



A handbook for volunteers
October 2009

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Foreword

NHS Quality Improvement Scotland (NHS QIS) was established by the Scottish Executive in 2003. Our role is to lead improvement in the quality and safety of healthcare in Scotland.

Working with members of the public, patients and healthcare staff, we translate the latest scientific research, expert opinion and patient experience into practical improvements that can be implemented in the health service.

Our work is taken forward through four directorates:

Guidance and Standards;
Patient Safety and Performance Assessment;
Implementation and Improvement Support, and
Planning and Resource Management

From 2009 our scrutiny role will include responsibility for the Healthcare Environment Inspectorate (HEI), a new body set up by the Scottish Government Health Directorate to inspect Scottish hospitals. In addition we are an umbrella for two other organisations that work to improve the quality of healthcare: the Scottish Health Council and the Scottish Medicines Consortium (SMC).

From 2011 NHS QIS will become part of a new scrutiny body Healthcare Improvement Scotland (HIS) which will incorporate our existing functions with the scrutiny of independent healthcare

Your involvement with NHS QIS and any future role you may play within HIS will undoubtedly benefit the organisation but, we would hope, will benefit you in terms of personal development opportunities.

We take pride in our volunteers. Your skills, enthusiasm and hard work are crucial. Over the coming months we look forward to working with you and benefiting from your skills and knowledge.

I hope that you find your time with us rewarding and satisfying.

Frances Elliot
Chief Executive

Section 1

Introduction

The purpose of this handbook is to provide guidance for all volunteers who work with us. It includes guidance for public partners and associate inspectors (patient focus) on the main terms and conditions for these roles, as well as on the policies and structures that are in place to support your voluntary work with our organisation.

Other voluntary roles in our organisation will work to the principles in this handbook and more specific guidance will be issued to individual volunteers by the Public Involvement Unit as and when required.

The code of conduct, generic role descriptions and the specific role description for our associate inspectors (patient focus) provide information to enable you as a volunteer to understand the various roles you may fulfil, the support you can expect and what our organisation expects of you while engaged in our work.

The general information provides an overview of our organisation and its activities.

The appraisal system and related documents are there to enable you to learn and develop during the course of your work with us.

Finally, the handbook folder is designed to be useful for you to build up a personal record of your work with us, your knowledge and skills to support learning within our organisation and personal development opportunities.

We hope you find this handbook helpful.

Please note that patient representatives involved in the development of Scottish Intercollegiate Guidelines Network (SIGN) guidelines are issued with a patient version of SIGN 50, a guideline developers handbook. This includes the policies and guidance appropriate to patient representatives in their role with SIGN and covers role descriptions, declaration of interests and confidentiality. Patient representatives working with SIGN are not required to sign our code of conduct unless they are also involved in other aspects of NHS QIS work.

Section 2

About NHS QIS

We are a special health board. This means that although we don't treat patients or manage health services directly, we work with NHS Boards that do, as well as with the public, patients and healthcare staff, to help them improve the care they deliver.

Our Vision

An NHS which achieves excellence in the care of every patient every time.

Our purpose

NHS QIS leads the use of knowledge to promote improvement in the quality of healthcare for the people of Scotland

Our functions

- We provide advice and guidance on effective clinical practice, including setting standards.
- We drive and support implementation of improvements in quality.
- We assess the performance of the NHS, reporting and publishing our findings.

Within our remit we have central responsibility for patient safety and clinical governance across the NHS in Scotland

We also inspect Scottish hospitals, as the Healthcare Environment Inspectorate (HEI), to provide public assurance and contribute directly to the reduction of healthcare associated infections.

We are also an umbrella for other organisations that work to improve the quality of healthcare.

- The Scottish Health Council (SHC), which monitors NHS Boards to ensure they are involving patients and the public in decisions about services, taking account of their views.
- The Scottish Medicines Consortium (SMC), which advises on the clinical effectiveness and cost effectiveness of all newly licensed medicines.

Our work

In all of our work we support NHSScotland in delivering the Scottish Government's Better Health, Better Care action plan. We set out our work under the following headings:

- improving safety
- improving quality, and
- improving health.

We organise our work under the following programmes in order to deliver coherent and integrated activities.

Cancer

Cancer is a major area of work for us. We have produced a range of standards, SIGN guidelines and best practice statements for breast, lung, ovarian, head and neck, oesophageal and gastric cancers have been published, and other cancer related documents such as pain management.

Clinical Governance

Quality of care is a statutory requirement and NHS Boards are accountable for providing safe, effective care.

All NHS Boards have an improvement trajectory against NHS QIS Clinical Governance and Risk Management standards. Achieving this is a Health Improvement Efficiency Access and Treatment (HEAT) target. NHS QIS hosts and supports a number of Clinical Governance networks including risk managers and clinical governance leads, accountable officers (for controlled drugs) and non-executive directors. Networks meet quarterly.

Patient safety

One of our key functions is to directly promote and improve patient safety. We do this by supporting clinical governance in every health board.

Cardiovascular disease

Coronary heart disease and stroke continue to represent two of the major causes of admission to Scottish hospitals. The standards development team is using the evidence contained within the SIGN guidelines produced in 2007 as a framework. The standards will focus on improved outcomes and experience for patients and will be linked to the six dimensions of quality.

The standards are being developed within the context of the patient journey described by three pathways of care: arrhythmia, chest pain/angina and heart failure.

