

The logo for the Scottish Health Council is located in the top right corner. It consists of a purple speech bubble containing the text "scottish health council" in a lowercase, sans-serif font. Below the speech bubble, the tagline "making sure your voice counts" is written in a smaller, lowercase, sans-serif font.

scottish
health
council

making sure
your voice counts

Participation Standard

STANDARD 1 – Patient Focus

Standard Statement

Care and services are provided in partnership with patients, treating individuals with dignity and respect, based on their strengths, needs, experiences and preferences and are responsive to age, gender, sexual orientation, disability, race, religion or belief, socio-economic status and geographic location.

Rationale

Better health outcomes are achieved when patients are fully informed partners in decisions about their treatment and care.

The health and well being of individual patients is enhanced when the needs of carers are identified and met.

More responsive services are delivered when patients contribute to the development of the services they use.

Human Rights are upheld when people are treated with dignity and respect and the diversity of their individual needs are met.

The Better Together: the Patient Experience Programme will help the NHS to find out what is really important to patients and design services accordingly.

STANDARD 1 – Patient Focus

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|---|--|---|---|
| <p>1.1 Information is provided in response to individual needs and preferences throughout the journey of care, enabling and supporting informed patient choice and shared decision making.</p> | <p>CG&RM: 2a2 CG&RM: 2a4 CG&RM: 2a7 CG&RM: 2a6</p> | <p>1.1a Describe the methods you have developed to provide patients with information about their condition, treatment options, outcomes, risks, side effects, and rights, on an ongoing basis.</p> <p>1.1b What methods are in place to respond to different communication needs?</p> <p>1.1c How are staff, patient and carers made aware of these methods and how do they check that what has been communicated has been understood?</p> | <p>Admission and assessment process; discharge process; advocacy plan; consent policy and action plan; clinical effectiveness strategy and action plan; staff training statistics; Better Together, Single shared assessments. Talking Points: Personal Outcomes Approach.</p> <p>Communication Strategy; website information; leaflets; PFPI Strategy and Action Plan; Annual report; Information strategy and action plan; Complaints and comments recorded about information; Carers information Strategy; Clinical effectiveness strategy and action plan; leaflets; communications strategy; evidence of staff training including communication skills; Documents available in alternative formats; embedded screen reading software on Board website; stakeholder feedback on communication support i.e. through complaints process; statistics on use of Language Line or alternative service.</p> |

STANDARD 1 – Patient Focus

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|--|--|--|---|
| <p>1.2 Procedures are in place to capture and act on comments and complaints and includes arrangements for:</p> <ul style="list-style-type: none"> • Awareness-raising / publicity of the system • Accessibility for all • Analysis (trends) • Follow-up process • Remedial action • Feedback | <p>HDL2006(13) Patient Focus and Public Involvement: Independent Advice and Support Services</p> <p>CG&RM: 1c5</p> <p>HDL 2005(41) Can I help You? Learning from Comments, Concerns and Complaints</p> <p>3x3 Organisational Practice & Procedures (9)</p> | <p>1.2a Please describe how these procedures work, covering your board's approach to raising awareness of the systems, analysis, follow-up, remedial action and reporting to patients/the public.</p> <p>1.2b Please describe mechanisms for gathering informal feedback.</p> <p>1.2c How do front line staff gather patient feedback and use it to improve practice?</p> <p>1.2d How do you demonstrate improvement based on action taken in response to formal and informal complaints and feedback?</p> | <p>Comments and complaints policy; incident reporting systems; board reports, examples of change driven by the complaints system (e.g. board meeting minutes or feedback to patients) anonymised letters to patients/relatives in response to complaints, protocols and policies; evaluations provided by CAS; Local service evaluations; feedback from people who have used IASS or the Board's conciliation service, information provided to staff to raise awareness of the comments and complaints procedures Signposting to information about the NHS Complaints procedure, IASS, advocacy services.</p> |

