

Quality Framework for Community Engagement and Participation

Guide to the self-evaluation tool

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Introduction

The [Healthcare Improvement Scotland, Quality of Care Approach](#) – practical guide and the Care Inspectorate’s [Self-evaluation for improvement – your guide](#) provide very useful suggestions and advice in relation to planning for and undertaking self-evaluation.

We have highlighted below some key considerations for organisations and services for using the [Quality Framework for Community Engagement and Participation](#). However, it is for your organisation to decide how best to approach this depending on your size, structures and the resources available to you.

There are many existing resources to support quality improvement, and we are aware that some organisations will have more experience than others in this area. We can signpost to existing resources and provide a tailored approach to supporting you in this process.

Completing the self-evaluation

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 taken part in the [wider assurance work Healthcare Improvement Scotland](#) undertakes.

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 should 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 responses and to complete the self-evaluation with the 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 service providers, the NHS boards, 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.

Completing the self-evaluation tool is the first stage in the five-step process to improve the quality of your community engagement and participation activity. All steps in the process are shown on page 9.

Domains

The self-evaluation should tell a story about where you perceive your organisation, or service, to be overall against each domain in the framework.

This self-evaluation tool has been developed to enable organisations to evaluate their performance against three areas of focus, called domains, which are outlined within the framework.

Each domain has two associated quality indicators and statements to guide discussion, and support evaluation with a view to answering key questions. The indicators could be considered outcomes to be measured.

Domain 1: Ongoing engagement and involvement of people	• The organisation undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust. • The approach to engagement is inclusive, meaningful and is evaluated to identify learning and the impacts.
Domain 2: Involvement of people in service planning, strategy and design	• The involvement of people and communities has had a positive impact on service change and strategy development and has been planned as part of the organisation's wider engagement strategy. • People representing communities have been involved throughout the development, planning and decision-making process for service change and strategy development.
Domain 3: Governance and leadership - supporting community engagement and participation.	• Robust corporate governance arrangements are followed for involving people, founded on mutuality, transparency, equality, diversity and human rights principles. • To engage effectively and inform decision-making, the organisation supports and improves the participation of people by dedicating resources (in people, time and budgets).

Domain three should be completed with input from senior leaders with responsibility for the delivery and governance of the organisation's community engagement work. It is important to have organisational buy-in to using the framework to ensure staff and stakeholders are supported to carry out self-evaluation, improvement planning, and that the improvement plan is supported.

Statements

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

We note that not all the statements may apply to every NHS board, health and social partnership and local authority, due to the individual circumstances of each organisation. Healthcare Improvement Scotland – Community Engagement staff are happy to discuss with you how best to use the framework in your organisation.

We also 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 the self-evaluation tool to reflect this. There are comment boxes after each statement so people can explain their answer. These responses may also help to indicate areas where further awareness or support is required.

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.

Summary Statements

For each statement summary, please provide an honest and succinct explanation of where you believe the organisation to be, how you know this (the evidence you have) and what the organisation needs to do better or differently.

This should include examples that demonstrate the impact of engagement and improvements made for those who use or deliver health and social care services.

Following self-evaluation, we appreciate not everyone may be able to attend all the consensus or improvement planning sessions so it may be useful to collate the information, and suggestions for areas of improvement from the summary statements to provide feedback to inform these sessions.

Related policy and guidance

The framework has been developed to reflect and align with current policy, guidance and standards and will be a reference guide for evaluating and should be considered in

conjunction with them when considering public involvement duties and the delivery of community engagement.

Definitions

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.

By '**people**' we mean patients, people experiencing and accessing health and social care services, carers, families.

By '**communities**' we mean a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse, and that people can belong to several at one time.

By '**meaningful engagement**' we mean working together with people affected by a particular policy, event or change and ensuring people of all backgrounds can take part and have their voice heard and acted upon.¹

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 and provide you with assurance as to how you are performing.

