Building a comprehensive approach to reviewing the quality of care: 
Supporting the delivery of sustainable high quality services

Draft quality framework

July 2015
Our proposed quality framework provides guidance on what ‘good’ quality care might look like and what form of evidence might be available to provide assurance of this.

The framework also includes potential person-focused outcomes to help patients or service users understand what they can consistently expect, and for service providers to know what’s expected of them. The person-focused outcomes include (in bold font) the outcomes or indicators already identified through the National Health and Wellbeing Outcomes Framework: ‘improving outcomes – what people can expect’.

The quality framework is divided into seven areas of focus (referred to as domains) which are comparable domains used by a variety of health and social care organisations to assess the quality of care. The seven domains are: person-centred, safety, effectiveness, leadership, governance, workforce and quality improvement. Each domain includes an ‘Outcome Statement’ to reflect the overall standard of care expected. Each domain is broken down into proposed categories to help comprehensively consider and assess the quality of care.

**Person-centred domain**

**Outcome Statement:** The organisation provides care that is respectful and responsive to individual needs, preferences and values, and it uses feedback to improve the quality of care.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and compassion</td>
<td>• Staff demonstrate care, compassion and positive behaviour in their delivery of care.</td>
<td>• Feedback from patients or service users and staff on the level of care, compassion and positive behaviour demonstrated.</td>
<td>• I have my privacy respected.</td>
</tr>
<tr>
<td></td>
<td>• Staff consistently treat patients or service users with dignity and respect.</td>
<td>• Observation of care delivered.</td>
<td>• I am treated with dignity and respect (this includes staff introducing themselves when they first meet me and calling me by my preferred name).</td>
</tr>
<tr>
<td></td>
<td>• Patient or service user privacy is maintained through use of curtains, screens, appropriate clothing or access to dedicated rooms for confidential discussions.</td>
<td>• Implementation of Being Open principles.</td>
<td>• I am treated with care and compassion and staff show genuine concern for my wellbeing.</td>
</tr>
<tr>
<td></td>
<td>• Staff follow the National Patient Safety Agency (NPSA) ‘Being Open’ principles. For example, staff inform patients or service users or their families what went wrong and why, and say ‘sorry’.</td>
<td>• Availability and access to chaplaincy or spiritual care services.</td>
<td>• All staff I interact with are pleasant and polite.</td>
</tr>
<tr>
<td></td>
<td>• Staff are able to access support for patient or service user’s spiritual needs.</td>
<td></td>
<td>• I can expect an apology when things go wrong.</td>
</tr>
<tr>
<td></td>
<td>• The organisation actively encourages patients or service users to respect those involved in the delivery of care.</td>
<td></td>
<td><strong>Personal commitment:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• I am expected to treat all staff with respect.</td>
</tr>
</tbody>
</table>

1 [http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes](http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes)
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Responding to individual needs | • The organisation takes into account individual needs, preferences and values along with their abilities, characteristics and circumstances.  
• Specific risks are taken into consideration relevant to particular individual needs.  
• Where possible, services are organised and flexed to meet individual needs, such as nutritional needs, access to services or specific support required.  
• Patients or service users are treated as equal partners in planning, developing and assessing their care to make sure it is appropriate for their needs. Patients or service users and their families are at the heart of all decisions.  
• Personalised care plans are in place for those people with complex care needs, such as cognitive impairment or frailty.  
• The organisation works internally and with partner agencies, such as community services or social care, to make the patient or service user’s journey of care as smooth as possible. For example, transfer of information on medicines between professionals and across settings where there is transition between services or organisations. | • Feedback from patients or service users and their family or carers.  
• Observation of personalised care being delivered.  
• Evidence of individual needs and preferences in patient or service user case notes, care plans, health records or discharge plans.  
• Use of shared decision-making tools for diagnostic and therapeutic interventions.  
• Evidence of smooth transitions and referrals, prompt patient discharge, efficient bed occupancy, streamlined patient or service user pathway.  
• Documented evidence that patients or service users are involved in planning their care.  
• Scottish Patient Safety Programme (SPSP) audits. | • Services and support are reliable and respond to what I say.  
• My individual circumstances are taken into account.  
• My views, preferences and values are taken into account when deciding on treatment or care.  
• I will receive support if I have particular individual needs.  
• Staff work with me to help me to be comfortable and free of pain. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Communication | • Patients or service users are aware of the treatment they are receiving and of the risks associated with their care and how to manage any risks.  
• Patients or service users are orientated to the care environment, for example how to call for assistance, toilet and washing facilities, mealtimes, visiting times, and management of valuables.  
• There is clear signage to guide patients or service users around the care environment.  
• Patients or service users are called by their preferred name and this is documented.  
• All communication with patients or service users or their representative is documented in their care records and is used to inform their care plan.  
• Patients or service users are informed of their clinical or care progress and discharge plans.  
• The organisation makes it easy for patients or service users to know who is in charge of their care.  
• The organisation empowers people to have their say and reassures them that they will be listened to and informed about what has changed as a result.  
• Patients or service users are made aware of their rights and how to raise concerns (including children and young people). | • Materials available in plain English. For example, patient or service user information leaflets, booklets, posters or letters.  
• Materials available in other languages or formats.  
• Patient or service user feedback.  
• Implementation of procedures, consent forms or discharge documentation.  
• Clinical or care records.  
• Patient or service user communication logs.  
• Observation of staff wearing identification badges and appropriate uniform in line with the work wear policy.  
• Evidence of named care staff for patients or service users. | • **I am able to access information.**  
• Information I receive is in plain English or in a language or format that I can easily understand.  
• Information provided to me is clear, simple and consistent.  
• I am given opportunities to ask questions or to receive further advice.  
• **I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together.**  
• My test results, diagnosis, treatment and prognosis are explained to me in a timely manner and in a way that I can understand.  
• I am informed of who is in charge of my care and I know how to raise concerns.  
• I am kept informed of plans for my transfer to other areas and the reasons why.  
• The signage is clear to help me to find my way around the care environment. |
<p>|              |                                                                                       | <strong>Personal commitment:</strong>                                                                                                      |                                                                                   |
|              |                                                                                       | • I will raise issues that are of concern to me so the service provider can identify improvements.                              |                                                                                   |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Patient or service user self-management | • The organisation provides health promotion information, education and sign-posting to encourage the patient or service user towards independence and self-care. For example, guidance on telehealth (delivery of services and information through telecommunications technologies), support or sign-posting peer support groups.  
• Staff provide clear communication and explanation about conditions and treatment and support patients or service users to make well-informed choices about their treatment and care (including children and young people).  
• The organisation works with patients or service users to empower them to help manage their own care. For example, equipping them with new skills and tools or support for self-administration of medicines.  
• The organisation works with stakeholders to encourage patients or service users (including those with disabilities, frailty or long term conditions) to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. | • Health promotion leaflets or posters.  
• Patient or service user feedback.  
• Evidence of patients managing a healthy life within their own home, such as telehealth or electronic health support.  
• Stakeholder feedback, such as social care or third sector. | • I am supported to look after my own health and wellbeing.  
• I am involved in planning my treatment and discussions which affect my care.  
• Where appropriate, staff discuss and develop my discharge plan with me or my carer.  
• I receive enough information to allow me to consider my care options.  
• Community-based services are available to me.  
• Staff encourage me to help myself (where possible) to support my independence. For example, informing me of practical aids which I could use at home or local support groups I could join.  
• Personal commitment:  
  • I will help improve my own health and wellbeing by becoming more actively involved in managing my care (where possible).  
  • If I wish to, I can consider joining a local patient group, raising concerns or contacting my local MP or MSP to promote improvements within health and social care services. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Patient, service user, family or carer involvement | • The organisation provides a variety of accessible mechanisms to gather feedback from patients or service users on their experience of care.  
• The organisation takes a proactive approach to seeking patient or service user views including feedback on how safe they feel.  
• The complaints procedure (how to make a complaint) is clear, well publicised and made available to patients or service users, including information on the Scottish Public Services Ombudsman (SPSO) for those unhappy with the response they receive.  
• The organisation takes a proactive approach to engaging with patients or service users or potential service users. For example, arranging regular engagement events or providing access to nominated managers for concerns or queries.  
• The organisation makes it easy for patients or service users, community groups and public representatives to get involved in discussions about changes to services, such as the design, delivery or evaluation of care services.  
• The organisation co-ordinates the activities and outputs of its engagement with individuals and patient or service user groups to identify issues and to help shape improvements.  
• The organisation reaches out to seldom-heard groups. | • Patient or service user feedback methods, such as comments book or box, feedback forms, real-time feedback, dedicated phone number, surveys, focus groups, public meetings or patient opinion website.  
• Clear, well-publicised complaints procedure and forms, including information on how to contact the Scottish Public Services Ombudsman.  
• Patient or service user feedback on the accessibility of involvement methods and whether their needs were met.  
• Evidence of action taken following public or community consultation, public meetings or involvement of lay representatives. | • The service provider asks for my views and opinions to help find ways to continuously improve the service.  
• *I feel that my views are listened to.*  
• The service provider makes it easy for me to provide feedback or comments or to raise any concerns or complaints.  
• The service provider publicises details of the advice and support available to me, including how to contact the Patient Advice and Support Service or advocacy support.  
• *I can engage and participate in my community.*  
• I am supported to get involved in making decisions about changes to services which may affect my current or future care. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Response to patient, service user, family, carer or staff feedback and complaints | • The organisation responds positively and comprehensively to patient, service user and staff feedback, including complaints and considers feedback as a positive source of information for learning and improvement.  
• People are told how their views have been taken into account and are provided with assurance that services will be improved in response to feedback  
• Patients, service users, family and carers receive sympathetic and helpful support when they make complaints.  
• Clear attempts are made by staff to understand the issues raised by the patient, service user, family or carer when they make a complaint and what outcome they wanted to see.  
• The organisation seeks feedback from patients or service users on how complaints have been handled.  
• Investigation decisions by the Scottish Public Services Ombudsman are responded to in a positive way and there is evidence of changes made as a result of the Scottish Public Services Ombudsman decision.  
• Timescales for responding or managing the adverse event or complaint are monitored.  
• The organisation responds in a timely manner to patient or service user contact, requests or complaints.  
• Data is collated on performance against the 20 working day target for responding to complaints and the deadline for acknowledging complaints.  
• Data is collated on performance against the adverse event management deadlines. | • Feedback from patients or service users, such as patient satisfaction survey or comments book.  
• Staff feedback on the handling of feedback and complaints.  
• Action plans and communications in response to feedback, complaints, or the Scottish Public Services Ombudsman.  
• Reports or meeting minutes reflecting learning from complaints.  
• Examples of actions taken in response to patient or service user feedback. For example, ‘You said we did’ or ‘You said, we tried and here’s why it didn't happen’ posters.  
• Reviews of complaints including examples of complaint responses.  
• Performance data on responding to complaints and adverse events within the agreed deadlines.  
• Number of complaints not resolved to the satisfaction of complainants.  
• Number of complaints escalated to the Scottish Public Services Ombudsman and number that were upheld. | • The service provider publicises how feedback, comments, concerns or complaints will be handled including the response times.  
• **I have positive experiences of services.**  
• I feel able to complain or give feedback without fear of victimisation.  
• When I raise a complaint, I receive a clear, timely and helpful reply.  
• The service provider publicises changes made as a result of my feedback, such as ‘You said, we did’.  
• When I telephone the care provider, I am not kept waiting too long for an appropriate person to speak to me.  
• When I contact the care provider by email or letter, I receive a reply within the timescales set within their patient or service user charter. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing person-centredness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Equality | • The level of care provided does not vary in quality because of personal characteristics, such as age, gender, ethnicity, geographic location and socioeconomic status.  
• Information can be provided to people in a variety of ways to meet their needs, such as large print, Braille, different languages, interpreter services, induction loops, Talking Mats, Talking Points, translation or interpreting services.  
• Support is available for those with particular needs or cognitive impairment, such people with dementia, vulnerable young adults or children.  
• Vulnerable people, such as children, young people or patients with dementia, are provided with the necessary physical and emotional help to manage any long term illness, condition or disability. | • Specific patient or service user information materials and signage for particular needs. For example, different languages, Talking Mats or interpreter and translation services.  
• Patient, service user, carer, family or staff feedback.  
• Use of audits or tools, such as shadowing the patient or service user journey or observing care delivery. | • Information will be made available to me in a format that I can understand.  
• If required, I have access to interpreting services or adapted equipment and materials to support me to communicate.  
• I am treated equally regardless of my age, gender, condition, faith, ethnic origin, sexual orientation or economic status.  
• I am cared for in an environment which is free from bullying, harassment and discrimination. |
## Safety domain

