Quality of Care Approach

Quality assurance to drive improvement

December 2017
We are committed to equality and diversity. We have assessed this framework for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.
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1. The quality of care approach

1.1 Introduction

This document explains our quality of care approach. This is how we design our inspection and review frameworks and provide external assurance of the quality of healthcare provided in Scotland. There are 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 – outlines the quality indicators used for self-evaluation and external quality assurance, and
- our programmes of work – the inspections and reviews that we undertake to deliver on our strategic objectives.

The approach is designed to deliver quality assurance activity that drives improvement in line with our organisational strategy for 2017–2022 Making Care Better – Better Quality Health and Social Care for Everyone in Scotland. It was developed in partnership with a wide range of stakeholders and within the context of current Scottish Government policy on health and social care improvement.

We are at the start of a journey. As our knowledge and experience grows so too will our approach with future iterations informed and shaped by feedback and constructive dialogue with our stakeholders. We will evaluate and monitor the effectiveness of the approach in driving improvement on an ongoing basis. This will be supported by an outcomes planning and evaluation framework which outlines the anticipated short, medium and long-term impacts of the approach.

1.2 How the approach fits with our strategic direction

Healthcare Improvement Scotland is the national health and social care improvement organisation for Scotland. We have many parts, with one single purpose to deliver our aim of better quality health and social care for everyone in Scotland. We have five strategic priorities which are aligned with the National Health and Wellbeing Outcomes. We deliver our strategic priorities using the following internal quality management model (Figure 1).

Figure 1: HIS quality management model
All of our quality assurance activity is designed to achieve our overarching organisational aim. In any such activity, it is important that the assessment of the quality of care is undertaken consistently and focuses on the outcomes for the person using those services. We are not advocating that all quality assurance work needs to be exactly the same, but it should all fall within an acceptable range so that care providers, the public and other stakeholders know what to expect, and engage with us accordingly.

The quality of care approach brings a consistency to our quality assurance activity by basing all of our inspections and reviews on a set of fundamental principles (see Section 1.4) and a common Quality Framework (see Section 2). Implementation of the approach will ensure that all our quality assurance activity:

- is risk-based and proportionate
- makes best use of the data and intelligence already available to us
- is focused on improved outcomes for people
- builds supportive improvement-focused relationships with service providers, and
- is seen within the context of our broader improvement support offering.

1.3 The quality of care approach in practice

Christie (2011)¹ said that the powers and duties of external scrutiny and inspection bodies should be framed so as to focus on the achievement by public bodies of measurable outcomes and on the effectiveness of their partnership working. Our quality of care approach supports this and is designed to dovetail with the dominant “theory of change” within Scotland. Evidence² indicates that quality assurance methodologies need to match the level of maturity of the systems that they are being applied to. The range that can be applied to quality assurance work runs from high compliance, high accountability independent assurance on one end, to improvement-focused and capacity building on the other. This sits within a dominant theory of change that has moved over time from a focus on inputs, central prescription of key processes and measurement of output targets towards one which focuses more on outcomes and impact. This allows more flexibility for establishments to respond appropriately to the pressures they face. This is often referred to as a “tight/loose” approach – tight on outcomes, but loose in terms of providers having freedom about how to meet these flexibly and responsively.

Inspection (in its broadest definition) tends to serve three purposes, to:

- provide public assurance and accountability
- play an active role in identifying and spreading effective and innovative practice around the system, and
- inform the development of national policy.

Quality assurance work is a valuable and direct source of evidence and advice that feeds into the policy making process. A theory of change based on the collective capacity building of the system demands an “intelligent accountability” drawing on sampling, monitoring of data, risk-assessment and proportionate, improvement-focused responses.

The quality of care approach also shifts the focus from quality assurance of services being “done to” organisations to an approach that, where possible, quality assurance and any resultant “intervention” is “done with” them. The emphasis is on regular open and honest organisational self-evaluation using the Quality Framework and the associated organisational self-evaluation tool. The completed self-evaluation, combined with other data and intelligence available to us from publically available papers and reports,

¹ www.gov.scot/Publications/2011/06/27154527/0
and nationally held datasets, will form the basis of supportive improvement-focused conversations with organisations to diagnose where there are issues or difficulties in initiating, sustaining and spreading improvement (as illustrated in Figure 2).

