We are committed to equality and diversity. This framework 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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Foreword

I am delighted to introduce our first edition Quality Framework, a reference guide for evaluating and improving healthcare. It is a key component of our quality of care approach which is how we drive quality improvement in healthcare.

The Quality Framework is the result of participation and wide-ranging consultation with colleagues in healthcare and key partners. It is an improvement tool, developed in collaboration with, and primarily for the use of, healthcare providers. It provides a basis for evaluating the appropriateness of governance structures, systems and procedures to support staff to consistently deliver safe, effective, compassionate and person-centred care. It has been designed to support reflection and self-evaluation which is an important first stage in any quality improvement journey.

The work to design the new approach, including the Quality Framework, was initiated in late 2014. Since then, the healthcare landscape has changed considerably with the integration of health and social care services. We need to adapt our approaches accordingly to ensure that we best support improvement across the whole system. Key to this is supporting and working effectively with our partners with a common goal of improving health and wellbeing outcomes for the people of Scotland.

The framework has improved outcomes and quality improvement at its heart. It is also designed in such a way as to facilitate the collection of relevant evidence and intelligence once, which is relevant to all quality assurance bodies and other partners, to minimise duplication of effort. We hope that this will go some way to help lessen the burden of quality assurance activity on service providers.

We published a draft edition of the framework in December 2017 to allow services to try it out in practice and tell us about their experiences, what works, and what could be better. We also tested the approach through a pilot organisation review of NHS Orkney in spring 2018. This first edition framework reflects feedback from stakeholders as well as learning from the pilot.

The co-production approach has been invaluable in getting us to this point and I hope that we can continue to work together to inform and shape future iterations of the framework, tools, guidance and support package.

Alastair Delaney
Director of Quality Assurance
The Quality Framework – domains and quality indicators

The Quality Framework is a key component of our quality of care approach. It is a tool that has been designed to support both self-evaluation and external quality assurance activity. The content of the framework has been developed over time starting with a review of international literature and with subsequent versions being informed and shaped through national consultation, feedback from key stakeholders and the outcomes of a variety of testing exercises.

The framework is broken down into the nine areas of focus called domains as follows:

1. Key organisational outcomes
2. Impact on people experiencing care, carers and families
3. Impact on staff
4. Impact on the community
5. Delivery of safe, effective, compassionate and person-centred care
6. Policies, planning and governance
7. Workforce management and support
8. Partnerships and resources
9. Quality improvement-focused leadership

Under each domain, the framework also outlines:

- quality indicators that can be used for both self-evaluation and for external assessment and quality assurance of service provision, and
- themes related to each quality indicator that support evaluation against them.

The Quality Framework is presented to follow the structure of the European Foundation for Quality Management excellence model\(^\text{§}\). Partners in social care, local authorities and education already use this, and it is also the model used for the joint inspection work that we participate in, in respect of adult health and social care services and services for children and young people. The aim is to help organisations to reflect, evaluate and make decisions about how best to improve outcomes for users of healthcare services.

The Quality Framework has also been developed to align with the Health and Social Care Standards: My support, my life\(^\text{**}\) and should be considered in conjunction with them by service providers, users of services and by Healthcare Improvement Scotland when considering the quality of care provision.

Further information on the quality of care approach is available in the overview, briefing note and frequently asked questions documents on our [website](http://www.gov.scot/Publications/2017/06/1327).

Figure 1 on page 6 presents a high level overview of the Quality Framework structure, highlighting the domains and quality indicators.

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\(^\text{§}\) [http://www.efqm.org/efqm-model/model-criteria](http://www.efqm.org/efqm-model/model-criteria)

Figure 1: Quality framework outline structure

**Outcomes and Impact**
- What key outcomes have we achieved?
- How well do we meet people’s needs?

**Service Delivery**
- How good are our key processes?

**Vision and Leadership**
- How good is our management?
- How good is our leadership?

**Domains and quality indicators**

1. **Key organisational outcomes**
   - 1.1. Improvements in quality, outcomes and impact
   - 1.2. Fulfilment of statutory duties and adherence to national guidelines

2. **Impact on people experiencing care, carers and families**
   - 2.1. People’s experience of care and the involvement of carers and families

3. **Impact on staff**
   - 3.1. The involvement of staff in the work of the organisation

4. **Impact on the community**
   - 4.1. The organisation’s success in working with and engaging the local community

5. **Delivery of safe, effective, compassionate and person-centred care**
   - 5.1. Safe delivery of care
   - 5.2. Assessment and management of people experiencing care
   - 5.3. Continuity of care
   - 5.4. Clinical excellence
   - 5.5. Data for improvement and evidence-based learning
   - 5.6. Quality improvement processes, systems and programmes

6. **Policies, planning and governance**
   - 6.1. Policies and procedures
   - 6.2. Risk management and audit
   - 6.3. Assurance framework and governance committees
   - 6.4. Planning

7. **Workforce management and support**
   - 7.1. Staff recruitment, training and development
   - 7.2. Workforce planning, monitoring and deployment
   - 7.3. Communication and team working

8. **Partnerships and resources**
   - 8.1. Collaborating and influencing
   - 8.2. Cost effectiveness and efficiency
   - 8.3. Sharing intelligence

9. **Quality improvement-focused leadership**
   - 9.1. Vision and strategic direction
   - 9.2. Motivating and inspiring leadership
   - 9.3. Developing people
   - 9.4. Leadership of improvement and change

**Capacity for improvement** – Global Judgement based on evidence of all key areas in particular, outcomes, impacts and leadership.
## Domains and quality indicators

Outlined on the following pages is a summary of the domains and indicators. This includes key themes and suggested aspects to consider as part of your local discussion around achievement of the indicators. Appendix 1 contains additional measures and factors that could be considered when self-evaluating against each quality indicator.

