Quality of Care Approach
Quality of Care Organisational Review
A Practical Guide to Self-evaluation
September 2018
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About this document

This document is a practical guide for undertaking self-evaluation against the Quality Framework – evaluating and improving healthcare using the Quality of Care Self-evaluation Tool. It provides advice and suggestions about how to manage the self-evaluation process in your organisation or within a particular service. It is written primarily for the manager(s) or staff member(s) with responsibility for co-ordinating the self-evaluation process.

The guide should be read in conjunction with the Quality of Care Approach organisational review methodology which gives more detail about how self-evaluation feeds into this process.

The benefits of self-evaluation

Having quality information about the outcomes and impacts being achieved can help an organisation to better understand the needs of the people using the service and its staff. Self-evaluation contributes to continuous quality improvement by providing a structured opportunity to assess performance, and based on this, identify opportunities for improvement. Regular self-evaluation forms part of good internal governance and is a key driver for local improvement work. Using self-evaluation for quality improvement, rather than undertaking evaluation only in response to external scrutiny, can inspire greater local ownership of issues and design of more effective solutions.

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

The Quality Framework has been developed primarily to help organisations to undertake self-evaluation. It contains a range of indicators that support a holistic approach, allowing an organisation to ‘tell its story’. Each quality indicator is further broken down into themes and factors to consider how to guide and support the process. These are neither exhaustive nor prescriptive. The framework also allows scope for organisations to self-evaluate and develop the narrative about the quality of the care that they provide using measures that are meaningful and important to staff locally.

Self-evaluation will identify opportunities for improvement. However, this improvement will only happen if there is a subsequent action plan, the identified actions are implemented, and impact monitored and regularly reviewed. Healthcare Improvement Scotland will periodically ask for a copy of the organisational self-evaluation to inform and guide an organisational ‘quality of care review’. However, this should not be the only reason for undertaking self-evaluation. The outcomes of the activity should also be used internally on an ongoing basis to drive improvement.
Preparing for self-evaluation

It is up to you how self-evaluation is carried out and who should be involved. There is no ‘one-size-fits-all’ approach to the process; it will depend largely on the size and structure of your organisation and the resources available. The process can be split into three broad stages.

The following are suggestions to guide each stage of self-evaluation. These are not prescriptive and you may choose to follow alternative or additional courses of action that are more relevant locally.

Stage 1: Planning the self-evaluation

The self-evaluation process against the Quality Framework has been designed to gauge the appropriateness of governance structures, systems and procedures to support staff to consistently deliver safe, effective, compassionate and person-centred care. It is a process of diagnosis and reflection, leading to action where areas for improvement are identified. People’s experience of services is a culmination of the combined efforts of all staff in the organisation, from the executive team to those directly delivering care to patients. Capturing information from these different sources, and from service users, will ensure that a range of perspectives and experiences are considered in the self-evaluation. Creating the right conditions for self-evaluation can save time and increase the rewards from the process by increasing the likelihood of an end product that is jointly owned and identifies relevant improvement areas. The following are suggestions for important factors to consider in the planning stage.

Organisational commitment and buy-in

Before starting the organisational self-evaluation process, it is important to inform and get commitment from senior leadership. This commitment and buy-in to the process gives leaders the opportunity to ensure that appropriate resources are allocated and support is provided as required. Leaders will have a key role to play in considering and implementing any improvement work highlighted through the self-evaluation process. Sharing the background information with the leadership team can help with organisational buy-in and support.

Co-ordination and operational leadership

Ideally, the self-evaluation process should be led and co-ordinated by a nominated member of staff who can liaise with different levels in the organisation, from senior leaders to those involved in direct care delivery. Depending on the size and structure of
the organisation or service, the leader of the self-evaluation exercise may need a small administrative team to support the process. The leader/team will manage the process of collecting the data and evidence, and ensure that the right people are involved in interpreting it and making recommendations.

Understanding the framework and the self-evaluation process

It is important to understand the Quality Framework before starting the process of self-evaluation. The framework provides those responsible for leading and co-ordinating the self-evaluation with information and prompts to stimulate discussion. The framework should be read alongside this supporting guidance and the self-evaluation tool before starting the self-evaluation.

Agreeing an approach that is right for your organisation

It is up to you how the self-evaluation is carried out and who is involved. The most important thing is that information is drawn from a range of sources, perspectives and experiences. The time required to do this will vary between organisations due to size, structure and how services are organised.

Deciding on the range and number of people who need to be involved and their needs

To get a comprehensive picture, it is important to triangulate relevant information, facts and data from different sources, systems or databases. A range of people also need to participate to ensure the self-evaluation process is comprehensive. This could include people experiencing care, carers and families if appropriate, staff providing frontline care, leaders across the organisation and those in administrative roles. The number of people that you may wish to involve will vary depending on the size of the organisation.

Various mechanisms and approaches can be used to capture the views and experiences of groups of stakeholders, including focus groups, questionnaires and interviews. Guidance is available from the quality of care project team on how to undertake surveys, focus groups and interviews to capture feedback.

Agreeing a plan

A defined plan with key milestones and nominated responsible leads can help to keep the process moving and make best use of the available resources. The self-evaluation will provide useful information to inform operational and organisational planning as well as contributing to processes of external quality assurance. Scheduling the process to coincide with key internal planning milestones may be of benefit.
Stage 2: Conducting the self-evaluation and interpreting the results

The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework, how you know this, and where there could be improvement. The following are suggestions for important factors to consider as you work through Stage 2.

Communicate the process

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

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

Collate relevant data and evidence

Performance outcomes and impact information is essential to robust self-evaluation. The first task is to establish current levels of performance against the indicators in the ‘Outcomes and Impact’ section of the Quality Framework. The framework includes examples of the types of data that may be useful to look at here. This information will likely be a combination of ‘hard’ data (from performance information systems and formal mechanisms for capturing feedback from staff and people experiencing care) and ‘soft’ data that may be captured through specific engagement activity with individuals and groups. When thinking about the data and information to include in the self-evaluation process, it is useful to ask the following questions within each of the framework domains:

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

Interpreting the data and evidence

Interpretation of the data and evidence is best done by a group of stakeholders, that way a range of perspectives and knowledge are included leading to a more objective view of current performance and priorities. The aim, based on the data and evidence, is to come to a consensus view and begin to answer the next question:

- What do you need to do next, better or differently?
The group should focus on the outcomes of activities such as evaluation or audit results, outputs from tests of change or lessons learned. These will help to identify challenges and steps required to address areas for improvement as well as areas of good practice. In developing the narrative against each domain, it may be helpful to think about:

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

**Stage 3: What next?**

The self-evaluation drives reflection on the quality of care provided and provides opportunities to identify areas for improvement. It is just the beginning, however, and must be followed up with action planning and implementation for change and improvement to be effective locally.

The data collected for the purposes of self-evaluation will inform and should complement other ongoing internal quality improvement work. As mentioned previously, Healthcare Improvement Scotland will periodically ask for a copy of the organisational self-evaluation to inform and guide an organisational ‘quality of care review’. This will help to build a more robust, shared understanding over time of the strengths and challenges faced within the organisation, the maturity of its various systems and the capacity for improvement locally. This will allow Healthcare Improvement Scotland to better support improvement in NHSScotland through its range of activities.
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