Ipsos MORI
Social Research Institute

The Service Improvement Self Assessment Tool

Promoting Service Improvement in the NHS

October 2012

NHS
Institute for Innovation and Improvement

The Service Improvement Self-Assessment Tool

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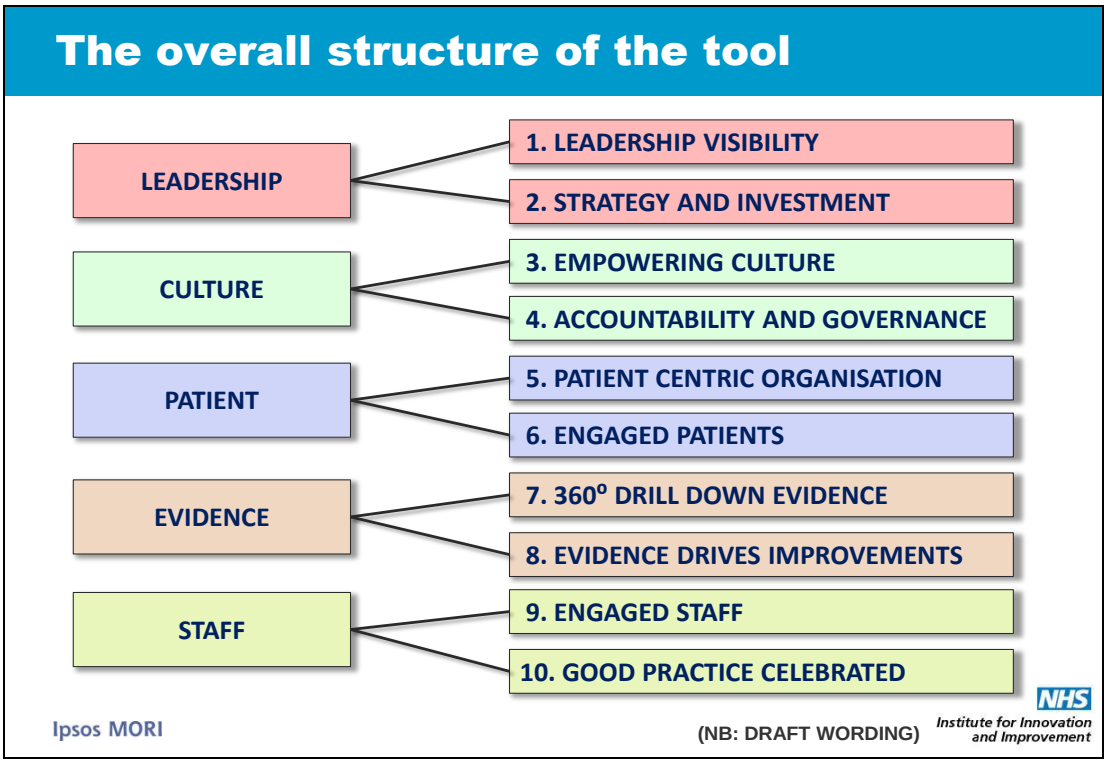
Draft date: 26 October 2012

This document provides the current draft definitions for the self assessment tool developed to help trusts use patient experience feedback to promote improvements in their services. **These definitions are "work in progress"** and are currently going through a period of testing and validation with organisations in the NHS.

The structure of the tool is as follows:



This document outlines the purpose of the self assessment tool and how it should be applied. It then provides all the template forms for completing the tool in hard copy, together with the definitions for each of the domains in the tool.

Moving forward, we intend to refine the definitions following the testing and validation work with NHS organisations. If you have any suggestions for refinements, please email jonathan.nicholls@ipsos.com or sam.hudson@institute.nhs.uk. A final version of the tool will be produced in due course, and we anticipate an online version will also be produced to support organisations undertaking the self-assessment

1. OVERVIEW OF THE TOOL

1.1 What the Self Assessment Tool is

The Self Assessment Tool was commissioned by the NHS Institute for Innovation and Improvement. It has been developed by Ipsos MORI. The tool was originally commissioned to support the Institute's Patient Feedback Challenge – but has wider application for supporting organisations to use patient feedback more effectively.