**Outcome Statement:** The organisation is focused on safety and learning to identify and take forward improvements, and put in place appropriate controls to reduce the risk of harm to patients or service users, carers, family, stakeholders and staff.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Safety culture| • There is a clear strategy for safety that sets specific, measurable and challenging goals for improving the safety of care, service delivery and reducing harm each year.  
• There is leadership and strategic support to improve safety at all levels within the organisation, and leaders identify, prioritise and co-ordinate all safety-related improvement.  
• The organisation demonstrates an effective safety and learning culture.  
• The organisation recognises that in the vast majority of cases, it is the systems, procedures, conditions, environment and constraints they face that lead to safety problems.  
• The organisation does not wait for things to go wrong before trying to improve safety. | • Strategic plans.  
• Being Open policies and procedures.  
• Adverse event management policies and procedures.  
• Patient or service user feedback.  
• Staff feedback on the safety culture and quality of handovers. | • Staff discuss relevant issues about my care and treatment during handover of my care.  
• I feel comfortable to raise any concerns about my own safety or another person’s safety. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Safe environment | • The care environment is clean, clutter free and calm, and noise is kept to a minimum.  
• The organisation has a quality assurance system in place to ensure that the care environment and equipment is safe and clean.  
• Buildings, grounds and estate services, such as water supply and ventilation, are maintained and reviewed in line with health and safety regulations and any other relevant laws and regulations.  
• The care environment is conducive to patient or service user wellbeing and, where possible, takes into account individual needs and preferences.  
• Staff communicate effectively with patients or service users about mitigation of risks to themselves or others in the care setting.  
• Patients or service users feel safe while in the care of the organisation (including feeling safe from staff and other patients or service users).  
• Patients or service users are protected from abuse, neglect or harm (in particular children, young people, vulnerable and elderly) and are well equipped with the knowledge and skills they need to keep themselves safe whilst in the care setting.  
• The organisation takes practical steps to ensure staff are protected from abuse or harm from patients or service users. | • Patient or service user feedback on the environment.  
• Staff feedback.  
• Use of observation, environmental audits or patient or service user shadowing tools (and actions taken forward as a result).  
• Environmental and equipment cleaning schedules.  
• Annual report on infection prevention and control.  
• Implementation of the Scottish Patient Safety Programme patient safety essentials ‘Patient Safety Essentials' and ‘Safety Priorities for Acute Adult Safety (CEL19/2013). | • I feel safe and am protected from abuse and harm.  
• I do not feel overly protected.  
• Support and services I use protect me from harm.  
• My choices are respected in making decisions about keeping me safe from harm.  
• The care environment and equipment is safe and clean and appropriate for my care. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Safety policies and procedures | • The organisation has policies and procedures in place to support consistent and appropriate management of adverse events (including medication-related events), infection control, outbreaks, child and adult protection, and regularly reviews these in light of events to ensure they are reliable and appropriate.  
• The organisation demonstrates implementation of evidence-based infection prevention and control measures.  
• The organisation has appropriate procedures for safe procurement, prescribing, dispensing, supply, administering, storing and monitoring of medicines.  
• Robust reporting and escalation procedures are in place to deal with any identified issues with cleanliness of the environment or equipment. | • Implementation of policies and procedures for adverse events, medication errors, infection control or outbreaks.  
• Staff demonstrating policies and procedures relevant to their role. For example, hand washing, use of personal protective clothing, safe and secure handling of medicines.  
• Appropriate use of an adverse events system, such as Datix or equivalent. | • I feel confident that staff follow appropriate procedures to prevent or control infections and will inform me of how I can help minimise the risk of infection.  
• I can expect all staff to clean their hands before and after treating me.  
**Personal commitment**  
• Where appropriate, I will encourage those visiting me to use the hand gel provided to help reduce the risk of infection. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Approach to risk | • The organisation takes a proactive approach to risk management and demonstrates anticipation and preparedness to help ensure safe care in the future.  
• Risks to the delivery of safe quality care are identified and managed (strategically and operationally) and appropriate controls are established to minimise risk of harm to patients or service users.  
• Where relevant, the service provider promotes positive risk-taking behaviour for patients or service users to empower them in managing their own care.  
• Decisions relating to the management of adverse events are risk based, informed and transparent to allow an appropriate level of scrutiny. | • Review of strategic plans.  
• Reviews of risk registers, key performance indicators and controls to mitigate risk. For example, audit committee or clinical governance papers and minutes.  
• Improvement or action plans following adverse events, complaints and claims.  
• Staff understand risks and how to manage them.  
• Reviews of safety alerts and risk notices and action taken.  
• Evidence of patients or service users supported to take positive risk where appropriate. | • The care environment and processes are risk assessed to help protect me from harm.  
• Where relevant, I receive advice and guidance about harmful risk-taking behaviour. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Staff awareness and understanding of what safe means | • All staff understand the principles of safe care, including relevant child and adult protection guidance.  
• Staff follow both organisation and relevant national policies and procedures to support the delivery of safe care. For example, national policy on antimicrobial prescribing, healthcare associated infection processes and outcomes, Scottish Patient Safety Programme patient safety essentials, child protection, falls or pressure ulcer champions.  
• Feedback from complaints and adverse events is provided to relevant staff.  
• Frontline staff feel they have the knowledge, training and skills to respond effectively to complaints and adverse events and are empowered to do so. For example, saying sorry, providing an explanation and keeping people informed to help them cope when things have gone wrong.  
• Staff are encouraged to report things that go wrong, including near misses, and communicate safety issues with their colleagues.  
• Staff are aware of their role and responsibilities, and are accountable for their actions.  
• The organisation has mechanisms in place to support patient or service users and staff when things go wrong. | • Evidence of national policy being followed.  
• Staff are aware of the policy and procedure for adverse events and health and safety, and have clear understanding how to escalate issues.  
• Staff put into practice the principles of safe care.  
• Effective debriefs to staff following adverse events.  
• Evidence of shared learning such as bulletins, intranet, meeting minutes or workshops.  
• Evidence of induction and training materials relating to safe care.  
• Completed Scottish Patient Safety Programme audits and improvement plans. | • Staff raise concerns (in confidence) about anything that might harm my care or the care of others and take action to address concerns.  
• Staff report any accident or adverse event that happens and take necessary action to prevent such an event happening again. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Patient or service user assessment and management | • Assessments are carried out on admission to establish a baseline picture of what care the patient or service user will require and for staff to anticipate any issues that might develop whilst in care, such as dietetic or occupational therapy requirements.  
• Re-assessments are undertaken to ensure that the ongoing care is appropriate and effective. For example, personalised nutritional care plans, fluid intake or appropriateness of equipment.  
• A proactive and effective approach is taken to identify and respond to patients whose condition is deteriorating.  
• Tools are used to assess the patient or service user’s risk factors and ongoing condition. For example, nutritional screening, falls or frailty assessment, care planning, fluid balance, tissue viability (pressure ulcers), medicines reconciliation, review of polypharmacy (use of four or more medications by a patient), patient or service user risk assessments.  
• Patient or service user notes are clear, accurate and up to date.  
• Patient or service user handovers are undertaken efficiently with clear communication between staff.  
• Procedures are in place for informed consent and appropriate discharging of patients or service users.  
• The organisation provides adequate supervision of junior clinical staff at all times consistent with relevant training standards, such as those set by the General Medical Council. | • Use of appropriate clinical screening and assessment tools. For example, the Malnutrition Universal Screening Tool (MUST), cognitive impairment, falls, pressure ulcers and frailty.  
• Up-to-date and clear patient or service user health records, case notes and discharge plans.  
• Implementation and assurance of Early Warning Scoring system ‘Patient Safety Essentials’ and ‘Safety Priorities’ for Acute Adult Safety (CEL19/2013).  
• Evidence of clear handovers.  
• Completed audits and actions.  
• Evidence of patient or service user engagement and action taken as a result.  
• Patient or service user/family feedback.  
• Staff feedback. | • Services/support help me to reduce the symptoms I am concerned about.  
• My clinical condition is diagnosed correctly and in a timely manner.  
• My care is assessed at appropriate intervals by suitably trained staff.  
• I am involved in the assessment of my healthcare and my needs and preferences are taken into account.  
• The treatment I receive is appropriate to my diagnosed condition and past medical history.  

