

EXCELLENCE IN CARE

SCOTLAND'S NATIONAL
APPROACH TO ASSURING
NURSING AND MIDWIFERY
CARE



SEPTEMBER 2015 ///



REPORT//
OF SCOTLAND'S FIRST ASSURING
NURSING AND MIDWIFERY EVENT
28 MAY 2015



MY VISION

My vision for Excellence in Care is to develop and implement a world-class, evidence-based, national approach to assuring nursing and midwifery care that reflects the “Once for Scotland” ethos. It is one in which people using services experience the same standard of care across the country and have confidence that nurses and midwives in Scotland are delivering a world-class service. I also believe that nurses and midwives must feel valued and work in environments in which they can flourish: they, and the patients, clients and communities they serve, must feel they have sufficient time and support to deliver excellence every time.

Our approach will:

- measure and assure the quality of nursing and midwifery care.
- demonstrate the contribution nurses and midwives make to the Quality Strategy ambitions of person-centred, safe and effective care.
- embed staff and care experience/engagement at its core.
- recognise the culture and conditions required to enable good-quality care.

It isn't actually about assurance. It's about providing excellent care, not just from nurses and midwives in our acute hospitals, but also from the school nurse who is reaching out to a troubled adolescent, or the health visitor supporting a young homeless mother and her child. Much media portrayal of nursing and midwifery is about acute care, but we need to ensure excellence stretches far beyond the walls of our hospitals to reach nurses and midwives working in every sector of our communities. We have a real opportunity in Scotland now to make that difference.

As the country's chief nurse, I read accounts of poor and harmful practice with great shame. But I also feel enormous pride when I see and hear about the outstanding work being done by nurses and midwives throughout the country who are listening to their patients, clients and communities and responding positively to what they hear.

This national event gave us a chance to celebrate what's good about nursing and midwifery and to honestly and openly address poor practice. In so doing, we toughen our resolve to build on the positives of nursing and midwifery care and eradicate the unacceptable.

**Professor Fiona McQueen,
Chief Nursing Officer**





THE EVENT

Held in Edinburgh on 28 May 2015, the aim of the Scotland's National Approach to Assuring Nursing and Midwifery Care event was to start the process of developing a consensus on what the key principles of best practice will be for the four strands of Excellence in Care: Scotland's National Approach to Assuring Nursing and Midwifery Care:

- **MEASUREMENT**
- **DISPLAYING AND SHARING INFORMATION**
- **CARE ASSURANCE**
- **DOCUMENTATION**

The event consisted of a combination of plenary presentations and targeted group discussions. It was attended by representatives of all but one of Scotland's NHS boards and special boards and

other stakeholders, including participants from higher education institutions, the government and trade unions/professional organisations, and a representative of patients and the public.



EXCELLENCE IN CARE TO BE ROLLED OUT NATIONALLY

The Cabinet Secretary for Health, Wellbeing and Sport has asked the Chief Nursing Officer (CNO) and executive nurse directors to roll out Excellence in Care across Scotland.

Excellence in Care, which forms part of the government's response to the Vale of Leven

Hospital Inquiry Report, focuses on four key deliverables (see boxed text below). It covers nursing and midwifery in all hospitals and community services, from A&E to mental health, and care of older people to children's services.

The aim is that all NHS boards and integrated joint boards will have consistent and

robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care and practice in place by April 2017. The systems will inform quality of care reviews at national and local level and drive continuous improvements in nursing and midwifery care quality.

EXCELLENCE IN CARE DELIVERABLES

Excellence in Care aims to deliver:

- a nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery
- a design of local and national infrastructure, including an agreed national framework and "dashboard"
- a framework document that outlines key principles/guidance to NHS boards and integrated joint boards on development and implementation of local care assurance systems/processes
- a set of NHSScotland record-keeping standards.

“This will make a real contribution to improving care,” CNO Professor Fiona McQueen told participants at the event. “Systems of assurance help to ensure consistency of standards across Scotland without losing the essence of individualised person-centred care. They will reignite in nurses and midwives the passion for excellence that brought them into these professions in the first place. Each of us has a contribution to make – whether it is developing policy, or advocating for excellence and seeking to solve problems at NHS board level, or nurturing the next generation of nurse and midwife leaders.”

Professor McQueen acknowledged that ensuring excellence is not something that can be done by nurses and midwives alone. “We need to connect with patients, families and healthcare colleagues, sharing our vision so we can truly make a difference for all patients, all of the time,” she said.