In answering the statements and completing the tool, it may be useful to consider the following evidence:

- Strategies that are in place for ongoing community engagement.
- Structures that are in place to seek the views of people and communities - for example, locality planning and empowerment groups, committees with representatives, lay and third sector representatives on boards, online community panels.
- Policies to help people take part in improving healthcare services.
- How you support people who may find it more difficult to be involved.
- How feedback (from complaints and informal feedback) is used to inform ongoing service improvement.
- Evaluation that has been undertaken of engagement activity.

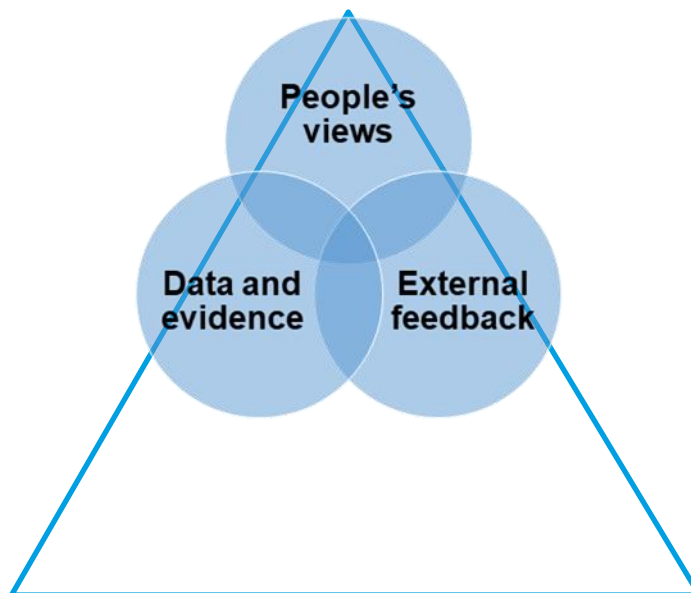
¹ How to design and plan public engagement processes: a handbook, What Works Scotland, 2020-
<https://policyscotland.gla.ac.uk/wp-content/uploads/2020/04/WWSPublicEngagementHandbook.pdf>

- Evidence of the difference that engagement has made and how you tell people how their views have been taken into account.

Triangulation of evidence

Organisations should use information from different sources to triangulate evidence of the quality of engagement. To fully understand the quality of engagement delivered you need to know the views of those using services or impacted by the service. Feedback should be sought from people and communities to inform the completion of the self-evaluation. You should use a blend of qualitative (descriptive) and quantitative (numerical) evidence.

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.



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 service users, family, carers, staff, communities, third sector and wider relevant 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.

Data

Many organisations may currently use the [VOiCE tool](#) (which is based on the National Standards for Community Engagement), or other methods, to evaluate their engagement activity. It may be useful to consider a mixture of both quantitative and qualitative data; formal mechanisms for capturing feedback from staff and people involved in engagement and captured through discussion with individuals and groups.

It may be useful to share and discuss the data and evidence with the group of people who will be supporting you to complete the self-evaluation in order to come to a more objective view of current performance and priorities. Further examples of evidence can be found in **Appendix 1**.

External feedback

It will be useful to consider which information and evidence you may have already collected for other reviews and self-evaluation, such as recent reviews or inspections by Healthcare Improvement Scotland or The Care Inspectorate reports and feedback, recent major service change reports and Audit Scotland reports.

Further guidance is available from [Healthcare Improvement Scotland website](#) on how to undertake surveys, focus groups and interviews to capture feedback to help inform your self-evaluation.

Process

Completing the self-evaluation tool is the first stage in the five-step process to improve the quality of your community engagement and participation activity. The various stages are depicted below and described briefly in this section of the guide.

However, the process is adaptable, and we suggest that you discuss and agree the approach with people you plan to involve.

The test sites were flexible, adapting their approach based on feedback from participants.