Long-term conditions

Long term conditions (LTCs) has been defined by the Scottish Government (LTC Strategy Plan 2008) as including all conditions across all age ranges except acute conditions. It therefore encompasses several other NHS QIS themes (eg Cancer, Mental Health, Vulnerable groups).

A mapping exercise of our existing work relating to long-term conditions (reports, guidelines, best practice statements and standards) was made available on the long-term conditions website in 2008. We engaged with Managed Clinical Network managers in Scotland at a national event in October 2008 to debate long-term conditions and highlighted work underway by NHS QIS.

Mental Health

One in four people will experience a serious problem with their mental wellbeing at some point in their lives. Moreover, mental illness can result in tragic consequences for sufferers - in Scotland two people die every day as a result of suicide.

We have produced and are working to a strategic work plan on mental health. This strategic document has been refreshed and updated and a further three year strategy developed. The key focus of the NHS QIS' mental health work programme in 2009-2012 is to support NHS Boards to implement the work already developed by NHS QIS, notably the Integrated Care Pathways (ICP).

This work is supported by the ICP toolkit we have developed and the target is for NHS Boards to have reached foundation level on our ICP accreditation scheme by September 2009. This will incorporate any changes arising from development of a SIGN guideline on schizophrenia, on which work will start in 2009/10.

Community and primary care

We committed to focussing our work on the four current independent contractor contracts: general medical services (GMS), general dental services (GDS), community pharmacy and optometry. During 2009/10 our work programme addresses three key issues:

- consultation with, and development of, an implementation support programme for Community Health Partnerships aimed at 'shifting the balance of care' from the acute setting into primary and community care
- a review of emergency dental services, and
- scoping of community pharmacy services, in association with the Chief Pharmaceutical Officer (Scottish Government Health Department).

We are also developing plans to extend the Scottish Patient Safety Programme to primary care.

Maternal and child health

Maternity services in Scotland are delivering high quality care before, during and after pregnancy. In particular, our work has continued to support the Midwifery Practice Development Network along with the implementation of Hall IV (Health for all Children). Other continuing projects include the Scottish Woman Held Maternity Record, outcomes in children of vulnerable mothers and the expansion to the scope of the SIGN Attention Deficit Hyperactivity Disorder (ADHD) guideline.

Vulnerable groups

We have a programme of work aimed at supporting the provision of high quality health services for those most in need of care and protection as they need a higher level of care and support than is usually required and because they may not be able to make decisions about their care without support. At present, the following groups are included in this theme (many will fall into more than one category):

- children (see Child and Maternal Health)
- older people
- people with mental health problems (see Mental Health)
- people with learning disabilities, and
- substance misuse.

Our work in this field is dependent on effective collaboration with other organisations, notably the Social Work Inspection Agency (SWIA), the Mental Welfare Commission (MWC) and the Care Commission. SWIA are leading on work on substance misuse and accordingly we have focussed on older people and learning disability.

Our structure

Our work is taken forward through four directorates:

- **Guidance and Standards**
 - includes the work of SIGN, the Standards Development Unit and Health Services Research and Effectiveness Unit. Examples of their work include standards, SIGN guidelines, health technology assessments and evidence notes.
- **Patient Safety and Performance Assessment**
 - includes the work of the Clinical Governance and Patient Safety, and Performance Assessment Units. Examples of their work include providing clinical governance support to NHS Boards, delivering the national patient safety programme and the programme of performance reviews against standards.
- **Implementation and Improvement Support**
 - includes the work of the Practice Development Unit, Healthcare Associated Infection Implementation Support Team and the Development Team for Implementation and Improvement Support. The directorate provides a source of expertise for NHSScotland to drive and support implementation and improvement, and supports the other directorates in NHS QIS in implementing their advice, guidance and standards.
- **Performance and Resource Management.**
 - includes the range of business support services such as finance, strategic planning and information technology, communications, human resources, corporate secretariat, patient focus and public involvement, and equality and diversity.

Organisational Structure

Chief Executive

Executive Assistant

Personal Assistant

Scottish Health Council

Medical Advisor

Guidance & Standards

Patient Safety & Performance Assessment

Implementation and Improvement Support

Planning & Resource Management

SIGN

HEI Management Support

Clinical Governance & Patient Safety Unit

Performance Assessment Unit

Chief Inspector HEI
Inspectors HEI

Practice Development Unit

Development Team

Corporate Secretariat including Scottish Medicines

Patient Focus and Public Involvement Unit

HAI Implementation and support

Health Services Research & Effectiveness Unit

Standards Development Unit

Communications Unit

Information Technology Unit

Planning and Quality Unit

Finance Unit

HR Unit

Section 3

A Code of Conduct for volunteers

3.1 Supporting participation

Currently the roles defined within this section are the roles of public partner and associate inspector (patient focus). Volunteers acting in these roles bring a wealth of knowledge and experience to the organisation. Their contribution is valued and NHS QIS is committed to supporting its volunteers so that their experience is positive and enriching. NHS QIS will provide volunteers with:

- a meaningful and valuable volunteering role and the opportunity to make a difference to the NHS in Scotland
- ongoing support and information
- a named staff contact for each involvement opportunity
- induction and ongoing core training – including equality and diversity – a compulsory element in the development of these roles within NHS QIS
- a regular appraisal of performance to support further development
- targeted training to address identified needs
- the opportunity to participate in our work for a term of four years
- the opportunity to work as a team with other volunteers and local, regional and national NHS staff and others
- reimbursement of travel and other out of pocket expenses
- learning and development opportunities and exposure to new ways of thinking and working
- protection under NHS QIS' policies (health and safety, grievance, confidentiality, etc.)
- the opportunity to meet and work with new people both locally and nationally, and
- an opportunity to feedback on involvement activity.

