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Quality Framework for Community Engagement and
Participation - Frequently Asked Questions

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Quality Framework for Community Engagement and Participation

Frequently Asked Questions

This document should answer questions that organisations have about using the Quality Framework for Community Engagement and Participation, and the self-evaluation tool.

The list of questions is not exhaustive and should be read alongside the [Quality Framework for Engagement and Participation self-evaluation guide](#).

If you have any unanswered question please contact [Healthcare Improvement Scotland – Community Engagement](#).

Why should my organisation complete the self-evaluation? What are the benefits of doing so?

The Quality Framework for Community Engagement and Participation (the framework) has been developed to help organisations to undertake self-evaluation. The domains and indicators/statements (based on relevant community engagement guidance and policy) support organisations to:

- consider how they are performing overall in relation to community engagement,
- demonstrate how they are meeting their statutory duties for public involvement,
- identify where they need to improve, and
- help to identify what good quality engagement looks like to develop practice and share learning.

Is there an obligation for NHS boards and health and social care partnerships to complete the self-evaluation and develop an improvement plan?

The use of the framework is not mandatory. However, the Scottish Government and COSLA guidance, [Planning with People](#), references the Quality Framework for Community Engagement and Participation in supporting NHS boards, health and social care partnerships and local authorities to carry out effective community engagement and demonstrate how they are meeting their statutory responsibilities to engage.

Who should complete the self-evaluation? Is there an expectation that national NHS boards and local authorities also complete the self-evaluation?

The national NHS boards should take the same approach as geographical NHS boards, with appropriate changes to consider specific remit and purpose. Not all self-evaluation statements are applicable and it is the responsibility of the organisation to discuss with Healthcare Improvement Scotland – Community Engagement how to they can use it.

Local authorities and other organisations are welcome to use the self-evaluation tool, however Healthcare Improvement Scotland – Community Engagement can only provide support to organisations under its delegated statutory responsibilities to support, ensure and monitor the public involvement duties in respect of health services across NHS boards and health and social care partnerships.

The framework is based on other quality improvement approaches used by Healthcare Improvement Scotland. The framework was developed with The Care Inspectorate and other key stakeholders. Healthcare Improvement Scotland has a statutory responsibility to help drive improvement in the quality of health and social care services and to collaborate where appropriate in the delivery of these duties.

Why do a self-evaluation rather than be inspected on this?

Improvement based on the outcome of self-evaluation can lead to greater local ownership of plans for improvement and buy-in.

Self-evaluation is a process by which organisations and services can reflect on current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for people experiencing and accessing their services.

Can the self-evaluation only be used at an organisational level?

The framework has been developed primarily for organisational level reviews but can also be applied to services too. You may need to adapt your approach, change the wording from organisation in the statements and consider which domains are relevant.

Could Healthcare Improvement Scotland – Community Engagement develop a presentation to assist with communication and awareness raising about the framework?

Healthcare Improvement Scotland – Community Engagement has developed a series of presentations to support awareness and the planning of the process. We can provide advice and support with pre-meetings to help brief participants on the completion of the self-evaluation and planning your approach. If required, we can facilitate the consensus and improvement planning sessions for NHS boards and health and social care partnerships.

What is my role during the self-evaluation stage?

Each person identified by the NHS boards and health and social care partnership should be asked to complete the self-evaluation tool. You should be open and honest in your response.

People aren't expected to be able to answer every question, in every domain and there is an option to reflect this in your answers, and in the summary statement sections.

We have developed a [guide](#) to support self-evaluation and provide practical advice on how to approach this 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 explained in the guide.

What are the different roles in the development of improvement plans?

As with the self-evaluation, a mixture of stakeholders should be involved in this stage. The improvement plan should be informed by the discussion at the sessions to develop key priority areas for improvement, focusing on; actions to achieve improvements, risks/resources to be considered, timescales for each of the actions, leads for each action and intended outcome/impact that achieving this improvement will provide.

As improvement plans are being developed it is important to consider who can support you with the areas for improvement and how you can work on them together. Ensuring that you agree timescales for review and how you will monitor progress.

Healthcare Improvement Scotland – Community Engagement has 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 level. We will also support this at a national level by sharing practice and case studies that are identified through the use of the framework.

Are there expectations around frequency/timescale for completion? Can there be gaps in completion cycles to allow for improvement work to happen?