Consensus and improvement planning

You may wish to consider whether an in-person, hybrid or online meeting should be used. There are pros and cons to each in terms of time, access and interactivity. One of the test sites used in-person meetings as people involved also wished to network and other test sites preferred to use an online approach to make use of some of the functions of digital platforms; for example, using menti-meter to 'vote' on the areas for improvement.

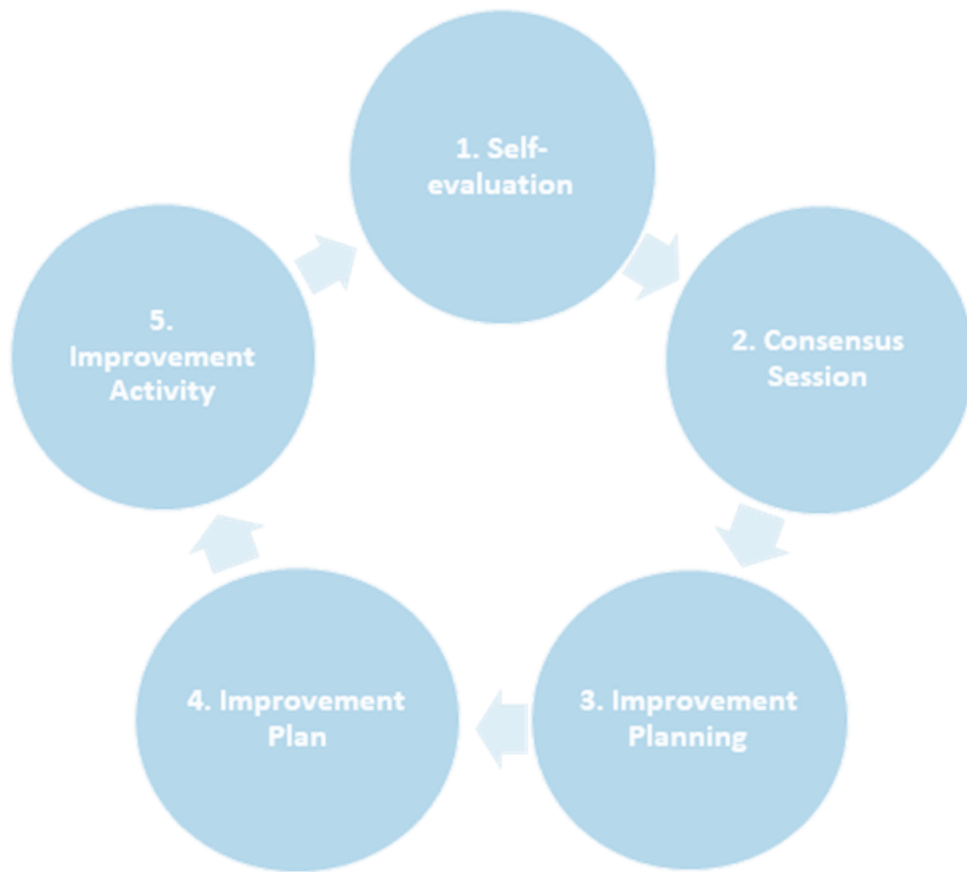
The test sites also found it useful to first look at, and celebrate, what was going well in relation to community engagement and discuss what they could learn and share.

People took different approaches to the sessions; naturally discussions on areas for improvement can lead to actions and recommendations. Therefore, you may wish to consider when people are very busy, if the consensus and improvement sessions can be merged. The draft improvement plan could also be agreed by email or at regular meetings.

Feedback from the test sites indicated that taking an informal approach was useful in people taking part in the discussion. They used the suggestions made in the self-evaluation to develop draft areas for improvement to prompt discussion at the meetings and tried to follow up quickly after the meeting on the details for the improvement plan.

Healthcare Improvement Scotland can provide support with this and share practice from elsewhere.

Further information can be found in section four of the [Quality Framework guide document](#).