The principles of supporting participation apply to all volunteer roles within NHS QIS. Further clarification should be sought from the Public Involvement Unit as to the nature of the support available to someone engaged in volunteering activity not described in this handbook, including an opportunity to feedback more informally (see Section 7).

3.2 Organisational values

In becoming a volunteer you agree to abide by the fundamental values that underpin all activities of this organisation. These are:

- involving patients, carers and the public in everything we do
- supporting NHS service providers to deliver care which improves continuously
- focusing on achieving better outcomes for patients
- being fair and consistent in our work
- using the best evidence available
- being open about the way we work and accountable for our actions, and
- working in partnership to co-ordinate our activities and make the best use of our resources to provide value for money.

3.3 Policies

Volunteers should not knowingly act contrary to the best interests of NHS QIS in their volunteer role. They are expected to support the aims and objectives of NHS QIS and abide by relevant organisational policies (see appendix 1).

3.4 Conflicts of interest

Volunteers should strive to act in the best interests of the organisation and this includes declaring any conflict of interest, or any circumstance that might be viewed by others as a conflict of interest, as soon as it arises. They should be guided by the judgment of NHS QIS with regard to potential conflicts of interest. When participating in work for NHS QIS, you will not be expected to review or comment on practice in your local health board area.

3.5 Person to person

Volunteers must be law abiding and must not act in disregard of organisational policies in their relationships with fellow volunteers, staff, service recipients, contractors or anyone they come into contact with in their role as a volunteer. Bullying, harassment and victimisation will not be tolerated by the organisation. Volunteers should strive to establish respectful and courteous relationships with all they come into contact within their role.

NHS QIS is committed to reflecting the diverse population of Scotland and the integration of equal opportunities in all aspects of volunteering. Everyone is responsible for their actions and must ensure that they conduct themselves appropriately at all times. The organisation values and respects difference, and requires its employees and volunteers to demonstrate these principles when contributing to its work. Our recruitment practices reflect our commitment to equality and diversity. This includes providing support for participation in our work which is tailored to individual needs and circumstances.

3.6 Confidentiality

Whilst participating in NHS QIS activities, volunteers may have access to confidential material or discussions about patients, volunteers, staff or other health service business. Patients and staff will not be named, but their conditions or experiences could potentially identify them, therefore volunteers should not discuss any cases out with the working environment. Similarly, no information of a personal or confidential nature concerning individual volunteers or staff should be divulged to anyone without the proper authority having first been given. If a volunteer is in doubt about such matters they should consult with the Public Involvement Unit.

NHS QIS may from time to time receive information that is not covered by the Freedom of Information Act (2005). If NHS QIS agrees to receive such information in confidence, volunteers should respect this confidence and not disclose the information to unauthorised persons or bodies without the consent of the body which provided the information.

On completion of a meeting or review visit, the volunteer should hand all materials to a member of NHS QIS staff for secure disposal. Shredding facilities for older documents are available in NHS QIS offices.

When we contact volunteers by email, any information contained within should be kept secure, in line with the appropriate sections of NHS QIS' data protection and confidentiality policies (see appendix 1)

3.7 Protecting the organisation's reputation

Any enquiries from the media received directly by volunteers should be referred to the Public Involvement Unit. When speaking as either a volunteer or a private citizen, volunteers should strive to uphold the reputation of the organisation and those who work in it. Volunteers should take an active interest in the organisation's public image, and note important issues for the organisation.

Volunteers should not use their volunteer status to gain media or other attention to further their personal, organisational, commercial or party political interests.

3.8 Personal gain

Volunteers should not personally gain materially or financially from their role and are expected to document expenses and seek reimbursement according to procedure. It is the responsibility of volunteers to use organisational resources responsibly, when authorised, in accordance with procedure.

Volunteers should be very careful about accepting any offer of a gift or hospitality made to them because of their volunteer status, and should consult with the Public Involvement Unit prior to accepting any gift.

3.9 In meetings and teamwork

Volunteers agree to:

- abide by relevant governance procedures and practices
- give apologies ahead of time if unable to attend
- study information sent in good time prior to meetings and be prepared to contribute to discussions and other work during the meeting
- respect the authority of the project group chair, review team leader or staff member leading the meeting
- maintain focus and relevance to matters being discussed during meetings and teamwork
- be mindful of the time available in meetings, and use the opportunity to contribute by raising issues with the chair, project group or project team between meetings.
- engage in debate and decision taking in meetings according to procedure, maintaining a respectful attitude for the opinions of others
- where a final decision is required, accept a majority vote on an issue as decisive and final, and
- maintain confidentiality about any meetings held in private.

When acting as our representative, whether in a public forum or in private or informal discussion, volunteers should do so only with the prior knowledge and approval of the Public Involvement Unit.