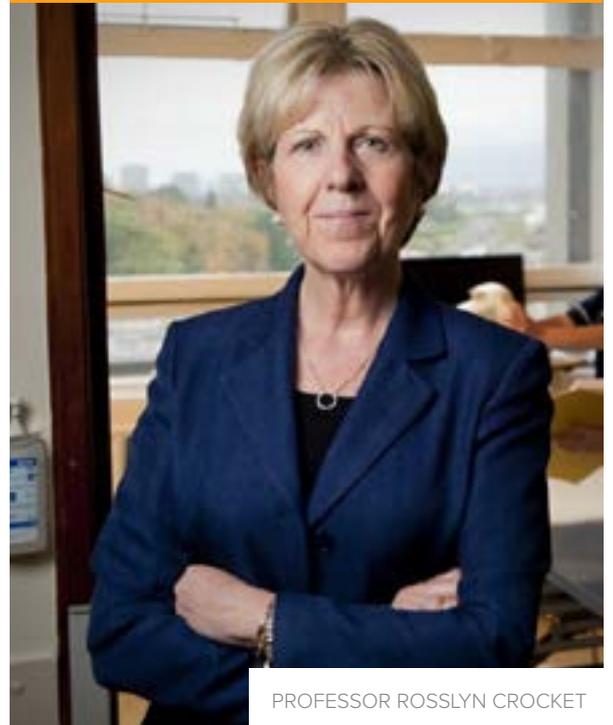
She also warned of the risks of making care assurance systems so bureaucratic that they stifle innovation and impede care delivery. “We mustn’t squeeze the life out of people by imposing impossible bureaucratic burdens,” she said. “I’m confident that with the support of IT colleagues, we can develop a system that is light-touch and which supports improvements in care.”

The work will only succeed, Professor McQueen suggested, if a genuine co-production approach is adopted. “We all have an equal voice in this,” she told participants. “We come to this event without preconceived ideas – we need your contributions to help us define how we can assure the kind of care for patients we all want.”

Phase 1 of Excellence in Care will cover acute adult in-patient, in-patient maternity and in-patient specialist dementia care (see boxed text), with all other areas of nursing and midwifery practice, including community services and mental health and learning disabilities, being addressed in Phase 2.

WHY CHOOSE THESE THREE AREAS FOR PHASE 1?

Work is starting in these three areas to begin the process of ensuring widespread testing and feasibility. Assuring nursing and midwifery care was a key action arising from the Vale of Leven Hospital Inquiry, so acute adult in-patient care was selected as one of the initial areas for Phase 1 of the work. Work is also currently underway in in-patient specialist dementia care under the auspices of Commitment 11 of Scotland’s Dementia Strategy and the Quality and Excellence in Specialist Dementia Care programme, offering an opportunity for integration and alignment with the assurance work. And because it is key that assurance applies to all nursing and midwifery specialties, in-patient maternity care was identified as being crucial to Phase 1.



PROFESSOR ROSSLYN CROCKET

Work on assuring all aspects of nursing and midwifery care is underway in Scotland's NHS boards. The next three stories highlight initiatives in five board areas (one tri-board approach and two individual) that are examples of those being taken forward across Scotland. The presentations allowed participants to understand the different elements of the assurance work and how it all fits together.

TRI-BOARD MODEL MAKING PROGRESS

Three NHS boards have joined forces to introduce a care assurance and accreditation scheme (CAAS) adapted from a model introduced in England.

NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Ayrshire & Arran have been working on CAAS for the last two years. NHS Greater Glasgow and Clyde Executive Nurse Director Rosilyn Crocket told participants that it was about providing an environment from which staff can offer good care on an ongoing basis.

“Our starting point was to ask what we could do as organisations to make things better for our staff and support them to provide the kind of care we know they want to deliver,” she said. “It wasn't that we were unhappy about the care given, but we knew we hadn't got it quite right, so we wanted to introduce a system, an opportunity and a culture in which staff could do the right thing every time.”

The three board nurse directors got together to discuss problems that had been highlighted by external inspections. Following a

review of the literature, Salford Royal Hospital Trust's Nursing Assurance and Accreditation Framework was chosen as an appropriate model. Senior charge nurses and midwives from the boards met with matrons from Salford to explore the framework's potential – with hugely positive results.

“The enthusiasm, motivation and buy-in from our staff was palpably high,” Professor Crocket said. “They told us the system was putting everything together in a single framework and recognised that it was describing what they should be doing.”



The approach is person-centred and focuses on the organisation supporting staff to deliver high-quality care. “It is not a performance-management approach – it’s about continuous improvement support for staff,” Professor Crocket said.

The care standards from Salford were adapted to reflect the Scottish context and tested across the three boards, which had its challenges.

“It wasn’t easy to get complete harmony across the boards,” Professor Crocket conceded. “We are now at version nine of our standards, which gives an idea of the iterative process we have gone through.”

The standards, which cover six specialist areas including acute care, mental health and maternity, are benchmarked against important documents like the Vale of Leven Hospital Inquiry Report and are signed off by frontline staff and a tri-board steering group. Identified nurses at ward level have responsibility for supporting their teams to deliver each standard, which helps to ensure consistency.

While CAAS is nurse led, the steering group has multidisciplinary representation and a patients’ panel has been formed to ensure their voice is heard. But Professor Crocket believes top-level support has been crucial to its success so far.

“Our approach to improving frontline care is included in our Chief Executive’s objectives for this year and those of every senior manager,” she said. “It’s very much an organisational approach to changing the way we do things, helping the whole nursing team to get things right and supporting them – not criticising them – when things don’t go so well.”

