

The Quality Framework for Community Engagement and Participation

Quick Reference Guide

This quick reference guide has been developed to provide an overview of the framework and self-evaluation. More detailed information can be found in the Quality Framework guide document and the guide for self-evaluation.

Quality Framework for Community Engagement and Participation

The new <u>Planning with People guidance</u> has been produced by Scottish Government and COSLA on local community engagement and participation, which applies across health and social care. This framework supports the principles contained within the guidance and will help organisations consider what good quality engagement looks like and how this can be evaluated and demonstrated.

The Quality Framework is designed to support both self-evaluation and quality assurance and improvement activity in relation to routine engagement; specific engagement activities (such as service change); and, organisations' internal governance systems for community engagement activity. The framework will be used to identify and support improvement in community engagement as well as identify and share good practice.

It is suggested that the self-evaluation is completed on a 12 month rolling cycle by NHS Boards and Integration Joint Boards. However, some improvement activity may take longer than a year to undertake, therefore organisations can decide on the frequency of completion of the tool and which domains to include. This self-evaluation will form the basis for organisations demonstrating whether their engagement activities are in line with statutory duties, as set out in national guidance.

Further information regarding quality assurance as it relates to service change and our statutory role can be found in section 6 of the Quality Framework guide document.

The reference to 'Board members' in this document refers to both executive and nonexecutive members and 'senior leaders' refers to senior staff and executive officers who have designated responsibility for community engagement.

How to use the self-evaluation tool

The self-evaluation tool accompanies the Quality Framework for Community Engagement and Participation. The tool has three key domains:

- Domain 1: Ongoing engagement and involvement of people
- Domain 2: Involvement of people in service planning, strategy and design
- Domain 3: Governance and leadership supporting community engagement and participation.

We note that not all the statements may apply to every NHS Board, Integration Joint Board and Local Authority, due to the individual circumstances of each organisation. Therefore, we have added a 'not applicable' option to each statement. Healthcare Improvement Scotland – Community Engagement staff are happy to discuss with you how best to apply the framework to your organisation.

Approach

The approach is based on the <u>Quality of Care Approach</u>, which will be familiar to organisations who have undertaken self-evaluation or had a strategic inspection.

It is the responsibility of NHS Boards and Integration Joint Boards to be open and honest in their response and to consider the self-evaluation in collaboration with relevant staff and stakeholders. This will provide opportunities to:

- Review what progress has been made and what development and learning has happened
- Allow for reflection and challenge with key stakeholders
- Provide assurance to the service providers, the NHS Boards and Integration Joint Boards and the public about the quality of engagement
- Highlight areas of good practice for sharing both internally and externally, and
- Highlight areas for improvement and levels of priority.

The completed self-evaluation should focus on outcomes rather than activities. This could include a description of the impact of engagement, changes made as a result of feedback, or information on how potential impact is being monitored.

Statements

The statements (questions) are prompts to help you to consider, overall, how well you are meeting the indicators for each domain; the success criteria.

All the domains include statements about the public sector equality duties, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, which must be answered in relation to the specific domain each time, but you only need to consider how would you evidence this once.

The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework. The following key questions should guide your responses to the statements:

- How are you doing in respect of this statement?
- How do you know this?
- What do you need to do better or differently? (For example, what are the key next steps or areas for improvement the organisation needs to take forward to improve engagement?)

The tool prompts people to provide summary statements within each domain to highlight where you perceive your organisation to be. The summary statements should reflect the following:

- Result (what you aim to achieve)
- approach (what you do to achieve results)
- Action (how you do it)
- Measure (how do you measure the achievement of your results)
- Assessment (how and when you review what you do), and
- Refinement (what you do to refine the above and improve outcomes for people).

A comments section is available at the end of each domain for NHS Boards and Health and Social Care Partnerships to highlight additional relevant information.

Evidence

You don't need to provide evidence for every statement and some of the evidence is likely to overlap between the domains. The evidence is for you to consider as an organisation to provide you with assurance as to how you are performing.

Those completing the self-evaluation are encouraged to use information from different sources to triangulate evidence of the quality of engagement. To understand the quality of engagement delivered you need to know the views of those using the services or impacted by the service. Feedback should be sought from patients, the public, service users, family, carers, staff, communities and wider stakeholders to inform the completion of the self-evaluation.

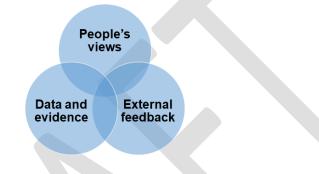
When reviewing evidence, it is important to always consider the outcome:

- What happened as a result of implementing a particular policy, service change or improvement activity?
- What was the impact on those receiving and relying on the service, those delivering the service or those supporting the organisation to deliver the service?
- What learning was achieved and how was learning shared with relevant people, across the organisation and wider, to support ongoing quality improvement?

People's views

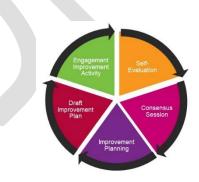
Assessing the views of all stakeholders is essential and to understand the quality of your engagement activity you need to know the views of the people who participate or have participated. Feedback should be sought from patients, the public, service users, family, carers, staff, communities, third sector and wider stakeholders.

For example, evaluation feedback, direct observations, consultation reports, discussions with staff and people experiencing and using services This can be done via surveys, interviews, focus groups, discussion forums, feedback or complaint forms, consultation exercises, websites, online feedback, and reference to good practice.



What happens next?

Completion of the self-evaluation tool is the first stage in the journey to deliver and sustain high quality public involvement and community engagement activity. The various stages are depicted below and described briefly in this section of the guide. Further information can be found in section 4 of the Quality Framework guide.



	Self-Evaluation tool NHS Boards and Health and Social Care Partnerships share the self-evaluation tool with identified people within their		 Organisations decides who to send the survey to, for individual completion- 2/3 weeks for individuals to complete the self-
Self- Evaluation	organisation. Initial discussion with Healthcare Improvement Scotland Community Engagement (HIS-CE).		 evaluation. Schedule dates for consensus session and improvement planning. Pre-meeting with participants to provide background, expectations and agree approach.
		How do we know that?	
	Individual responses are collated by the organisation and the results are shared with the relevant people taking part	Do you have evidence to show how good you are?	 Share collated self-evaluation results and evidence ahead of meeting.
Socion	in the process, and HIS-CE. Consensus meeting to review the self-evaluation results to discuss and identify strengths	You can look at performance measures, outcomes	 Suggested that session takes place one month after the survey is sent out.
		people undertaking and taking part in your	 Plan to split session into two facilitated
X		engagement activity.	 sessions. HIS-CE can attend to help facilitate and/or provide advice on improvement plans.
	Improvement Planning		
	Discussion session to develop key priority areas for		
		What do we plan to do next? – What is your	
		improvement plan? What are your improvement priorities? What	
Planning	intended outcome/impact that achieving	changes do you plan to test out?	
	this improvement will provide. Draft Improvement Plan		 Informed by discussion at the improvement
	Development of a draft improvement plan for the 12		planning session.
Draft	months ahead. Identification of where HIS-CE		 Identify a lead person for each of the actions
			in order to lead on activity and provide
			 updates on progress. HIS-CE share support tools and training, or
			signpost to other relevant tools.
	Engagement Improvement Activity		 Improvement plan should be approved by
	Activity to deliver the local improvement activity – led by		the relevant committee or Board.
	the NHS board or Health and Social Care Partnership with support from HIS-CE.		 Publish plan and agree process for regular monitoring and progress.