**Personal commitment:**  
• I will work with the service provider to support my own health improvement. For example, completing my course of medication. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Review of data (links to governance domain – data for improvement) | • The organisation has capacity to understand, appropriately analyse and present safety-related data and information to relevant audiences.  
• The organisation has mechanisms in place to actively collect, integrate and analyse safety information from across the organisation, and uses it to support organisational learning and sustainable improvements. For example, adverse events, quality indicators, claims, clinical audits, routine data, observations and informal conversations with patients or service users, families and staff.  
• The organisation reviews data to anticipate potential risks to safety, such as staff or equipment shortages, and takes proactive action on potential threats.  
• The organisation maintains a questioning approach (such as using scenario planning) even when data suggests things are going well.  
• Safety information is reviewed regularly at operational and relevant committee level.  
• The organisation can demonstrate reliable delivery of the Scottish Patient Safety Programme patient safety essentials to all patients who can benefit, including regular assessment and reporting through clinical governance and assurance mechanisms ‘Patient Safety Essentials’ and ‘Safety Priorities’ for Acute Adult Safety (CEL19/2013).  
• A robust methodology is in place to ensure adverse events are thoroughly reviewed by suitably trained staff so that all contributing factors and root causes are identified and any recommendations and improvements can be implemented successfully.  
• Trends and significant outliers are discussed at Board level. | • Review of performance data for adverse events, complaints, claims, health and safety, key performance indicators, locum or bank nurse use. For example, agendas and minutes of relevant meetings.  
• Trend data, reports and key issues discussed at the Board and clinical governance committee.  
• Annual report on patient or service user feedback, comments, concerns and complaints.  
• Scenario planning reports or reviews. | • I feel confident that the service provider reviews a variety of data and feedback to build up a picture of the quality of care, to drive improvement. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing safety (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting on data and review findings</td>
<td>• The organisation regularly uses patient or service user experience data and feedback, and identifies trends, to inform quality improvement initiatives and improve care.                                                                 // • Key themes from patient or service user, family, carer and staff feedback, complaints and adverse events are regularly reviewed at Board level (including volume, timescales, upheld rates or response satisfaction levels). // • Complaints and adverse events are regularly discussed at ward or department level. // • There is evidence of action following informal or formal debriefs, adverse events, safety walkrounds, inspections, audits, complaints or performance data. // • Action plans are monitored for progress and completion, including the effectiveness of any changes implemented. // • The organisation focuses on improvement data, learning, feedback and action rather than simply collecting data.</td>
<td>• Reports and action taken following patient or service user feedback. // • Action plans monitored and completed following reviews, inspections, audits and significant adverse events. // • Evidence of action plans and outstanding actions being discussed at relevant operational or governance meetings.</td>
<td>• I feel confident the service provider shares learning from adverse events and complaints to help prevent similar events happening again.</td>
</tr>
<tr>
<td>(links to governance domain – performance data for improvement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing learning</td>
<td>• Learning from safety related complaints, inspections, internal audit and adverse events is shared promptly across the organisation with relevant staff, including actions and improvements as a result of the learning. // • Relevant learning from adverse events is shared at a national level through the adverse events community of practice learning portal.</td>
<td>• Evidence of learning shared within the organisation, such as the intranet, staff newsletter, discussion at meetings or handovers. // • Staff awareness of shared learning and the background context. // • Evidence of learning shared at a national level. For example, through adverse events community of practice, alerts to other service providers or sharing at network meetings.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing safety (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Learning from outside the organisation     | • The organisation keeps itself informed of learning from external safety events or resources. For example, learning from other service providers, Scottish Public Services Ombudsman reports, national alerts or international research.  
• The organisation reacts promptly to UK reports on infection prevention and control and safety, and issues new or revised guidance to staff where relevant. | • Evidence of learning compiled from external sources.  
• Changes to guidance or practice following learning. |                                                                                  |
| (links to effectiveness domain)            |                                                                                                                                       |                                                                              |                                                                                  |