Where volunteers' availability or circumstances change and he or she is unable to contribute to our work, the Public Involvement Unit should be contacted and informed. We will contact you on an annual basis to confirm the details held about you on our involvement database and to check whether you wish to continue to be involved in our work.

3.10 Complaints

Any complaints alleging misconduct by a volunteer will be investigated in accordance with our complaints procedure. Volunteers are also covered by the NHS QIS complaints procedure, which can be obtained from the Public Involvement Unit. Our bullying and harassment policy, which is extended to cover volunteers while working on behalf of NHS QIS, is also available.

3.11 Term of office

Individuals working with NHS QIS as public partners or associate inspectors (patient focus) have the opportunity to take part in our work for a term of four years. After participating for four years, these former volunteers are not precluded from re-applying and re-training to serve for a further four year term, whenever vacancies are advertised.

Since many of our current volunteers are public partners and have worked with NHS QIS for more than four years, there is now a phased introduction of the new term of office in operation. If these volunteers are serving as a member of, for example, a project group, membership may continue until completion of the work.

3.12 Leaving your role with NHS QIS

I understand that breach of any part of this code may result in my removal from my voluntary role.

Should I decide to resign from this role, I will inform the Public Involvement Unit in advance in writing, stating my reasons for resigning. Additionally, if requested, I will participate in an exit interview.

I understand that when my term of office is complete I will be asked to complete an exit interview form (see Appendix 2).

I understand that I can have an exit interview with a senior member of the Public Involvement Unit at my request.

Name of volunteer: _____

I have read the above code of conduct and agree to abide by it at all times.

Signature: _____

Date: _____

NHS QIS countersignature: _____

For other volunteering roles within the organisation we encourage and support our volunteers to feedback on their experiences with us. The Public Involvement Unit will support more informal feedback reporting.

Section 4

Public partner - roles, remits and responsibilities

The roles that public partners are asked to engage in within NHS Quality Improvement Scotland are varied and each individual opportunity will be explained in advance. The following is intended to give a general overview of the three main types of activities:

- contributing to consultation events and processes
- taking part in performance assessment teams and visits, and
- being a member of a project or working group.

4.1 Contributing to consultation events and processes

The aim of this involvement activity is to bring a patient focus or public perspective to the consultation process.

Membership of group

This may include a facilitator, note-taker, other stakeholders (interested parties, which could include people from voluntary organisations, service users, NHS staff, academics or policy-makers).

Not all consultation exercises will be arranged or organised by NHS QIS, as we may pass on opportunities from other organisations via our newsletter, for example.

Input needed

Participation in a consultation meeting or focus group. If the consultation is being carried out electronically or on paper, you will need to be able to complete a web-based questionnaire, or contribute your comments and suggestions in writing or by telephone.

Essential criteria required for participation

Consultation meeting

We need someone who can give their thoughts succinctly and is prepared to read the relevant materials prior to attending. Experience as a user of the relevant service or as a carer may be useful but specific patient issues and experiences will be sought separately. You will not be expected to give the views of NHS QIS or speak on our behalf.

Focus group

You must be able to focus on the content of the meeting and is open in giving their opinion. Experience as a user of the relevant service or as a carer may not be necessary in a focus group situation; sometimes we are looking for the views of the general public. This will be specified in advance. You will not be expected to give the views of NHS QIS or speak on our behalf.

Online consultation

You will need access to the internet and available time to read any related materials before completing a questionnaire.

Written consultation

Time will be needed to request and read any appropriate materials before giving your opinion. Each opportunity will specify whether you need to be a user of the service, a carer for someone who uses the service, or if limited or no knowledge of the service is preferred.

Timescales of project, including number of meetings or other sessions

Taking part in consultation events and processes may often involve participation in a one-off half day meeting. However, there may be a range of opportunities for you to participate such as submitting comments in writing by, post, email and fax, or by phone call, or by attending further meetings.

Type of expenses, support and other related matters

Expenses will be reimbursed as per NHS QIS policy, where you have been specifically invited to participate in an NHS QIS event. No expenses will be provided by NHS QIS if you are attending an external consultation advertised, for example, in the newsletter. However you may be able to claim from the organising body.

Role in the content of final report/publication

None. You may receive a copy of any subsequent publication to which you contributed during consultation. Our publications are usually also made available on our website: <http://www.nhshealthquality.org>.

Role in post-publication period

None, although you may wish to obtain a copy of the relevant work for your records. More information is often available on our website.

4.2 Taking part in performance assessment teams and visits

Performance assessment teams and visits provide the opportunity to be a member of an appropriately skilled team which will be made up of a multidisciplinary pool of NHS and public partner reviewers. In Scotland there are up to 21 NHS organisations which may be visited during the review programme; these comprise of 14 territorial NHS Boards and 7 Special Health Boards.

It is anticipated that each performance assessment review team may comprise the following members, depending on the system, condition or treatment/therapy discussed in the standards to be reviewed:

- Chief Executive/Assistant Chief Executive/Chief Operating Officer
- Medical Director/Associate Medical Director
- Director of Nursing/Associate Director of Nursing
- Non-executive NHS Board member
- Senior NHS manager/head of unit
- Consultant
- General practitioner
- Specialist nurse
- Allied Health Professional eg physiotherapist or podiatrist, and
- Two public partners (in most instances).

