



Quality Excellence Framework

Guidance for Lead Nurses, Managers, Ward Sisters and Team Leaders

This guidance document has been designed to support a deeper understanding of the Quality Excellence Framework itself and can be used as a **reference tool** or as a **checklist** for managers and team leaders. Each section will focus on the best practice recommendations set out within the Framework and includes a description of what this should look like in practice along with examples of how to evidence within and across organisations and/or teams. The information within this document will provoke discussion, initiate action planning and will require review on an annual basis.

1.0 Develop Culture and Build Will

1.1 Build a Dynamic Professionally Competent Workforce

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
Review processes are in place to support professional conduct in practice	<ul style="list-style-type: none"> • Staff receive regular supervision and annual appraisals with a focus on reflective learning • We use evidence-based practice in our daily work • Our practice and behaviour is underpinned by The Code • We adhere to the requirements of revalidation set out by the NMC • We strive as a team to achieve high standards in our work • Staff have opportunities to debrief 	<ul style="list-style-type: none"> ✓ All staff are supported through their appraisals and this is measured across all areas (appraisal compliance) ✓ There is evidence of a timely process for planning of learning needs across all areas ✓ Mandatory training compliance is monitored
Career development and succession planning is promoted and supported	<ul style="list-style-type: none"> • All staff have access to induction and personal development • Staff know where to go to get advice on career development • Staff talent is recognised and enhanced within the team • Mentoring and development is offered to all staff • Regular review and planning for succession takes place 	<ul style="list-style-type: none"> ✓ Continuous data is available to measure workforce indicators at a local level e.g skill mix, absence rates ✓ Registration and Revalidation monitoring records and escalation processes with fitness to practice outcomes measured.
A Learning Needs Analysis is carried out in all areas of professional practice	<ul style="list-style-type: none"> • Ongoing assessment of roles and structures takes place in my team • Role specific learning opportunities are identified and promoted 	<ul style="list-style-type: none"> ✓ Staffing and skill mix reviews clearly documented and regularly reviewed
Practitioners are enabled to operate within the upper limits of scope of practice, ensuring right skills, right place, right time	<ul style="list-style-type: none"> • Staff maintain competence through ongoing learning and development • Individuals seek ongoing feedback on their work • Staff are open to new ways of working and are willing to adapt to changing need 	<ul style="list-style-type: none"> ✓ Themes from Greatix and evidence of sharing feedback (if applicable) ✓ Restorative Supervision ✓ Datix debrief and learning
Knowledge and skills development are supported through an educational commissioning plan	<ul style="list-style-type: none"> • There is a plan in place to support staff learning and development within the team • Conversations held during appraisal help to populate the annual plan for training • Mandatory training is supported 	
Fitness to practice policies i.e. relating to a registrant's suitability to be on the professional register, are in place to support staff	<ul style="list-style-type: none"> • Staff should be aware of the processes around fitness to practice set out by the NMC and localised to their organisation. • Action Plans are identified to support staff 	
Monitoring to the professional regulator bodies e.g. Nursing & Midwifery Council (NMC)/Health & Care Professions Council (HPC), takes place and learning actioned	<ul style="list-style-type: none"> • There is central oversight of NMC referrals • Themes and/or learning of the outcomes from referrals are identified and shared within and across organisations 	