**Effectiveness domain**

**Outcome Statement:** The organisation translates strategy into operational delivery through appropriate clinical and operational planning, processes and procedures (and implementation of these), and actively managing resource and capacity constraints.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing effectiveness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Planning | • The organisation focuses design and delivery of its services around the capacity to meet demand for its services.  
• Processes are designed, implemented and reviewed to ensure the efficient delivery of safe, effective and person-centred care.  
• There is good connection and communication between strategic planning, service redesign and clinical or operational services. | • Strategic and operational planning reports.  
• Evidence of clinical involvement in detailed planning.  
• Feedback from staff and patients or service users. |                                                                                  |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing effectiveness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Capacity, capability and resource allocation | • The organisation (and leadership at all levels) understands the level of demand on particular services and the elements that constrain smooth patient or service user flow.  
• Leadership (including operational leadership) design processes and make effective decisions to meet the known demand for the organisation’s services.  
• Care systems are sufficiently well resourced and regularly reviewed to ensure adequate distribution to support delivery of appropriate services.  
• Decision-making behind the allocation of resources is clear and transparent, such as the prioritisation of resources against need.  
• The organisation is aware of and demonstrates flexibility to respond to broader social, political, economic and contextual factors. For example, regulatory demands and devising strategies to actively manage them.  
• Staff have capacity to follow policies and procedures and have suitable facilities and equipment to deliver safe and effective care.  
• The organisation has capacity to avoid unacceptable delays to the assessment, treatment, discharge or transfer of patients or service users.  
• The organisation understands existing or potential future issues of capacity and capability and puts in place measures to manage them.  
• The organisation reflects on whether current structures and committees are suitable and enable timely action to be taken.  
• There are sufficient resources in place, including technological resources, for the delivery of safe and effective care. | • Reviews of workforce plans, bed occupancy, discharge data, patient flow, capacity and capability. For example, meeting agendas, minutes and papers, audits and action plans.  
• Review of performance reports on targets and key performance indicators.  
• Staff retention and recruitment strategies.  
• The Board’s awareness of compliance data and key outliers.  
• Feedback from patients or service users, staff and stakeholders. | • Services and support are available to me when I need them.  
• The right care for me is delivered at the right time.  
• Where relevant, the care provider takes reasonable and practical steps to comply with the treatment time guarantee.  
• I can rely on staff to turn up when they say they will (or be notified if there is a change of plan) and they will do what they say they will.  
• I am kept informed of any delays to my appointment or treatment date or time.  
**Personal commitment:**  
• Where possible I will attend appointments at the allocated time or will notify the service provider if I am unable to attend.  
• Where possible, I will make full use of the resources that are available to me. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing effectiveness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuity of care</strong></td>
<td>• The organisation optimises patient or service user flow to provide a smooth journey for the patient or service user.</td>
<td>• Patient or service user feedback.</td>
<td>• I can expect appropriate plans to be put in place to support a smooth transfer to my next care setting.</td>
</tr>
<tr>
<td></td>
<td>• Sufficient staffing and services are available and joined up to provide a smooth patient or service user journey. For example, allied health professional staff, pharmacists, dieticians, speech and language therapists.</td>
<td>• Patient journey, pathway modelling or shadowing exercises.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The patient or service user’s needs and preferences and access to services, such as pharmacy and allied health professional staff, are considered in transitions and handovers of care.</td>
<td>• Staff feedback.</td>
<td></td>
</tr>
<tr>
<td><strong>Policies and procedures</strong></td>
<td>• The organisation has required policies, procedures and legal measures to support the delivery of high quality and safe care. For example, for complaints, adverse events, and child protection.</td>
<td>• Relevant and appropriate policies, standard operating procedures (SOPs), guidance and flow charts to guide staff.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff know how to access and follow policies and procedures and can easily view them. For example, through the intranet or shared folders.</td>
<td>• Evidence of audit trails through Datix, documentation and action plans.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff understand the policy and procedure for handling complaints and adverse events, including relevant deadlines.</td>
<td>• Performance data on responding to complaints and adverse events in line with the policy deadlines.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The organisation has an effective approach to complaints and adverse event management, including clear lines of responsibility and clear roles.</td>
<td>• Staff feedback.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing effectiveness (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Documentation** (links to governance domain) | • Clearly documented and robust controls are in place to ensure ongoing information accuracy, validity and comprehensiveness. For example, each division or service has a well-documented, well-functioning process for clinical governance that assures the Board of the quality of its data; electronic systems are used where possible to generate reliable reports with minimal ongoing effort; and information can be traced to source and is signed off by owners.  
• Systems are used to provide an audit trail, such as Datix or document management system.  
• Version control is evident on policies and key documents.  
• Appropriate forms are used for record-keeping and case management.  
• If patients or service users have been transferred between care areas or services, the reason for transfer is clearly documented and is clinically appropriate. | • Demonstration of documentation control policies and guidance in practice. For example, use of version control on policies, guidance and reports.  
• Appropriately completed care plans, case records, documentation and Datix.  
• Staff feedback on accessibility and understanding of policies and procedures.  
• Patient or service user feedback. | • My personal information is stored securely and is only shared with those involved in my care (or those I have agreed to share with).  
• My care record includes up-to-date information on relevant aspects of my care. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing effectiveness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Clinical excellence (including standards, indicators and audits) | • Care services are based, as far as possible, on nationally agreed best practice or relevant rigorous science and research. For example, Scottish Intercollegiate Guidelines Network (SIGN) guidelines, best practice statements and knowledge developed and shared through Managed Clinical Networks or conferences.  
• The organisation has a robust process for reviewing national standards, indicators and guidelines (including new ones) and implementing these as required.  
• The organisation has mechanisms in place to self assess against recognised external standards, indicators or best practice, such as Royal Colleges, Healthcare Improvement Scotland standards or professional code of conduct.  
• The organisation is aware of those evidence-based activities which yield the maximum benefit and works to implement them where possible.  
• Care excellence and the sharing of learning is supported by staff from multidisciplines who work and communicate effectively together to bring about the best practical outcome for those in their care.  
• The organisation ensures that all frontline staff are aware of the legislative requirements, and their application. For example, for patients with a cognitive impairment or incapacity, or application of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).  
• Current and evidence-based advice on the use of medicines is readily available to relevant staff when making clinical decisions about medicines use.  
• The organisation has clear expectations for care excellence, such as care bundles or pathways, and uses local and national audits and initiatives to monitor reliability.  
• Clinicians and managers are involved in regional or national discussions, such as Managed Clinical Networks, regional planning groups, social care or voluntary sector. | • Reviews of standards, evidence or best practice, including changes implemented as a result.  
• Local audits such as junior doctor audits or Scottish Patient Safety Programme audits.  
• Staff guidance, standard operating procedures and policies.  
• Use of evidence-based clinical or care pathways or care bundles.  
• Implementation of relevant Scottish Intercollegiate Guidelines Network, Scottish Medicines Consortium, Area Drug and Therapeutics Committee guidance.  
• Observation of care.  
• Senior management walkrounds, including action plans.  
• Minutes of relevant meetings such as operational, departmental medical or surgical groups or management, and actions taken forward.  
• Minutes of morbidity and mortality meetings and action taken.  
• Examples of learning being shared.  
• Staff involvement in collaborative groups or work programmes. | • Throughout my care, including diagnosis, treatment and ongoing support, I receive the most effective and appropriate clinical interventions given my personal circumstances and preferences.  
• I feel confident there is a process for measuring and reviewing clinical treatment and care provided against best practice guidelines.  
• I feel confident that any concerns I have about my clinical treatment will be properly dealt with by the appropriate organisation. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing effectiveness (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge management</td>
<td>• The organisation has an effective knowledge management strategy that supports evidence-based and transparent decision-making in relation to patient or service user care.</td>
<td>• Practical use of a knowledge management strategy or system that provides quality data.</td>
<td>• I feel resources are used appropriately.</td>
</tr>
<tr>
<td></td>
<td>• The organisation has staff with capabilities in data collection and analysis, development and display of measures in dashboards or scorecards, how to measure success and use of data for improvement.</td>
<td>• Evidence of training provided on knowledge management, data analysis, reporting and improvement.</td>
<td><strong>Personal commitment:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Staff feedback.</td>
<td>• I will help to reduce waste within the NHS. For example, only ordering what repeat medication I need..Material:</td>
</tr>
<tr>
<td>Cost effectiveness</td>
<td>• The organisation reviews the cost effectiveness of its activities and focuses on how it might do things differently by using resources more effectively (while supporting safe quality care).</td>
<td>• Strategic plans or resource planning reports.</td>
<td></td>
</tr>
<tr>
<td>and waste reduction</td>
<td>• The organisation works to identify and avoid waste of resources, such as equipment, supplies, ideas and energy and evidence or research results are used to drive waste reduction.</td>
<td>• Implementation of Scottish Medicines Consortium or Scottish Health Technologies Group recommendations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Local economic interventions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Meeting minutes and action plans to reduce waste.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing effectiveness (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Staff communication and team working | • There is effective communication between management, clinicians, patients or service users and partner organisations.  
  • The organisation works with everyone involved in delivering healthcare services to gain their commitment to strong visible and effective involvement and leadership which ensures a real shared ownership of the challenges and solutions.  
  • There is evidence of effective multidisciplinary team working which promotes safe, effective and person-centred care.  
  • There is evidence of robust communication across the team, such as handovers, team meetings, team newsletters or team cascade discussions. | • Staff feedback.  
  • Patient or service user feedback.  
  • Stakeholder feedback.  
  • Evidence of effective communication, such as staff newsletters, intranet, de-briefs.  
  • Evidence of collaborative working.  
  • Joint strategic plans or shared learning agreements.  
  • Staff involvement in workshops, meetings, communication.  
  • Team meeting or workshop minutes. | • I can expect effective team working, including communication between consultants, doctors, nurses, allied health and social care professionals. |
**Leadership domain**

