Quality of Care Approach
Quality of Care Organisational Review
Methodology
September 2018
We are committed to equality and diversity. This methodology is intended to support improvements in healthcare for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout the framework should be interpreted as being inclusive of everyone living in Scotland.

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Introduction

Healthcare Improvement Scotland’s Quality Assurance Directorate supports healthcare providers to improve the quality of care they deliver through promoting self-evaluation for improvement and delivering external quality assurance. All of our work fits within our overall Quality Management Approach and complements the work of other parts of the organisation. Crucially, it forms part of a cycle of improvement, helping providers to understand their own strengths and challenges, and to plan for improvement. Other parts of Healthcare Improvement Scotland, such as the ihub\(^1\) and the Evidence Directorate\(^2\), can support providers to deliver those improvements through direct input or provision of support materials and guidelines.

Programmes of work within the Quality Assurance Directorate include:

- inspections of NHS hospitals
- regulation of independent healthcare services, including independent clinics
- inspections of prisoner healthcare (as part of Her Majesty’s Chief Inspector of Prisons for Scotland inspection process)
- joint inspections of adult health and social care services (with the Care Inspectorate)
- joint inspections of services for children and young people (with the Care Inspectorate)
- organisational and thematic reviews (planned and reactive), and
- programmes of specific quality assurance.

The quality of care approach

Our quality of care approach is how we design our inspection and review methodologies and tools and provide external assurance of the quality of healthcare provided in Scotland. It features three components:

- **the approach** itself – the methodology and the principles that underpin it, that we use for all of our quality assurance work
- **the Quality Framework** – the quality indicators used for self-evaluation and external quality assurance, and

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\(^1\) The ihub (improvement hub) works with health and social care providers to design and deliver better services for people in Scotland.

\(^2\) The Evidence Directorate develops and disseminates evidence-based advice for NHSScotland, such as clinical guidelines, health technology assessments and clinical standards.
our programmes of work – the inspections and reviews that we undertake to deliver on our strategic objectives.

The following principles underpin how we carry out our quality assurance function and are embedded into the design of all our programmes of work. All of our inspections and reviews are:

- user-focused – we put people who use services at the heart of our approach
- transparent and mutually supportive, yet independent – we promote and support a complementary approach to robust self-evaluation for improvement with independent validation, challenge and intervention as required
- intelligence-led and risk-based – we take a proportionate approach to inspection and review which is informed by intelligence and robust self-evaluation
- integrated and co-ordinated – we draw on the collective participation of relevant scrutiny bodies and other partners to share intelligence and minimise duplication of effort, and
- improvement-focused – we support continuous and sustained quality improvement through our quality assurance work.

The quality of care approach principles and the Quality Framework provide the key point of reference to inform and guide our inspection, review activity and the development of any new programmes of work. For the quality assurance work that we lead on, the Quality Framework (supplemented as required by any relevant service-specific standards or indicators) forms the basis for self-evaluation and any subsequent inspection or review. A suite of more specific tools and guidance describe how the approach and the framework apply to different types of inspection and review activity. These are available on request by emailing the quality of care mailbox at hcis.qocr@nhs.net.

This document sets out our methodology for organisational quality of care reviews.

What is an organisational quality of care review?

The quality of care approach is a new model for external quality assurance of services. Previously this has been ‘done to’ organisations, whereas now our approach is that, whenever possible, quality assurance and any resultant ‘intervention’ is ‘done with’ them. A key component of this shift is self-evaluation using the Quality Framework. Self-evaluation is a process by which organisations and services reflect on their own current practice to identify areas where action could drive improvement in service delivery and in outcomes for people using or
delivering their services. Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies, can inspire greater local ownership of issues and design of more effective solutions.

The quality of care approach promotes regular open and honest internal organisational self-evaluation to identify opportunities for improvement with subsequent action planning, implementation, monitoring and review of actions. This, complemented by independent external validation, challenge and intervention as required, are key drivers for improving healthcare. We follow up on self-evaluation with a programme of work at an organisational level. Through this we engage regularly with colleagues in NHS boards (14 territorial and four patient-facing special NHS boards) and larger independent healthcare providers to discuss their self-evaluation in the context of other publically available relevant data and intelligence (the model is shown in Figure 1). In time, we hope that this will help to build a more robust shared understanding of the strengths and challenges faced within organisations, the maturity of their various systems and their capacity for improvement. This will allow us to tailor our quality assurance and improvement support approaches to ensure that any work that we undertake with an organisation is proportionate and mindful of the local context.