Input required

As an equal member of a multidisciplinary review team you will be expected to attend and participate in all days of the review visit

You will be expected to undertake personal preparation prior to the review visit by reading and interpreting the reviewer evidence pack containing:

- the NHS Board self assessment
- core documentary evidence to support the self assessment, and
- where available, the NHS QIS analysis of the information and evidence submitted by the NHS Board under review

You will be required to participate in, and contribute to, the review team meetings, where the review team discusses in detail the information provided, identifies issues requiring further investigation and reaches agreement on the level of performance achieved by the NHS Board against the national standards

We will also need you to participate in or chair, and contribute to, a series of semi-structured interviews with NHS Board representatives to further investigate and discuss issues and challenges identified by the review team

It is essential that you maintain the ability to review the service clearly and sensitively from a service user or public perspective

Essential criteria required for participation

Review team members are expected to possess the following:

- an awareness of the systems and structure
- an interest in or some prior knowledge of the relevant condition, treatment or therapy
- analytical skills
- meeting and communication skills
- team working, and
- sensitivity

Timescales, including number of meetings or other sessions

Each reviewer will be asked to commit to no more than two reviews per visit programme. This is, however, dependent on establishing a sufficient pool of reviewers to undertake the visit programme.

Usually, each review takes place over at least two days, with an afternoon or evening preparatory meeting for the team on day 1, an overnight stay and a full day site visit on day 2. (Please note island NHS board reviews may require two overnight stays due to travel arrangements). These two days are in addition to personal preparation time for reviewing the information submitted by NHS Boards. Where possible review visits will take place on Tuesday/Wednesday or Wednesday/Thursday to avoid meetings or travel during the weekend.

Reviewers may also be required to attend an introductory session, which will provide information on the topic to be reviewed, the review process and the practical use of the performance assessment scales required for a specific programme of reviews.

Type of expenses, support and other related matters

Expenses and other support will be provided in line with NHS QIS policy.

Role in the content of final report/publication

May be asked to comment on report content or clarify any discrepancies in report prior to final publication. Public partners are credited in the group membership list in all relevant publications.

Role in post-publication period

Public partners may be scheduled to participate in another review visit for the same condition, asked to comment on the national overview prior to publication, or asked to contribute in a range of ways towards any future reviews, redevelopment of the standards, or new visit programmes.

4.3 Being a member of a project or working group

Purpose/Aim of group

Both short life and longer term project and working groups take forward the work of NHS QIS. All groups will have a project initiation document and/or terms of reference to describe the work to be done and the role of the project or working group. However, in general, the key functions of a project or working group include: to draft, consult on, revise and publish a set of standards, guidelines, best practice statements and other advice or guidance addressing particular conditions, treatments or therapies.

Membership of group

It is anticipated that each project group may comprise the following members, depending on the system, condition, treatment or therapy being worked on:

- Chief Executive/Assistant Chief Executive/Chief Operating Officer
- Medical Director/Associate Medical Director
- Director of Nursing/Associate Director of Nursing
- Non-executive NHS Board member
- Senior NHS manager/head of unit
- Consultant
- General practitioner
- Specialist nurse
- Allied Health Professional eg physiotherapist or podiatrist.
- Patient group/voluntary organisation representatives, and
- a public partner.

Input needed

Attendance at no more than one meeting every six weeks over a period of six months to three years. Preparation for each meeting includes reading and preparing comments on two or more documents. Comments and suggestions based on the content of the papers, and more specifically any identified gaps, must be prepared in advance, and discussed at the meeting. Attendance at the meeting is not always required but commenting and participating in the work is essential.

Following the meeting, some further work will be completed by email or post. This may be as little as agreeing minutes of the meeting, or some other task which may be allocated at the meeting. If this is the case, it will only be allocated with the agreement of the public partner. This work may be required to be returned within one to two weeks of the meeting.

Essential criteria

- the ability to assimilate information quickly and effectively
- the ability to express ideas concisely and ask challenging questions
- the ability to share your views clearly and sensitively from a patient focus and public perspective, and
- sound judgment and ability to weigh evidence, reaching an objective and independent conclusion.

Desirable criteria

- experience of the specified service, treatment or therapy as a patient or carer
- experience of standards, guidelines, advice and guidance development with NHS QIS

Geographical location may be relevant as we may have areas in Scotland which are under-represented in our work eg ensuring a balance between urban, rural and remote areas. It is helpful if you have access to email to assist us in distributing what can be a large quantity of papers, and for returning your written contribution to our work in a timely manner.

Timescales of project, including number of meetings or other sessions

Due to a range of factors, timescales for projects can be extended or shortened. If this is the case, both the public partner and the Public Involvement Unit should be kept fully informed of changes. On occasions where the process is extended, the public partner will be given the opportunity to continue or end their participation in a particular project.

Type of expenses, support and other related matters

Expenses and other support will be provided in line with NHS QIS policy.

Role in the content of final report/publication

Credited in group membership list and asked to comment on contents/consultation comments received prior to final publication.

Role in post-publication period

Following publication of NHS QIS standards, SIGN guidelines, best practice statements and the full range of other advice and guidance, project or working groups are usually disbanded. In the case of standards, review visits are planned by the Patient Safety and Performance Assessment Directorate at a later stage. You may be approached at this stage with an opportunity to take part in further work.

As an outcome of networking with colleagues on the project, you may be invited to participate in external (non-NHS QIS) work on the same topic. Please note that this is entirely your decision, and you would be participating as an individual, not as a representative of NHS QIS.