## Outcomes and Impact

### 1. Key organisational outcomes

<table>
<thead>
<tr>
<th>1.1 Improvements in quality, outcomes and impact</th>
<th>This indicator describes how well the organisation performs in continually improving the quality of care that it provides and achieving the best possible outcomes for people who use its services. It also relates to how successfully the organisation spreads and sustains quality improvement activity, and the impact of this. It also refers to prevention, improving health and reducing health inequalities as core parts of the organisation to achieve the best possible outcomes for people who use its services.</th>
</tr>
</thead>
</table>
| Themes | • Improved quality of care over time.  
• Improved outcomes.  
• Impact of quality improvement work.  
• Prevention, improving health and reducing health inequalities. |

<table>
<thead>
<tr>
<th>1.2 Fulfilment of statutory duties and adherence to national guidelines</th>
<th>This indicator describes how the organisation’s fulfilment of its statutory responsibilities impacts on its performance, on outcomes for the users of the services it provides, and its staff. It focuses on evaluation of financial performance based on finance data, and how finance is used to best effect in the interests of service provision. It also relates to how the organisation takes account of statutory requirements and implements relevant legislation as well as national standards and guidance to ensure that people are safe and well cared for and that their needs are met.</th>
</tr>
</thead>
</table>
| Themes | • Financial performance.  
• Compliance with legislation.  
• Compliance with national standards and indicators.  
• Responsiveness to national guidance and codes of practice. |

Suggested aspects to consider as part of your local discussion about achievement of key organisational outcomes:

> *The key outcomes and processes that follow from your local strategic objectives and how you measure them.*
How you measure or monitor the quality of care in real time, on a day-to-day basis.

What you have learned about the quality of care and how you are responding to the learning points.

How you anticipate what the quality of care will be like in the future.

## 2. Impact on people experiencing care, carers and families

### 2.1 People’s experience of care and the involvement of carers and families

This indicator defines the quality of the experiences of people receiving care, including how well the organisation involves them to ensure the care and support they receive is individualised to meet their assessed needs, wants and wishes. It also focuses on how confident people are about the organisation and the people who provide their care and support. This indicator is also about the quality of the experiences of carers and families in respect of their appropriate involvement in the planning and delivery of care, and consideration of their needs within the care planning process.

### Themes
- High quality care and support that is appropriate for the individual.
- An individual’s involvement in all decisions about their care and support.
- Confidence in the people and the organisation providing the care and support.
- Treating people who experience care with respect and dignity and upholding their human rights.
- Assessing health improvement and inequalities as part of the care pathway.
- Appropriate involvement of carers and families.
- Support for carers and families to be involved.

### Suggested aspects to consider as part of your local discussion about impact on people experiencing care, carers and families:

- How you identify and meet the expectations of carers and families.
- How you ensure that the care provided is respectful, compassionate, person-centred and responsive to individual needs.
- How any potential barriers to involvement or engagement, that might create or worsen known health inequalities, are identified and overcome.
- How you use feedback to improve the quality of care in different settings and how this impacts on the delivery of your services.
- What three (or more) key challenges or areas for improvement you are facing in improving impact on those who use the service.
### 3. Impact on staff

#### 3.1 The involvement of staff in the work of the organisation

This indicator is about professional involvement and commitment of staff and how the organisation encourages and supports staff to feel motivated, empowered and enabled to contribute to quality improvement and development of the organisation.

**Themes**
- Engagement and motivation of staff.
- Staff wellbeing.

**Suggested aspects to consider as part of your local discussion about impact on staff:**

- *How you identify and meet the expectations of staff in respect of staff involvement and empowerment.*
- *How you monitor and measure whether staff feel valued and adequately supported to do their job well.*

### 4. Impact on the community

#### 4.1 The organisation’s success in working with and engaging the local community

This indicator is about the impact that the organisation has on the wider community (including the wider health community) and how confident the public is in the services it provides. This includes engaging with the local population to raise awareness about the work of the organisation and promoting preventative measures to reduce the numbers of people who might require inpatient care. This indicator also relates to how the organisation works to identify and address health inequalities. It also features how well the organisation spreads local expertise, innovative work, and good practice to allow the wider health community to learn from this.

**Themes**
- Community engagement.
- Public confidence in services.
- Recognising inequalities.

**Suggested aspects to consider as part of your local discussion about impact on the community:**

- *How you engage with local communities.*
- *How you monitor and measure whether the local community feels sufficiently engaged.*
- *How any potential barriers to involvement or engagement, that might create or worsen known health inequalities, are identified and overcome.*
- *How you assess the community’s level of confidence in services provided.*
### 5. Delivery of safe, effective, compassionate and person-centred care

#### 5.1 Safe delivery of care
This indicator describes the implementation of appropriate governance systems and policies to ensure a safe environment that meets people’s needs and supports them to feel safe. This includes a proactive approach to the improvement of safety, reducing harm and improving reliability of care through a culture of openness, transparency and continuous learning.

**Themes**
- Safe and supportive environment that meets individual needs.
- Implementation of safety policies and procedures.
- Safety culture.

#### 5.2 Assessment and management of people experiencing care
This indicator defines the quality of assessment and management of people experiencing care, including proactive identification of issues and appropriate completion of relevant documentation and handovers. The indicator also highlights the importance of empowering people who experience care to be fully involved in all decisions relating to their care and support.

**Themes**
- Appropriate assessments.
- Empowering people to be fully involved in all decisions relating to their care and support.
- Clear and accurate documentation and handovers.

#### 5.3 Continuity of care
This indicator is about how people are supported as they move between care settings and providers. It focuses on the effectiveness of working with partner agencies to co-ordinate care, treatment and transitions, including consideration of the person’s needs, wants and wishes.

**Themes**
- Seamless journey of care throughout different settings.
- Joint working with partner agencies.
- Appropriate transfer.

#### 5.4 Clinical excellence
This indicator defines the extent to which care delivery is based on nationally agreed standards, indicators or guidance and how reliably these are implemented.

**Themes**
- Use of recognised standards or agreed best practice.
- Monitoring reliability.
- Involvement in relevant networks.
This indicator is about the quality of data collection and analysis and how this is used to support quality assurance, organisational learning and improvement.

Themes
- Collection and analysis of data with feedback and recording of lessons learned.
- Reviewing and learning from adverse events, people’s care experience data and feedback, audits and evaluations.
- Understanding and responding to data over time to support continuous learning to inform improvement.
- Data sharing across and beyond the organisation.
- Decision making is informed by evaluation.
- Quality improvement outcomes made public.
- Review of international practice.

This indicator is about having good systems and processes in place to support quality improvement activity, implementation and evaluation.

Themes
- Physical and technological capacity and capability, including use of digital information and technology to support service delivery.
- Knowledge management.
- Evaluating improvement initiatives.
- National improvement programmes.