The Self Assessment Tool has been designed as:

- a systematic, ***evidence based*** way to review how well your organisation is using the patient experience feedback from your patients ***to promote improvements***
- a ***challenge process*** to encourage you to ***focus on the current gaps*** in how you are using patient feedback to promote service improvements
- a process to support you in ***planning your strategy*** to make ***better use of patient feedback to improve your services***
- a ***behind closed doors exercise*** within your organisation – to encourage you to be as ***self-reflective and self critical as possible***

The tool has ***not*** been developed as a performance management tool: it has been designed specifically to support an internal review processes. When using the tool, you are encouraged to be as self-reflective and self-critical as possible, as this will be more effective in revealing gaps which you can address in your improvement strategy moving forward.

1.2 How the tool works

The tool is comprised of five "Domains" of activity, each with 2 "Sub-Domains"

You are invited to:

- Score your performance on each sub-domain
- Provide an evidence statement to support your scores
- Identify improvement actions

Your scores across the ten sub-domains can be totalled up to provide a baseline measure of your current performance. The improvement actions you identify can be developed into a service improvement strategy for the organisation. If you chose, you can also set improvement targets for each domain, as a basis for tracking your improving performance.

2. HOW TO APPLY THE SELF-ASSESSMENT TOOL

2.1 Overview of supporting documentation

Section 3 of this document provides the definitions for each sub-domain. These include:

- A brief high-level definition to outline the focus of that sub-domain
- A more detailed definition for each sub-domain. This provides assessment criteria when you are considering your score on each sub-domain

Section 4 then provides all the template documents you need to complete the self assessment process. These include:

- A **summary sheet** for recording:
    - All your scores across the ten sub-domains
    - A benchmark score for your organisation (the total of the sub-domain scores)
    - Your target scores for each domain (optional)
- A **record sheet** for each sub-domain. This allows you to:
    - Record your current score for that domain
    - List the supporting evidence you have identified to support that score
    - List any actions you have identified to improve performance in that sub-domain

2.2 How to conduct the self assessment

The first task is to complete the Record Sheet for each sub-domain in turn. The process for this is as follows:

1. **Review the definitions** (high level and detailed) for the sub-domain in Section 4. This will indicate the areas of performance and organisational behaviour that you should review when considering your score for this sub-domain.

2. **Compile your evidence** to determine your score for that sub-domain. This might include a range of materials – meeting minutes, management information, research feedback, feedback from staff, patients and stakeholders, etc. We suggest you list the evidence on the Record Sheet, and compile the supporting documents into a portfolio to sit alongside the Record Sheets.

   It is up to you how much time you want to invest in this: some organisations will want to be quite light touch, others will want to do a more detailed review. Broadly, the more detailed your evidence, the more effectively you will be able to identify issues that need addressing, and the more effective your resulting improvement plan will be.

3. **Review your evidence** for that sub-domain. Broadly you should be asking two questions:

    a. Is our activity and performance in this sub-domain **consistent over time?**

    b. Is our activity and performance in this sub-domain **consistent across the whole organisations?**

4. **Score your activity and performance** in this sub-domain. The scoring scheme is summarised on the chart below. Broadly speaking:

    a. The more consistent you are over time and across the organisation, the higher the score

    b. If there is evidence that you are inconsistent over time, or there are gaps in performance across different parts of your organisation, that should result in a lower score

    c. The scoring system is deliberately challenging: this is intended to prompt you to identify areas where you can improve your organisation's performance

    d. To score a 9 or 10, you need to be able to show evidence that you are working with other organisations in key patient pathways to improve patient experience through their journey

    e. Each "band" has two possible scores (eg "Some Activity" can be scored 3 or 4). This is to let you score whether your activity is *only just* in that band, or *firmly* in that band

    f. These scores have not been developed as validated measures: this is an *in-house self-assessment*, not performance management. The purpose is to prompt you identify gaps and opportunities to improve. The more challenging you are in how you score yourself, the more you will identify opportunities to improve activity in each sub-domain.

The Self Assessment Scoring Scheme

0	1	2	3	4	5	6	7	8	9 SILVER	10 GOLD
No activity	**Minimal activity**		**Some activity - but in the minority**		**Considerable activity - but there are gaps**		**Consistent, organisation-wide activity**		**Collaborative activity across pathway**	

5. **Plan your improvement actions**. Having reviewed your activity and performance for that sub-domain, identify the activity you want to take to improve your score on this sub-domain. Again, this can be done from a light touch to a very detailed way, depending on the needs of your organisation.