**Outcome Statement:** The organisation is well led. The leadership and management of the organisation drives the delivery of high quality, safe, person-centred care, supports learning and improvement, and promotes an open and fair culture.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing leadership (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>• There is clear vision, values and aims for the organisation which support quality improvement and are easily understood and appreciated by staff, patients, carers and stakeholders.</td>
<td>• Corporate objectives and values.</td>
<td>• The service provider has a clear statement of the organisation’s purpose.</td>
</tr>
<tr>
<td></td>
<td>• Leadership drives improvement through clear strategic direction. This might include an executive director with expertise in assessing and improving quality, change management and national healthcare policy.</td>
<td>• Strategic plans, such as Local Delivery Plans.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Board members actively influence and drive policy and strategy to encourage continuous improvement.</td>
<td>• Evidence of common values, such as staff involvement in workshops, communication materials (posters, newsletters, intranet, website), leadership and staff objectives.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Common objectives are developed and shared to support the organisation's vision and direction.</td>
<td>• Staff understand the vision and aims of the organisation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Care services are centred on helping to maintain or improve the quality of life of people who use those services.</td>
<td>• Strategic plans (such as Local Delivery Plans) are in place and are regularly reviewed and adapted in response to external or internal drivers and needs.</td>
<td></td>
</tr>
<tr>
<td>Motivating and inspiring</td>
<td>• The organisation shows commitment to a culture of learning and promoting continual professional development of staff.</td>
<td>• Feedback from staff (formal or informal), such as surveys, meetings, workshops and appraisals.</td>
<td>• I am confident that the organisation has effective leadership and governance and that it promotes an organisational culture committed to continuous improvement.</td>
</tr>
<tr>
<td></td>
<td>• Staff with leadership roles demonstrate positive leadership behaviours which inspire enthusiasm and confidence in others.</td>
<td>• Evidence of improvement following adverse events, complaints or alerts, such as meeting minutes, shared reports or service changes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff can describe how learning from adverse events, outbreaks, complaints, patient or service user feedback have reduced risk, prevented recurrence, promoted resilience or improved service delivery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff describe the culture and morale in generally positive terms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff would recommend the organisation as a good place to work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Poor or unacceptable levels of patient or service user care are not tolerated by leaders and staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing leadership (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Empowering   | • The organisation fully supports an open and fair culture. When things go wrong, staff feel able to openly report them, and the organisation's focus is on identifying failures in the system, rather than seeking to blame specific individuals.  
• There are clear roles, responsibilities and accountabilities for leaders and managers in relation to improving safety and quality of care.  
• The responsibility of individual leaders is clearly owned (as opposed to shared leadership where responsibility is diffused).  
• The delegated level of authority supports managers to make decisions locally and there are clear lines of escalation for issues to be raised.  
• The management and leadership structure is clear to staff, there is evidence of it working in practice, and there is little ambiguity between leadership roles.  
• Staff know who to go to for support on a clinical or operational issue and have easy access to that support.  
• Senior managers, leaders and Board members are visible and accessible to staff. | • Clear leadership objectives and responsibilities which are shared with staff.  
• Management meeting minutes featuring discussion of quality and safety issues and evidence of actions taken forward.  
• Clear escalation policies and schemes of delegation.  
• Clear organisation structure which is understood by staff and stakeholders.  
• Feedback from staff and stakeholders.  
• ‘Being Open’ policies or guidance.  
• Attendance of leaders and Board members on quality and safety walkrounds, ward visits or staff meetings ‘Patient Safety Essentials’ and ‘Safety Priorities’ for Acute Adult Safety (CEL19/2013). | |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing leadership (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Creativity and innovation| • Leadership identifies opportunities for innovation, improvement and areas of focus for the organisation.  
• Leadership actively seeks out good practice both within and outside the organisation.  
• Leaders and staff are aware of the most important aspects of improving quality and safety across the organisation.  
• Leadership responds well to new challenges or obstacles and tackles problems head on.  
• Leadership is aware of sustainability issues and gaps in service provision and is working to address these.  
• Decision-making at leadership level is risk based, informed and transparent, and informed by appropriate use of data.  
• The organisation has mechanisms in place to support leaders to understand key issues, prioritise issues and actions to address and to then implement improvement.  
• The organisation has staff with expertise in change management and performance improvement.                                                                                                                                                                                                                           | • Strategic plans focused on improving quality and safety.  
• Implementation of improvement plans or programmes, new ways of working and good practice.  
• Focus on innovation and positive change reflected in communications, such as the intranet, newsletters, staff meeting minutes, shared reports, formal de-briefs and small tests of change.  
• Evidence of effective decision-making. For example, in meeting minutes, Datix, staff newsletter, intranet, service provider website and stakeholder letters.  
• Prioritised actions or improvement plans.                                                                                                                                                                                                                                                                       |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing leadership (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Collaborating and influencing    | • Leaders appear to be well respected by staff, stakeholders and partner organisations.  
• The organisation proactively engages with stakeholders (patients or service users, public, carers, staff, public representatives, partner organisations, independent sector and Scottish Government) to ensure that their interests are taken into account in developing and delivering services and helping drive innovative strategic and operational improvement in safety and quality of care.  
• The organisation works with colleagues in partner organisations to build collaborative leadership capacity and enable innovation and appropriate risk-taking across organisational boundaries.  
• The organisation is able to demonstrate how collaborative working is leading to improved outcomes for those who use its services.  
• Reasons behind tough decisions, such as having to prioritise services or improvements, is transparent to staff and stakeholders. | • Stakeholder engagement or communications plan.  
• Examples of patient, staff and stakeholder engagement activities, such as public meetings, joint meetings, workshops, feedback mechanisms and outputs.  
• Feedback from patients, service users, staff and stakeholders. |
Governance domain