| STANDARD 1 – Patient Focus | | | |
|---|---|--|--|
| Criteria | Cross References | Self Assessment Questions | Example Evidence |
| <p>1.3 People are able to access the Independent Advice and Support Service (IASS) to support them in</p> <ul style="list-style-type: none"> • making a comment or complaint • obtaining information about health services | <p>HDL2006 (13) Patient Focus and Public Involvement. Independent Advice and Support Services</p> | <p>1.3a Please describe the arrangements you have in place for an Independent Advice and Support Service (IASS).</p> <p>1.3b Please demonstrate where and how the service is publicised.</p> <p>1.3c Please demonstrate how you ensure access to IASS.</p> | <p>Service Level Agreement; Evaluation of service; examples of publicity; audit of available publicity.</p> |
| <p>1.4 Independent advocacy services are provided and developed in partnership with other agencies and people who need them.</p> | <p>CG&RM: 2a7 MH(C&T)SA: C5 Scottish Independent Advocacy Alliance: Guidance for Commissioners, Principles and Standards, Code of Practice HDL (2201)08 Independent Advocacy: A Guide for Commissioners</p> | <p>1.4a Please describe what independent advocacy services are available in your area and evidence how the provision of independent advocacy services is based on the strengths and needs of identified stakeholders?</p> <p>1.4b Who was included in this needs assessment?</p> <p>1.4c What information and processes were used in developing these services?</p> | <p>Met Guidance for Commissioners, Advocacy Strategy; evaluations advocacy services; advocacy plans; needs analysis; feedback from service users and providers of independent advocacy services.</p> |

| STANDARD 1 – Patient Focus | | | |
|--|---|---|---|
| Criteria | Cross References | Self Assessment Questions | Example Evidence |
| 1.5 An individual's need for advocacy is assessed, recorded and provided where necessary. | CG&RM: 2a4 | 1.5a Please describe how an individual's need for independent advocacy is assessed. | Process/sample paperwork used for recording of advocacy needs in individuals' assessment. |
| 1.6 Support is in place to meet the needs of carers. | CG&RM: 2a5 | 1.6a How do you ensure that the needs of carers are identified and responded to throughout the across the NHS organisation? 1.6b How are the wishes of patients in relation to sharing of information captured and shared? | Carers Strategy; Patient Focus and Public Involvement Strategy and Action Plan; Evaluations of support to carers; Communication Strategy and Action Plan; Advocacy plan. |
| 1.7 Information on services provided by the board is available to people in a range of formats responsive to needs. | CG&RM: 2a1 Information Strategy (NHS 24) | 1.7a Describe how you provide information on services. | |
| 1.8 People are treated with dignity and respect and the needs of the individual are met. | Patients' Rights Bill 2010 Human Rights Act 1998 | 1.8a How do you ensure that patients are treated with dignity and respect which is sensitive to their needs? | Staff charter, information from feedback and comments, staff training programmes, Patient Experience feedback. Equalities policies, patient feedback from exit interviews, comments boxes etc. |

STANDARD 2 – Involving People in Service Planning, Improvement and Change

Standard Statement

There is supported and effective involvement of people in service planning and improvement.

Rationale

Service improvement is shaped by engaging with patients, carers, communities and partner organisations, and learning from feedback. Public confidence is enhanced when the NHS organisation demonstrates how it responds to this involvement and includes people throughout the process.

To overcome barriers to involvement, and enable meaningful participation, some people may require specific or additional support to participate. People should be involved in identifying barriers to involvement in addition to the board learning from ongoing work and shared practice.

The views of the diversity of a population are required to ensure services are appropriately designed. By involving the people who will be affected by the development of a service or a change, the service or change will be responsive to the needs of those who will use it.