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, you can decide the frequency of completion of the tool and which domains to include.

Organisations should discuss their approach with Healthcare Improvement Scotland – Community Engagement in order for us to provide timely advice and support.

Are the statements intended to capture a range of activity, or activity from one specific area of work in each domain? Could this give a false sense of security to Board members if, for example, the assessment is focused on one project?

The framework is designed to give an organisational rather than service level perspective on engagement in order to give assurance to Board members about compliance with statutory duties and the quality of engagement. However, it could be used to undertake service level reviews and build up a picture of engagement across your organisation; and share learning and improvement activity.

Considering the views of all stakeholders is essential to understand the quality of your engagement activity therefore, feedback should be sought from a range of stakeholders who are involved in your engagement activity. The self-evaluation can be supplemented with evaluation and feedback you have received about your engagement via surveys and audit.

The completed self-evaluation should focus on outcomes; 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.

How many people would you expect to be involved in the self-evaluation – would these people be different across domain 1 and 2?

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, or the service you wish to review. We would suggest involving public, community and third sector representatives who have participated in your recent engagement activities in the 5-stage process and ensure that you prepare, and support them, to take part.

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

How does an NHS board or health and social care partnership know if it's assessing itself too harshly or generously?

It is important to consider a range of perspectives and the evidence you have for that perspective. The consensus session also allows an opportunity to agree areas for improvement and identify good practice for sharing.

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.

The self-evaluation should be a process of reflection; an honest approach will allow you to identify areas for improvement, as well as what is working well.

What support will be available to NHS boards and health and social care partnerships from Healthcare Improvement Scotland – Community Engagement?

Healthcare Improvement Scotland – Community Engagement can provide advice and support on planning the process, with pre-meetings to help brief participants on the approach and completion of the self-evaluation and if required, facilitation of 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 level and also at a national level. For example, we hold a series of webinars to share practice across Scotland.

How will the Scottish Government and Healthcare Improvement Scotland – Community Engagement be assured that information shared in self-evaluation is accurate?

The framework uses a self-evaluation approach and there will be no external validation or assurance of the information. That is why it is important that a range of stakeholders are involved in the assessment, that an open and honest approach is taken and the self-evaluation and draft improvement plan are shared and endorsed by the relevant committee within your organisation.

Do reports go to Scottish Government?

No, we would however recommend that the self-evaluation and improvement plans are shared and published on the organisation's website to encourage transparency and demonstrate how the organisation is planning to improve its approach to community engagement.

Is it possible to align this process with other self-evaluation processes, for example, volunteering?

Yes, it will be useful to consider which information and evidence you may have already collated for other reviews and self-evaluations, such as recent reviews or inspections by Healthcare Improvement Scotland, The Care Inspectorate and/or Audit Scotland.

Do you need to self-evaluate against all the domains? Can you focus on one?

Organisations can choose to complete the domains it feels are manageable or appropriate. There is some cross over in the domains and completing all three may give a fuller picture of your engagement activity, processes and policy across your organisation.

Domain three should be completed with input from senior staff and executives 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 the emerging improvement plan is supported.

How would you draw all the responses to each of the statements together to complete a summary – would Healthcare Improvement Scotland – Community Engagement be expected to be involved in this?

Individual responses will be collated by the organisation and the results shared with the relevant people taking part in the process. Organisations who tested the self-evaluation tool used online survey tools to collate the answers to the statements and developed summary, and detailed responses, to share with participants to help identify areas for improvement.

The consensus meeting to review the self-evaluation results is to discuss and identify strengths, areas for potential development and agree key priority areas.

The comment and summary boxes after each statement allow people to explain the rationale for their answer.

Do participants have to attend every session?

We appreciate that not everyone may be able to attend all the consensus and improvement planning sessions so it will 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.

Do you have to follow the process as set out in the guide?

The guide document sets out a suggested approach based on feedback from colleagues who were involved in developing and testing the framework. The various stages are described in the guide.

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

Is the focus on improvement and learning, rather than 'league tables'?

The framework has been designed to support reflection and self-evaluation which is an important first stage in any quality improvement journey. 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. We would also recommend that the self-evaluation and improvement plans are published on the organisation's website to demonstrate how the organisation is planning to improve its approach to community engagement.

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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