Also crucial is engagement with frontline staff. “We need to hear what frontline staff are saying and thinking,” she said. “They are the people delivering the care and their perceptions are vital. And when they tell us something, we need to have a system to ensure we feed back to them quickly on what action we will take.”



ANNE MARIE CAVANAGH

QUALITY AT THE HEART OF THE GOLDEN JUBILEE

Having robust governance arrangements in place at board level is not necessarily a guarantee of high-quality care delivery, Golden Jubilee National Hospital Executive Nurse Director Anne Marie Cavanagh told participants.

“Quality care is not an accident,” she said. “It is about conscious intent to make things better for patients, and that has to involve everyone in the organisation.”

The hospital started an exercise four years ago that aimed to increase understanding of staff members’ vision for, and expectations of, the care they delivered. A series of ongoing surveys and focus groups since then have revealed the issues that are important to staff.

“It was important to move away from a top-down approach to find out what staff actually felt,” Ms Cavanagh explained. “We now have insight into what matters to them when they come to work each day – things like promoting dignity and respect, adopting a ‘can-do’ attitude, understanding their and others’ responsibilities and working effectively as a team. These are now the values that are driving the organisation.”

The Quality Strategy ambitions of person-centred, safe and effective care for everyone have been embedded throughout the organisation, from ward to board.

“It was about bringing the Quality Strategy outcomes to life for people and helping them to see how useful they are in guiding their work and the work of the whole organisation,” she said. “We use the Quality Strategy outcomes as a template to govern what we do, whether it be setting budgets and addressing waiting times, assessing staff values and performance, or monitoring patient care indicators. It presents a very different way of looking at what goes on in the organisation.”

Central to this is the idea of a values-based workforce. “Frontline staff are guardians of quality in patient care,” Ms Cavanagh explained. “This means they are encouraged and expected to challenge nurse management when they believe the environment is not conducive to high-quality care and know how to respond when

confronted with poor care or inappropriate behaviour. We want staff to be able to see, feel and believe in quality in whatever they do.”

Various staff development and support programmes have been introduced to further embed the values-driven approach, including a leadership recruitment programme. A suite of care assurance systems, including the Caring Behaviours Assurance System (CBAS), is also being deployed, with relevant training available to multidisciplinary staff of different grades.

Dashboards for staff values, clinical care and key targets have been introduced. “The dashboards reflect data we were already collecting, but make it much more accessible to everyone,” Ms Cavanagh explained. “They are hosted on the hospital intranet and can be accessed on PCs in the wards and on monitors outside the wards to enable the public and patients to gauge progress. They are also accessible to board executive and non-executive directors.”

“The dashboard for the public was simplified following consultations with patients and the public-patient focus group,” she continued. “It now asks simple questions and provides simple answers. Having access to the information opens ward staff to challenges from patients and visitors, and we are supporting staff to be able to have these conversations without needing to defer constantly to the senior charge nurse.”

While the quality measures the hospital has taken are resulting in very positive feedback from patients and low levels of turnover, grievances and sickness from staff, Ms Cavanagh said there was no room for complacency.

“We are on a journey, and there is still some way to go,” she said. “We are now very interested to see how a national care assurance system can be mapped across to what we are already doing in the organisation.”



PROFESSOR ANGELA WALLACE

LOOKING BACK TO LOOK FORWARD

In looking forward, NHS Forth Valley has looked back to review the fundamentals of care provided, Executive Nurse Director Angela Wallace told participants.

The aim at the start of the NHS Forth Valley journey, around seven years ago, was to use patient experience to convince people of the difference nurses could make. The hypothesis was that support for senior charge nurses and their teams was key to improving care and experiences for patients.

“We were trying to be reliably consistent about the standard we wanted to achieve,” Professor Wallace said. “We’ve

used a balance approach – it isn’t just about standards, it’s also about patient and staff experience, management of resources, upskilling staff and improving staff numbers to ensure they can answer whatever is asked of them. We are still on the journey, but progress is undeniable.”

The passion to ensure nursing and midwifery can answer whatever is asked has been central to the approaches

adopted over the years.

“This quest has driven our nursing and midwifery objectives at organisational level and is continuing to inspire the ambitions of individual nurses, midwives and teams,” Professor Wallace said. “We want the NHS Forth Valley nursing and midwifery brand to be the best in the world – we’re not there, but we want to aim for something that really tests us.”

A balanced scorecard for senior charge nurses was one of the first initiatives introduced. “We felt if we could get the senior charge nurse role right and asked them to focus on very clear deliverables, we would know exactly where we were with nursing care,” she explained. “The scorecard developed further as Leading Better Care was introduced and was integrated with other measures, such as the Clinical Quality Indicators, Releasing Time to Care and the Scottish Patient Safety Programme. This meant that from the senior charge nurse perspective, they had only one ask – the balanced scorecard.”

The system is owned by the senior charge nurses and provides them with instant feedback on progress. The scorecard now represents the four key elements of the senior charge nurse role as defined in Leading Better Care, so they can see not only data regarding clinical care delivery, but also information on patient experience, team management and contributions to organisational objectives. A traffic light system is used to highlight areas of success and concern.