STANDARD 2 – Involving People in Service Planning, Improvement and Change

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|--|---|--|---|
| 2.1 The people who will be affected by service planning and improvement have been identified. | NSfCE: Involvement CG&RM: 2b2 CG&RM: 3a2 CfC: Community Development NSfCE: Planning NSfCE: Working Together NSfCE: Improvement | 2.1a Please describe how you identify the people who should be involved and the purpose of their involvement. | Community Planning data; working with existing involvement structures such as school or youth forums; demographic profiles; information on “communities of interest”; existing service user data, equalities monitoring data; communication with Public Partnership Forums and other fora; stakeholder analysis documents; stakeholder communication plans; local data held by Councils for the Voluntary Sector and Volunteer Centres; Project Initiation Documents. |
| | CG&RM: 1c5 Informing Engaging Consulting guidelines | 2.1b Please describe how people are supported to develop the skills, confidence and awareness required for participation. | Training needs analysis; training records; minutes or notes of meetings or briefing sessions. |
| | CC: Accessibility 3x3: Organisational Approach (15,18) | 2.1c Please describe how the people involved have a say in the way the methods of involvement are designed | Stakeholder analysis; stakeholder communication plans; minutes of meetings; learning from community health projects and Healthy Living Centre findings or reports. |

| STANDARD 2 – Involving People in Service Planning, Improvement and Change | | | |
|--|--|---|--|
| Criteria | Cross References | Self Assessment Questions | Example Evidence |
| 2.2 Support needs of individuals are identified, assessed and met. | NSfCE: Support CEL 10 (2008) CG&RM: 2b2 CC: Accessibility 3x3: Organisational Practice & Procedures (11) 3x3: Organisational Approach (17, 19) 3x3: Resources & Training (22,23) | 2.2a Please describe how you identify and assess support needs for the people involved. | Equality Impact assessment, (EQIAs); Patient Focus and public Involvement Strategy/Framework; examples of invitations; equalities monitoring of involvement; progress on CEL 10 (2009) regarding travel and out of pocket expenses. |
| | | 2.2b Please explain how you overcome barriers to involvement and meet the needs of those involved. | Examples of where processes have been designed to be inclusive, e.g. venues for meetings, use of interpreters, translation of documentation; use of Plain English; evidence of inclusive engagement from feedback, training opportunities and attendance logs. |

| STANDARD 2 – Involving People in Service Planning, Improvement and Change | | | |
|---|---|---|--|
| Criteria | Cross References | Self Assessment Questions | Example Evidence |
| 2.3 The people involved take part in developing and assessing options. | NSfCE: Methods NSfCE: Working Together NSfCE: Sharing Information SHC OAG Informing Engaging Consulting Guidelines CC: Transparency CC: Fair Interpretation | 2.3a How have people been involved in developing options? | Profile of the people involved; Examples of methods used and evidence of involvement (notes and minutes of meetings; focus groups; rapid appraisal techniques; paper surveys, online surveys, text surveys etc). |
| | | 2.3b How does the board ensure that people are involved in the decisions? | Notes and minutes of meetings; membership of decision-making bodies; terms of reference for decision-making bodies. |
| 2.4 Feedback is provided to the people involved on decisions made and how their views were taken into account. | NSfCE: Feedback Informing Engaging Consulting Guidelines CC: Publication 3x3: Organisational Practice & Procedures (9,10) | 2.4a Please describe how feedback is made available to those involved and why these methods were chosen. 2.4b Please describe how feedback is delivered to all other stakeholders. | Detail on method of feedback (information sessions, newsletters, press releases, mailings, examples from websites). |

STANDARD 2 – Involving People in Service Planning, Improvement and Change

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|--|---|---|--|
| <p>2.5 Evaluation of involvement is planned and is carried out on an ongoing basis.</p> | <p>NSfCE: Monitoring and Evaluation</p> <p>Informing Engaging Consulting Guidelines</p> <p>3x3: Resources & Training (25)</p> | <p>2.5a Please describe how you identify the intended purpose of involving people.</p> <p>2.5b How do the people involved take part in evaluation of the involvement activity?</p> <p>2.5c How is the learning from involvement activity captured and shared to support improvement?</p> | <p>Project Initiation Documents; evaluation/Impact assessment framework; documentation demonstrating what the people involved will be able to inform or influence; reports from Visioning Outcomes in Community Engagement (VOICE) tool; learning from previous work; equalities monitoring data on participants; details of positive action undertaken; case studies on Evolving Practice website; examples of improvement methodology (Plan Do Study Act).</p> |

STANDARD 3 – Corporate Governance of Participation

Standard Statement

Robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles

Rationale

The ongoing review and adaptation of services is managed by boards through their governance structures and committees. Transparency around these arrangements promotes public confidence in the health services being provided.