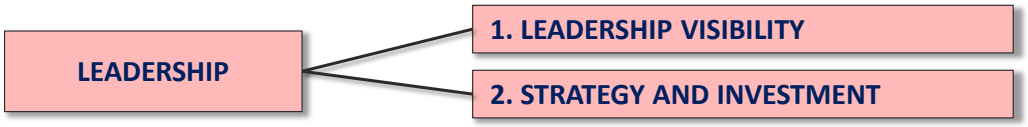
    Having identified the improvement actions for each sub-domain, you may then choose to consolidate all this actions into an overarching strategy for using patient feedback to promote service improvement

3. DEFINING THE TEN SUB-DOMAINS

1. LEADERSHIP

High level definitions

Domains and sub-domains



Area 1 "Leadership visibility"
Behaviours and actions of the board and leadership team clearly and consistently signal the high priority placed on patient experience and service improvement. This goes "beyond just words", with meaningful investment (staff, time, funding etc.) given for the patient experience agenda.

Area 2 "Strategic focus"
The patient experience agenda is prioritised within a coherent, organisation-wide strategy, which includes an emphasis not just on *collecting* patient data, but *using* it to drive service improvements. The strategy is well integrated with other organisational strategies, and there is clear senior accountability for delivering the strategy, coupled with clear investment to support delivery.

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Detailed definitions / assessment criteria

1.1 LEADERSHIP VISIBILITY

- The Chief Executive clearly articulates the Patient Experience vision in the Organisational Values, and this is regularly and consistently expressed
- There will be clear examples of how vision has shaped leadership decision making.
- This vision should be visible in the behaviours of the leadership team: eg, when they "walk the floor", their patient experience vision should be a central part of the conversations with staff
- At Board level, Patient Experience will account for approximately a third of the quality issues discussed. Patient experience will regularly be an early item on the agenda, and minutes will show that the item lead to actions, not just "noted for information"
- There will be examples of the leadership's commitment which *go beyond* statements and aspirations: eg, there will be evidence of leadership actions and investment that signal a high priority is placed on the patient experience agenda
- Actions might include leadership attention to patient experience data, how they challenge or direct staff to focus on using patient ratings to improving services
- There will be meaningful investment (eg, budget, staff, time, resources) in the capture

of patient data and in using that data to promote service improvement

- While leadership comes from the Chief Executive, the whole leadership team consistently express the same messages about patient experience
- There are examples where Patient Experience has "trumped" other drivers (eg financial). For instance, introducing a new service, the trust opted for a more expensive approach as it gave better patient experience than cheaper approaches

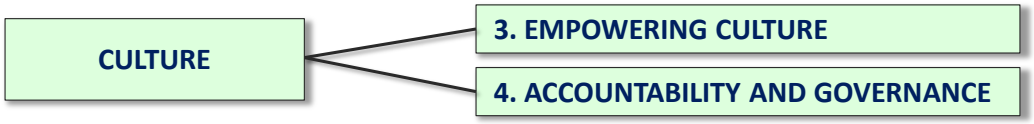
1.2 STRATEGY AND INVESTMENT

- Patient experience aspirations, activity and investment (e.g. a defined budget for experience) are contained in a core guiding strategy document
- There is Board level commitment to delivering this strategy, with clear evidence of attention to, and action on, the strategy recorded in Board minutes
- There will be senior ownership and accountability for delivering this strategy – ideally at Chief Executive level, or possibly one level down eg: experience as a key objective, job description etc etc
- At the same time the whole leadership team will share responsibility for delivering the strategy, possibly with component tasks being allocated to different leads
- The patient experience strategy will include:
  - Clear articulation of current patient experience priorities, and how these are likely to change over time.
  - clarity about which parts of system are being focused on (eg staff, team, service, whole organisation)
  - clear emphasis on "quality improvement mode" rather than just "research/data collection mode"
  - clear expectations that local units (wards, services) will keep patient experience under review, and deliver service improvements
  - clear expectations of how local units will keep their patient experience performance under review
  - clear priorities, especially the inclusion of patients in the process, and indicate how these priorities will be developed and cascaded through the organisation.
  - the internal and external resources available are clearly detailed
- The Patient Experience strategy will be of at least equal importance as other strategies(e.g. HR, Quality, Finance, Estates etc.), and clearly integrated with them, allowing a "whole organisation" response – eg strategies and policies on training, induction, performance reviews, promotion appraisals, etc will all make clear how they support delivery of the patient experience agenda