Care assurance is managed through the Assuring Better Care (ABC) system, a visible leadership walk-round process.

“Heads of nursing spend an entire day in the wards and departments once a month, testing and verifying the data supplied in the balanced scorecards and speaking to patients, visitors and staff,” Professor Wallace explained. “Care assurance is provided by assessing against indicators for issues such as infection control and tissue viability, standards of care and professional practice. Feedback to charge nurses is immediate via an app on mobile devices, and any areas of concern are highlighted in the scorecards as a focus for improvement.”

The care indicators used in the scorecards and the walk-rounds have been augmented to ensure that key elements of person-centredness are reflected. “Indicators on infection control rates and numbers of falls are very important, but they don’t provide us with information about the tone of the care provided and the demeanour of the nurses delivering it,” Professor Wallace observed. “We therefore also include

indicators about patient and staff experience, documentation and end-of-life care.”

The ABC system provides Professor Wallace and her nursing and midwifery team with real-time data on key areas of practice across the health board at the touch of a button. “It means that whatever staff are worrying about, I’m worrying about it too, and together we can find solutions,” she said.

Professor Wallace explained that when she took up post as nurse director, she had very few measures to assure the quality of care. “The only real measure I had was if a ward or team failed,” she said. “The system now is about trying to identify issues early to avoid them leading to serious failures of care, whether in an individual ward or department or across the system, keeping everyone ‘above the line’.

“It also means we avoid relying on the assumption that things are being done when actually they are not,” she continued. “The ABC system shows us what is really happening. It is rooted in improvement and drives a culture in which people are not afraid of inspection and scrutiny – in fact, they welcome it.”

SEEKING A PERSON-CENTRED CULTURE

Professor Brendan McCormack has an international reputation as an expert in person-centred practice, gerontological nursing and practice development, all of which have a direct connection with care assurance. In addition to being head of the Department of Nursing at Queen Margaret University, he also holds visiting professorships at the University of Aberdeen and institutions in Australia, Norway and South Africa.

Having taken up post in Edinburgh just 14 months ago, his perspective on care assurance and its implications for Scotland was eagerly anticipated by participants at the event.

Brendan told them there has been a huge surge in care assurance systems across the world, and the initiatives being progressed in Scotland put it in a prime place to take a strong leadership role. “I really think the work that has started in

Scotland is phenomenal, and it would be a great pity if we did not capitalise on that,” he said.

Brendan believes, however, that there are complexities in the way care assurance systems are currently being taken forward in Scotland. “We can see conflict in some of the processes being followed between compliance and engagement, criteria-led versus principles-led approaches, and whether what we are doing should be about performance or setting

the conditions in which people can thrive,” he said. “I believe this event should be about positioning where we stand in relation to these conflicts.”

The last 30 years or so have seen a big shift in what is important in evaluation, as Box 1 shows. Brendan believes, however, that healthcare and nursing evaluation has become very firmly stuck at Move 1 – “Positivist and outcome-oriented”.



**Professor Brendan
McCormack**

Box 1. Moves in evaluation

Move 1. Positivist and outcome-oriented.

Move 2. Pluralistic and consideration of multiple methods, measures, criteria, perspectives and audiences.

Move 3. Different values and interests with evaluation as a democratising and participatory process.

Move 4. From programme to person-oriented.

“We’ve become very input-output orientated – we forget everything in between the two and wonder why the output doesn’t seem to match the input,” he said. “Areas like education, social work and community development are looking much more at Move 3, which is about using evaluation to bring people together on a common footing.

“Rather than evaluation coming from on high and producing data that is disconnected from people, data becomes part of everyday life. It means that people are engaged and involved from the point of conception through to reporting the data. This leads us towards person-oriented evaluation, which is Move 4.”

Brendan’s ground breaking work on person-centredness shows four overarching outcomes that are important to patients and nurses. “Patients and nurses want a good experience of care, and it’s important that we understand the experience of both,” he said. “Involvement with care is also critical – again, not just patient involvement, but staff involvement too. Action research I’m involved in is identifying examples of units where healthcare support workers are not involved in shift handovers and are instead given lists of tasks to do. Yet these are the people who are providing most of the direct care. It’s an indictment of us all that this situation still exists in this day and age.”

Feelings of wellbeing is the third factor, and the last is creating a healthful culture. “A healthful culture is a culture of practice that helps us feel well, that doesn’t drain us and put us on a journey towards burnout,” Brendan explained. “It helps us maintain our health – morally, spiritually and physically.

“I believe we should be aiming to develop a system that reflects these four overarching outcomes, but that can’t happen if we remain stuck in Move 1 mode – it will only happen if we are in a genuinely engaged and participatory mode of evaluation.”

Brendan recalled a recent event at which Don Berwick, the leading authority on patient safety and quality, had spoken. “Berwick emphasised that measurement and compliance do not change practice,” he said. “Instead, they create a culture of fear, which restricts innovation and creativity. He argued very strongly for person-centred services – when I made that call a year before at a major international conference, the reaction was not particularly positive, so we have made a big shift in just 12 months. And he said that only if we learn through practice can we create sustainable cultures of quality – and I think everyone in this room knows that already.”