Suggested aspects to consider as part of your local discussion about safe, effective, compassionate and person-centred care delivery:

- How you assure yourself that care provided is safe, effective, compassionate and person-centred.
- How you translate your strategy into operational delivery through the implementation of your planning, processes and procedures.
- What three (or more) key challenges/areas for improvement you face in improving safe, effective, compassionate and person-centred care delivery.

This indicator is about the appropriateness and efficacy of systems, policies and procedures to support staff to consistently deliver safe, effective, compassionate and person-centred care.

Themes
- Policies and procedures in place with routine mechanisms to review and adapt as required.
| 6.2 Risk management and audit | - Supporting infrastructure to enable staff to be proactive in line with standard operating procedures.  
- Clear information governance systems, processes and controls in place and followed.  
- Effective knowledge management strategy.  

This indicator is about proactive risk management and the effectiveness of risk management systems and processes to support the safety of staff and people experiencing care.  

Themes  
- Proactive risk management.  
- Effective risk management systems and processes.  
- Risk-based, informed and transparent decision making.  
- Audit plans and processes. |

| 6.3 Assurance framework and governance committees | This indicator is about how well the organisation’s governance structures ensure the delivery of safe, effective, compassionate and person-centred care.  

Themes  
- Assurance framework and appropriate governance structure in place.  
- Accountability for performance.  
- Clear Board roles and responsibilities.  
- Board members kept informed of issues and involved in walkrounds or staff and stakeholder discussions. |

| 6.4 Planning | This indicator is about how the organisation designs its services around anticipated need and plans its service delivery and workforce in proportion to this.  

Themes  
- Design of services around anticipated need.  
- Review of processes to ensure efficient delivery.  
- Effective communication internally and externally to plan and co-ordinate delivery of services. |

Suggested aspects to consider as part of your local discussion about policies, planning and governance:  
- **What overall arrangements are in place to ensure there is effective planning and governance within the organisation or service.**  
- **How you make sure that these arrangements result in the delivery of high quality care.**  
- **How you check that the information in the governance system is a true reflection of the quality of care and how you make any necessary changes.**  
- **What kind of controls are in place to reduce harm, how you checked they are working and what impact they had.**  
- **What three (or more) key challenges/areas for improvement you face in improving policies, planning and governance arrangements.**
### 7. Workforce management and support

#### 7.1 Staff recruitment, training and development

This indicator is about how well the organisation recruits, inducts, trains and develops staff to ensure that the workforce is appropriately skilled to deliver safe, quality care.

**Themes**
- Effective recruitment, induction, training and development.
- Appropriate knowledge, skills and supervision.
- Clear roles, responsibilities and accountabilities.

#### 7.2 Workforce planning, monitoring and deployment

This indicator is about how effectively the organisation undertakes workforce planning to ensure appropriate staffing levels and skills mix that matches service requirements.

**Themes**
- Care and support is provided by the right number of people who are trained, competent and skilled to do so and follow organisational and professional codes.
- Regular review of resources, staff skills, skill mix and staff performance.
- Proactive and robust workforce planning and deployment of staff, including effective rostering and safe use of supplementary staff.
- Use of mandated workforce tools to ensure safe and effective staffing.
- Flexibility to respond to broader factors.

#### 7.3 Communication and team working

This indicator is about the effectiveness of communication between all levels of staff and with partner organisations to ensure safe, effective, compassionate and person-centred care delivery.

**Themes**
- Effective communication.
- Shared ownership of the challenges and solutions.
- Multidisciplinary team working.

Suggested aspects to consider as part of your local discussion about workforce management and support:

- *How you know whether the organisation or service has sufficient staff, with the right skills mix, at the right time to deliver safe, effective, compassionate and person-centred care to people.*
- *How you forward plan to ensure that the above is always the case.*
- *The current resourcing and capacity constraints, how you actively manage these and what impact your controls are having.*
- *What three (or more) key challenges/areas for improvement the organisation or service faces in terms of workforce management and support.*
### 8. Partnerships and resources

<table>
<thead>
<tr>
<th>8.1 Collaborating and influencing</th>
<th>This indicator is about the inward and outward focus of leadership and mutual respect to enhance collaborative working across partnerships.</th>
</tr>
</thead>
</table>
| Themes                            | • Leadership respected by staff, stakeholders and communities.  
• Proactive and effective working with stakeholders.  
• Collaboration leading to improved outcomes. |

<table>
<thead>
<tr>
<th>8.2 Cost effectiveness and efficiency</th>
<th>This indicator is about how the organisation makes best use of its resources.</th>
</tr>
</thead>
</table>
| Themes                                | • Reviews of cost effectiveness and efficiencies.  
• Identifying and reducing unwarranted variation and waste. |

<table>
<thead>
<tr>
<th>8.3 Sharing intelligence</th>
<th>This indicator is about mechanisms in place to ensure that learning is spread throughout the organisation and intelligence is shared with relevant external stakeholders and partner organisations in the interests of safety.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme</td>
<td>• Mechanisms to share relevant intelligence, learning and good practice internally and externally.</td>
</tr>
</tbody>
</table>

Suggested aspects to consider as part of your local discussion about partnerships and resources:

- *How you identify key partnerships.*
- *How you identify and meet the expectations of your partnerships.*
- *What you are doing to ensure that there is a focus on collaboration and influencing.*
- *What three (or more) key challenges or areas for improvement you face in improving partnerships and resources.*
# Vision and Leadership

<table>
<thead>
<tr>
<th>9. Quality improvement-focused leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9.1 Vision and strategic direction</strong></td>
</tr>
<tr>
<td>This indicator is about the organisation having a clear vision and aims which are known and understood within and outwith the organisation.</td>
</tr>
<tr>
<td><strong>Themes</strong></td>
</tr>
<tr>
<td>• Clear strategy (values, purpose and vision) that reflects effective collaboration with stakeholders and is underpinned by quality improvement and adequate resources to support delivery.</td>
</tr>
<tr>
<td>• Common and clearly communicated objectives and anticipated outcomes.</td>
</tr>
<tr>
<td>• Board members actively influence and drive policy and strategy.</td>
</tr>
<tr>
<td>• Comprehensive strategic planning with Integration Joint Boards and Community Planning Partnerships that involves the public, staff and local agencies.</td>
</tr>
</tbody>
</table>

| **9.2 Motivating and inspiring leadership** |
| This indicator is about how well leadership in the organisation empowers and motivates staff. |
| **Themes**                               |
| • Positive and inspiring leadership. |
| • Staff encouraged to be responsibly proactive and innovative. |
| • Open and fair culture that focuses on the system and context. |
| • The organisation is well led and managed. |

