Independent Healthcare

Quality Assurance Framework

Self-evaluation guidance

July 2023

Contents

About this document

This document is a practical guide for undertaking self-evaluation against Healthcare Improvement Scotland's Quality Assurance Framework (September 2022). It provides advice and suggestions about how to manage the self-evaluation process in your service. It is written primarily for the manager or staff member with responsibility for co-ordinating the self-evaluation process.

The guide should be read in conjunction with the [independent healthcare inspection methodology](#) which gives more detail about how self-evaluation feeds into the inspection process.

The benefits of self-evaluation

Having quality information about the outcomes and impacts being achieved can help a service to better understand the needs of the people using the service. Self-evaluation contributes to continuous quality improvement by providing a structured opportunity to assess performance and, based on this, identify opportunities for improvement. Regular self-evaluation forms part of good internal governance and is a key driver for improvement work. Quality improvement on the basis of self-evaluation, rather than improvement mandated by external agencies such as Healthcare Improvement Scotland, encourages greater ownership of issues and design of more effective solutions.

The quality of care approach promotes regular self-evaluation complemented by proportionate independent external validation, challenge and intervention as key drivers for improving healthcare.

The Quality Assurance Framework contains three key focus areas that allow a service to 'tell its story'. Each key focus area is further broken down into domains and indicators with suggested sources of evidence to consider, to guide and support the process. These are neither exhaustive nor prescriptive. The Framework allows scope for services to self-evaluate and develop the narrative about the quality of the care that they provide, using measures that are meaningful and important to the service.

Self-evaluation will identify opportunities for improvement. However, this improvement will only happen if there is a subsequent action plan, actions are implemented, and their impact monitored and regularly reviewed. The outcomes should be used on an ongoing basis internally to drive improvement.

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Preparing for self-evaluation

It is up to you how self-evaluation is carried out and who should be involved. There is no one-size-fits-all approach. It will depend largely on the size and structure of your organisation and the resources available.

The process can be split into three broad stages.

| 1. Planning the self-evaluation | 2. Conduct the self-evaluation and interpret the results | 3. What next? |
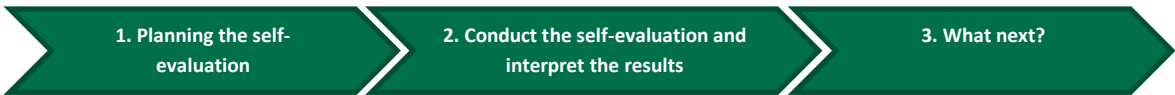
The following are suggestions to guide each stage of self-evaluation. These are not prescriptive and you may choose to follow alternative or additional courses of action that are more relevant, especially in smaller services.

Healthcare Improvement Scotland will periodically ask for a copy of the self-evaluation through our portal to inform regulatory activity within a service.

Stage 1: Planning the self-evaluation

Creating the right conditions for self-evaluation can save time and increase the rewards from the process. The following are suggestions for factors to consider in the planning stage.

It is important to understand the Quality Assurance Framework (September 2022) before starting the process of self-evaluation.

As well as facts and data that can be extracted from various systems and databases, the participation of a range of people is required if the self-evaluation is to be successful. This includes patients, staff and other stakeholders. The number of people that you may wish to involve will vary depending on the size of the service. It may only be yourself if you are a single-handed practitioner.

For larger services, a defined plan with key milestones can help to keep the process moving and make best use of available resources.

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Effective communication with staff is critical to the success of self-evaluation. How people hear about it will influence how they approach and engage with the process. Where appropriate, those involved need to understand the following:

- the purpose of the self-evaluation
- how it will be undertaken
- how people will be involved
- the timescales involved
- the steps and activities, and
- how the information will be used.

Stage 2: Conducting the self-evaluation and interpreting the results

The self-evaluation should tell a story about where you perceive your service to be overall against each 'Key Focus Area', how you know this, and where you could improve. Guidance is included in Appendix 1 on what you should consider when completing each question.

Examples of evidence that would be appropriate for each domain is listed in Appendix 1. When thinking about the data and information to include in the self-evaluation process, it is useful to ask the following questions within each of the domains:

- How are you doing in respect of the domain?
- How do you know this?

You should focus on the outcomes of activities such as evaluation or audit results, outputs from tests of change or lessons learned. In developing the narrative against each domain, it may be helpful to think about:

- the outcome, for example what happened as a result of implementing a particular policy, service change or improvement activity
- what was the impact on those in receipt of care, those delivering care or those supporting care provision
- what (if any) learning was achieved and how was learning shared with relevant people to support ongoing quality improvement, and
- what plans are in place to implement further improvement?