*Figure 2: Quality assurance to drive improvement*

Any interventions as a result of quality assurance activity will be risk-based, set in the context of capacity for improvement within the organisation concerned and will vary depending on the conversations. They may include any or a combination of the following:

- focused improvement support either bespoke or aligned to an existing ihub\(^3\) portfolio
- further quality assurance activity in a particular area (thematic review or focused inspection activity)
- development of national standards, indicators or guidance
- signposting to support out with Healthcare Improvement Scotland, including learning identified through activities undertaken by other care providers.

The emphasis is on improved outcomes and quality improvement. As well as identifying local areas of good practice and areas for improvement, the outputs of our quality assurance work will link care providers, if required, to the improvement support available through our ihub. With the agreement of care providers, we intend to share relevant good practice and learning identified through inspections and reviews with other care providers to help spread learning from local initiatives.

So the quality of care approach impacts on the purpose of our quality assurance work, the methodologies we use, and also the style and approach that we adopt.

**1.4 The fundamental principles of the quality of care approach**

Healthcare Improvement Scotland’s core values are: compassion; dignity and respect; openness, honesty and responsibility; and quality and teamwork. These values inform all of our work and are important touchstones to help us maintain and demonstrate our high standards.

\(^3\) The ihub (Improvement Hub) is part of Healthcare Improvement Scotland. It supports health and social care organisations to redesign and continuously improve services.
Further to our values, as an organisation we work to a set of principles that guide all of our work. At the heart of everything we do is ensuring that every pound we spend is explicitly connected to **value for money** and a return on investment demonstrated through a focus on **meaningful and demonstrable impact**, and **better outcomes** for people.

The following quality of care approach principles underpin how we carry out our quality assurance function and are embedded into the design of all our programmes of work. All 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.
- **improvement-focused** – we support continuous and sustained quality improvement through our quality assurance work.

The principles are described in more detail below.

1.5 **The quality of care approach principles in practice**

**User-focused**

This means that in all our inspection and review activity, we will:

- ensure that our evaluation of services focuses on the outcomes for people using those services
- involve users of services in the design of our methodologies
- seek the views and experiences of users of services
- listen to and act on the feedback of users of services
- report our findings in ways that are clear, concise and meet the needs and expectations of users of services, and
- continue to review and improve our approaches to meaningfully involve users of services.

**Transparent and mutually supportive, yet independent**

This means that in all of our inspection and review activity, we will:

- be open about our processes and evaluations by always using the quality of care approach principles and the Quality Framework as a basis, and applying a defined set of tools that are publically available
- work constructively and in partnership with service providers to develop and improve our approaches
- support people to participate in our scrutiny and assurance work through a programme of awareness raising and training as appropriate
- uphold our core organisational values by implementing best practice and behaviours (see Appendix 1) that promote establishment and maintenance of positive relationships with stakeholders
- involve and listen carefully to the views of service providers and users of services, and
- undertake evidence-based, independent evaluation of service performance based on all of the information available.
**Intelligence-led and risk-based**

This means that in all our inspection and review activity, we will:

- start by letting the organisation tell their story – understanding the organisation’s self-evaluation in the context of other publically available intelligence
- work with, and engage in supportive dialogue with, service providers to identify key themes and areas where support may be required
- focus our attention and resources on services, or aspects of service provision, where the combined intelligence suggests higher levels of risk in relation to adverse impacts on the people using those services
- apply proportionate, responsive and risk-based approaches that remain rigorous enough to provide appropriate public assurance about the safety and effectiveness of service delivery, and
- where we can, mutually agree the scope of any interventions required and take these forward in partnership with service providers.

**Integrated and co-ordinated**

This means that in all our inspection and review activity, we will:

- work with colleagues internally to ensure that we share relevant information appropriately and, where possible, schedule our activity to minimise the impact of our range of work on service providers
- work with partners in other quality assurance organisations to share intelligence and reduce duplication of requests for information
- work with partners in other quality assurance organisations on the forward planning and scheduling of our programmes of planned activity to minimise the impact on service providers, and
- actively seek to enhance and develop, where appropriate, joint activity with other audit, inspection and regulatory bodies.