<p>| <strong>9.3 Developing people</strong>                 |
| This indicator is about leaders giving staff every reasonable opportunity to develop and increase their ability to contribute to the aims of the organisation. |
| <strong>Themes</strong>                               |
| • Staff autonomy and accountability. |
| • The organisation prioritises and supports quality improvement capability building at a local and national level, and supports staff to implement improvements. |
| • Positive attitudes towards learning and improving. |
| • Staff respond effectively to complaints and adverse events, and receive feedback on them. |</p>
<table>
<thead>
<tr>
<th><strong>9.4 Leadership of improvement and change</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This indicator is about how leadership encourages an improvement culture and supports staff to be innovative to improve services locally.</td>
</tr>
</tbody>
</table>

**Themes**
- Known, visible and participatory leadership.
- Staff supported to identify opportunities for improvement and take ownership of improvement projects.
- Sufficient, knowledgeable staff to drive change and improvement.
- Leadership seeks out good practice and learning.
- Leadership is open to new ideas and responsive to challenges or obstacles and works to address sustainability issues.

Suggested aspects to consider as part of your local discussion about quality improvement-focused leadership:

- *How you identify and meet the expectations of people experiencing care in terms of leadership.*
- *What arrangements you have in place to assure yourself that the organisation or particular services are well led.*
- *How leaders find out what the key challenges for the organisation are and what is being done to address them.*
- *What three (or more) key challenges or areas for improvement around improvement-focused leadership.*
How to use this document for self-evaluation

The Quality Framework aims to stimulate discussion and self-evaluation of the quality of care drawing on whatever evidence, feedback or data is available. Organisations and services are encouraged to think about other possible approaches or factors to consider to help evaluate their care delivery.

Triangulation of evidence

One way to evaluate the quality of care delivered is to consider and triangulate relevant information from different sources. This could include feedback from:

- people
- data and intelligence, and
- through direct observation.

As no one part of the triangle might provide you with the full information, the key is to triangulate all the information you can to inform the self-evaluation process.

When reviewing evidence, it is important to always consider 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 us to provide care, and
- what (if any) learning was achieved and how was learning shared with relevant people to support ongoing quality improvement.

People’s views

To understand the quality of care delivered you need to know the views of:

- those in receipt of care
- those actively delivering care, and
- those working with you to provide care.

Feedback can be sought from people experiencing care, their families, carers, donors, staff, stakeholders, partner organisations, suppliers and so on. Mechanisms for gathering views include surveys, comments books, feedback or complaint forms, dedicated phone number, focus groups, discussion forums, consultation exercises, websites, meetings or correspondence. Independent sources of feedback should also be reviewed such as comments provided through the Care Opinion website. Sometimes additional support or positive action is required to obtain the views of some groups who might otherwise not provide feedback. This may require identifying and engaging with seldom heard groups across relevant areas.
Data and intelligence

Quantitative data and intelligence is an intrinsic part of evaluating the quality of care. Good use of existing data, knowledge and intelligence can identify the strengths, weaknesses, gaps and trends in service delivery and help to build up a picture of how well your organisation or service is performing. Data and intelligence can be gathered from a variety of sources such as:

- local and national care datasets, including service delivery, outcomes, and workforce information about financial and resource management
- results of audits, performance monitoring tools or tests of change
- findings from inspections and reviews, and
- comparative data from similar organisations or services.

Observation of the quality of care

Direct observation can provide distinct information about the quality of care that may not be readily available through feedback, data or intelligence. It can be formalised through use of tools to formally record the quality of care delivered such as the quality of interactions between those delivering care and those in receipt of care.

Key questions to ask

Prompts are included as part of each domain to help determine the quality of care being delivered. The list of prompts is not prescriptive and those undertaking self-evaluation are encouraged to define their own questions to support the evaluation process. High level key questions for each domain will be included in the self-evaluation tool.
Self-evaluation tool and supporting guidance

The following documents accompany the Quality Framework and are available on our [website](#).

- Quality of Care Organisational Review - Self-evaluation Tool.
- Quality of Care Organisational Review - Methodology.

Our quality of care organisational reviews are NHS board-level reviews based on our quality of care approach and the Quality Framework. The purpose of the organisational review is to evaluate the NHS board in respect of the impact and outcomes it achieves and how well it meets people’s needs. The organisational review also aims to identify areas of good and innovative practice and whether there are any barriers to making improvements. In August 2018, we published a report on a pilot quality of care organisational review undertaken with NHS Orkney which is available on our [website](#).

Our published self-evaluation tool is designed to help organisations tell a story about where they perceive themselves to be against each domain as a whole, rather than against each specific quality indicator. The tool includes the themes and key questions for each domain with space for answers and comments.

Our practical guide to self-evaluation provides advice and suggestions about how to manage the self-evaluation process and is written primarily for the manager(s) or staff member(s) with responsibility for co-ordinating the self-evaluation process. Further guidance is available from the [quality of care project team](#) on how to undertake surveys, focus groups and interviews to capture feedback to help inform the self-evaluation.

Our methodology document describes how we carry out organisational quality of care reviews, including the key stages and processes for the Healthcare Improvement Scotland team and the organisation concerned.

While all of the above documents are written specifically for organisation-level evaluation, the guidance and self-evaluation tool could be used for a specific service.
Appendix 1: Additional measures and factors to consider

Domain 1 below includes examples of key organisational outcome measures, while domains 2–9 provide lists of factors to consider when evaluating each quality indicator. Please note the suggested measures and factors are not exhaustive and you may have alternative or additional ones that you wish to use.

Outcomes and Impact

Domain 1: Key organisational outcomes

Key organisational outcomes identify valuable information on the most significant areas in terms of current services, processes and the impact this has on an organisation. The key outcomes help to determine the quality of service delivery. Examples of potential key organisational outcome measures are listed below.