2. CULTURE

High level definitions

Domains and sub-domains



Area 3 "Empowered Staff"
Managers encourage frontline staff to review patient feedback and use this to improve service provision. Staff report *feeling empowered* at the local level to make service improvements, rather than feeling heavily "rule bound". Staff also have time to regularly review patient experience and plan improvements

Area 4 "Standards and accountability"
There are clear standards for what constitutes good patient experience. These are known and accepted across the organisation, and individuals are consistently held to account for delivering these standards. There are effective governance mechanisms in place to ensure that any improvement plans are followed through.

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Detailed definitions / assessment criteria

2.1 EMPOWERING CULTURE

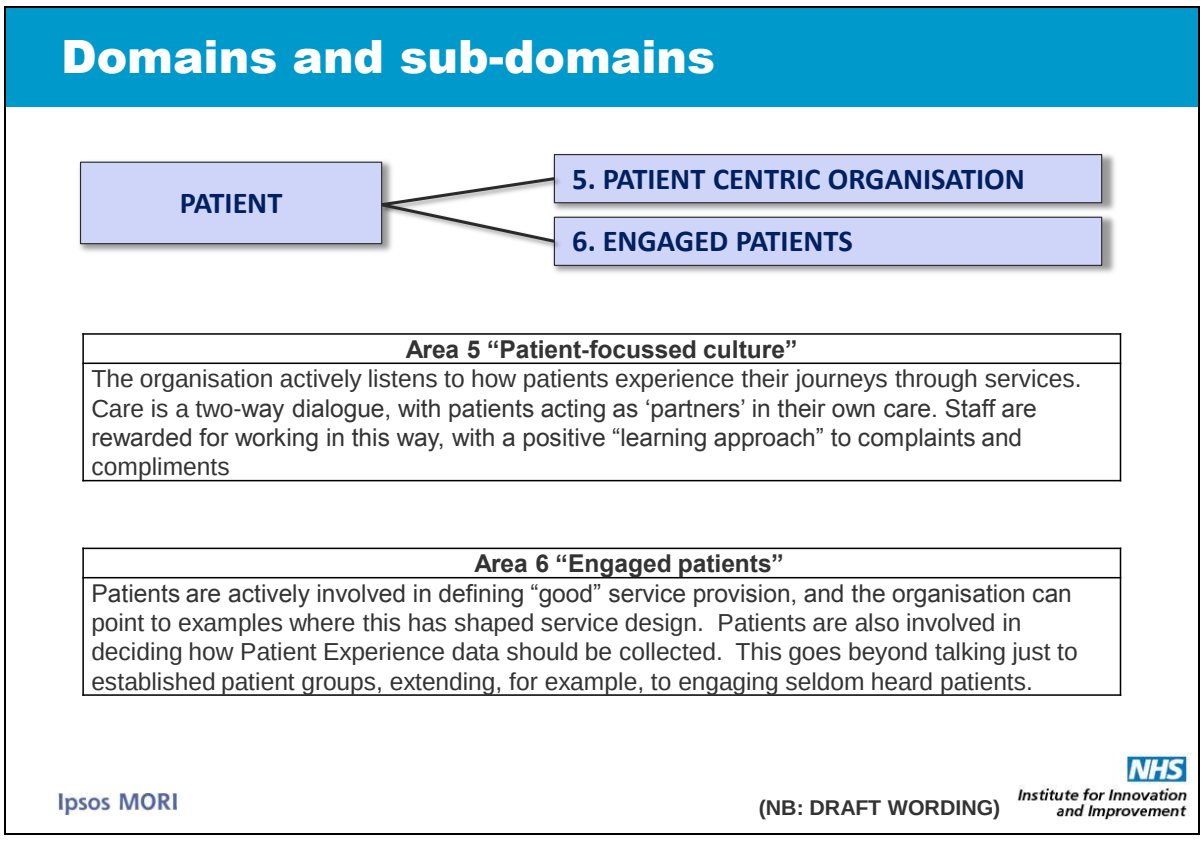
- Management culture is not "rule bound", but rather is one of empowering local decision making (ie at the service frontline)
- There is evidence that staff *feel empowered* at the local level to make service improvements to improve patient experience; and there are ready examples of them having done this that are well known across the organisation
- Systems are in place to ensure staff have the time and space regularly to review patient experience data and plan improvements
- Leaders and managers are viewed by staff as "walking the talk" – ie embodying the qualities they expect staff to adopt with patients. This will be evidenced, for example, in how staff talk about their leaders and managers, and in the staff survey