**Improvement-focused**

This means that in all our inspection and review activity, we will:

- give priority to supporting quality improvement through constructive professional dialogue with service providers
- promote a learning culture by learning from, sharing and spreading any innovative and effective practice that we identify
- use the range of information available to us to make a professional judgement about a service’s capacity for improvement, and
- where necessary, identify recommendations for improvement and engage in follow-up interventions which may include signposting to, or provision of, practical improvement support.
2. The Quality Framework

2.1 Background

The quality of care approach strives to draw on the collective participation of relevant scrutiny bodies and other partners to share intelligence, minimise duplication of effort and lessen the burden of quality assurance and scrutiny activity on service providers. Using a common language and structure across agencies can help with this process by making it clear where data and information collected for one purpose can usefully inform another. This is one of the reasons why the Quality Framework follows the outline of the European Foundation for Quality Management (EFQM) Excellence Model. 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.

Our Quality Framework is a key component of the quality of care approach. The framework 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.

2.2 Key interfaces

The Quality Framework and the Health and Social Care Standards

In June 2017, the Scottish Government published the Health and Social Care Standards: My support, my life. The standards are applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland. Like the Quality Framework, the main objective of the standards is to drive improvement in the care that people receive.

Services should use the standards as a guideline for how to achieve high quality care. From April 2018, the standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, quality assurance activity and regulation of services.

The standards are written from the point of view of the person receiving support and set out what anyone, irrespective of age or ability, should expect when using health, social care or social work services in Scotland. They seek to:

- provide better outcomes for everyone
- ensure that individuals are treated with respect and dignity, and
- ensure that the basic human rights we are all entitled to be upheld.

The standards are underpinned by five principles:

- dignity and respect
- compassion
- be included
- responsive care, and
- support and wellbeing.

The Quality Framework has been developed to align with the Health and Social Care Standards and should be considered in conjunction with them by service providers, users of services and by

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4 www.efqm.org/efqm-model/model-criteria
5 www.gov.scot/Publications/2017/06/1327
Healthcare Improvement Scotland when considering the quality of care provision. For example, the themes within the ‘Impact on patients, carers and families’ domain map across directly to the Health and Social Care Standards.

**Reciprocal approach**

People receiving care can also play a significant role in contributing to quality improvement. A reciprocal approach between those delivering care and those receiving care can contribute to better outcomes with more effective use of services and resources. The joint responsibilities of each such as ‘I will treat people with respect’, and ‘I will help to reduce waste within the service’ will support high quality care.

**Alignment with Excellence in Care**

Excellence in Care is Scotland’s national approach to assuring nursing and midwifery care. It intends to provide a transparent and consistent measurement and monitoring process from point of care to Board that will integrate with improvement programmes. It will identify specific indicators and evidence that clearly articulate the nursing and midwifery contribution to ensuring person-centred, safe and effective care and to support the reduction in harm, variation and waste. Data and intelligence from Excellence in Care will drive local and external improvement planning relevant to nursing and midwifery. The Excellence in Care data will feed into the quality of care approach via the Care Assurance and Improvement Resource (CAIR) system.

**Alignment with other frameworks**

The Quality Framework is based on the format of the European Foundation for Quality Management Excellence Model. It is also consistent with the principles of *Best Value*\(^6\), the statutory framework provided within the Local Government in Scotland Act 2003. It can also be used in conjunction with the *Public Service Improvement Framework*\(^7\) which provides a useful tool for corporate self-assessment within public service organisations.

**Application of the Quality Framework in other care settings**

While written from a healthcare perspective, the Quality Framework is intended to apply across all care settings, NHS and independent healthcare providers. The successful implementation of the quality of care approach across health and social care will require close collaboration between NHS boards, integration joint boards, health and social care partnerships and community planning partnerships. Additional guidance will accompany the framework to guide people on how to use the Quality Framework in different care settings.

**2.3 The Quality Framework in detail**

The Quality Framework provides a consistent reference point for assessing the quality of health and care services and places an emphasis on impact and improved outcomes for people using those services. It contains a number of areas of focus, which are referred to as domains. Each domain has associated quality indicators and prompts to guide discussion, and support evaluation with a view to answering key questions. Figure 3 presents a high level overview of the Quality Framework.

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7 [www.improvementservice.org.uk/psif.html](http://www.improvementservice.org.uk/psif.html)
The framework not only allows an assessment of capacity for improvement based on the evidence from all key areas but also, in particular, achievement of outcomes and impacts and quality of leadership. This can help to inform a proportionate discussion about the extent and nature of any follow-up activity or what support is required from national and external sources.

It is important to be able to demonstrate how the delivery of care impacts on those in receipt of care (and on those delivering care) and how it results in improved outcomes for them. Impact can be defined as the measurable difference we make and focuses on the effects on people, practice and services, rather than just on the activities or services provided. This helps to identify the contributions that we make to better healthcare and supports decisions about allocation of resources, which in some cases may be limited.