Section 5

Healthcare Environment Inspectorate Associate Inspector (patient focus) - role, remit and responsibilities

This is the current (2009) role description for the above volunteer role. As this is a new role it will be subject to ongoing review.

5.1 Being an HEI Associate Inspector (patient focus)

You will be a volunteer working with staff as part of a team delivering a programme of inspection of NHS boards' arrangements for infection control and providing advice and guidance to NHS boards on compliance against the national standards.

In Scotland there are 14 territorial NHS boards and 2 Special Health boards which will be inspected annually. In addition there will be announced and unannounced inspections to 46 acute hospitals at least once every three years. Unannounced inspections will take place at short notice.

As an equal member of a multidisciplinary inspection team you will be expected to:

- attend and participate in all days of the inspection visit whether announced, unannounced or as part of a follow up inspection
- attend and participate in the internal briefing meetings prior to each inspection
- undertake personal preparation, as appropriate, prior to the visit by reading and interpreting the inspection evidence pack which may contain elements or all of the following:
 - the NHS board self assessment questionnaire
 - the analysis of the information and evidence submitted by the NHS board/hospital under review
 - documentary evidence to support the self assessment
- participate in, and contribute to, meetings on site, where the inspection team discusses in detail the information provided, identifies issues requiring further investigation and reaches agreement on the level of compliance achieved by the NHS board/hospital against the national standards
- participate in/chair, and contribute to, a series of semi-structured interviews with NHS board representatives to further investigate and discuss issues identified by the inspection team. Sustained mental and emotional effort will be required during meetings which may range from a few minutes to a few hours
- participate in visits of wards/clinical services within hospitals to undertake observational inspections. Travel around a large hospital site will be required.

Skills & Experience

Working with others

You will be:

- open, honest and have excellent listening skills
- prepared to challenge and defend a position based on findings or evidence whilst remaining objective
- an independent thinker who is prepared to state and support their own decision, whilst able to follow oral argument
- flexible in approach and receptive to others viewpoints
- able to show drive and commitment, and
- able to reach consensual decisions as part of a team.

Analysis

You will be able to:

- read and interpret large quantities of highly complex qualitative and quantitative information from different sources
- show attention to detail, and
- take written notes and contribute to the inspection process and outcomes, including informing the drafting of inspection reports.

Judgment and decision making

You will:

- have a logical and structured approach to inspection, following the appropriate procedures
- be able to balance evidence, keep to the facts and apply objectivity when making judgements on NHS boards' compliance with the standards, and
- be able to manage your own time and workload to ensure that the inspections are achieved within the specified timescales.

Communication

You will be able to:

- interview staff and patients objectively and effectively
- share information with the rest of the inspection team
- check all parties' understanding by inviting questions.

It is desirable that you should have:

- experience of participating in committees or formal meetings
- a general interest in improving patient experience and healthcare
- an understanding of the potential impact of a poor quality healthcare environment on patients, staff and the wider population

Commitment

It is anticipated that each inspection will take place over one or two days and may involve evening on-site working. There is also a requirement to participate in inspection team briefing meetings which take place prior to each inspection. Personal preparation time will be required in addition to these days. Travel throughout Scotland is required with overnight stays. It is anticipated that you will be asked to take part in a minimum of 3 inspections each year.

We will provide you with training in the inspection process, a general introduction to the work of HEIS and NHS QIS and reimbursement of expenses.

As this is a new and evolving role of NHS QIS these arrangements will be subject to review and change over the next twelve months.

Inspection Team Allocation

You will be asked to commit to a series of dates over a 12 month period. You may not be required to attend on all or any of these dates, but we will ask you to commit to keep them clear until we have allocated dates for inspection visits. We may also ask you to keep further dates in the event a follow up visit is required. We will confirm dates with you as soon as possible so that you do not hold them unnecessarily. We will always aim to give you at least one week's notice if you will not be required on dates which you are holding.

In relation to unannounced inspections we may not be able to tell you the location until immediately prior to the event. However we will ensure that appropriate travel and accommodation arrangements are made on your behalf.

You will be allocated to inspection teams based on the information submitted and the requirements of each individual inspection. You will not be asked to inspect in your local NHS board area.

Inspection Team Composition

Inspection teams will be composed of a mix of the following people:

- Regional Inspector
- Associate Inspector
- Associate Inspector (patient focus), and
- Project Officer

Role in the content of reports/publications

You will be asked to comment on report content or clarify any discrepancies in report prior to final publication.

Section 6

Introduction to travel expenses and car insurance

When our volunteers are required to travel to participate in our work, NHS QIS reimburses the travel and other associated costs incurred. We encourage the use of public transport whenever possible and can arrange in advance, a train travel warrant for your journey. Volunteers can also choose to travel by private car.

To ensure you are fully protected when making journeys on behalf of NHS QIS, or staying away from home, we ask that you notify your insurance companies of your role with our organisation. On the advice of our own health and safety and finance officers we have amended a template for this purpose, which was suggested to us by Volunteer Development Scotland and supplied to us by the Community Transport Association.

Included in this section you will find:

- a copy of the template to be used to inform car insurance companies of your voluntary work with NHS QIS, and
- the current expenses claim form.

These are included for reference only.