2.2 ACCOUNTABILITY AND GOVERNANCE

- While the culture promotes local decision making, this is coupled with clear expectations about service delivery and service improvement
- There is a shared understanding across the organisation of what constitutes good patient experience (which is likely to be drawn from NICE QS, NQB Framework and WMtP)
- There is a shared understanding across the organisation that these equate to "minimum standards" of patient care
- There are formal and informal mechanisms for individuals and teams to reflect on their practice and whether they are meeting these minimum standards
- There is a pervasive attitude amongst staff and managers that poor patient experience is not to be tolerated
- There are mechanisms for holding individuals and teams to account when they do not meet these standards
- Appropriate governance mechanisms are in place to ensure that action plans are followed through.

3. PATIENT

High level definitions



Detailed definitions / assessment criteria

3.1 PATIENT CENTRIC ORGANISATION

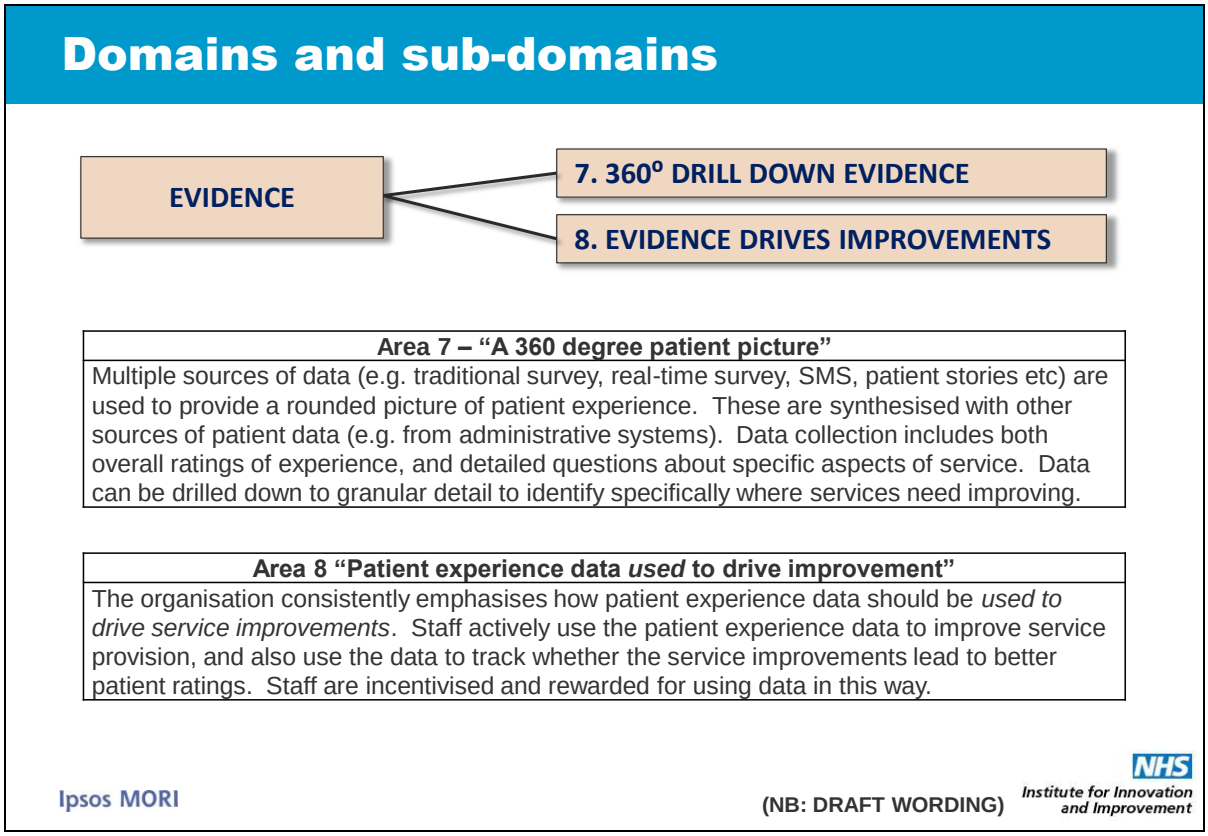
- There is evidence that the culture of work
  - Is patient focused
  - Is based on a two way dialogue
  - Focuses on the relational aspects of care
  - Is based around the journey and integration of care
  - Works with patients as partners in their own care
  - Uses a positive learning approach to complaints and compliments
- There is an emphasis on capturing and attending to personal accounts and personal journeys from patients at all levels in the organisation
- Staff are rewarded for working in this way