Brendan's current work with Professor Jan Dewing is looking at developing a model that focuses on promoting people's vitality and absorptive capacity and capability. "You need to have a balance," he said. "High levels of vitality and absorptive capacity and capability take you closer to a person-centred culture, but if you focus too much on issues like compliance and performance, you get what we call 'person-centred moments' rather than a full person-centred culture – people only occasionally delivering person-centred care because they are so focused on performance and the next set of evaluations coming their way.

"A genuine person-centred culture is one that promotes innovation and in which people are engaged and passionate about what they do. This is critical to our journey in Scotland – if we go for something that focuses primarily on performance and compliance, we are not going to get the outcomes the CNO is seeking. We will get elements of it, but it will not be sustainable. We need to prioritise what we want to drive this work."

TABLE TALK

Event participants were asked to discuss the idea of a national approach to assuring nursing and midwifery care, focusing on issues vital to success and potential challenges. The messages from spokespersons for each group appear below, followed by a summary of outputs from the groups on three key issues – why a national approach is necessary, what is needed to put one in place, and what challenges might be anticipated.

Teams need to feel this is their project, and we need buy-in from others – this is a care issue, not just a nursing issue, and failure in care needs to be interpreted wider than simply failure in nursing.

A national approach that inspires nurses to continuously improve is needed. But it must be simple – we must constrain the number of things we measure so they are meaningful to frontline staff every day.

A Cochrane review shows that no high-quality studies of the impact of scrutiny and compliance regimes have been done. That's a complete eye-opener, and we need to keep this in mind.

We must avoid imposing a heavy data burden on staff and ensure frontline involvement. Senior leaders need to get out and about, as we did with the 'Future Conversations' exercise, to engage with staff about care assurance.

There is concern that having an accreditation system may drive poor data, with wards providing data that isn't correct and consequently masking problems within the team. So we need a system-wide approach that is not isolated to one professional group.

We allow a very small proportion of poor care to drive an entire system into a compliance model. We have many flourishing, innovative teams and we stifle them by making them fill in forms for compliance purposes. A rethink on how we "do assurance" is needed.

Keep it simple, don't make it complicated with too many initiatives.

Everyone needs to own this, but everyone – boards, patients and staff – also needs to understand why it's being done. There is no point in doing it if nobody knows why. Communication is therefore going to be central to progress.

Let's get nursing and midwifery's house in order first, but our ultimate aim should be to create a culture in which the multidisciplinary team can thrive – no one delivers care in isolation.

This is about professional affirmation of the unique contribution of nurses and midwives in the provision of consistent, reliable and compassionate care. That's why we have to do this.

This gives us a national opportunity to do something really meaningful and transformative, connecting with people to find out what's important to them and developing systems to ensure it is delivered. But it needs to be done properly, and it will take time.

Why do we need a National Approach to Assuring Nursing and Midwifery care?

- There are gaps in current reporting systems.
- We need it to ensure there is no disconnect or disengagement from ward to board: the approach will promote ward-to-board communication and support.
- It will define clear standards for all.
- The approach will promote patient and public involvement in services.
- It will ensure nursing and midwifery contributions continue to be driven by the profession.
- A national approach will help to ensure consistency of care across Scotland.
- It will provide sufficient flexibility to allow clinical judgement to guide appropriate assessment to achieve person-centred care – it is not a one-size-fits-all approach.

What is needed to ensure the national approach is successful?

We need to:

- promote enthusiasm and vitality in teams.
- care for our staff, recognising that the workforce is ageing and taking steps to avoid exhaustion and burn-out.
- show our trust in staff and their skills.
- keep the approach simple and meaningful to the user.
- include service users – it cannot simply focus on nurses' opinions.
- clarify the purpose of the system.
- reduce the data burden through using appropriate electronic systems that “speak” to each other.
- ensure indicators are principle-based, not compliance-based.
- capture person-centredness and assure it is at the centre of care delivery.
- ensure alert systems are in place to identify problems early.

- promote the approach as a model of empowerment, not restriction.
- ensure the approach links with other systems, such as those of the Healthcare Environment Inspectorate and Healthcare Improvement Scotland.
- recognise that nurses are not data collectors.