1.2 Foster a Positive Supportive Practice Environment

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
Workforce plans are developed to respond to population needs and the transformation agenda	<ul style="list-style-type: none"> • There is consideration given to the wider trust context when planning future workforce needs. For example; changes in local communities, regional programme for government priorities, neighbourhood model and reset plan 	<ul style="list-style-type: none"> ✓ Workforce monitoring data is available and used to inform future planning activity
Processes are in place to facilitate safe staffing and appropriate skill mix	<ul style="list-style-type: none"> • Teams undertake regular reviews of their staffing ratios, bank and agency usage, giving consideration to patient dependency, acuity and current/ future changes in patient case loads/services 	<ul style="list-style-type: none"> ✓ Workplace survey to include staff psychological safety
There is a positive reporting culture within the care setting where staff are supported to raise concerns	<ul style="list-style-type: none"> • Open discussions should take place where staff feel confident in raising concerns • Staff know how to report incidents and concerns • Concerns about safety are actively listened to by others • Staff feel empowered to challenge poor practice 	<ul style="list-style-type: none"> ✓ Upheld complaints regarding attitude and behaviour of staff ✓ Frontline practitioners participate in governance committees and meetings
Civility* is promoted and poor attitudes and behaviours challenged *Civility is the practice of showing respect, courtesy, and consideration toward others in how we speak and act—even when we disagree	<ul style="list-style-type: none"> • Civility is the basic behaviour expected in a professional work environment • Staff connect with others in a way that respectfully acknowledges differences • Staff are courteous and polite • Staff at all levels are not afraid to positively challenge others who are disrespectful 	<ul style="list-style-type: none"> ✓ There is evidence of active reporting of issues and incidents across all areas ✓ There is evidence of learning from SAI's and complaints
Policies, processes and structures are established to challenge poor professional conduct and poor practice	<ul style="list-style-type: none"> • There are organisational and regional policies, procedures and/or guidelines in place to ensure that any concerns about professional conduct or practice are effectively challenged and acted upon • Staff know how to raise a concern regarding professional behaviour and/or poor practice • Staff feel empowered to highlight practice issues in a supportive, respectful and positive manner 	<ul style="list-style-type: none"> ✓ Staff experience data ✓ IiP staff feedback ✓ Student learning environment feedback ✓ Care Opinion reviews ✓ Restorative supervision ✓ Appraisals ✓ Revalidation feedback
Shared professional decision making is facilitated between staff at all levels	<ul style="list-style-type: none"> • There are opportunities for regular team engagement, eg through handover, huddles and team meetings • Staff get the opportunity to engage in co-design through collaborative workshops with senior leaders • Everyone is recognised as having valuable and unique information and experiences to contribute to decision-making 	<ul style="list-style-type: none"> ✓ Patient/service user feedback ✓ Civility Matters/Saves Lives
The practice environment facilitates effective multidisciplinary team working	<ul style="list-style-type: none"> • There are regular meetings with the MDT with a key worker identified for co-ordinating care • Clear, realistic and achievable goals are understood and agreed by all partners • Consider involvement of patients and service users 	

1.3 Create conditions to enable human flourishing for those who give and those who receive care

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
Staff work with people who use the service to provide holistic care that reflects people's beliefs and values	<ul style="list-style-type: none"> • Staff ensure that people's preferences, needs and values guide clinical decisions providing care that is respectful of and responsive to them • Staff recognise that each person's needs and choices will be unique to them 	<ul style="list-style-type: none"> ✓ Patient/Client feedback surveys ✓ Care Opinion ✓ Examples of improvement projects with evidence of patient/client involvement
There is evidence of shared decision making within plans of care	<ul style="list-style-type: none"> • Staff must foster conversations ensuring people are involved in decisions about their care • People are supported to understand the risks, benefits and options available to them • Care plans must reflect the involvement of people in decisions about their care 	<ul style="list-style-type: none"> ✓ Patient/client voices are heard ✓ All About Me – My story ✓ Hello my name is.... ✓ Complaints ✓ Staff survey results
Staff demonstrate empathetic, compassionate care in daily practice	<ul style="list-style-type: none"> • Staff should actively listen to people, paying attention to their feelings • Staff should engage and build trust and rapport with people creating a more comfortable environment • Staff actively respond to the physical and emotional state of people 	<ul style="list-style-type: none"> ✓ Reduced incidents e.g Falls, Pressure Ulcers, Medication Errors ✓ Improved patient experience scores
There are opportunities for people who use our services to feedback on their experience and be informed of outcomes	<ul style="list-style-type: none"> • Staff should encourage people to raise comments, concerns and complaints creating an environment where feedback is acted on eg you said, we did • Feedback from people can inform critical reflection, individual supervision, appraisal and continuing professional development. • People should feel that their complaint or concern will be explored thoroughly and they will receive a response in good time because complaints are dealt with in an open and transparent way • Processes should be in place to share good practice for others to learn from 	<ul style="list-style-type: none"> ✓ 'You said...we did...'
Feedback from patients and service users is used to co-produce developments and improvements in services	<ul style="list-style-type: none"> • Feedback from people should be used in the design, development and evaluation of services • People are encouraged to share their feedback and stories of their care using the resources available eg Care Opinion/10,000 More Voices 	
The policies, processes and structures employed facilitate personal and public involvement (PPI) and partnership working in all areas of practice	<ul style="list-style-type: none"> • Staff are aware of PPI and any related local policies and guidelines • Staff and people should work together as equal partners to improve services 	