3.2 ENGAGED PATIENTS

- Patients are actively involved in the design of services, and particularly the patient experience aspects of those services. For instance, an Experience Based Design approach is integral to how an organisation develops its services
- Patients are also actively involved in determining how patient experience should be assessed for any given service. This includes:
  - Defining the overall aspects of the service that matter to them from a patient experience point of view (to feed into questionnaire design etc)
  - Identifying the specific service touch points that most influence their perceptions of the service – and what constitutes good/poor service at those touchpoints (again to inform the questionnaire)
  - Identifying what data collection methods would be most appropriate for patients using that particular service (eg traditional survey, realtime survey, SMS, video diary, patient stories etc)
- The involvement of patients should ideally extend beyond established patient groups to include patients that *aren't* part of those groups, and to those who are seldom heard (their views may differ from patients who are more actively involved)

4. EVIDENCE

High level definitions



Detailed definitions / assessment criteria

4.1 360º DRILL DOWN EVIDENCE

- The organisation uses multiple data collection techniques (eg traditional survey, realtime survey, SMS, video diary, patient stories etc) across its various services, and has matched the data collection modes to the nature of the service and users of that service
- Data collection will cover a number of levels of data, notably:
  - High-level descriptive data that allows a provider to compare different services, or compare itself to other providers. This includes standardised questions such as net promoter

  - More specific diagnostic data (eg about performance at specific touchpoints) that managers can use to promote service improvements
  - Experience measures will also be combined with outcome measures to get rounded view of quality of care
- Ideally it will also be possible to track individual patients through their entire pathway, capturing whole patient journeys, so that their experience of different services and the transitions between those services are understood
- The organisation is also able to monitor (and respond to) external sources of patient experience data (eg blogs, social media sites and crowd-source data etc)
- These various sources of internal and external data are integrated, together with other sources such a complaints letters, to generate a coherent, fully interpreted picture of patient experience across the organisation
- In particular, Patient Experience data is triangulated with other 'Quality Indicators' (e.g. Staff Experience; Clinical Outcomes) to identify emerging trends, ensure that Patient Experience is seen as being as important as these other indicators, and promote broader clinical ownership.
- There is probably one central point responsible for integrating these different data sources, and also for distributing findings to the relevant frontline services and managers across the organisation.
- This will collate data in ways that facilitate timely action being taken, and at different levels of aggregation for different internal audiences. It is likely to champion the importance of patient stories alongside more traditional, quantitative measures

4.2 EVIDENCE DRIVES IMPROVEMENTS

- Staff systematically review data and look for opportunities to improve services
- There are (hard and soft) incentives for staff to do this and sanctions if they don't; staff recognise these, and respond to these incentives
- Staff identify actions they can take to improve the patient experience
- Staff take actions, and feel empowered by their organisation to do so
- Staff continue to monitor data to assess whether their actions have improved patient experience
- Across pathways, there is collaborative working between staff in different settings to improve the experience of transitions between services
- There is investment in these skills, such that staff are trained and supported to collect, analyse and use data

5. STAFF

High level definitions

Domains and sub-domains

Area 9 "Engaged staff"
Staff are committed to, and active ambassadors of, the patient experience agenda. They recognise and can articulate the benefits of reviewing patient experience. They are also actively involved in developing and implementing Patient Experience activities (capturing patient views, and using these to improve services), and actively encourage patients to provide feedback.