Service improvement is enhanced by involving people, and learning from feedback. Public confidence is increased where the NHS Board demonstrates how it responds to this engagement and feedback.

Working together is more effective when roles and responsibilities are clearly defined and communicated.

Boards should be able to demonstrate that their Equality and Diversity duties are integrated into their Patient Focus Public Involvement activities.

Boards have a statutory duty to establish effective governance arrangements that promote public assurance in the services they provide. (CGRM).

STANDARD 3 – Corporate Governance of Participation

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|---|---|---|--|
| <p>3.1 Board members take collective ownership for and demonstrate leadership in the participation agenda and board strategies and policies are developed to drive this.</p> | <p>CG&RM: 3a2 CfC: Demographics CfC: Access and Service Delivery CfC: Community Development CG&RM: 2a5 CG&RM: 2b1 CG&RM: 2b2 CC: Visibility 3x3: Leadership (2) 3x3: Organisational Practice & Procedures (8)</p> | <p>3.1a How are Board members supported to understand and advocate for patient focus and public involvement? 3.1b How are Board members ensuring that participation activity is inclusive? 3.1c How are Board members ensuring that the output from any participation activity is used to inform decisions? 3.1d How does the Board ensure that Equality Impact Assessments (EQIAs) which have a requirement of participation are embedded throughout the healthcare delivery system?</p> | <p>Training and induction programme; board papers. Protocol; Board and committee structures; Board minutes and papers; EQIA reporting paperwork, evaluation reports, equality schemes, PFPI Strategy and Action Plan (with focus on seldom heard groups). Partnership Forum minutes; Board minutes and reporting; VOICE, consultation reports, Communications strategy, newspaper extracts. Patient Focus and Public Involvement strategy.</p> |

STANDARD 3 – Corporate Governance of Participation

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|----------|--|---|--|
| | <p>Informing Engaging Consulting</p> <p>NHS Education Scotland</p> <p>Staff Governance Standards</p> <p>Staff surveys</p> <p>3x3: Leadership (2)</p> <p>3x3: Organisational Policy & Commitment (3, 5)</p> <p>3x3: Resources & Training (24)</p> | <p>3.1e How does the Board ensure that changes and improvements are made to services as a result of EQIA reports?</p> <p>3.1f How is the Board assured that staff are supported to improve their skills and knowledge in relation to PFPI?</p> <p>3.1g How does your Board ensure compliance across the organisation with relevant guidance (Informing Engaging Consulting and National Standards for Community Engagement), in relation to developing and changing services</p> | <p>Evidence in service re- development plans: training and awareness raising provided to staff on Patient Focus and Public Involvement.</p> <p>Induction training, levels of awareness of the standards; inc non-executives; Knowledge and Skills Framework (KSF). Equality & Diversity training.</p> <p>Patient Focus and Public Involvement strategy.</p> <p>Internal communications to senior staff and independent contractors.</p> <p>Reporting mechanisms on service improvement to Patient Focus and Public Participation governance committee: Patient Focus and Public Involvement.</p> |