1.1 Improvements in quality, outcomes and impact

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Potential measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing harm</td>
<td>• Clostridium difficile infection, staphylococcus aureus bacteraemia, surgical site infection and catheter associated urinary tract infection.</td>
</tr>
<tr>
<td></td>
<td>• Falls, pressure ulcers, cardiac arrests and sepsis.</td>
</tr>
<tr>
<td></td>
<td>• Violence, restraint and seclusion in mental health.</td>
</tr>
<tr>
<td></td>
<td>• Medicines harm.</td>
</tr>
<tr>
<td></td>
<td>• Maternity, neonatal and paediatric harm.</td>
</tr>
<tr>
<td>Reduced mortality</td>
<td>• Stillbirth and neonatal.</td>
</tr>
<tr>
<td></td>
<td>• Hospital Standardised Mortality Ratio.</td>
</tr>
<tr>
<td>Improved health outcomes</td>
<td>• Reduced mortality or longer survival.</td>
</tr>
<tr>
<td></td>
<td>• Fewer unscheduled care episodes.</td>
</tr>
<tr>
<td></td>
<td>• Improved reported outcomes from people experiencing care.</td>
</tr>
<tr>
<td>Improved treatment and diagnosis</td>
<td>• Early access to GP or out-of-hours services.</td>
</tr>
<tr>
<td></td>
<td>• Shorter time to treatment.</td>
</tr>
<tr>
<td>Well managed</td>
<td>• Reduced turnover.</td>
</tr>
<tr>
<td></td>
<td>• Reduced vacancies.</td>
</tr>
<tr>
<td></td>
<td>• Reduced sickness absence.</td>
</tr>
<tr>
<td></td>
<td>• Sufficient skilled staff to deliver safe care.</td>
</tr>
<tr>
<td>Positive endorsement</td>
<td>• Positive feedback from people experiencing care, families, carers, stakeholders or staff.</td>
</tr>
<tr>
<td></td>
<td>• Staff represent a positive reputation internally and externally.</td>
</tr>
</tbody>
</table>
1.2 Fulfilment of statutory duties and adherence to national guidelines

- The organisation takes account of statutory requirements and implements relevant legislation.
- The organisation complies with nationally agreed standards and indicators of care to ensure that people are safe and well cared for, and that their needs are met.
- The organisation takes into account national guidance and codes of practice in its service delivery.
- The organisation evaluates its financial performance and uses financial resources to best effect in the interests of those who receive or deliver care.

Domain 2: Impact on people experiencing care, carers and families

2.1 People’s experience of care and the involvement of carers and families

- People experiencing care feel that staff speak and listen in a way that is courteous, dignified and respectful, with their care and support being the main focus of staff’s attention.
- People experiencing care are treated kindly and compassionately in how they are supported and cared for.
- People experiencing care feel that their care is consistent and stable.
- People experiencing care feel that staff respect their privacy, keep private information confidential and offer opportunities for confidential discussions.
- People who experience care are supported to communicate in a way that is right for them. This could include large print, audio, Braille, different languages, induction loops, Talking Mats, Talking Points, translation or interpreting services.
- There is clear signage to guide people receiving care and families or carers around the care environment, including dementia-friendly signage.
- There is a focus on providing child-friendly environments in all care settings.
- The organisation promotes a human rights based approach to care, and people receiving care are made aware of their rights and responsibilities, and how to raise concerns (including children and young people). A human rights based approach is about ensuring people’s human rights are at the centre of policies and practice based on the PANEL principles††.
- The quality of care provided does not vary or discriminate because of 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.
- People experiencing care are assessed for health improvement and inequalities as part of their care pathway.
- Staff are able to access support for people’s spiritual needs.
- The organisation ensures that everyone has the ability to get involved in their care and takes steps to remove any potential barriers to participation, including

†† Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.
reaching out to seldom heard groups who are known to be more likely to experience health inequalities.

- People experiencing care or their legal guardians are recognised as experts in their own experience, needs and wishes, and are fully involved in planning, assessment and decision making about their care.
- When decisions are taken against the wishes of the person experiencing care or support they are supported to understand why.
- People experiencing care and families or carers know who is in charge of their care.
- People experiencing care receive clear and timely communication and have their condition and treatment explained to them.
- Staff ask people experiencing care about their individual needs, lifestyle preferences and aspirations, and support them to achieve these where possible.
- Support is available for those with particular needs or cognitive impairment such as vulnerable young adults or children, people with dementia or learning disabilities or profound multiple learning disability.
- Personalised care plans are in place for those people with complex care needs such as multiple morbidities or profound multiple learning disabilities.
- People experiencing care are informed of their clinical or care progress and discharge plans.
- People experiencing care, families or carers can make informed choices and decisions about risks.
- Where relevant, the organisation encourages people experiencing care to take positive risks which enhance their wellbeing or quality of life (positive risk refers to recognising the potential benefits in taking risks in day-to-day life and making balanced decisions around taking calculated and reasoned risks).
- If the person experiencing care is supported and cared for by several staff or organisations, this is well co-ordinated so that the person experiences continuity and consistency.
- Staff work to understand concerns or issues raised by people experiencing care, families or carers and what outcome they wanted to see, and reassure them that raising concerns will not impact negatively on their care delivery.
- Staff work with legal guardians, families, carers and volunteers to support person-centred care.
- Staff follow the organisation’s Duty of Candour procedures. For example, people experiencing care receive an apology if things go wrong and the organisation takes responsibility for its actions.
- People experiencing care, families or carers have a variety of accessible mechanisms to provide feedback on their experience of care and are supported to give feedback.
- The procedure for making a complaint is clear and well publicised. The procedure is accessible to people experiencing care and families or carers, and includes information on the Scottish Public Services Ombudsman for those unhappy with the response they receive.
• People experiencing care receive a timely response to their requests or complaints and the organisation seeks feedbacks on how complaints or concerns have been handled.
• The organisation monitors improvement plans in response to feedback.
• The organisation uses mechanisms to notify people of changes made in response to feedback, such as posters and leaflets.
• The organisation takes a proactive approach to engaging with people who currently, or potentially might, experience care to identify issues and learning points and to shape improvements.
• The organisation provides health promotion information, education and sign-posting to encourage and help people who experience care towards independence and self-care to achieve their full potential.
• The organisation works with stakeholders to encourage people experiencing care (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.