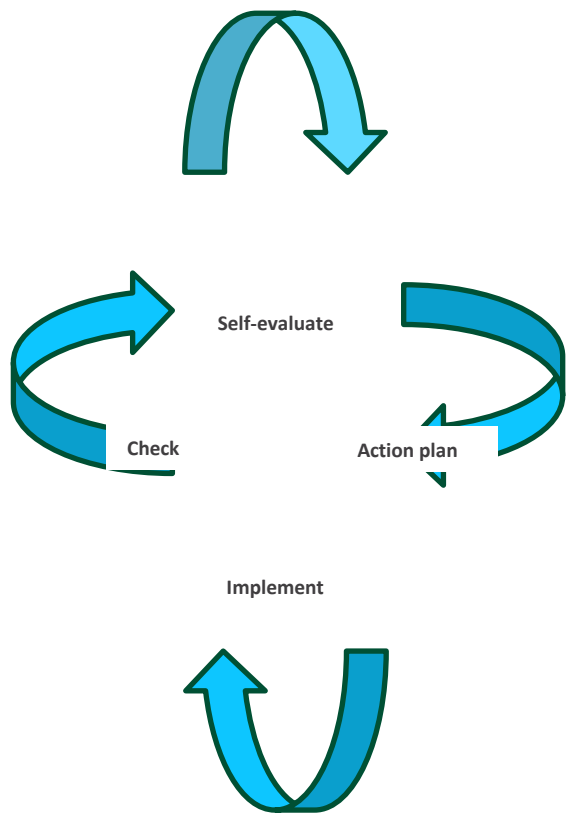| IHC QoC self-evaluation guidance - clinics	Version: 2.1	Date: 1 May 2023
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Uploading evidence

Uploading evidence Examples of evidence are listed in Appendix 1. **Please upload these to the portal when submitting your self-evaluation** - Quality Assurance Dashboard. The list of evidence examples is not exhaustive. You may have other evidence you wish to provide. Please do not upload any evidence:

- which is published national guidance
- which is publicly available
- you have previously submitted (either at registration or with a previous self-assessment/evaluation), unless you have updated this
- which has patient identifiable information, or
- we can find in care notes, as we will sample these at inspection.

Stage 3: What next?

1. Read the Quality Assurance Framework.
2. Complete the self-evaluation on the portal **when requested by Healthcare Improvement Scotland**.
3. Create an action plan for your three key priorities.

Self-evaluate

Check

Action plan

Implement

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APPENDIX 1: What should you include?

Generic service information/local context

This is your opportunity to tell us about anything that has been happening in your service that you feel we should be aware of when reading your self-evaluation.

KEY FOCUS AREA: DIRECTION

Domain 1 - Clear vision and purpose
This domain must be completed by all services
Key Question: How clear is our vision and purpose?

Quality indicators:

1.1 Defined purpose and vision
1.2 Understanding of the population profile, needs and inequalities
1.3 Understanding of context, own capabilities and major challenges
1.4 Agreed strategy and priorities
1.5 Key performance indicators

Prompts	Examples of evidence *(upload to portal when submitting self-evaluation)*
- Does the service have a defined purpose/vision/strategy, with clear person-centred aims and objectives and key performance indicators? - Have clearly defined values been set, and are clear priorities and goals for delivery and improvement evident?	• Strategic plan • Aims and objectives • Key performance indicators • Service/organisational values

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Domain 2 – Leadership and culture

This domain should only be completed if the service employs staff (inc. PPs)

Key question: How supportive is our leadership and culture?

Quality indicators:

2.1 Shared values
2.2 Person-centred planning and care
2.3 Staff empowerment and wellbeing
2.4 Diversity and inclusion
2.5 Openness and transparency
2.6 Robust governance arrangements

Prompts	Examples of evidence *(upload to portal when submitting self-evaluation)*
- Does leadership understand patients' needs? - Does leadership understand the service's challenges and respond to them? - Are workforce needs planned appropriately? - Are appropriate numbers of suitably qualified staff always working in service? - Is there a supportive leadership culture? - Is staff morale positive? - Does leadership respond well to new challenges and obstacles? - Is leadership open, transparent and supportive (not defensive, guarded and blaming)? - What governance structures are in place? - Does our approach to governance include relevant data (risks, audits, adverse events, complaints, inspections, patient feedback, staff feedback)?	• Examples of workforce planning • Staff training matrix/analysis • Leadership programmes • Staff survey results • Governance structure/framework • Minutes from meetings

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KEY FOCUS AREA: IMPLEMENTATION AND DELIVERY

Domain 3 – Co-design and co-production
This domain must be completed by all services
Key question: How well do we engage our stakeholders?

Quality indicators:

3.1 People who experience care and carers
3.2 Workforce
3.3 Partners, governing stakeholders and suppliers
3.4 Local community

Prompts	Examples of evidence *(upload to portal when submitting self-evaluation)*
- What patient information is available about the treatments offered? - How are patients, staff and stakeholders encouraged to participate and improve the service? - Does patient information include treatment options, desired outcomes, risks, side effects, out-of-hours access and discharge planning, including aftercare? - Is patient information available in different formats? - Are multiple methods used to seek feedback from patients, staff, stakeholders (questionnaires / surveys / website reviews / online testimonials)? - Are costs of treatment clear? - Are patients involved in planning their own care? - Are national improvement programmes utilised?	• Patient information leaflets • Patient participation policy/strategy • Patient forum group minutes of meetings • Staff participation policy/approach • Staff forum rep/group minutes of meetings • Stakeholder participation policy approach • Stakeholder rep/group minutes of meetings • Methods of feedback used from patients, staff, stakeholders and evidence of changes as result of feedback. • Evidence of participation feeding into QI plan

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Domain 4 – Quality improvement	
This domain must be completed by all services	
Key question: How well do we manage performance?	