**Outcome Statement:** The organisation has effective accountability, governance and performance management systems in place to provide assurance that high quality care is provided.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing governance (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Strategic direction           | • The Board sets a clear strategy for the organisation.  
• The strategy is translated into a clear strategic plan that includes priorities and deliverables at organisational, directorate, team and individual level.  
• The organisation undertakes comprehensive strategic planning which involves the public and all local partners and agencies in identifying the needs of the population and how services will be provided safely and of a high quality to best meet these needs. | • Strategic plans.  
• Involvement of public, stakeholders and staff in developing strategy.  
• Work undertaken to determine public, staff and stakeholder needs and requirements (consultation events, workshops or surveys).  
                                                                                                                                          |                                                                                                                                                                                                                   |
| Assurance framework          | • A framework exists to support the Board to assure itself that the performance of the organisation is as safe as it can be.  
• The organisation shows commitment to publicising relevant performance information for patients or service users.  
• The Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.  
• The Board receives patient outcomes, patient experience, patient access and patient feedback information as a routine part of Board meetings to inform and shape practice.  
• The organisation has an integrated approach to governance and draws from all sources such as adverse event reviews, clinical risks, Scottish Patient Safety Programme datasets, safety alerts, risk notices, complaints, claims, patient or service user care experience, staff experience, trainee feedback, prescribing data, unexpected deaths, Hospital Standardised Mortality Ratios and triggers highlighted from clinical audits or case note reviews. | • Board and audit committee papers, minutes, objectives, terms of reference.  
• Annual governance statement.  
• Governance reviews.  
<pre><code>                                                                                                                                      | • I can access information to tell me how well the organisation is performing.                                                                                                                                   |
</code></pre>
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing governance (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board assurance</td>
<td>• The Board can articulate its governance processes for assuring the quality of treatment and patient or service user care.</td>
<td>• Minutes of Board meetings demonstrating discussion on pertinent issues, such as waiting time breaches, staff shortages and delayed discharges.</td>
<td>• Examples of patient or service user experience (such as patient or service user stories) are used in Board meetings to demonstrate the care being provided.</td>
</tr>
<tr>
<td></td>
<td>• The Board is assured that clinical governance is subject to rigorous challenge, including review through the audit committee or relevant improvement-focused committees and sub-committees, including full non-executive director involvement.</td>
<td>• Evidence of patient or service user/staff feedback provided to the Board. For example, through patient or service user stories and ward walkround action plans.</td>
<td>• The majority of Board members are independent and are there to represent the community.</td>
</tr>
<tr>
<td></td>
<td>• Non-executive directors understand their roles and responsibilities and challenge executives, to seek assurance that effective governance systems are in place and working well within the organisation.</td>
<td>• Board performance data reports, such as key performance indicators, adverse events, complaints, infection control, mortality and waiting times.</td>
<td>• Quality and safety is a core part of Board meetings.</td>
</tr>
<tr>
<td></td>
<td>• The agenda for Board meetings clearly reflects the organisation’s priorities and places emphasis on person-centredness, safety, effectiveness and productivity.</td>
<td>• Board member participation in safety walkrounds or visits to operational areas.</td>
<td>• I can attend Board meetings as an observer.</td>
</tr>
<tr>
<td></td>
<td>• Board members routinely participate in walkrounds or discussions with staff and stakeholders to enable them to understand the level of care and treatment provided to patients or service users and the issues facing staff.</td>
<td>• Observing Board meetings.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The organisation uses a range of approaches to ‘bring patients or service users into the boardroom’, for example, patients or service users stories, face to face discussions, video diaries, ward rounds, patients or service users shadowing.</td>
<td>• Examples of patient or service user experience (such as patient or service user stories) are used in Board meetings to demonstrate the care being provided.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Board meetings feature discussion on negative as well as positive news.</td>
<td>• The Board is kept informed of serious and ongoing issues and recognises the links between staffing, quality outcomes and safety.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The Board is kept informed of serious and ongoing issues and recognises the links between staffing, quality outcomes and safety.</td>
<td>• Board members challenge performance data, such as mortality and infection rates, waiting times and admissions, to support assurance that it is reflective of what is happening operationally.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The Board and leadership maintain a state of intelligent wariness even in the absence of poor outcomes (to avoid the pitfall of ‘it could not happen here’).</td>
<td>• The Board provides constructive challenge and advice to define and agree clear improvement targets.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing governance (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Governance committees | • The governance committees discuss issues relating to safety and quality of care. For example, key relevant national priority indicators and regulatory requirements, safety and care experience metrics, clinical effectiveness indicators, ‘advance warning’ indicators, adverse events, measures of harm (such as the Global Trigger Tool), patterns of complaints, or qualitative measures.  
• Findings from safety data, audits, performance data and safety walkrounds are collated and reviewed to identify trends and any gaps or inconsistency with the data.  
• The governance committees discuss learning from audits and data and resulting action taken. | • Governance committee papers, minutes.  
• Performance dashboards, scorecards or reports.  
• Reports on safety and quality.  
• Audit plans.  
• Action plans and evidence of action taken. | • I can expect the leadership and care teams to work together to monitor, minimise and manage risks, to help deliver safe care.                                                                                                                                                                                                                                           |
| Governance system and processes | • Effective risk management systems are in operation which identify clinical, legislative, finance and other risks and are focused on the safety of patients or service users.  
• An infrastructure exists to support data collection and reporting, and systems are in place to effectively and efficiently capture, assure, analyse and report data.  
• The organisation has a strong performance management system in place.  
• The organisation has systems that support staff to do the right thing and take action in a timely manner.  
• There is regular and active monitoring of governance plans and implementation.  
• Staff at all levels of the organisation can describe key elements of the governance process, including how concerns raised are escalated through the governance structure. | • Recording and reporting systems.  
• Evidence of quality monitoring processes, such as central risk and governance monitoring and reporting.  
• Evidence that staff follow relevant procedures.  
• Evidence of clinicians, staff and managers sharing pertinent documents and information to support safe quality care.  
• Evaluations and improvement plans. | |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing governance (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Risk management and audit (links to safety domain – approach to risk) | • Operational and organisational risks are formally identified, reviewed and subsequently controlled with evidence of action to mitigate risks to quality.  
• Audit plans and processes are in place to monitor performance against key indicators, such as infection control, environmental, health and safety audits.  
• Re-audits are undertaken to assess performance improvement. | • Audit committee or clinical governance papers and minutes reflecting discussion and agreement on risk management and governance.  
• Up-to-date and actively managed risk registers.  
• Audit plans, completed audits and resulting action taken. | • The service provider publicly reports on the effectiveness of its risk management arrangements through an annual statement of internal control. |
| Management team monitoring | • Management teams regularly discuss performance data, such as infection rates, mortality, waiting times, bed occupancy and boarding, delayed discharge, length of stay, theatre use, adverse events, complaints and child protection breaches.  
• Management teams put in place controls or plans to manage issues highlighted by the performance data or raised by patients or service users, staff and stakeholders.  
• Management teams discuss issues raised by external health reports, such as the Mid Staffordshire, Berwick, Keogh or Vale of Leven reports, in relation to their own organisation’s practice and performance to identify any areas for improvement. | • Minutes of management team meetings.  
• Action plans.  
• Strategic plans. |  |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing governance (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Performance data for improvement (links to safety domain - review/act on data) | • The Board receives sufficient high quality information to enable the Board to make effective decisions, assess risks and hold Directors to account for the organisation’s performance (including results of trainee surveys and variation to care outcomes, such as suicide or maternal deaths).  
• Leadership and Board actively discuss and review performance data and information, including adverse events, complaints, claims, inspection findings, patient or service user feedback to help gain assurance that appropriate action is taken and learning is shared.  
• The organisation provides meaningful information and data to governance committees and the Board which can be easily interpreted and understood.  
• The organisation uses data not just for assurance, but also for improvement.  
• The organisation acts upon data and information gathered from quality outcome measures, clinical or care outcomes and other audit methodologies.  
• All levels of the organisation understand the importance of performance data, how to interpret data and to use the information effectively to support improvement work. For example, how individuals, teams, hospitals and the Board learn from patient or service user deaths.  
• Where relevant, the organisation benchmarks its performance against peer organisations or services to gain insight into potential areas for development or improvement. | • Performance data information, reports and dashboards, including outcomes, clinical measures and audits.  
• Improvement plans.  
• Follow-up action plans.  
• Meeting minutes.  
• Patient or service user feedback.  
• Staff feedback.  
• Evidence that relevant managers have access to the data and reports. | • Information on quality and process outcomes are publicly available and easy to access. |
**Workforce domain**