Figure 1: Organisational quality of care review model

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection and review activity. In view of this, the professional dialogue as part of an organisational
review always includes an element of external quality assurance and validation of the content of the self-evaluation. However, its purpose is more about helping to share best practice, identifying where there are challenges and providing the right support for organisations to help address them.

**The Sharing Intelligence for Health and Care Group**

The programme of organisational quality of care reviews runs alongside the work of the Sharing Intelligence for Health and Care Group (SIHCG). The SIHCG meets every two months and brings together colleagues from seven national organisations in Scotland. The key aim is to better inform these organisations so they can carry out their statutory duties to support improvement in the quality of health and care to best effect. The group reviews and discusses the existing data and intelligence. It then feeds back the key issues to the organisation concerned and what the group sees as successes and priorities in order to inform local internal improvement activities. Healthcare Improvement Scotland considers this intelligence, the organisational self-evaluation, analysis of evidence and the output of the subsequent professional dialogue, before making any decision about undertaking more focused work with an NHS board.

As the new approach beds in we will reflect on and review the links between the programme of organisational reviews and the programme for the SIHCG to ensure that, wherever possible, these activities are mutually supportive of each other and co-ordinated from the perspective of NHS boards.

**The Quality Framework**

The Quality Framework follows the Health Foundation recommendations that Government regulators and national agencies should design their systems for oversight and regulation in a way that allows organisations to demonstrate their safety, rather than their compliance with prescriptive, centrally-mandated measures. The framework provides guidance to services, and to those externally quality assuring them, about what good quality care looks like and how this can be evaluated. It features nine broad areas of focus referred to as ‘domains’ that cover all aspects of a healthcare provider’s work. Each domain includes quality indicators designed to help with self-evaluation and improving the quality of care for people experiencing and delivering care. These are neither exhaustive nor prescriptive. The Framework allows scope for organisations to self-evaluate and develop the narrative about the quality of the care that they provide using measures that are

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3 The SIHCG includes representation from Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health and Intelligence (part of ISD) and Scottish Public Services Ombudsman (SPSO).

meaningful and important to staff. The nine domains in the Framework can broadly be grouped under three headings:

- Outcomes and impact
- Service delivery, and
- Vision and leadership.

Using a range of data indicators and sources of evidence supports a holistic approach to self-evaluation and allows an organisation to ‘tell its story’. Each quality indicator is further broken down into themes and factors to consider to guide and support the process of self-evaluation. Detailed guidance to support the process of self-evaluation can be found on our [website](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/information_for_providers.aspx).

**The stages of an organisational quality of care review**

The key stages of an organisational quality of care review are outlined below. Each stage includes key processes for both the Healthcare Improvement Scotland team and the organisation concerned. A set of associated tools to support the process can be found on our [website](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/information_for_providers.aspx). The indicative timelines and detailed tasks are covered in more detail in Appendix 1.

**Stage 1 – Schedule planning and notification**

The programme of organisational reviews for NHS boards is scheduled to align broadly with the timetable for the SIHCG. This is so that the SIHCG data is as up to date as possible relative to the organisation being reviewed. Healthcare Improvement Scotland will notify the organisation’s Chief Executive by email 6 weeks in advance of a self-evaluation submission being required. A provisional date for the visit will be agreed at this point. Guidance is also available on our website for particular topics or themes such as the self-evaluation guidance for independent healthcare organisations.

**Stage 2 – Pre-work and self-evaluation**

The next stage of the process involves the organisation using the Quality Framework, the self-evaluation tool and the supporting guidance, to tell its story. This involves reflecting on how well it makes an impact, delivers improved outcomes for people experiencing and delivering care, as well as identifying challenges and ‘bright spots’ of good and innovative practice. While 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 should not be the only reason for undertaking self-evaluation. The approach promotes routine use of

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5 [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/information_for_providers.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/information_for_providers.aspx)
the framework for internal evaluation and targeting of improvement activity. Doing this regularly as part of internal good governance will mean that self-evaluation work can be re-used to inform the organisational review process.

As part of the organisational quality of care reviews, Healthcare Improvement Scotland’s quality of care team will collate a package of publically available information and national datasets about an organisation. Therefore, these will not need to be supplied as evidence to support the self-evaluation. We ask that the organisation being reviewed sends us a small set of core evidence as part of the self-evaluation that demonstrates the quality of care or impact of improvements made for people experiencing care or staff. Where relevant we will provide a list of evidence that should be readily available if the review team wishes to see it.