Stage in the process	Key questions	Key tasks
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.	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?	• 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.
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.	What is working well? How do we know that? What evidence do we have to support this? Where do we need to focus improvement?	• 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.
3. Improvement Planning Discussion session to identify and agree key priority areas for improvement and agree potential actions, resources and leads.	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?	• 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.
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.	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?	• 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.
5. Improvement Activity Activity to deliver the local improvement activity led by the organisation/service, with support from HIS-CE.	Are we making an impact? How do we know this?	• Review progress and provide regular updates on progress to the relevant committee or Board.

The benefits of self-evaluation

The Quality Framework for Community Engagement and Participation helps organisations to undertake evaluation and the domains and statements (based on relevant community engagement guidance and policy) supports organisations to:

- consider how they are performing overall in relation to community engagement,
- identify where they need to improve, and
- help to identify what good quality engagement looks like to develop practice and share learning.

It is important to understand how well your organisation is currently engaging. This can be done systematically, efficiently and quickly using a range of methods. You might want to know:

- What role do communities have in your organisational structures?
- How do people respond when you communicate with them?
- Are levels of public satisfaction and trust in your organisation high or low?
- How does your organisation view engagement?
- Is engagement regarded as important and is there a shared view of what it means?
- Has there been a culture of tokenism?
- Has engagement influenced decisions?

Improvement on the basis of self-evaluation, rather than based on the recommendations of others, can lead to greater local ownership of plans for improvement and buy-in.

Planning the self-evaluation

The self-evaluation is a process of reflection and honest consideration of the quality of your community engagement work and where you need to focus your improvement work.

Who?

It will be useful to identify an organisational lead to plan the approach, identify participants, collate the self-evaluation and evidence and be a main contact internally for queries.

It is important to consider the views of staff carrying out engagement (operational and engagement leads), the Board (executive, non-executive members, Councillors), senior leaders with designated responsibility for community engagement and people who participate or have taken part in your engagement activities. Capturing information from these different sources, and from users of adult health and social care services, carers groups, and the third sector, will ensure that a range of perspectives and experiences are considered in the self-evaluation.

The number of people that you may wish to involve will vary depending on the size of the organisation.

We would suggest involving public, community and third sector representatives who have participated in your recent engagement activities in the five-stage process and ensure that you prepare, and support them, to take part.

The Board (executive and non-executive members), senior leaders with designated responsibility for community engagement may wish to focus on completing domain three but we would suggest that they should complete domain one and two as well.

When?

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 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.

Regular self-evaluation should also form part of good internal governance and is a key driver for local improvement work. Improvement plans should also be monitored and regularly reviewed.

Organisations should liaise with Healthcare Improvement Scotland to discuss and confirm their approach for us to provide timely advice and support.

You may wish to consider the timing of using the framework, holidays, other reporting periods etc.

We appreciate that not everyone may be able to attend all the consensus and improvement planning sessions, so it may be useful to collate the information and suggestions for areas of improvement from the summary statements to provide some qualitative feedback to inform these sessions.

Organisations that have tested the self-evaluation tool suggested that it may be useful to use an online survey tool that has a save and return option for people who wish to return to the survey once reviewing further information and evidence. It was also suggested that people may wish to meet to complete the self-evaluation together and could discuss the statements.

Organisational commitment and buy-in

The framework requires organisational commitment and buy-in to the process to ensure the appropriate resources are allocated, input to the self-evaluation in relation to domain three (Governance: Supporting Leadership and Community Engagement) and support with implementing the improvement plan.

We would also recommend that the self-evaluation and improvement plan are validated with any designated community engagement/public involvement committee and with the Board.

Co-ordination and operational leadership

We would recommend that the self-evaluation is led and co-ordinated by a nominated member of staff who can liaise with different levels in the organisation, from senior leaders to staff carrying out community engagement. They would also coordinate the collection of submissions and evidence and ensure that the right people are involved in the consensus session and improvement planning.