Name

Address

Date

To (Insurance Company)

Re (Policy Number)

Dear Sir/Madam

I intend to undertake voluntary work for NHS Quality Improvement Scotland and, from time to time, I will use my vehicle to carry out voluntary duties and occasionally to carry passengers as requested. I will receive a mileage allowance for these journeys to contribute to fuel and the running costs of my vehicle. Such expenses will be claimed at lower than HM Revenue & Customs maximum cost per mile. I estimate the number of miles driven under this voluntary basis will be _____ per year.

I should be grateful if you would confirm that my existing policy covers me for such volunteer driving. Please complete the reverse side of this letter and return to me. Please also confirm that my insurance policy contains a clause indemnifying NHS QIS with which I am a volunteer against third party claims arising out of the use of my vehicle for such voluntary work.

Yours faithfully

(Policy Holder)

From (Insurance Company)-----

Re (Policy Number)-----

Policy Holder/ Driver-----

This is to confirm that your policy covers voluntary driving (for which a mileage allowance may be received). This also confirms that the above policy contains a clause indemnifying NHS QIS with which you are a volunteer against third party claims arising from the use of the vehicle on such voluntary work.



ISSUED BY----- DATE-----

Insert copy of blue expenses claim form

Section 7

Performance Appraisal and Development Review

The performance appraisal and development review system is in place as a support structure for all public partners and associate inspectors (patient focus) to facilitate learning and development. It will provide a framework to help you to assess your own skills, training needs and performance and to enable us to identify and meet the learning and development needs of our volunteers.

Public partners and associate inspectors (patient focus) should complete a self-assessment and submit this to the Public Involvement Unit within two weeks of taking part as a member of a review team or inspection visit. A member of staff will also complete and submit their assessment to the Public Involvement Unit within two weeks.

The two assessments will be reviewed by Public Involvement Unit staff and the outcomes confirmed. In the event of a disagreement or substantial differences between a public partner's or associate inspector's (patient focus) self-assessment and the assessment of them by a staff member, a meeting will be arranged between all parties involved and facilitated by the Public Partnership Co-ordinator or Senior Public Partnership Officer. This process will help us to identify and facilitate learning and development opportunities for you.

In time, the performance appraisal and development review process will be extended to include all volunteer roles in our work.

The template in this section is primarily designed to be used by you to review your own performance. The form will also be completed by a senior NHS QIS staff member with whom you have been working. Guidance notes are provided and further support is available through the Public Involvement Unit.

Performance Appraisal and Development Review Guidance Notes

Performance Appraisal and Development Review is a process for supporting personal and professional development. The purposes of performance appraisal and development review within NHS QIS are:

- to enhance the understanding of how volunteers' actions contribute to the aims and values of NHS QIS
- to further develop the skills needed to carry out these duties, and
- to provide systematic information for informing decisions at the point of reappointment.

Volunteers, currently in the roles of public partners and associate inspectors, should expect to be appraised at least twice during the four year period of appointment.

It is important for these NHS QIS volunteers are appraised because, in discharging their duties as volunteers, they are expected to demonstrate the highest possible standards of decision-making. This is a demanding task and members should be supported by every means possible in their efforts to meet these exacting standards. Support is particularly important for new volunteers in these roles, who are starting to work with us while at the same time also learning the skills associated with working in the specific and varied roles.

The Public Involvement Unit will provide support tailored to individual needs and circumstances, to ensure that all public partners and associate inspectors (patient focus) benefit from the performance appraisal and development review process on an equal basis.

While being appraised, and while appraising your own performance, the skills listed below are to be taken into consideration when reporting on each competency as a whole. This is not an exhaustive list nor is it necessary to be able to evidence all of them. They should also be used as a guide to identify and record specific training needs.

Teamwork/working with others

- shows respect for others' viewpoints
- contributes to shared goals
- shows ability to work within a multi-disciplinary team
- actively seeks views from other team members
- supports other team members in their work

Professionalism / judgement and decision making

- abides by relevant governance procedures and practices
- respects the role of the project group chair, review team leader, staff member or whoever is leading the meeting
- is a good timekeeper, mindful of the time available in meetings, and uses the opportunity to contribute by raising issues with the chair, project group or project team between meetings
- maintains confidentiality about any meetings held in private
- demonstrates awareness of the values and role of NHS QIS

Communication skills

- presents own viewpoint clearly and concisely
- actively listens to others
- reflects back own understanding of others' contributions
- gets on well with people
- tactful and sensitive to others' verbal/non-verbal reactions
- keen to build up working relationships

Analysis of and response to information

- maintains focus and relevance to matters being discussed during meetings and teamwork
- studies information sent in good time prior to meetings and is prepared to contribute to discussions and other work during the meeting
- able to formulate testing questions
- recognises situations where he or she requires more support/information

Use of background knowledge of topic or subject (when required)

Occasionally a group will specifically ask for a volunteer with experience of a particular condition. You are expected to share your experience and knowledge of the subject in the broadest terms.