Area 10 "Identifying and sharing best practice"
There is a culture of actively sharing good practice. The organisation compiles evidence of where its patient experience work is having the greatest impact on improving services, and these examples are widely shared and celebrated across the organisation. Success stories are made visible so that other areas can adopt their good practice.

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Detailed definitions / assessment criteria

5.1 ENGAGED STAFF

- The organisation seeks to actively engage its staff in the patient experience and service improvement agenda. For instance, the HR policy requires the staff recruitment process includes a Customer Care Competency assessment; and all new staff will receive patient experience training as part of their induction programme.
- The organisation has actively involved staff in developing and implementing activities taking place under the organisation's patient experience and service improvement programme
- Staff recognise and can articulate the benefits (to the patients, to the service and the staff themselves) of the patient experience work the organisation is doing. This is evidenced, for instance, in the staff survey, and in general conversation with staff.
- Staff consistently make patients aware of feedback channels encourage patients to provide feedback
- Staff are supported to appreciate the importance of the dialogue they have with patients and their friends and families, as these impact on the collection of patient experience data
- Staff are advocates of the trust's focus on improving patient experience (which in turn will encourage patients to give feedback)

5.2 GOOD PRACTICE CELEBRATED

- There is a shared understanding about where in the trust patient experience is managed best and worst
- The trust compiles evaluation evidence of their patient experience work, and how they have *used* it to have an *impact* on improved services. Impacts are identified in a range of areas: improved patient experience, improved work flows and patient flows, financial savings etc
- Successes and quick wins in improving reported patient experience are shared and celebrated; the organisation pays looks out for good practice to share, "catching people being good"
- Channels exist allowing peer groups to review the good practice examples, sharing best practice, and applying this to the areas where improvement is needed
- This sharing and celebrating of good practice instils a culture amongst staff that "it is normal round here to seek ways to improve best practice"

4. FORMS FOR COMPLETING THE SELF-ASSESSMENT

SELF ASSESSMENT TOOL: SUMMARY SHEET

This form provides a summary of your self assessment; it should be read in conjunction with the Record Sheets for each sub-domain, which provide details on the supporting evidence and improvement actions you plan to undertake. Please complete as follows:

1. Enter your current score for each sub-domain
2. Total us your scores to provide your current baseline score
3. (Optional) List your target score for each domain, based on the actions you plan to undertake
4. Record the date by which you should have achieved that target score
5. Use this as a basis for reviewing progress as you move forward

Domain	Current Score (1-10) (from Record Sheets)	Target Score (1-10) (optional)	Date by which target to be achieved (optional)
1. Leadership visibility			
2. Strategy and investment			
3. Empowering culture			
4. Accountability			
5. Patient centred			
6. Engaged patients			
7. 360^{o} drill down evidence			
8. Data drives improvement			
9. Engaged staff			
10.Good practice shared			
TOTAL SCORE			

Completed by: .....

Date: .....

RECORD SHEET	Score
1.1 LEADERSHIP VISIBILITY	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET **1.2 STRATEGY AND INVESTMENT**	Score

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET	Score
2.1 EMPOWERING CULTURE	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET	Score
2.2 ACCOUNTABILITY AND GOVERNANCE	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET	Score
3.1 PATIENT CENTRIC ORGANISATION	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET 3.2 ENGAGED PATIENTS	Score

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET	Score
4.1 360º DRILL DOWN EVIDENCE	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET	Score
4.2 EVIDENCE DRIVES IMPROVEMENTS	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET **5.1 ENGAGED STAFF**	Score

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	

RECORD SHEET	Score
5.2 GOOD PRACTICE CELEBRATED	

Strands of evidence for the score you have given	Supporting documents*
1.	
2.	
3.	
4.	
5.	

*(We suggest you compile documents to provide a portfolio of evidence for your performance this domain; references to these documents can be listed here)

Improvement actions	Targets, deadlines
1.	
2.	
3.	
4.	
5.	