Healthcare Improvement Scotland can provide support with how to apply the framework, adapting it, planning the approach and briefing participants.

The approach to the self-evaluation is flexible however, there are some aspects of the process, 'givens', that should be considered to ensure that the process is transparent and comprehensive:

- mixture of participants (as noted above) should participate in the self-evaluation and improvement planning,
- differing views should be respected and considered, and organisations should try to reach a consensus on the areas for improvement,
- the self-evaluation and draft improvement plan should be shared and endorsed by the relevant committee within your organisation,
- the final improvement plan should be published, and
- the improvement plan should be reviewed, and progress considered.

Communicate the process

Effective communication is critical to the success of self-evaluation. How people hear about it will influence how they approach and engage with the process. Those involved need to understand the following:

- the purpose of the self-evaluation,
- how it will be undertaken,
- how people will be involved,
- the timescales involved,
- the steps and activities, and
- how the information will be used.

We would recommend that a pre-meeting is held with all stakeholders who will participate in the process to give them some background to the framework, set expectations in completing the individual self-evaluation submission and taking part in the subsequent meetings and improvement activity. Healthcare Improvement Scotland can provide support with this and share approaches.

It may be useful to consider holding meetings for people less familiar with the guidance and statutory duties to explain some of the guidance, duties and engagement activity taking place within the organisation or service, before completion of the self-evaluation.

Participants may wish to discuss the statement questions within the self-evaluation tool with people they work with (your team, peers and service users) to inform their responses.

One of the test sites held meetings and completed the tool together; this provided an opportunity for further support, sharing and explanation and allowed people to capture what people felt was going well and early suggestions for areas for improvement.

We would also recommend that the self-evaluation and improvement plans are shared and published on the organisation's website to demonstrate how the organisation is planning to improve its approach to community engagement.

Support and advice from Healthcare Improvement Scotland

Healthcare Improvement Scotland can provide advice and support with pre-meetings to help brief participants on the completion of the self-evaluation. It can also offer input with the planning and facilitation if required for the consensus and improvement planning sessions for NHS boards and health and social care partnerships.

We have developed a range of tools and resources that align to the domains in the framework and will be able to support the improvement activity work at a local and national

level by sharing practice and case studies that are identified through self-evaluation submissions.

Appendix- Additional measures and factors to consider when evaluating each domain and indicator

Domain 1 :Ongoing engagement and involvement Quality indicators	Potential measures ¹	Potential examples for Evidence
• The organisation undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust. • The approach to engagement is inclusive, meaningful and is evaluated to identify learning and the impacts.	Fulfilment of statutory duties and adherence to national guidelines: - • The organisation takes account of statutory requirements and implements relevant legislation. • Engagement takes account of equality duties, and the organisation ensures that everyone has the ability to get involved and takes steps to remove any potential barriers to participation, including reaching out to seldom heard groups who are known to more likely experience health inequalities. • People involved in engagement activity feel that they are listened to, and staff speak and listen in a way that is courteous, dignified and respectful. Co-production and design: - • 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.	• Terms of reference and process of support for representatives on groups. • Staff undertake Equality and Diversity training. • Use of VOICE tool or other methods for recording evaluation and feedback. • Evaluation of engagement activity is undertaken, and lessons learned are shared across the organisation. • Examples of communication strategies and evaluation of how effective they are and are co-designed. • Staff are aware of the strategies and processes within the organisation for engagement • Processes in place to capture feedback from service users and community groups.