2.0 Build Capacity and Capability

2.1 Embed Collective Leadership across all areas

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
The questions below may require only a corporate response		
The Collective Leadership Strategy is implemented (The Collective Leadership Framework for nurses and midwives)	<ul style="list-style-type: none"> • Staff should be aware of collective leadership and the resources available to support this approach • Staff use the self-assessment tool available in the Collective Leadership Framework to identify areas for personal development 	<ul style="list-style-type: none"> ✓ Staff survey results ✓ Learning and development records ✓ Appraisal conversations ✓ No of staff undertaking leadership development programmes (to include ethnicity) ✓ Career progression and succession planning (to include ethnicity) ✓ Link nurse roles ✓ Role model stories
Boards incorporate the Collective Leadership Strategy principles into strategic vision and direction and policies	<ul style="list-style-type: none"> • Leaders in formal roles must create the conditions in which responsibility, power, authority and decision-making is distributed within and throughout the organisation • Staff should be aware of the vision for collective leadership that is shared through trust corporate documents 	
There are clear accountability and responsibility processes and structures for leadership development	<ul style="list-style-type: none"> • Staff should be supported to develop as leaders • Access to leadership programmes should be available for all staff to support their personal development • Career pathways, continuous feedback, coaching, mentoring and recognition should be provided • Succession planning should be built into all teams 	
The Collective Leadership Strategy approach is included in recruitment processes, including assessments and job descriptions	<ul style="list-style-type: none"> • Staff involved in recruitment must ensure there is a focus on collective leadership during the recruitment process 	
Preceptorship, supervision and appraisals are carried out with a focus on collective leadership components	<ul style="list-style-type: none"> • Staff should be encouraged to reflect on their own leadership with a focus on shared responsibilities, empowerment, open communication and their commitment to a common purpose • Staff should seek to strengthen their development as a leader and use the self assessment tool within the Collective Leadership Framework for Nurses and Midwives 	

2.2 Strengthen opportunities for continuous quality improvement

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
<p>The questions below may require only a corporate response</p>		
<p>There is a clear strategic vision and culture of quality improvement</p>	<ul style="list-style-type: none"> • Staff should be aware of the vision for quality and/or improvement set out in the trust Quality Strategy or other strategic documents • Staff should feel a sense of empowerment and are able to deliver improvement in their own areas without always seeking permission • People should feel able to challenge how things are done • Staff work together to develop solutions 	<ul style="list-style-type: none"> ✓ A local Quality Strategy is in place setting direction for staff ✓ No of staff trained across the levels of the Q2020 Attributes Framework ✓ No of staff coaching/mentoring others in improvement ✓ Evidence of training access/support for people with lived experience ✓ Support and engagement in scale up projects locally and regionally
<p>Evidence-based practice is incorporated into daily work/service provision</p>	<ul style="list-style-type: none"> • Staff should prioritise continuous learning to enhance decision making • Staff should use the most up to date research to support their practice • Ensure people are involved in decisions about their care • Nurses and midwives should work together with various disciplines and engage in multidisciplinary rounds, meetings and case conferences • Conduct regular audit, performance reviews and outcome evaluations to assess the effectiveness of care 	
<p>There is clear action plan to reach desired capacity for improvement expertise</p>	<ul style="list-style-type: none"> • There should be a clear plan for building skills in improvement science across nursing and midwifery • Nursing and midwifery teams will monitor staff training against the levels of the Q2020 Attributes Framework 	
<p>Staff and people with lived experience have access to quality improvement training and development opportunities</p>	<ul style="list-style-type: none"> • Trust quality improvement programmes should be open to people with lived experience • Staff engaged in these programmes should consider inviting people with lived experience onto their improvement teams 	
<p>There are staff at all levels who have the skills to interpret data using a range of tools and charts</p>	<ul style="list-style-type: none"> • All staff have access to training to help them learn about data for improvement • Staff are supported in their development and understanding of random and non-random variation • Staff know where to access support in data interpretation 	
<p>There is the ability to evaluate the impact of improvement initiatives and support scale and spread</p>	<ul style="list-style-type: none"> • There is oversight of improvement initiatives taking place across each service area • Improvement initiatives should align to high level priorities for the service area, supporting delivery of these • Opportunities for spreading successful improvement initiatives within and across teams are available within the organisation 	