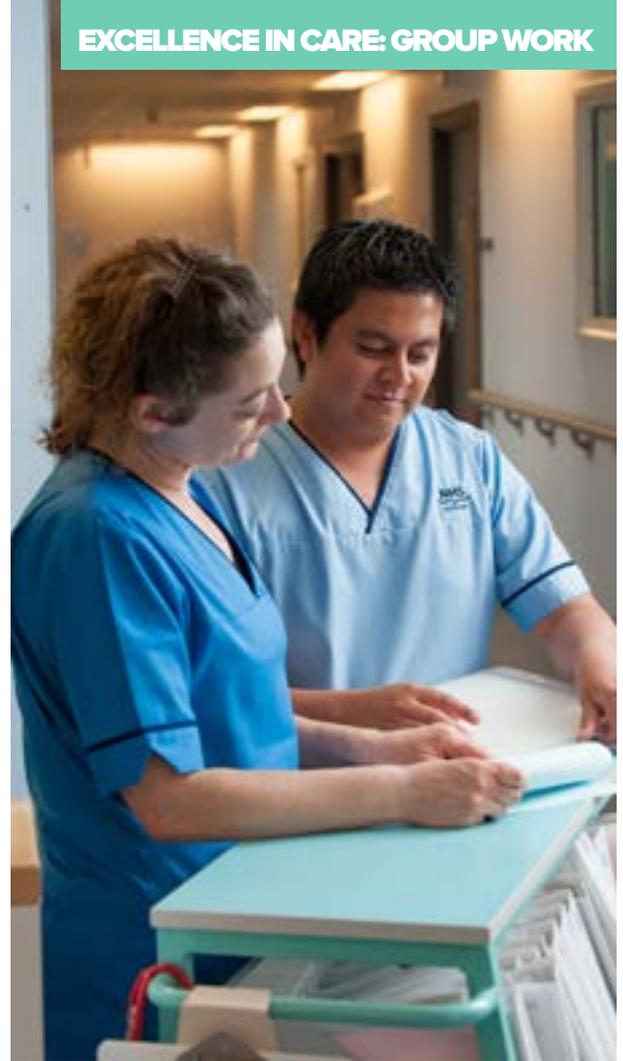
What are the challenges?

- The potential to generate lots of complex data.
- Ensuring IT systems are integrated and support staff are in place.
- Measuring the wrong things for the wrong reasons.
- Getting the balance between assurance and improvement right.
- Making sure a model of empowerment is promoted, not a model of compliance.
- Keeping focused on what is core to patients' needs.
- Ensuring the system remains simple to use.
- Identifying elements of care currently measured that do not need to be measured.

- Getting consensus on the key standards.

Other comments ...

- “There is enthusiasm and commitment in the room to find solutions and make this work.”
- “This is about assurance, not judgement.”
- “Can we stop using words such as ‘performance’ and ‘compliance’? ‘Empowerment’ and ‘ownership’ are much more useful.”
- “This mustn't be about measurement for measurement's sake – we don't want a box-filling exercise.”
- “Focus on systems, not outcomes.”
- “Don't reinvent wheels.”
- “Integrate patient and staff experience.”
- “Remember patient/carer and student feedback.”
- “Facilitation and support for staff will be important.”
- “We need nationally developed IT solutions.”
- “Multidisciplinary record-keeping will be an important part.”



- “There is a responsibility on the Scottish Government and Healthcare Improvement Scotland not to ask for huge amounts of data.”
- “Openness and transparency is key – any tools should demonstrate to patients and families what quality care is and what to expect.”
- “Ward welcome-board displays should include data relevant to the approach.”
- “Be brave, stop measuring processes and empower frontline staff, creating the conditions for them to do the right thing.”
- “Let staff own the system, changing their expectations of governance in the process.”

Next stage ...

Comments and ideas generated at the table discussions have been collected and will now inform the next stage of the process, which is drafting principles to underpin the work.



MICHELLE MCGINTY

STILL HERE, STILL READY

Michelle McGinty, who lost her mother-in-law in the Vale of Leven Hospital *C. diff* outbreak, reflects on the past and sets out her hopes for the future.

On 1 December 2007, my mother-in-law was rushed to hospital having had a stroke. She was paralysed down her left side but still had all her faculties – she was just as funny as she always had been, just a normal, strong, west coast woman.

We were told two weeks after she was admitted that she wasn't going to improve – she wouldn't get worse, but she wouldn't get better either. We were happy with that – we just wanted to take her home and have our mum back.

A care plan was put in place and we were waiting on equipment being delivered to my sister-in-law's house, where the family would look after her. That's when she caught *C. diff*. She died a week later, on 1 February 2008.

The last week of her life was horrific. It's imprinted on our memories and will never leave us.

We buried her and determined to try to move on, accepting that death is part of life. Then, four months later, a newspaper report told us there had been a *C. diff* outbreak at the Vale of Leven Hospital when she was there. The health board said that her death wasn't part of the outbreak – she did not have the 027 strain, so she didn't "count". We were appalled.

I researched everything I could about *C. diff* on the internet and found that any strain of the organism – not just 027 – can kill. Then it was reported that 55 families of patients at the Vale had gone through what we had gone through.

The families got together and we started to tell our stories. As we did so, we got angry – not with anyone or anything in particular, but at what we realised was the same thing happening again and again. To hear one story was to hear them all, they were so similar.

Our fight for justice started then. That fight has never been about blame – who is that going to help? It has always been about change. And if what we've done as a group means that no other family ever has to go through what we went through, then we've done the right thing.