	• Members of the public have good awareness about how to get involved or to share their views. • Public bodies support communities to successfully take greater control over decisions and assets. Effective processes are in place and public bodies support a fair and sustainable approach. • There is a healthy working relationship between communities, public bodies and local partners, marked by reciprocal trust, openness and transparency. • The organisation has structures in place for ongoing engagement. The effectiveness of these structures is regularly reviewed with participants. Support/Equalities: - • People involved in engagement activity are supported to communicate and participate in a way that is right for them. • The organisation works to identify and address health inequalities. Methods: - • People, families and carers have a variety of accessible mechanisms to provide feedback on their experience of engagement and are supported to give feedback. Feedback: -	• Communication and Engagement Plans that are co-produced with community and third sector representatives. • Evidence of community and third sector representatives on planning groups. • Examples of where feedback from engagement has led to improvements. • Use of Care Opinion. • Integration of Charter of Patient Rights and Responsibilities into engagement strategies and resources for staff. • Integration of Community Empowerment Act into engagement strategies and resources for staff. • Evidence of Community Empowerment Act being used and promoted to communities. • Strategies consider the needs of carers and links with local carers groups and organisations to identify and overcome barriers. • Carers Strategy in place and co-produced. • EQIA of engagement processes. • Evidence of promotion of Participation Request and consideration of them, and publication.
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	- The organisation uses mechanisms to notify people of changes made in response to feedback and engagement. Evaluation and learning: - - Public bodies are continuously improving their approach to community engagement, evaluating local outcomes and experiences and learning from others.	- Evidence of engagement with seldom heard communities to identify and overcome barriers. - Use of and publication of EQIAs and Fairer Scotland Duty assessments. - Examples of positive feedback from communities on experience of engagement. - Processes in place for regular communication using a mixture of methods. - Training and awareness of duties for public involvement in strategy and training. - Discussion with committees and sharing of learning. - Examples of regular collaboration with third sector.
Domain 2: Community Engagement on Service Planning and Design Quality indicators	Potential measures	Potential examples for Evidence