STANDARD 3 – Corporate Governance of Participation

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|--|---|--|---|
| <p>3.2 The public feed into governance and decision-making arrangements</p> | <p>Community Health Partnerships: Involving People, Advice note December 2004</p> <p>Clinical Governance and Risk Management Standards NHSQIS (CG&RM).</p> <p>CG&RM 3a2</p> | <p>3.2a How does the Board ensure that people (including, where appropriate, Public Partnership Forums) in your area influence decision-making across the organisation?</p> <p>3.2b How is the Board assured that feedback is provided to people?</p> <p>3.2c Please explain how your Board involves people in its governance structures.</p> | <p>Evidence of reporting procedures and 2-way communications between Public Partnership Forums and the board.</p> <p>Public Partnership Forums terms of reference; code of conduct; reporting frameworks.</p> <p>Visioning Outcomes in Community Engagement (VOiCE), evidence of feedback and the difference made.</p> <p>Terms of reference, working agreements, membership lists. eg. for Public Partnership Forums, area clinical forum, area infection control committee, clinical governance committee. Recruitment methods used, peer support systems.</p> <p>Partners in Change.</p> |

STANDARD 3 – Corporate Governance of Participation

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|----------|------------------|---|--|
| | | <p>3.2d How is the Board assured that support is being provided to public members of these groups/committees to enable them to function effectively?</p> | <p>Role description, code of conduct, training records, induction, terms of reference, minutes of meetings: Visioning Outcomes in Community Engagement (VOiCE). Partners in Change</p> |
| | | <p>3.2e How does the Board promote equality of opportunity to participate in governance structures and committees?</p> | <p>Recruitment procedures for public members, evidence from stakeholder management database,</p> |

STANDARD 3 – Corporate Governance of Participation

| Criteria | Cross References | Self Assessment Questions | Example Evidence |
|--|--|---|---|
| <p>3.3 The Board provides strategic leadership to support and enable its staff to involve people.</p> | <p>Informing Engaging Consulting NHS Education Scotland Staff Governance Standards Staff surveys 3x3: Leadership (2) 3x3: Organisational Policy & Commitment (3, 5)</p> | <p>3.3a How is the Board assured that staff are supported to improve their skills and knowledge in relation to PFPI?</p> | <p>Patient Focus and Public Involvement strategy. Evidence in service re- development plans: training and awareness raising provided to staff on Patient Focus and Public Involvement. Induction training, levels of awareness of the standards; inc non-executives; Knowledge and Skills Framework (KSF). Equality & Diversity training</p> |
| | <p>3x3: Resources & Training (24)</p> | <p>3.3b How does your Board ensure compliance across the organisation with relevant guidance (Informing Engaging Consulting and National Standards for Community Engagement), in relation to developing and changing services.</p> | <p>Patient Focus and Public Involvement strategy. Internal communications to senior staff and independent contractors. Reporting mechanisms on service improvement to Patient Focus and Public Participation governance committee: Patient Focus and Public Involvement.</p> |

4 – References

1. Clinical Governance and Risk Management Standards NHSQIS (CG&RM)
2. Better Together- The Patient Experience Programme
3. Checking for Change
4. Partnership for Care, Scotland's Health White paper, Scottish Executive , 2003
5. Better Health Better Care: Action Plan 2007
6. Consultation and Public Involvement in Service Change HDL (2002)
7. Sustainable Patient Focus and Public Involvement, Scottish Executive, 2001
8. Draft 'Informing Engaging and Consulting people in developing health and community care services.' Scottish Government, 2003
9. The National Standards for Community Engagement, Communities Scotland, 2005
10. NHS Reform (Scotland) Act 2004 Duties of Public Involvement and Equal Opportunity placed on NHS boards
11. CEL 10 (2008) – Refreshed Strategy for Volunteering in the NHS in Scotland
12. Building a health service fit for the future (Kerr Report) 2005
13. Delivering for Health 2005
14. Disability Discrimination Act (1995) & Amendment 2005
15. Human Rights Act 1998
16. Patient Rights Bill
17. Race Relations Amendment Act 2005
18. HDL 2005(41) Can I help You? Learning from Comments, Concerns and Complaints
19. HDL 2006 (13) Patient Focus and Public Involvement. Independent Advice and Support Services