Our fight for a public inquiry took two and a half years. Giving our evidence was hurtful – going back to those dark days – but hearing evidence from nurses was even harder. We

had always recognised there had been failings in care, but to hear that our loved ones had developed pressure sores, that their fluid balance charts had not been filled in, that some of the patients, including my mother-in-law, were still given laxatives even though they had *C. diff* diarrhoea – I think it is a huge credit to the families to have heard that evidence and still say, "We do not want to blame anyone."

When we read the inquiry report, there were no shocks for us – we knew it all already. It provided absolute validation that everything we had said and fought for over the previous seven years was true.

Every time we put members of our families into a care setting, we have to be able

to absolutely trust the people caring for them. That trust has been lost a bit over the last few years, but we want to work with you to change things for the better – we're not looking for people's heads. So I would say to everyone attending this event and the wider healthcare community, show us your desire to change things for the better, show us that you will not tolerate another Vale of Leven situation happening ever again.

The most important thing about care assurance for me is that it means we can be confident that you will look after our loved ones with as much care and attention as we would at home. The families are still here and we're ready to help – when we say we want to change things, we really mean it.



SHONA ROBISON, MSP

A TIME TO BE AMBITIOUS

Cabinet Secretary for Health, Wellbeing and Sport Shona Robison, MSP, addressed the event – this is an edited version of her speech.

Every patient and family should be assured that delivering the highest quality of care is NHS Scotland's top priority. That is why the government is committed to giving our NHS all the tools it needs to provide safe, effective and person-centred care, in line with our Quality Ambitions.

Much has been done at national and local levels to improve health care – and nursing and midwifery care – across Scotland. We have achieved a lot, but we know we can – and must – do more.

Although the vast majority of nursing and midwifery care provided is good or indeed excellent, we know that on occasions, standards can fall unacceptably short. Following the publication of the Vale of Leven Hospital Inquiry Report, I asked the Chief Nursing Officer to work with executive nurse directors to roll out robust quality assurance programmes for nursing and midwifery care and nationally agreed standards for documentation. The vision Professor McQueen and the nurse directors share

is to develop and implement a world-class, evidence-based, national approach to assuring nursing and midwifery care. That is what Excellence in Care is all about.

A key challenge will be to standardise our approaches where appropriate and reduce the data burden on staff. This should not be seen as additional work, but rather as a means of better utilising the information already available in a more meaningful and effective way.



I am aware that a number of NHS boards have already started or are well underway on their own local journey. This event presented examples of systems in use throughout Scotland and further afield, and I have had the opportunity to hear about some of these first hand in recent weeks and months.

Another key part of the event was discussion on the principles that will underpin this national work. I'd like to add some of my own thoughts into the mix.

Key principles should be to:

- focus on assuring what matters most to patients and families, not just what can be easily measured or assured.

- embed staff and care experience at the core – we know that when staff are engaged and feel valued, standards of care tend to be better.
- recognise the culture and conditions required to enable good-quality care – as well as looking at the point of care, we also need to consider predictors of good-quality care so we can recognise if wards or teams need support before a breakdown or failure occurs.

And approaches should be collaborative. We are not starting with a blank canvas in Scotland. We should continue to seek to build on existing strengths and learn from experiences to date.

This is an opportunity for us to work collaboratively to ensure that we have a robust and meaningful approach nationally. It is also an opportunity for nurses and midwives to be ambitious. I urge you not to settle for “good enough”, but instead work towards developing a truly world-class approach.

I look forward to hearing about the outputs from the event as we move forward to the next stage of this important journey.

ENDING, AND BEGINNING

CNO Fiona McQueen looks back on the event and sets out the next steps.

This was a hugely valuable event. It took us some way down the road to developing our understanding of the possibilities that lie before us and clarified our thinking on shared aims. Importantly, it emphasised what care assurance should not be, which means we can focus on what it should be.

The people of Scotland have high expectations of nurses and midwives, and we must provide them with assurance that the care we deliver is safe, effective and person-centred. We need to gather data intelligently and use it for multiple purposes to provide that assurance, using information to improve and encourage staff rather than threaten and frighten them. There will always be an element of scrutiny of performance, but we have a real opportunity now to bring scrutiny together with improvement to make things better for patients,

families and staff. Momentum being generated in areas such as electronic data collection methods and patient record systems will support our efforts on this.

Listening to participants, it became clear to me that above all else, this initiative is about excellence in care. In trying to create a national system and create consistency, we must always look at it from the perspective of an individual patient – what will it mean to him or her, and what benefits will it bring? How will it improve his or her experiences and outcomes of care?

No one questions the value of the contribution nurses and midwives make to the delivery of effective care. That contribution has to be maximised. We need to tell and share our stories of excellence – nothing breeds success like success. And

we need to remain mindful that patient experience and perceptions of excellence stretch beyond the nursing and midwifery care they receive.

We heard about individual systems being used in NHS boards. These systems share the principles we have identified for care assurance and are unquestioningly bringing benefits. I anticipate, however, that the national work we are taking forward will gain momentum over time, corralling ideas and defining a unified way forward for Scotland.

We are in this for the long haul, so the pace has to be right. Our outputs have to be thought through, meaningful and deliverable. There will be no point coming back to the same event two years down the line and saying, “If only we had not tried to rush this through ...”. Getting it right, rather than getting it quick, is our aim.