• There is supported and effective involvement of people in service planning, strategy, design and improvement. Individual engagement projects are planned as part of the organisation's wider engagement strategy. • People representing communities are involved throughout the development, planning and decision-making process for service change and strategy development.	Fulfilment of statutory duties and adherence to national guidelines: - • The organisation takes account of statutory requirements and implements relevant legislation. • Engagement takes account of equality duties, and the organisation ensures that everyone has the ability to get involved and takes steps to remove any potential barriers to participation, including reaching out to seldom heard groups who are known to be more likely to experience health inequalities. • Public bodies are responsive to local communities when reaching decisions with a clear rationale for making difficult decisions and provide regular feedback. • Public bodies support communities to successfully take greater control over decisions and assets. • Effective processes are in place and public bodies support a fair and sustainable approach. Co-production and design: - • The organisation takes a proactive approach to engaging with people who currently, or potentially might, experience care/services to identify issues and learning points and to shape improvements. • The organisation encourages and empowers communities of interest, third sector organisations and minority groups to be involved in strategy and service development. • The organisation works with all its stakeholders, and partner organisations, to develop and deliver person-focused services.	• Briefing papers on service change and strategies are developed and shared in accessible format. • Information added to websites/social media to inform people of proposed changes. • Communication and Engagement Plans that are co-produced with community and third sector representatives. • Evidence of community and third sector representatives on planning groups. • EQIA of process and proposals. • Early and ongoing involvement of service users and staff in policy/service development. • Evidence of equal/proportionate representation of stakeholder representatives in the development of policy and models. • Examples of where policies and models have been developed in partnership with stakeholders. • Examples of feedback provided on decisions. • Evaluation of engagement activity with participants. • Examples of how engagement has made a difference to policy and
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	• 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. • The organisation involves the public in policy and service design and development. • Engagement in service change and strategy development is in line with the Gunning Principles: – ➤ that consultation must be at a time when proposals are still at a formative stage, ➤ that the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response, ➤ that adequate time is given for consideration and response, and ➤ that the product of consultation is conscientiously taken into account when finalising the decision. Support/Equalities: - • The organisation encourages its staff to demonstrate positive attitudes and behaviour towards those who are socially or culturally excluded. • The organisation works to identify and address health inequalities. • The public has confidence in the effectiveness of service and strategy development. • Public bodies are clear and open about their approach to community engagement and provide regular information to communities that is understandable, jargon-free and accessible.	decision, or if not, how the rationale for this was communicated. • Process for sharing the outcome of engagement with board or IJB- reports, petitions or public representations to meetings. • Minutes of meetings evidencing deliberations. • Processes are in place to share the outcome of decisions with stakeholders who have taken part in engagement and with the wider community (press release, website, social media). • Evidence how the new models have been communicated to service users (letters/emails) and the wider community (press release, website, social media). • Work has been done to gather and capture this learning and good practice, such as case studies, to support future engagement in service redesign planning. • Examples of outreach engagement with groups and third sector. • Examples of outreach to communities to identify barriers to engagement.
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		Work with local Third Sector Interfaces and voluntary organisations.
Domain 3: Supporting Leadership and Community Engagement Quality indicators	Potential measures	Potential examples for Evidence
- Robust corporate governance arrangements are in place for involving people, founded on mutuality, transparency, equality, diversity and human rights principles. - To engage effectively, the organisation makes a commitment to supporting and improving the participation of people and by dedicating resources (in people, time and budget) to support effective engagement and inform decision-making.	Fulfilment of statutory duties and adherence to national guidelines: - - The organisation takes account of statutory requirements and implements relevant legislation. - Engagement takes account of equality duties, and the organisation ensures that everyone has the ability to get involved and takes steps to remove any potential barriers to participation, including reaching out to seldom heard groups who are known to be more likely to experience health inequalities. Assurance: - - An assurance framework and appropriate governance committees are in place to provide assurance that the organisation is meeting its statutory duties in relation to public involvement. - Board members seek assurance that effective governance systems for engagement are in place and working well by understanding their responsibilities, providing constructive challenge and working alongside executive director colleagues. - The Board is assured that engagement is subject to rigorous scrutiny, including review by relevant delegated governance committees, external bodies and the public.	- Engagement strategies that have been developed and approved by senior staff and board members. - Regular updates to the board and relevant committees on engagement. - Clear structure for the governance of engagement. - Examples of Terms of Reference and minutes for committees. - Training, resources and process in place (internally and externally) to support staff with engagement. - Evaluation/review or feedback on engagement resources. - Sharing of learning from evaluation. - Staff surveys. - Board and IJB papers highlight the engagement agenda and how they are meeting their statutory duties. - Participation in networks and training related to engagement- internal and external. - Examples of staff structures and resources in place to support engagement- internal and external.

	Culture: - • Leaders provide a clear and consistent message, set clear objectives and priorities, encourage ideas and innovation, community leadership and support communities to develop sustainable approaches. • Board members routinely participate in engagement activity or discussions with staff and stakeholders to enable them to understand the level of engagement being undertaken with people and communities. • The organisation uses a range of approaches to ‘bring people experiencing care/services into the boardroom’. • Leadership is well respected by stakeholders, staff and communities. Support/Equalities: - • Public bodies are clear and open about their approach to community empowerment and provide regular information to communities that is understandable, jargon-free and accessible. Feedback and decision-making: - • Public bodies are responsive to local communities when reaching decisions with a clear rationale for making difficult decisions and provide regular feedback. • The Board routinely receives information on complaints, feedback, strategy, service change, review findings and feedback from people experiencing care to help gain assurance that appropriate action is taken, and learning is shared.	• Examples of assessment processes in place. • Board and senior leader attendance at committees and engagement events. • Examples of Island Impact Assessment and Fairer Scotland Duty and how this has been considered by the NHS Board or IJB in decision-making. • Communication and Engagement plans. • Reports/press releases on engagement and explanation of decision-making.
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	Co-production and design- • The organisation has an integrated approach to engagement and draws from all relevant sources of information and data.	
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You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Equality, Inclusion and Human Rights Team on 0141 225 6999 or e-mail his.equality@nhs.scot

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