



Healthcare
Improvement
Scotland

Community
Engagement

The Quality Framework for Community Engagement and Participation

Quick Reference Guide

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Introduction

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 for self-evaluation](#).

Quality Framework for Community Engagement and Participation

The [Planning with People guidance](#) has been produced by Scottish Government and COSLA¹ on local community engagement and participation, which applies across health and social care. This framework supports the principles within the guidance and will help organisations and services, consider what good quality engagement looks like, how this can be evaluated and demonstrated.

The Quality Framework is designed to support self-evaluation, quality assurance and improvement activity in relation to routine engagement; specific engagement activities (such as service change); and, organisations' 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 health and social care partnerships. However, organisations can decide on the frequency and which domains to include. This self-evaluation will help organisations show how their engagement activities are in line with statutory duties, as set out in national guidance.

The quality framework is intended to be used for organisational or service level self-evaluation of engagement, not to self-evaluate individual service changes or redesign. Healthcare Improvement Scotland – Community Engagement has a quality assurance role in this process and further information can be found on our website- <https://www.hisengage.scot/service-change/>

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

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

¹ Convention of Scottish Local Authorities (COSLA), www.cosla.gov.uk

How to use the self-evaluation tool

The self-evaluation tool accompanies the Quality Framework for Community Engagement and Participation. The framework 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 appreciate that not everyone taking part in the self-evaluation will be able to answer all the statement questions and all the domains. We have added 'don't know' or 'unsure' response options to reflect this. There are comment boxes after each statement so people can explain their answers. These responses may also help to identify areas where further awareness or support is required.

Approach

The approach, layout and prompts are based on quality improvement approaches used by Healthcare Improvement Scotland, so will be familiar to organisations that have had a strategic inspection.

The Quality Framework for Community Engagement and Participation was developed for an organisational review of the quality of community engagement and participation. However, during the testing phase some organisations used the framework at a service level to review engagement structures and processes. If being applied at a service level the same approach can be taken but adapted to the service being reviewed.

It is the responsibility of NHS boards and health and social care partnerships 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 health and social care partnerships 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 how well you are meeting the indicators for each domain; the success criteria.

The three 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 feel 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 to highlight any 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, or service, to provide you with assurance as to how you are performing.

The people 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 people using the services.

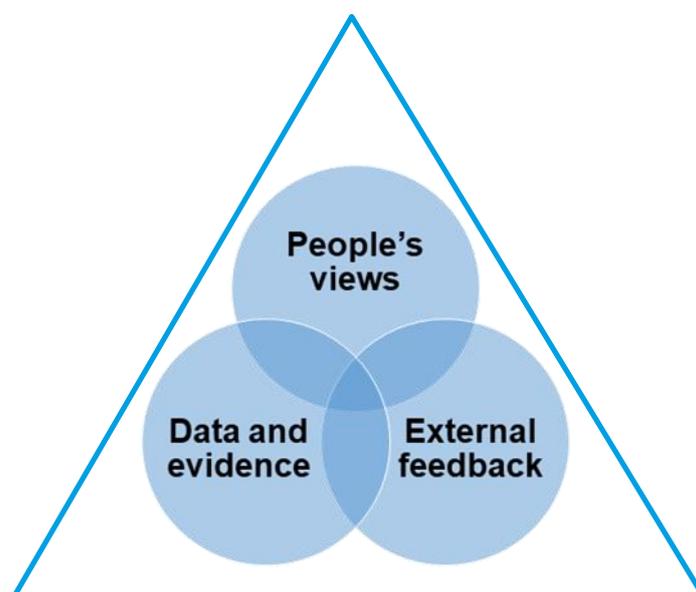
When reviewing evidence, it is important to always consider the outcome:

- 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 from service users, families, carers, staff, third sector, communities and other relevant stakeholders you have worked with should be used to inform the completion of the self-evaluation.

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.



Process

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 that follow self-evaluation (the orange segment) are shown below and described briefly in this section. Further information can be found in section four of the Quality Framework guide.



Stage in the process	Key questions	Key tasks
<p>1. Self-Evaluation The self-evaluation tool is shared with the identified people within the organisation/service and with people who participate, or have taken part, in engagement activities.</p>	<p>How are we doing? Do we understand how good our engagement is and the impact it has? Who do we need to involve in this process?</p>	<ul style="list-style-type: none"> • Pre-meeting with participants to provide background, explain process and agree approach. • The self-evaluation is sent to participants ensuring sufficient time (2/3 weeks) for completion. • Schedule the consensus and improvement planning sessions.
<p>2. Consensus Session Individual responses are collated by the organisation/service and shared ahead of the session. At the session, the results are reviewed and discussed to identify strengths and areas for improvement.</p>	<p>What is working well? How do we know that? What evidence do we have to support this? Where do we need to focus improvement?</p>	<ul style="list-style-type: none"> • Share collated self-evaluation results and evidence ahead of the consensus session. • Identify good practice, and capture areas for improvement. • Share the identified good practice and learning.
<p>3. Improvement Planning Discussion session to identify and agree key priority areas for improvement and agree potential actions, resources and leads.</p>	<p>What do we plan to do next? What are the key priority areas for improvement? What are our improvement priorities? What changes do we plan to test out?</p>	<ul style="list-style-type: none"> • Informed by discussion at the consensus session and suggestions made in the self-evaluation. • Capture key priority areas for improvement and discussion. • Agree how the improvement plan will be developed.
<p>4. Improvement Plan Development of a draft improvement plan for the 12 months ahead detailing the risks, resources, timescales, leads for each action and intended outcome/impact that achieving this improvement will provide.</p>	<p>How will we measure improvement and impact? What resources do we need? What are the timescales? Who needs to be involved? How will we monitor progress?</p>	<ul style="list-style-type: none"> • Informed by discussion at the improvement planning session. • Identify a lead person for each of the actions. • Agree process for regular monitoring of progress. • The agreed draft improvement plan is approved by the relevant committee or Board. • Publish the plan.
<p>5. Improvement Activity Activity to deliver the local improvement activity led by the organisation/service, with support from HIS-CE.</p>	<p>Are we making an impact? How do we know this?</p>	<ul style="list-style-type: none"> • Review progress and provide regular updates on progress to the relevant committee or Board.

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or email his.contactpublicinvolvement@nhs.scot

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