The event has challenged my own thinking. As CNO, I would quite like a tick box that tells me every patient in Scotland has, for example, been offered a drink. But I've always felt that an approach like that is not sufficient, and the event confirmed it. Ticking a box doesn't mean excellent care has been delivered. I think we all need to examine our thinking, accept the challenges we face and be prepared to move our position to genuinely progress a new way of assuring care in Scotland.

Creating a culture of improvement is never easy, and challenges undoubtedly lie ahead. But the event helped to crystallise what the challenges are. When we recognise them, we can understand them, manage them and work out what we need to do to overcome them.

We have a strong foundation in Scotland through the patient safety movement, which is helping to make once relatively common problems, such as ventilator-acquired pneumonia

in intensive care units, now comparatively rare. We should remember this when the road ahead seems dark and unclear, taking confidence from what we have done already and trusting that we will be able to do it again.

The next steps will be developed using collaborative and co-production processes. Members of my team will be visiting a number of NHS boards to get a real insight into what they are doing under the four key deliverables of Excellence in Care:

- a nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery
- design of a local and national infrastructure, including an agreed national framework and dashboard
- a framework document that outlines key principles/guidance to NHS boards and integrated joint boards on development and implementation of local care assurance systems/processes

- a set of NHSScotland record-keeping standards.

We will agree governance and reporting structures for the work, focusing on reducing the need for multiple reporting and action plans and limiting bureaucracy, and develop a communication plan to drive the work forward with multidisciplinary and multiagency teams, patients and the public. We will also build on the feedback from the event to continue developing the core principles for Excellence in Care and work with colleagues from NHS Education for Scotland to ensure alignment with *Leading Better Care* moving forward.

Initial actions specific to the four deliverables are shown in the text box overleaf.

Above all else, we need to keep the dialogue going to take things to the next level. Our journey will be an easier and more successful one if we stay the course together.

**Professor Fiona McQueen,
Chief Nursing Officer**

Next steps to support key deliverable 1

A nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery.

We will:

- work with stakeholders to start scoping, mapping and developing a nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery care, using the proposed domains and categories identified by the quality of care review: this will bring together national and local measurement under the ethos of “measure once and share widely”
- meet with national and local programmes (including the Scottish Patient Safety Programme and person-centred health and social care work).

Next steps to support key deliverable 2

Design of a local and national infrastructure, including an agreed national framework and dashboard.

We will:

- work with stakeholders, including eHEALTH colleagues, to start scoping and developing a national framework and dashboard (including a national prototype dashboard) using the proposed domains and categories identified by the quality of care review.

Next steps to support key deliverable 3

A framework document that outlines key principles/guidance to NHS boards and integrated joint boards on development and implementation of local care assurance system/processes.

We will:

- commission the development of a review of the evidence base on care assurance.

Next steps to support key deliverable 4

A set of NHSScotland record-keeping standards.

We will:

- work with eHEALTH colleagues on developing and testing options for electronic-based documentation to reduce paperwork and increase consistency across Scotland
- commission the development of record-keeping standards using outputs from the event to support a reduction in paperwork and the data burden.



WHAT YOU HAVE ALREADY TOLD US

We asked those attending to provide one word to describe what Nursing and Midwifery Care meant to them – the results are below.

What does assuring Nursing and Midwifery Care mean to you?

EXTRAORDINARY PEACE
 IMPROVEMENT SAFE PRIVILEGE
 CONFIDENCE COMPASSION
 QUALITY REASSURANCE
 SATISFY OUTCOMES
 ASSURANCE
 EXCELLENCE
 SECURITY
 ESSENTIAL
 PRIDE
 PROFESSIONAL

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@PAT TYRRELL1

#SANMC15 @FionaCMcQueen @VicThompson123 An excellent, direction changing day. On the cusp of something transformative if truly co produced.

@FIONACMACKENZIE

Great day @#sanmc15. Well done to @VicThompson123 and co for organising & speakers who inspired. Up to us all now to JDI

@LES_PETRIE

SCNs guardians of quality and safety. Care assurance at the heart of nhs and government. Nursing the heart and soul #sanmc15 @SNGMHL

@PROFBRENDAN

#sanmc15 Cabinet Secretary for Health endorsing the importance of #care assurance @FionaCMcQueen @carehome @JanDewing @FoNScharity

@VICTHOMPSON123

#sanmc15 @ShonaRobison closing at what has been an excellent day of sharing and hearing from Scotland's N&M leaders about improving care

@HAZELNMAHPDIR

#sanmc15 @ProfBrendan – need to move from performance to thriving to flourishing in providing care...

@MARYROSSDAVIE

#sanmc15 looking forward to discussing care assurance of Nursing and Midwifery Care across Scotland today

@KENQUINN71

Cabinet secretary sets out vision to assure quality of care, top priority for NHS #sanmc15

@RITACICCU

Listening to Angela telling our Forth Valley story of assuring our care. Inspirational @angelawallace #sanmc15