Policy · GOV-POL-005 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2A.10

At a glance

- At least one patient or family representative has a written role in quality review or governance discussion.
- The representative is invited to quality meetings and receives the papers in advance.
- The representative can raise items and their input is recorded in the minutes.
- The facility reports back to the representative on what changed as a result.
- Stop and get help straight away if: a representative raises a concern that is not recorded or answered in writing.

1. Purpose

To make sure patients and families have a structured role in improving governance and quality, not only indirect input through complaints and surveys [E-006, EC].

2. Scope

Applies to	The governing body, quality committee, and the representative(s) appointed
Locations	Governing body and quality committee meetings
When	At each scheduled meeting where quality and safety are discussed
Does not apply to	Individual patient complaints, which are handled under INC-POL-002

3. Definitions

Term	Meaning
Representative	A patient, former patient or family member who has agreed to a structured role, with a written role description
Written role	A document setting out the representative’s duties, term, expenses and support

4. Background

Patients and families see things staff may not see. Criterion 2A.10 asks for a structured role, which means a named person, a written role and a record of what they contributed.

5. Responsibilities

Role	Responsibility	Competence
Governing body	Agrees the written role and appoints the representative	Governance training
Quality lead	Invites the representative; sends papers; records input	Quality governance
Representative	Attends, prepares, raises patient and family views	Training and support (EC)
Chief executive	Responds in writing to the representative’s input	Executive leadership

6. Materials and equipment

Item	Requirement	Condition
Written role description	Current; signed by the representative and the chair	Dated and signed
Attendance register (GOV-REG-004)	Current	Completed each meeting

7. Safety

- The representative is bound by the confidentiality rules of the facility and must not disclose identifiable patient information.
- The representative is not required to disclose personal health details.

8. Before you start

- Send papers at least five working days before the meeting.
- Check the representative has any support they need, such as an interpreter or reimbursement of travel (EC).

9. Procedure

Step 1. Agree the written role.

- Write the role description: purpose, duties, term (for example two years), expenses, support, and confidentiality.
- The representative and the chair sign it.

Key point: A written role gives the representative standing and tells everyone what to expect.

Step 2. Invite and prepare the representative.

- Invite the representative to each quality and governance meeting where safety or quality is discussed.
- Send papers in plain language, with an explanation of technical terms.
- Offer a briefing before the first meeting.

Key point: A representative who cannot follow the papers cannot contribute.

Step 3. Record their input.

- Record each contribution in the minutes (GOV-FRM-003), with the response.
- Make sure the representative is asked for input on each agenda item where patients are affected.

Key point: If input is not in the minutes, it did not happen for the governing body.

Step 4. Respond in writing.

- The chief executive responds in writing to each concern or suggestion within 30 days.
- Explain what will change and what will not, with reasons.

Key point: A response is what makes the representative’s role matter.

Step 5. Report back to patients.

- Share the outcomes of the representative’s input with patients through the patient council and the notice board every six months.

Key point: Patients should see that their voice changed something.

Step 6. Review the role each year.

- Review the role description, the term and the support yearly with the representative.
- Record the review.

Key point: Roles that are not reviewed become decoration.

10. Decision points

- If the representative raises a concern about a patient safety matter, the chair ensures it is referred to the appropriate incident or complaint route the same day.

11. Special situations

Situation	Action
No representative available	The governing body records the vacancy and the steps taken to recruit; the role is not filled by a staff member.

12. Escalation

- Concerns that a representative is not being heard go to the chair of the governing body.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Representative appointed with written role	Yes	Yearly	Governance lead	Escalate to governing body
Meetings attended by the representative	80% (EC)	Quarterly	Governance lead	Review invitations and support
Input recorded with a response	100%	Each meeting	Governance lead	Chair reviews minutes

14. Records

Record	Kept in	Retention
Written role description	Governance file	Duration of role plus the period set by the facility's records policy years
Attendance register (GOV-REG-004)	Governance file	the period set by the facility's records policy years
Minutes with the representative's input	Governance file	the period set by the facility's records policy years

15. Training

- Representatives receive a briefing on the facility, its governance and confidentiality before the first meeting (EC).
- Governance members are briefed on how to use patient input.

16. Related documents

ID	Title	Use
CON-POL-003	Patient Council Terms of Reference	Patient council works alongside the representative
GOV-REG-004	Attendance Register	Attendance record
INC-POL-002	Complaints and Feedback	Individual complaints route
GOV-POL-001	Governing Body Terms of Reference	Authority

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus. Term, expenses and number of representatives are EC decisions.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	Approved by the ASF Expert Committee
1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

E-learning for this document

- **Complaints Handling and Patient Feedback** (T-12)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file