**Domain 3: Impact on staff**

**3.1 The involvement of staff in the work of the organisation**
• Staff are engaged in planning the organisation’s vision, values and aims.
• Staff and volunteers feel involved and are supported to continuously improve the information, support and care they provide.
• Leaders regularly consult their teams and elicit ideas and suggestions.
• Leaders involve staff in shaping and influencing decisions as well as implementing them.
• The organisation monitors staff wellbeing and mental health, and promotes positive wellbeing.
• Staff feel supported in their role, by their immediate team and wider leadership.
• Feedback from trainees through National Education for Scotland or General Medical Council surveys is reviewed at Board level.
• Action is taken in response to staff surveys, feedback and discussions (including formal action plans) and staff are made aware of improvements made as a result of feedback.
• Staff feel empowered with a sense of worth, self-confidence and responsibility to act to manage issues locally where appropriate such as resolving complaints or managing near misses.
• Staff receive feedback after they have raised an issue or reported an adverse event or poor practice, informing them of the outcome, lessons learned or actions being taken forward.
• Staff feel supported and empowered to challenge colleagues to provide safe and effective care.
• Staff are appropriately supported and feel confident to challenge discrimination and do so when necessary.
• Staff are appropriately supported and feel confident to challenge bullying and harassment.
• Staff are aware of the organisation’s whistle blowing policy and feel confident and supported to raise concerns.
• The organisation has a clinical engagement strategy and leaders take into account clinical opinion when making decisions.
• Staff in key specialties feel they have access to good support and teaching opportunities.
• The organisation encourages people experiencing care and families or carers to respect those involved in the delivery of care.
• Staff feel they are treated with dignity and respect at all times.

Domain 4: Impact on the community

4.1 The organisation’s success in working with and engaging the local community
• The organisation encourages and empowers communities of interest, third sector organisations and minority groups to be involved in co-producing local health and care services.
• The organisation works with community groups to support sustainable care.
• The organisation involves the public in policy and service design and development.
• The organisation encourages its staff to demonstrate positive attitudes and behaviour towards those who are socially or culturally excluded.
• The public has confidence in the effectiveness of services.
• Members of the public have good awareness about how to report concerns about the quality of care, safety or people’s wellbeing.
• The organisation works to identify and address health inequalities.

Service Delivery: Processes

Domain 5: Delivery of safe, effective, compassionate and person-centred care

This section highlights a list of factors to consider for each quality indicator to help evaluate service delivery.

5.1 Safe delivery of care
• A quality assurance system is in place to ensure that the care environment and equipment are safe.
• The care environment is designed, maintained and reviewed in line with relevant regulations to support and promote the health, safety and wellbeing of people experiencing care, visitors and staff.
• Buildings, grounds and estate services are maintained and reviewed in line with relevant laws and regulations.
• The care environment takes into account individual needs and preferences where possible (particularly for those with a disability, cognitive impairment and dementia).
• People feel safe while in the care of the organisation (including feeling safe with staff, people who experience care, families or carers).
• Effective policies are in place and implemented to protect people from abuse, neglect or harm (in particular children, young people, the vulnerable and the elderly).
• The organisation has clear strategies or plans for safety (including health and safety).
• The organisation has a culture and set of values which recognise that, in the vast majority of cases, it is the systems, procedures, conditions, environment and constraints that people face that lead to safety problems.
• The organisation has mechanisms in place to recognise vulnerable people and to ensure public protection.
• The organisation does not wait for things to go wrong before trying to improve safety.
• The organisation has mechanisms in place to support people when things go wrong.
• Staff rotas are designed with input from staff to reduce the risk of fatigue and to ensure safe working practice.
• Standard operating procedures and referral pathways are in place to ensure appropriately skilled staff are available and easily contactable 24/7 to perform all required emergency procedures.
• The organisation supports staff to take breaks, particularly on night shifts when there are less staff. This is supported by readily available restrooms and catering facilities.
• The organisation considers the safety of staff at the end of night shifts and provides accessible and quiet rest facilities that support staff to sleep on-site when required.

5.2 Assessment and management of people experiencing care
• Care and support is provided in a planned and safe way with clear and robust processes for managing and escalating issues or unexpected events.
• Admission assessments are carried out to determine the care required and to anticipate any issues that might develop such as dietetic or occupational therapy requirements.
• Re-assessments are undertaken to ensure that the ongoing care is appropriate and effective.
• A proactive and effective approach is taken to identify and respond to people experiencing care whose condition is deteriorating.
• Organisations work to reduce the burden and harm on people experiencing care from over-investigation and over-treatment.
• Where relevant, staff promote positive risk-taking behaviour for people to empower them in managing their own care.
• The notes for people experiencing care are legible, accurate and up to date.
• Procedures in place support staff to carry out appropriate informed consent and discharge or transfer of people experiencing care.
• Effective handovers are undertaken with clear communication between staff and services.
• All trainees or relevant staff have direct access to an on-call senior member of staff at all times and contact details are clearly documented and communicated.
• There is routine contact between the on-call consultant and the on-call senior resident trainee at the start and end of each shift, and before the consultant leaves the site.

5.3 Continuity of care
• The organisation optimises the flow of people experiencing care, through sufficient staffing and a joined-up approach, to provide a smooth journey for those receiving care.
• The organisation works internally and with partner agencies, such as Integration Joint Boards and Health and Social Care Partnerships, to co-ordinate and optimise clinical treatment, health improvement pathways and journeys or transitions of care.
• The needs and preferences of people experiencing care, including access to services such as pharmacy, social work and allied health professional staff, are considered in transitions and handovers of care.
• The quality of communication and flow of information supports continuity of care.
• The organisation has capacity to anticipate and resolve IT issues to ensure continuity of care.
• If people experiencing care have been transferred between care areas or services, the reason for transfer is clinically appropriate and clearly documented.
• Transitions of care are anticipated and appropriately planned, particularly for people with complex needs.

5.4 Clinical excellence
• People receive care and support that is based on relevant evidence, guidance and best practice.
• Those providing care and support are informed about the person’s past, including their health and care experience, and any impact this has on them.
• The organisation has a robust process for reviewing national standards, indicators and guidelines, 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 codes of conduct.
• Evidence-based infection prevention and control measures are implemented such as the National Infection Prevention and Control Manual guidance.
• Staff are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.
- The organisation ensures that all frontline staff are aware of legislative requirements and their application, for example for people with a cognitive impairment or adults with incapacity, or Do Not Attempt Cardiopulmonary Resuscitation documentation.
- 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.
- Relevant staff are involved in regional or national discussions such as planning groups or Managed Clinical Networks.
- Participation in third-party accreditation schemes.