Quality indicators:

4.1 Pathways, Procedures and policies
4.2 Financial planning
4.3 Workforce planning
4.4 Staff development and performance

Prompts	**Examples of evidence**
	(upload to portal when submitting self-evaluation)

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- How is the service's vision/strategy delivered? - What policies, procedures and SOPs are in place? - Are policies aligned with national guidance? - Do you have a meaningful mix of process indicators/performance targets/outcome measures? - Do policies and procedures support staff to manage and learn? - Is version control evident on policies and key documents? - Do staff understand/are they trained in duty of candour principles? - Are the procedures for making a complaint clear and well publicised and do they specify patients' right to contact Healthcare Improvement Scotland at any time and include Healthcare Improvement Scotland's contact details? - Is there a complaint recording/management system? - Do systems provide an audit trail (eg is there an electronic reporting or document management system)? - How is treatment and care planned? - Are shared care agreements considered? - Is the care environment and equipment in good order and well maintained? - Do you have equipment servicing and maintenance contracts (including specialist equipment calibration/validation - eg autoclaves, washer disinfectors, generators, lifts/lifting equipment)? - Is there a quality assurance system for ensuring care environment/equipment are kept safe and well maintained? - Is there a regular programme of audits appropriate to the needs of the service? - Is national guidance utilised in audit content? - Do audit outcomes feed into governance structures? - Are you registered with the Information Commissioner's Office? - Do you have an appropriate method of safe/secure storage and destruction of records? - How are staff recruited, inducted and trained - do recruitment checks include identity, references,	• Key policies and procedures (eg recruitment, medicine governance, infection prevention and control, health and safety, managing accidents/incidents/adverse events, information management, duty of candour, complaints, safeguarding) • IHC - Medicines Governance Audit Tool • Training plan/needs analysis/matrix • Staff development programmes/initiatives

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professional registration, professional indemnity, PVG/disclosure status, immunisation status?	
- Are there an ongoing checks on PVG, insurance, professional registration?	
- Is there a programme of regular mandatory training in key subject areas?	
- Is time available for staff to attend training?	
- Are training records up to date?	
- Do staff have good training opportunities?	

Domain 5 – Planning for quality

This domain must be completed by all services

Key question: How well do we improve performance?

Quality indicators:

5.1 Plans for delivery
5.2 Performance management and reporting
5.3 Risk management and business continuity
5.4 Audit, evaluations and research
5.5 Improvement and innovation

Prompts	Examples of evidence *(upload to portal when submitting self-evaluation)*
- What risk management processes are in place? - What notification systems are in place to report accidents/incidents/drug errors etc? - What quality assurance systems are in place to monitor performance? - How do you ensure quality improvement is at the heart of what you do? - Are our key priorities for improvement clear? - Do you utilise national improvement programmes where appropriate? - Does quality improvement feed into governance structures? - Is leadership focused on quality improvement? - Are staff involved in quality improvement? - Are outcomes shared with staff? - Can you evidence learning lessons/improving? - Do staff feel empowered to challenge poor/unsafe practice?	• Third party accreditation schemes • Independent quality assurance • Internal risk reporting structures • Risk register • Health and safety policy • Business continuity plan • Quality strategy/improvement plan • Examples of QI activities

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- Can you demonstrate outcomes from patient forums/QI forums/staff forums?	

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KEY FOCUS AREA: RESULTS

Domain 6 – Relationships
Domain 7 – Quality control
These domains must be completed by all services
Key question: What difference have we made and what have we learned?

Quality indicators:	Quality indicators:
6.1 Person centred and safe outcomes *6.2 Dignity and respect* *6.3 Compassion* *6.4 Inclusion* *6.5 Responsive care and support* *6.6 Wellbeing* *6.7 Public confidence*	*7.1 Delivery of key performance indicators* *7.2 Delivery of strategy and priorities* *7.3 Lessons learned and plans to apply*
Prompts	**Examples of evidence** *(upload to portal when submitting self-evaluation)*
- Has the service's vision/strategy been delivered? - Have key performance indicators/targets been met? - Can results be demonstrated? - Are lessons being learned? - What are the plans for the future? - Have lessons been learned, recorded and shared, eg complaints, accidents and incidents, adverse events (including near misses), patient feedback, staff feedback, inspections, audits)? - Do patients receive consistent and safe care?	• Evidence the service's vision/strategy has been delivered • Examples of improvements in performance and outcomes that align with the service's vision/strategy • Examples of patient/staff/stakeholder feedback leading to improvement • Evidence that audits are leading to improvement • Evidence of lessons learned following debriefs, adverse events, accidents and incidents, complaint investigations, audits and inspections • Evidence of benchmarking (internal and/or external)

Summary

Please tell us about your three main priorities for your service for the next 12 months.

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