Self-assessment/review for (name) *delete as applicable

following (visit/meetings)

(topic) **on** (date/s) **at** (location)

Teamwork		Comment
Competent	Requires training	
Professionalism		Comment
Competent	Requires training	
Communication skills		Comment
Competent	Requires training	
Analysis and response to information		Comment
Competent	Requires training	

Use of background knowledge of topic/subject (when required)		Comment
Competent	Requires training	
Additional comment/s		

Signed

Date

NHS QIS representative/public partner/associate inspector (patient focus) *(delete as applicable)*

Further actions by PI Unit/other QIS staff

Actioned by (signature) Date

Section 8

Acknowledgements

The Public Involvement Unit would like to acknowledge the contribution of the public partner members of the original Handbook Working Group in developing this resource and express our thanks to them. Those who took part were:

Adele Cook
Stella MacPherson
Isobel Miller
Tom Reid
Harrison Stevenson

The group first met in April 2007 and members gave of their time to create processes and produce documentation to support volunteers who work with us.

Appendix 1

Our publications

We produce a range of products containing advice on the programmes identified in this handbook. Our Definitions and Status document gives further guidance to NHSScotland on the purpose of our publications and how to use the advice.

Publication type	Intended audience	Description
NHS QIS Standards	Health professionals, NHS management and the public.	Statements of performance patients should expect from NHSScotland and are applicable to all parts of NHSScotland. 'Essential' standards are expected to be met wherever the service is provided, and "desirable" standards are recommended for NHSScotland.
SIGN Clinical Guidelines	Health professionals, NHS management and the public.	Recommendations for effective practice to be taken into account when services are developed for the management of clinical conditions where variations in practice are known to occur and where effective care may not be delivered uniformly throughout Scotland. When elements of SIGN guidelines are incorporated into NHS QIS "essential" standards, they are obligatory.
Health Technology Assessments (HTAs)	Policy makers, NHS management and health professionals.	HTAs report the clinical effectiveness, economic implications, organisational impact and patients' issues with regards to health technologies/medicines. HTAs are recommended for NHSScotland which should take account of the advice from NHS QIS and ensure that recommended treatments are made available.

Best Practice Statements (BPS)	Health professionals (particularly nurses, midwives & allied health professionals).	Focusing specifically on nursing, midwifery & allied health professions. BPSs describe best and achievable practice in specific areas of care emphasising delivering care that is patient centred, feasible and fair, and attempt to reduce existing variations in practice. Best Practice Statements are endorsed by the Chief Nursing Officer and are recommended good practice for NHSScotland.
Evidence Notes	Health professionals (particularly health planners).	Evidence notes do not make recommendations for NHSScotland; they are short summaries which highlight key issues for health service planners and practitioners and direct them to robust sources of evidence (or lack of evidence) on a particular topic or clinical area which is believed important for NHSScotland. They are used to inform decision making by health planners.

Our publications and reports are all available to read and download from our website www.nhshealthquality.org

The Public Involvement Unit will supply the policies and procedures mentioned in the code of conduct to you on request:

- Whistle blowing
- Grievance
- Bullying and Harassment
- Data Protection
- Equal Opportunities
- Confidentiality
- Health and Safety
- Non-staff expenses

Appendix 2

Exit questionnaire for public partners and associate inspectors
(patient focus)

Volunteer details

Your name	
Date you joined QIS	
Date you left/will leave QIS	

Please read the following notes before completing the form.

1. The feedback you provide is confidential and will only be seen by staff in the Public Involvement Unit.
2. Your feedback will be compiled to give us a picture of volunteers' opinions and experiences from the perspective of those who are moving on from work with QIS.
3. We will use the feedback we get to improve the ways in which we work with and support volunteers.
4. Once you have completed the form, please indicate below if you wish to have a follow-up interview with a member of the Public Involvement Team.
5. If you request a follow-up interview, a member of the team will contact you to make arrangements.

Would you like to request a follow-up interview with a member of the Public Involvement Unit?

Yes / No

Please complete as fully as possible to help us improve the way we work with and support public partners and associate inspectors (patient focus) in the future.

Why did you want to be a public partner or an associate inspector (patient focus) with NHS QIS?

What expectations did you have on becoming a public partner and/or an associate inspector (patient focus)? Have these been fulfilled?

What were your general experiences of being part of multi-disciplinary review/inspection team or project/working group?

Generally, did you find the Chair and other team/group members supported and respected you? Did you feel you were an equal member of the team/group?

Were there any occasions when you felt uncomfortable? Can you tell us why?

Do you feel you were properly supported by NHS QIS staff - both staff involved in the specific area of work and Public Involvement Unit staff?

Did you feel able to contribute effectively as a team/group member?

During your time as a public partner and/or associate inspector (patient focus) what do you think you have been able to contribute?

What are your views about the training provided to public partners and associate inspectors (patient focus) by NHS QIS?

Is there anything you feel we could do differently and/or better? Can you give us your suggestions?

If the opportunity arose, would you become involved in NHS QIS' work in the future and/or recommend involvement to others?

As part of our efforts to expand and increase the range of people we are in contact with, we are setting up a database of individuals, voluntary and community sector groups who are interested in our work and who may be willing to support it in a range of ways. For example it could be:

- **being kept in touch by receiving a newsletter**
- **being willing to comment on a consultation document**
- **acting as a link to local voluntary and community groups**
- **taking part in one-off consultations and events**

We know that many of our volunteers are involved in a range of national or local groups and activities and could contribute in this way.

Please tell us if you would be willing to have your name added to this database.

Do you have any other comments or feedback?

Thank you for taking the time to complete this evaluation form.

Please return in confidence to:

Rosemary Hampson
Public Partnership Co-ordinator
NHS QIS
Elliott House
8-10 Hillside Crescent
Edinburgh
EH7 5EA