5.5 Data for improvement and evidence-based learning
- The organisation has mechanisms to actively collect and integrate data.
- There are sufficient staff with capabilities in data collection, analysis, measurement, presentation and use of data for improvement.
- Data are reviewed to anticipate potential risks to safety, such as staff or equipment shortages, and proactive action is taken on potential threats.
- The organisation regularly uses experience data and feedback from people experiencing care, families, carers and staff, and identifies trends to inform quality improvement initiatives and improve care.
- The organisation maintains a questioning approach even when data suggest things are going well.
- Lessons learned from adverse events (including near misses), feedback from people experiencing care, inspections, internal audits and claims are clearly recorded.
- Feedback, complaints and adverse events (including lessons learned) are regularly discussed at service or department level.
- Staff are informed of findings and outcomes from the data they have collected.
- Robust processes are 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 implemented.
- There is evidence of action following 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.
- Lessons learned from adverse events, people’s care experience and staff feedback is fed into quality improvement activity.
- Reviews of data and evidence drive improvement.
- Performance information and quality improvement outcomes are made public (and accessible) and include objective coverage of both good and bad performance.
- The organisation makes judgements on quality improvement based on evaluation of quality indicators, tests of change, feedback and good practice.
• The organisation has an established horizon-scanning capability to review UK or international reports which have relevant learning for safety.

5.6 Quality improvement processes, systems and programmes
• The organisation designs physical systems and technological infrastructures that support improvement and knowledge management.
• The organisation uses digital information and technology to support service delivery such as remote e-health or telehealth monitoring, and digital personal health records.
• The organisation actively engages people who experience care, members of the public, staff and other key stakeholders on quality improvement, and feedback is used to drive improvement.
• The organisation has processes in place to enable staff to evaluate improvement projects.
• 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.

Service Delivery: Management

Domain 6: Policies, planning and governance

6.1 Policies and procedures
• Policies and procedures support staff to consistently and appropriately manage adverse events.
• Information governance systems and processes are in place and implemented.
• Clearly documented and robust controls are in place to ensure ongoing information accuracy, validity and comprehensiveness.
• The organisation has a Caldicott Guardian.
• Mechanisms are in place for people experiencing care to request access to their personal information.
• Systems are used to provide an audit trail such as an electronic reporting or document management system.
• Version control is evident on policies and key documents.
• The organisation has an effective knowledge management strategy that supports evidence-based and transparent decision-making about people experiencing care.

6.2 Risk management and audit
• There is a proactive approach to risk management.
• Effective risk management systems are in place to record clinical, legislative, finance and other risks focused on the safety of staff and people who experience care.
• Operational and organisational risks are formally identified, reviewed and subsequently controlled with evidence of action to mitigate the risks.
• Decisions about the management of adverse events are risk-based, informed and transparent to allow appropriate level of scrutiny.
• Procedures are in place to regularly monitor performance against key indicators.
• Re-audits are undertaken to assess levels of improvement.
• The organisation demonstrates preparedness to help ensure safe care today and in the future.

6.3 Assurance framework and governance committees
• An assurance framework and appropriate governance committees are in place to provide assurance that the organisation is focused on safe, effective and efficient care.
• Board members seek assurance that effective governance systems are in place and working well by understanding their responsibilities, providing constructive challenge and working alongside executive director colleagues.
• The Board is assured that healthcare, clinical and care governance is subject to rigorous scrutiny, including review by relevant delegated governance committees (including but not exclusively: staff, clinical, risk, information, audit and performance).
• The organisation has an integrated approach to governance and draws from all relevant sources of information and data.
• The Board routinely receives information on adverse events, complaints, claims, inspections, audits, review findings and feedback from people experiencing care to help gain assurance that appropriate action is taken and learning is shared.
• The Board is kept informed of serious and ongoing issues and receives sufficient high quality information to enable 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).
• Board members challenge performance data to support assurance that it is reflective of what is happening operationally.
• The Board and leadership maintain a state of intelligent wariness even in the absence of poor outcomes.
• The Board and governance committees discuss issues relating to safety and quality of care, in the context of health and social care integration.
• 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 people experiencing care and the issues facing staff.
• The organisation uses a range of approaches to ‘bring people experiencing care into the boardroom’.

6.4 Planning
• The organisation focuses the design of its services around anticipating need and it plans service delivery and workforce in proportion to this in collaboration with Integration Joint Boards, Community Planning Partnership and relevant stakeholders.
• 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.
• Audit, governance and planning structures all incorporate prevention and health inequalities.

Domain 7: Workforce management and support

7.1 Staff recruitment, training and development

Recruitment and induction
• Those providing care and support are appropriately and safely recruited.
• The organisation has effective recruitment processes to ensure candidate references are checked, and appropriate disclosure and Protecting Vulnerable Groups membership is in place.
• Staff, including agency, bank staff, locums, temporary staff and volunteers, receive appropriate induction.

Training
• The organisation provides a programme of mandatory training for staff to support safe, quality care, which includes fire safety, moving and handling, and infection control.
• All staff, including Board members, are trained effectively and properly supported.
• Time is made available for staff to attend required training.
• The organisation has a range of training methods to give staff the opportunity to be active learners, to reflect and to learn from their own and others’ experiences.
• Training needs analyses are carried out where appropriate.

Knowledge and skills
• The needs of people who experience care are met by staff who are sufficiently trained, competent and skilled.
• All staff have a clear understanding of their roles and responsibilities, have a positive approach to their duty of care and demonstrate accountability for their actions and behaviour.
• Staff understand the principles of safe care, including relevant child or vulnerable adult protection guidance, and apply local or national safety policies and procedures.
• Staff demonstrate compassionate and encouraging care and are sensitive to the individual needs of people experiencing care.
• Staff are aware of the process for raising or escalating concerns and feel confident to report things that go wrong, including near misses, and to communicate safety issues with their colleagues.
• Staff with supervisory roles have sufficient training and time in their job plan to provide adequate support to trainees and staff.
• Where supervision is not directly present, trainees have appropriate training and can demonstrate competency to operate with distant supervision.
• The organisation has a strategic plan for developing staff capacities and skills to improve clinical care and services such as leadership programmes and Board, workforce or organisational development.
• Staff feel that the organisation supports and develops them.
• Feedback from complaints and adverse events is provided to staff.