3.0 Deliver results using quality management

3.1 Leverage existing knowledge across organisations to identify aligned opportunities for improvement

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
The questions below may require only a corporate response		
Professional Forums leverage intelligence to agree quality metrics based on: <ul style="list-style-type: none"> • patient outcome intelligence/data • morbidity and mortality Reviews • inspection reports, • incidents, • surveys, • audits, • Professional KPI's • Patients and service user feedback • Staff feedback • Retrospective safe staffing data • Professional reviews • Best practice frameworks • Others 	<ul style="list-style-type: none"> • There is a professional group/s within each organisation that has oversight of all of the data and information available relating to nursing and midwifery care and practice • Teams are able to triangulate their own data and understand what it means • Current and future quality metrics are agreed through the group/forum and are based on areas identified for improvement • Ward sisters /Charge Nurses and team leaders have the opportunity to shape and influence bespoke metrics within their areas 	<ul style="list-style-type: none"> ✓ There is evidence of quality data sets across every care and service setting ✓ Patients, staff and service users have access to real time experience feedback tools ✓ Staffing and skill mix reviews are clearly documented and regularly reviewed ✓ Outcome of review of appropriate professional behaviours, action plans and progress reports ✓ There is regular analysis and reporting to Executive Directors of Nursing ✓ Themes are identified and shared locally and regionally to inform improvement priorities ✓ Professional priorities are included in operational planning business and plans ✓ Ward/Team meetings
Professional Leaders agree core quality indicators for local and regional measurement and monitoring	<ul style="list-style-type: none"> • There is a process in place for senior managers to come together across the wider HSC and agree quality measures • Staff are able to contribute to local and regional groups where oversight of quality indicators takes place 	
Professional leaders agree specialty specific improvement priorities	<ul style="list-style-type: none"> • Managers within each team have the opportunity to engage in local conversations and learning regarding quality indicators that are important for their service 	

3.2 Strengthen Professional accountability and assurance

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
<p>There are agreed visible professional accountability* structures within and across teams</p> <p>* Professional accountability means taking responsibility for your actions, decisions, and behaviour in your professional role.</p>	<ul style="list-style-type: none"> Professional accountability should be set out in a way that is clear to every nurse and midwife across organisations Compliance with standards of practice is monitored and reported using a range of care indicators 	<ul style="list-style-type: none"> ✓ Nurses, midwives and AHP's are represented on all decision-making groups where practice and workforce issues are discussed e.g. service reconfiguration, HR policies, service developments ✓ Staff at all levels are included in internal Trust accountability and governance processes ✓ There are clear decision-making processes within local integrated governance frameworks ✓ Data is accessible and analysed using time series charts across all areas ✓ Staff can understand how to interpret time series charts ✓ Nurses and midwives are responsible for interpreting and implementing standards of practice which provide a means for evaluating care ✓ Team meetings ✓ Safety briefings ✓ Visual displays of data e.g. Environmental audits
<p>Shared governance approaches provide a collective voice for shared decision making</p>	<ul style="list-style-type: none"> Every nurse and midwife must lead by example through coming together to discuss and collaborate on what matters to them to improve patient/client care Inclusivity, accountability, and transparency are the principles used in the decision-making process There should be a platform available for all nurses and midwives to express their ideas and concerns Every nurse and midwife should have a voice and feel listened to 	
<p>Quality data should be accessible and visible across all areas</p>	<ul style="list-style-type: none"> Quality boards should be in place across all areas (where applicable) Safety, Improvement and Patient feedback data should be displayed and available to the public and reported to Trust Board and CNO/PHA as applicable 	
<p>Accountability processes outline responsibility for analysing and reporting data</p> <ul style="list-style-type: none"> At frontline Senior professionals Board Regional Professional and Accountability Forums 	<ul style="list-style-type: none"> There should be clear guidance regarding reporting requirements from floor to Board Data and information should be visually presented in a way that people at different levels will understand Patient outcome measures should be reported and discussed at all levels 	
<p>Escalation systems are established to share information internally and externally through professional fora Forums</p>	<ul style="list-style-type: none"> Professional oversight of data and information should be in place with the ability to escalate concerns if the need arises 	
<p>Digital tools are maximised to support real-time data (where possible) and inform decision making</p>	<ul style="list-style-type: none"> Real time data analytics should be available using Epic, Datix, Healthroster and other systems to provide near time feedback to support decision making 	
<p>Time-series charts are used (where applicable) to enable an understanding of variation in care and processes</p>	<ul style="list-style-type: none"> The use of run and control charts to visually present quality data should be widespread across organisations Staff should have the ability to interpret these charts using the appropriate guidance to understand variation 	