Stage 3 – Analysis phase

The Healthcare Improvement Scotland team analyses the package of data, including the SIHCG intelligence, completed self-evaluation and any additional evidence, with input from service-based or topic specialists as required. The team develops key lines of enquiry based on the analysis to shape the discussions with the NHS board representatives and others, including people experiencing care, families and carers during the on-site visit.

Stage 4 – On-site visit

A small review team visits the NHS board and meets with members of staff to discuss the self-evaluation. Part of this process involves capturing the views of a sampled range of frontline staff and people experiencing care, families and carers (if appropriate) to test the assumptions from the analysis phase. A variety of mechanisms are used to capture this information and the method(s) chosen reflect the local or service context and groups of people involved. The team subsequently meets with members of the NHS board’s senior team to feedback reflections on the self-evaluation and what they have seen and heard. This will include areas for potential further work and areas of good and innovative local practice.

Stage 5 – Output and agreement on next steps

Healthcare Improvement Scotland will write up a report for publication following the review identifying key findings, areas of good practice, challenges and any recommendations for improvement. A draft version of the report will be shared with the NHS board before publication to check for factual accuracy. The team will re-engage with the NHS board at the draft report writing stage to discuss and agree the next steps and the support available from Healthcare improvement Scotland or partner organisations where appropriate. The agreed course of action or follow-up work agreed will be included within the final report published on the Healthcare
Improvement Scotland website as a formal record of the review and as a mechanism for sharing good practice and learning.

Good practice identified through the organisational quality of care reviews will be shared externally through the published report for each review. In addition, Healthcare Improvement Scotland will publish an annual report highlighting the good practice, challenges and lessons identified through reviews to support shared learning for improvement.

Internally, good practice and challenges identified for care providers will feed into other Healthcare Improvement Scotland review/inspection activities, the ihub, the SIHCG process and other relevant work programmes.

**Stage 6 – Follow-up work**

The timescales and scope for follow-up work are discussed and agreed on a case-by-case basis and may include one or more of the following:

- linking organisations, if required, to the improvement support available through our ihub for bespoke improvement support or aligned to an existing ihub portfolio
- sharing good practice and learning (with the agreement of the relevant organisation) identified through inspections and reviews with other care providers to help spread learning from local initiatives
- providing input from liaison or link inspectors/reviewers for ongoing advice
- organising further quality assurance activity in a particular area (thematic review or focused inspection activity), or
- informing the development of national guidance, standards or indicators, and signposting to support outwith Healthcare Improvement Scotland, including learning identified through activities undertaken by other care providers.

Where common themes emerge from more than one review, these will be looked at together to determine whether a piece of regional or national work would add most value.

**The review team**

The core review team for an organisational quality of care review will always include at least one senior reviewer/inspector from Healthcare Improvement Scotland’s Quality Assurance Directorate along with at least one public partner. Service-based and topic specialists along with people with experience of particular services will be included on the team as required. All reviewers receive training in advance of participating in the review process and are expected to adhere to our best practice and behaviours for inspections and reviews.
Capturing the views of people who use services

All of our assurance work aims to focus on outcomes for people, instead of solely on processes. We use a range of tools to capture the voice of people experiencing care, families and carers in our work and use them to inform robust evaluations of the quality of care provision. These tools include questionnaires, focus group sessions, face-to-face conversations and confidential mailboxes. We involve people who use services to help us review and adapt these tools on an ongoing basis and ensure that what we use remain fit for purpose and accessible.
## Appendix 1: Indicative timescales for an organisational quality of care review

<table>
<thead>
<tr>
<th>Key stage</th>
<th>Indicative timescale</th>
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<tbody>
<tr>
<td>Stage 1 – Schedule planning and notification</td>
<td></td>
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<tr>
<td>Stage 2 – Pre-work and self-evaluation</td>
<td>6 weeks</td>
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<tr>
<td>Stage 3 – Analysis phase</td>
<td>4 weeks</td>
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<tr>
<td>Stage 4 – On-site visit</td>
<td>1–2 days</td>
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<tr>
<td>Stage 5 – Output and agreement on next steps</td>
<td>Within 4 weeks of visit</td>
</tr>
<tr>
<td>Stage 6 – Follow-up work</td>
<td>Dependent on the agreed next steps</td>
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