**Outcome Statement:** The organisation has a proactive approach to workforce planning and management, and staff feel supported to deliver safe and high quality care.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing workforce (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Workforce planning, monitoring and deployment | **Planning (supply and demand)**  
  - The organisation fully evaluates and communicates the demand for services and undertakes regular and robust workforce planning activities to ensure appropriate staffing levels and skills mix are deployed to match service requirements and safeguard safety (including out-of-hours and weekend services).  
  - The organisation takes a proactive approach to workforce planning, including anticipating possible workforce restraints, and having plans to mitigate service or care disruption to help safeguard future delivery.  
  - The organisation understands the need for and performs contingency planning to ensure sufficiently skilled resources are in place to adequately cover unscheduled events.  
  - The organisation understands the current skills mix of the workforce and anticipates future requirements to ensure sufficient resources are available to meet demand. |  |  |  |  |
|  | **Monitoring**  
  - The organisation regularly monitors workforce indicators or ratios and takes appropriate action to:  
    - ensure appropriate staffing is in place to maintain service delivery and care levels  
    - maximise use of resources and their effectiveness.  
    - minimise the risk of resource and skill gaps occurring, and  
    - measure performance, benchmark reporting and identify areas of improvement. |  |  |  |  |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing workforce (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce planning, monitoring and deployment (continued)</td>
<td><strong>Deployment and alignment</strong>&lt;br&gt;• Through robust planning and monitoring, the organisation ensures that sufficiently skilled resources are deployed appropriately to meet service or care demands, such as availability of appropriately qualified and registered staff.&lt;br&gt;• Resources are aligned with the organisation’s strategic and operational priorities.</td>
<td>• Workforce development plan.&lt;br&gt;• Workforce planning papers.&lt;br&gt;• % of appraisals completed, use of the NHS Knowledge and Skills Framework.&lt;br&gt;• Staff feedback on any perceived gap in skills and skills mix.&lt;br&gt;• Training needs analysis.&lt;br&gt;• Availability of suitably trained staff to support vulnerable patients or service users. For example, trained in child protection and dementia care.&lt;br&gt;• Evidence of softer skills, such as staff treating patients or service users with dignity.&lt;br&gt;• Professional registration, training records, continuing professional development (CPD), competency checks.</td>
<td>• My care is delivered by people who are appropriately skilled to undertake their role.&lt;br&gt;• Staff providing my care comply with the rules and standards set by their professional bodies, such as the code of conduct or relevant legislation.</td>
</tr>
<tr>
<td>Staff skills</td>
<td>• There is a strategic plan for developing staff capacities and skills to improve clinical care and services, such as effective clinical governance, leadership programmes, staff governance, and Board, workforce or organisational development.&lt;br&gt;• The organisation regularly reviews staff skills and the skills mix within teams to support safe and effective delivery of care, such as training needs analysis.&lt;br&gt;• Staff skills are reviewed through formal appraisals, such as the NHS Knowledge and Skills Framework (KSF).&lt;br&gt;• Staff demonstrate appropriate skills when communicating with patients, service users, family and carers, particularly those involved in adverse events and complaints.&lt;br&gt;• All members of staff have a clear understanding of their roles and responsibilities and demonstrate accountable for their actions and behaviours.</td>
<td>• Workforce development plan.&lt;br&gt;• Workforce planning papers.&lt;br&gt;• % of appraisals completed, use of the NHS Knowledge and Skills Framework.&lt;br&gt;• Staff feedback on any perceived gap in skills and skills mix.&lt;br&gt;• Training needs analysis.&lt;br&gt;• Availability of suitably trained staff to support vulnerable patients or service users. For example, trained in child protection and dementia care.&lt;br&gt;• Evidence of softer skills, such as staff treating patients or service users with dignity.&lt;br&gt;• Professional registration, training records, continuing professional development (CPD), competency checks.</td>
<td>• My care is delivered by people who are appropriately skilled to undertake their role.&lt;br&gt;• Staff providing my care comply with the rules and standards set by their professional bodies, such as the code of conduct or relevant legislation.</td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing workforce (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Staff involvement| • Staff feel involved and are supported to continuously improve the information, support, care and treatment they provide.  
• Staff feel consulted and involved in decisions that affect their role, leading to a feeling of ‘shared ownership’.  
• Working relationships between senior leadership, middle management and senior clinical staff are effective.  
• There is effective communication between staff, for example within their teams and with peers in other areas.  
• The organisation has a clinical engagement strategy and leadership take into account clinical opinion when making decisions.  
• Staff feel comfortable speaking out when they see inefficiency, poor practice or better ways to do things.  
• The organisation engages staff in planning its vision, values and aims.  
• Management listen and respond to staff opinions or issues that are raised.  
• Staff receive feedback after they have raised or escalated an issue or reported an adverse event or poor practice.  
• Feedback from trainees through the NHS Education for Scotland (NES) or General Medical Council (GMC) surveys, is reviewed at Board level.  
• There is good support and teaching for medical staff in key specialties.  
• Action is taken in response to staff surveys, feedback and discussions (including formal action plans) and this is communicated to staff in a way that links their feedback to the resulting improvements.  
• Staff are supported to continuously improve quality and safety of care. | • Clinical engagement strategy.  
• NHSScotland staff survey.  
• Service provider staff survey.  
• Minutes of operational meetings or workshops involving staff discussion or feedback.  
• Trainee survey results.  
• Outcomes from NHS Education for Scotland or General Medical Council quality assurance visits regarding training.  
• Board meeting minutes featuring discussion on trainee survey results.  
• Action plans from staff feedback or safety walkrounds.  
• Evidence of feedback provided to staff following adverse events or complaints.  
• Evidence of staff involvement in improvement programmes or small tests of change. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing workforce (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff empowerment</td>
<td>• Staff are empowered with responsibility and freedom to act to manage issues locally, where appropriate, such as resolving complaints or managing near misses.</td>
<td>• Staff feel comfortable escalating issues where required.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff demonstrate good values, behaviours and professionalism.</td>
<td>• Staff demonstrate confidence to challenge poor practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff are supported and empowered to challenge colleagues to provide safe and effective care.</td>
<td>• Whistleblowing policy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The organisation's whistleblowing policy is easily accessible and staff know how to find it.</td>
<td>• Staff know how to access counselling services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff involved in adverse events have access to counselling support if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Potential factors to consider in reviewing workforce (what good might look like)</td>
<td>Evidenced by</td>
<td>Potential person-focused outcomes (what I can expect as a patient or service user)</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Staff recruitment, training and development  | **Recruitment and induction**  
- The organisation has effective recruitment processes to ensure candidate references are checked, and appropriate disclosure and Protecting Vulnerable Groups (PVG) membership is in place.  
- Staff receive appropriate induction, training and development and use the NHS Knowledge and Skills Framework and Performance Development Plan (PDP) relevant to their role.  
- Agency, bank staff, locums and temporary staff are suitably inducted and trained to deliver high quality care.  