7.2 Workforce planning, monitoring and deployment

Planning (supply and demand)
• The organisation assesses demand for services and undertakes regular and robust workforce planning to ensure appropriate staffing levels and skills mix are deployed to match service requirements and safeguard safety.
• The organisation takes a proactive approach, including anticipating workforce requirements and having contingency plans, to mitigate service or care disruption and help safeguard future delivery.
• The organisation (and leadership at all levels) understands the level of demand on particular services and the elements that constrain the smooth flow of people experiencing care.
• Care system resources are regularly reviewed to support delivery of services.
• The needs of people experiencing care and support are met because there are the right number of people to provide responsive care and support.
• Staff rotas are designed with input from staff to reduce the risk of fatigue and to ensure safe working practice.
• Decision-making behind the allocation of resources is clear and transparent.
• The organisation is aware of and demonstrates flexibility to respond to broader social, political, economic and contextual factors.
• The organisation has capacity to avoid unacceptable delays to the assessment, treatment, discharge or transfer of people who experience care.
• High quality care and support is provided because staff have the necessary information and resources.

Monitoring
• The organisation regularly monitors staff skills, skill mixes and workforce indicators or ratios, and takes appropriate action to:
  - ensure appropriate staffing is in place to maintain safe and effective service and care delivery
  - 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.
• Poor performance is appropriately managed.
• The organisation has a system for addressing under performance and recognising good performance at individual, team and service level.
• Job plans are signed off and annually monitored.
• Staff skills are reviewed through formal appraisals.

7.3 Communication and team working
• There is effective communication between management, clinicians, people who experience care and partner organisations.
• The organisation works with everyone involved in delivering care services to gain their commitment and support shared ownership of the challenges and solutions.
• There is evidence of effective multidisciplinary team working and robust communication across the team such as handovers, team meetings, team newsletters or team cascade discussions.

Domain 8: Partnerships and resources

8.1 Collaborating and influencing
• Leadership is well respected by stakeholders, staff and communities.
• The organisation works with stakeholders, such as Integration Joint Boards and Health and Social Care Partnerships, in developing and delivering person-focused services.
• The organisation engages with partner organisations to build collaborative leadership capacity and enable innovation and appropriate risk-taking across boundaries.
• The organisation is able to demonstrate how collaborative working with other agencies, including the third sector, is leading to improved outcomes in a person-centred way.

8.2 Cost effectiveness and efficiency
• The organisation reviews the cost effectiveness of its activities and focuses on how it might use resources more effectively (while supporting safe, quality care).
• The organisation works to identify and reduce unwarranted variation in practice to achieve optimal outcomes.
• The organisation works to identify waste of resources such as equipment, supplies, ideas and energy, and uses evidence or research results to drive waste reduction.

8.3 Sharing intelligence
• The organisation has a variety of mechanisms in place to ensure learning from adverse events, complaints and safety alerts is spread throughout the organisation, including actions and improvements.
• Good practice or key themes are identified and shared across the organisation and replicated where relevant and appropriate.
• 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, including sharing learning from adverse events through the Knowledge Network Communities of Practice.
• People experiencing care and support are fully informed about what information about them is shared with others.

**Vision and Leadership**

**Domain 9: Quality improvement-focused leadership**

**9.1 Vision and strategic direction**

- The organisation undertakes comprehensive strategic planning with Integration Joint Boards and Community Planning Partnerships, and involves the public, staff and local agencies to identify the needs of the population and how safe, quality care can best be delivered.
- The organisation has a clear strategy and vision and values and aims which are person-focused, easily understood and appreciated by staff, people who experience care, carers and stakeholders.
- The vision and strategy supports joined-up arrangements with Integration Joint Boards, Health and Social Care Partnerships and Community Planning Partnerships.
- Strategic plans are clear and include priorities and deliverables at organisational, directorate, team and individual level.
- Strategic plans are regularly reviewed and adapted in response to external or internal drivers.
- Care services are centred on helping to maintain or improve the quality of life of people and equity of outcomes for people who use those services.
- Board members actively influence and drive policy and strategy to encourage continuous improvement.

**9.2 Motivating and inspiring leadership**

- The organisation shows commitment to a culture of learning and promoting continual professional development of staff.
- Staff with leadership roles demonstrate positive leadership behaviour which inspires enthusiasm and confidence in others.
- Leaders encourage staff to be responsibly proactive and innovative.
- The organisation supports an open and fair culture. When things go wrong, staff feel able to openly report them.
- The management and leadership structure, roles and responsibilities are clear to staff and there is no 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.
- Staff describe the culture and morale in generally positive terms.
- Staff would recommend the organisation as a good place to work.
- Poor or unacceptable levels of care are not tolerated by leaders and staff.
- Leaders deal effectively with bullying and harassment.
- Leaders ensure staff ‘voices’ are encouraged, heard and acted on.
9.3 Developing people

- Leaders promote appropriate staff autonomy and accountability.
- The delegated level of authority supports managers to make decisions locally and there are clear lines of escalation for issues to be raised.
- Staff feel that senior managers, leaders and Board members are visible and accessible.
- The organisation promotes engagement, participation and involvement.
- Those with leadership roles have access to development programmes to support them in their role.
- Staff with leadership roles aim to continuously improve their leadership capability, including engagement with staff, through critical reflection and feedback from a range of sources.
- Staff demonstrate positive attitudes towards learning and improving.
- Staff feel they have the knowledge and skills to respond effectively to complaints and adverse events and are empowered to do so such as saying sorry, providing an explanation and keeping people informed when things have gone wrong.

9.4 Leadership of improvement and change

- Leadership provides support to identify opportunities for innovation and improvement.
- Leadership and staff actively seek out good practice and learning from both within and outside the organisation.
- The organisation always considers the needs of people who experience care when developing innovative improvement ideas.
- Staff with leadership roles are appropriately knowledgeable in quality improvement approaches, are active participants in improvement work and demonstrate values and behaviours that support this.
- Leadership encourages both ‘top-down’ (formal, planned) and ‘bottom-up’ (informal, emergent) approaches to quality improvement.
- Leadership responds well to new challenges or obstacles and addresses problems directly.
- Leadership is open and honest about pressures and challenges they face which ultimately help staff and stakeholders understand and have confidence in the decisions being taken.
- Teams routinely take time out to reflect upon their objectives, strategies, processes and environments and make changes accordingly.
- The Board and senior leadership take an active leadership role in improvement and commit resources (time and money) for delivering quality improvement initiatives.
- 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.
- Leadership is aware of sustainability issues and gaps in service provision and is working to address these.