3.3 Focus on local and regional improvement priorities enabling participation, collaboration and learning

Best Practice Recommendation	What this means in practice	Examples of how to evidence this
Improvement priorities are identified based on data relating to outcomes and standards of care	<ul style="list-style-type: none"> • Nurses and midwives should use the data and information available to them to inform areas for improvement • Lived experience feedback should help to inform issues and concerns within and across services 	<ul style="list-style-type: none"> ✓ Professional improvement priorities are identified as part of the annual planning cycle ✓ There is evidence of partnership with people with lived experience on all suitable improvement initiatives
Improvement work is sponsored, supported and aligned to regional and organisational priorities	<ul style="list-style-type: none"> • There is executive oversight of improvement work ensuring alignment to local and regional priorities • Improvement initiatives are endorsed through local management structures • A clear process for feedback on challenges and barriers should be in place • Innovative ideas should be encouraged and supported 	<ul style="list-style-type: none"> ✓ Staff actively participate in regional improvement collaboratives ✓ Staff at all levels are supported to engage in local, regional and national networks/communities of practice
Frontline staff and people with lived experience are leading improvement together	<ul style="list-style-type: none"> • People with lived experience should be invited to sit on improvement teams/groups • All staff should know how to engage with people with lived experience to seek their views and co-produce improvement initiatives together 	<ul style="list-style-type: none"> ✓ Improvement coaching support is readily available for all staff ✓ Staff are encouraged to present their work at conferences and events
Staff actively engage in regional networked collaborative approaches to support the learning system	<ul style="list-style-type: none"> • Nurses and midwives should get opportunities to work with others across the region on specific improvement topics e.g EPCO • Learning from what works and what doesn't work in improvement initiatives should be shared inside and outside the team and organisation 	<ul style="list-style-type: none"> ✓ Staff are supported to write up their initiatives in preparation for publication ✓ Local awards and other forms of recognition are developed and supported within and across the professions
Opportunities are in place to connect professionals within and across organisations	<ul style="list-style-type: none"> • Staff should be encouraged to network with other colleagues to create opportunities for learning 	
Support is in place to scale up improvement	<ul style="list-style-type: none"> • Staff should be able to seek support with scaling of successful improvement initiatives 	
Processes are in place to recognise and reward local improvement building momentum and encouraging continuous learning	<ul style="list-style-type: none"> • Opportunities to celebrate successes, no matter how small, should be provided within organisations • Staff should be recognised for their efforts to improve their services through professional forums and events 	
Staff are encouraged and supported to share their work regionally, nationally and internationally	<ul style="list-style-type: none"> • Staff should be encouraged and supported to attend and present their improvement work at conferences and events. • Staff should be given opportunities for continuous learning through networking with others outside of their organisation 	