**Training**  
- The organisation has in place a programme of mandatory training for staff to support safe quality care, which includes appropriate training to prescribe, dispense and administer medicines.  
- All staff, including Board members, are trained effectively and properly supported.  
- The organisation has a range of training methods to give staff the opportunity to learn from each other's experiences.  
- Where appropriate, staff receive health assessments and immunisations to ensure they are safe to undertake exposure prone procedures.  

**Development**  
- The organisation supports and develops its workforce to enable staff to provide high levels of care.  
- The organisation develops the leadership skills of those responsible for leading teams.  
- The organisation has sufficient number of staff trained to appropriately lead and participate in adverse event reviews, claims and complaints. For example, investigative methodologies, techniques and analysis (including human factors) and report writing.  
- Staff are supported to understand a typical full patient or service user journey or pathway (not just the aspect of the pathway relevant to their role). |  
- Recruitment policy and procedures (including Protecting Vulnerable Groups checks).  
- Evidence of successful recruitment, such as timescales and trend analysis.  
- Evidence that staff and their line managers use the NHS Knowledge and Skills Framework and Performance Development Plan framework.  
- Training and education programme in place, including mandatory training to support safe quality care.  
- A range of training methods available.  
- Training and education attendance and achievement records.  
- Training evaluation reports.  
- Continuing professional development guidance.  
- Staff feedback.  
- Induction materials for staff including bank, locum and agency staff.  
- Revalidation evidence.  
- Evidence of monitoring locum staff.  
- Evidence of regular reporting to the Board on use of locums. |  
- The service provider follows effective procedures when recruiting staff and carries out appropriate qualifications, skills and training, references and background checks.  
- I am confident that staff delivering care are suitably trained and use their learning to ensure care is safe, effective and person-centred. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing workforce (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Performance       | • The organisation has a staff capability policy and poor performance is appropriately managed.  
• The organisation has a system for addressing under performance and recognising and incentivising good performance at individual, team and service level.  
• Consultant job plans are signed off and annually monitored.  
• Clinicians are aware of their professional responsibilities and demonstrate an active and positive approach to their duty of care. | • Policy or guidance on capability and performance.  
• Performance management system.  
• Evidence that all consultant job plans are signed off.  
• Appraisal and revalidation data.  
• Staff feedback on level of professionalism within the organisation. |                                                                                                                                         |
## Quality improvement domain

**Outcome Statement:** The organisation provides care that is respectful and responsive to individual needs, preferences and values, and it uses feedback to improve the quality of care.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing quality improvement (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Focus on quality improvement and progression towards an improvement culture | • The term ‘Quality’ has a shared, collective meaning, value and significance within the organisation.  
• Leadership encourages both ‘top-down’ (formal, planned) and ‘bottom-up’ (informal, emergent) approaches to quality improvement.  
• The organisation has a considered, resourced and driven agenda of capability-building to deliver continuous improvement. For example, people with the confidence and knowledge to lead change for other individuals and groups.  
• Quality improvement is a core part of main Board meetings, both as a standing agenda item and as an integrated element of all major discussions and decisions.  
• Quality performance is discussed in detail each month by quality focused Board governance committees and is presented in a way that is easy to interpret.  
• The Board and senior leadership take an active leadership role in improvement and commit resources (time and money) for delivering quality improvement initiatives.  
• The organisation always considers the needs of the patient or service user when developing innovative improvement ideas.  
• The organisation identifies the most pressing gaps between what is possible and what is currently being achieved through service delivery. For example, patient or service users’ experience of care, use of organisation resources or achievement of targets.  
• The organisation inspires, energises and mobilises people to take forward quality improvement initiatives.  
• The organisation provides training to employees on quality improvement methodology and encourages its application internally. For example, through follow-up action plans supported by trained or experienced improvement advisors or champions.  
• The organisation entrusts staff with delivering relevant quality improvement initiatives.  
• The organisation brings together experts (internally, externally or both) to develop change packages.  
• The organisation ensures that the national standards in delivering person-centred, safe, effective and efficient care are being delivered.  
• The organisation responds in a positive way when problems are raised. | • Communications to staff, patients or service users, stakeholders featuring improvement.  
• Improvement plans.  
• Quality improvement guidance and programmes.  
• Strategic plans.  
• Suitably trained or experienced improvement advisors, champions or coaches. | • I feel that the services I am using are continuously improving.  
• My experiences and feedback are used to inform and shape improvements in the delivery of care. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing quality improvement (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Quality improvement processes, systems and programmes | • The organisation designs physical systems and technological infrastructures that support improvement and quality of care.  
• The organisation has a range of systems for knowledge management such as IT systems, but also other ways of getting knowledge into and across the organisation.  
• The organisation actively engages patients or service users, public, staff and other key stakeholders on quality improvement and feedback is used to drive improvement.  
• The organisation has a system or process in place to enable it to apply an evaluation framework to improvement projects it manages or supports.  
• The organisation takes forward national improvement programmes, such as Scottish Patient Safety Programme activities, or care co-ordination for frail older people admitted to acute care. | • Practical use of knowledge management systems and availability of quality data.  
• Knowledge management and evaluation guidance.  
• Evidence of national or local improvement programmes being implemented or tested. |  |
| Evidence-based learning | • The organisation makes judgements on quality improvement based on evaluation of quality indicators, tests of change, feedback and good practice.  
• Reviews of data and evidence drive improvement.  
• Quality improvement outcomes are made public (and accessible) and include objective coverage of both good and bad performance.  
• The organisation has an established horizon-scanning capability to review UK or international reports which have relevant learning for safety, such as infection prevention and control. | • Evidence of collation of data from both internal and external sources and discussion of these in appropriate forums.  
• Evaluation reports or audit reports.  
• Action plans taken forward in response to evidence, audit reports or tests of change.  
• Published data on quality improvement outcomes. | • I am confident that the service provider regularly reviews its performance and this leads to changes in practice and improvements in the standards of care. |
| Recording learning | • Lessons learned from adverse events (including near misses), complaints, inspections, internal audits and claims are clearly recorded.  
• Improvements are implemented and followed up. | • Meeting minutes, de-briefs, newsletters, handovers and shared reports used to share the learning.  
• Action plans or improvement plans implemented and followed up. |  |
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential factors to consider in reviewing quality improvement (what good might look like)</th>
<th>Evidenced by</th>
<th>Potential person-focused outcomes (what I can expect as a patient or service user)</th>
</tr>
</thead>
</table>
| Sharing the learning (links to safety domain – sharing learning and effectiveness domain – learning from outside the organisation) | • The organisation has a variety of mechanisms in place to ensure learning from adverse events, complaints and safety alerts is spread throughout the organisation.  
• Good practice or key themes are identified and shared across the organisation and replicated where relevant and appropriate.  
• The organisation encourages multi-professional learning and sharing about quality improvement.  
• Staff are able to identify improvements made in response to a complaint or adverse event.  
• The organisation shares learning outwith the organisation with relevant stakeholders and partner organisations. | • Variety of mechanisms in place to share learning, such as the intranet, website, posters, workshops and meetings.  
• Published reports or journals relating to quality improvement.  
• Sharing of learning through the national communities of practice, such as the national adverse events learning portal or Managed Clinical Networks. |
The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.