important to capture and share the learning from improvement activity, which should feed into organisational networks/processes. After action review (AAR) is a methodology that enhances good team behaviours by providing a structured means to learn from any event. A learning system enables a group of people to come together to share and learn about a particular topic, to build knowledge and accelerate improvement in outcomes.

Quality Management & Learning Networks
- https://learn.nes.nhs.scot/741/quality-improvement-zone

Note: EiC Team wish to acknowledge the work of NHS GG&C on which this paper is based and permission given for use.
Appendix 1  Maintaining quality during a pandemic – Quality Management System at the Team Level

Quality Planning
- Build quality into service change/re-purposing of teams
- Teams are discussing/agreeing a standard of quality that aligns to available resources
- Themes/trends identified from quality control inform quality planning

Quality Control
- A range of relevant/agreed quality data (qualitative/quantitative) is tracked over time
- Any variation from the agreed standard is detected early

Learning System
- Team has a measurement system in place that identifies what is working and what is not
- Team processes enable shared learning of improvements via existing processes e.g. huddles, whiteboards, after action review
- Team shared learning feeds into organisational networks/processes for shared learning

Quality Improvement
- Use rapid improvement methodologies to deliver agreed improvement with the least disruption to service
- Use existing communication methods e.g. huddles to share learning and spread improvements

Quality Assurance
- Organisational care assurance processes inform quality control at team level
- External feedback provides assurance/identifies improvement opportunities

Creating the conditions for quality management
- Enhanced teamwork / +ve behaviours
- Individual and team wellbeing
- Data/information to inform decision making
- Effective risk management
- Leadership
- Psychological safety