2.4 Self-evaluation

Self-evaluation is a process by which organisations and services reflect on current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for users of 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 encourages regular open and honest organisational self-evaluation as part of routine internal assurance processes and the Quality Framework has been developed to support this.

The framework is not designed to be a checklist. Rather, it is a reference guide to support and inform reflection, evaluation and decision making about how best to improve outcomes for users of services. A self-evaluation tool and detailed guidance will accompany the framework.
3. **Our programmes of work**

3.1 **The work that we do**

The quality assurance directorate works with colleagues across Healthcare Improvement Scotland and external partners to deliver programmes of quality assurance activity, including inspections and reviews that support achievement of our strategic priorities. Our quality assurance work covers the following areas where we review and inspect either independently, or in collaboration with partners, and produce reports of what we find:

- inspections of NHS hospitals
- inspections of independent healthcare services, including regulation of independent clinics
- inspections of prisoner healthcare (with Her Majesty’s Chief Inspector of Prisons for Scotland)
- 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 ad hoc reviews, and
- programmes of specific quality assurance (for example medical revalidation and controlled drugs governance).

The quality of care approach principles, alongside the Quality Framework, provide a key point of reference to inform our inspection and review activity and the development of any new programmes. 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. Beneath the principles, we have a suite of more specific tools and guidance describing how the approach applies to different types of inspection and review activity.

3.2 **Our relationship with quality assurance and scrutiny partners**

A number of other agencies in Scotland also undertake quality assurance, scrutiny and regulation of services to provide public assurance about the quality of service delivery, and highlight and share effective practice or weaknesses in provision. Where there is a shared interest, we are required to work closely with partners to reduce duplication of effort and make the best use of our collective intelligence.

The Sharing Intelligence for Health and Care Group brings together colleagues from six national organisations in Scotland (see Figure 4). The aim of this group is to support improvement in the quality of health and social care by making good use of existing data, knowledge and intelligence. Specifically, to ensure that – where significant risks to the quality of health and social care are identified – there is prompt, proportionate, co-ordinated and effective collaborative working between the relevant scrutiny and improvement bodies.

![Figure 4: Sharing Intelligence for Health and Care Group partners](image)

The data and intelligence from this group is one of the key components of the quality of care approach. Our partnership approach also includes liaising about the scheduling of programmes of planned review and inspection activity as well as inspections jointly delivered with the Care Inspectorate.
Appendix 1: Our best practice and behaviours charter for inspections and reviews

In all our quality assurance work, those interacting with service providers, whether employees of Healthcare Improvement Scotland or service-based specialists who support our work programmes, strive to put our organisational core values into practice and to establish and maintain positive relationships at all times.

Our best practice and behaviours charter for inspections and reviews will be based on our core values and will set out detailed guidance for anyone participating on our behalf in inspection and review activity. The behaviours as summarised below are consistent with our core values. These will be clustered into guidance for reflection and self-evaluation by individuals and teams.

- **Purpose** – being clear about the overall purpose of the inspection or review and retaining this throughout. Creating a shared agenda with staff in the organisation and amongst members of the inspection or review team.
- **Relationships** – building and maintaining constructive relationships throughout the process as the basis of a high quality inspection or review.
- **Awareness** – maintaining a high level of awareness of the context in which staff are operating, of their feelings and reactions to the process and of the approach of individuals or teams and its impact.
- **Information gathering** – careful inquiry to gather and analyse evidence. Not asking for anything that is not really needed. Retaining an objective stance, testing assumptions and assimilating data before evaluating.
- **Sharing information** – consistent and robust communication throughout the process to prepare and inform staff. Encouraging staff to be open in providing their perspective and sharing findings as the inspection or review progresses.
- **Enabling** – treating people with respect, engaging them in professional dialogue, recognising their efforts and sharing findings in a constructive way to encourage ownership and learning to take place.

Inspections and reviews work best when they are conducted in the spirit of partnership. We will use the charter to guide our behaviour and support anyone participating on our behalf in inspection and review activity to develop positive working relationships with those who are being inspected or reviewed. Our aspiration is that anyone that we come into contact with in the course of inspection and review activity:

- views the inspection or review as a catalyst for further improvement
- engages with us to enable us to conduct the inspection or review in an open and constructive way
- provides the information which will enable us to report accurately, fairly and reliably, and
- works with us to minimise disruption and bureaucracy.