Council of Governors
Thursday 28th February 2019

Supporting papers for Item 8
Service User Experience and Engagement

TITLE OF PAPER	Service User Engagement Group Quarterly Assurance Report
TO BE PRESENTED BY	Dr Mike Hunter, Executive Medical Director
ACTION REQUIRED	The Quality Assurance Committee is asked to: • Receive and note the content of this report; • Provide appropriate assurance to the Board of Directors; • Receive and note progress against the Service User Engagement and Experience Implementation Plan.

OUTCOME	To provide assurance on the work of the Service Users Engagement Group and to ensure the Trust has a current, approved Strategy in place that is being progressed.
TIMETABLE FOR DECISION	To be discussed at the Quality Assurance Committee in December 2018.
LINKS TO OTHER KEY REPORTS / DECISIONS	Links to the Quality of Experience Survey, Care Opinion, Friends and Family Test, Corporate Risk Register
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTIN	Strategic Aim: Quality and Safety Strategic Objective 1.3: Provide Positive Experiences and Outcomes for Service Users BAF Risk: A103 - Failure to comprehensively capture the experience of our service users and take appropriate action.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NICE Quality Standard 15 'Service User Experience in Adult Mental Health' CQC Regulation 9: Person Centred Care CQC Regulation 16: Receiving and Acting on Complaints CQC Regulation 17: Good Governance
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Non-engagement and inclusion of service users (and their families/carers) will lead to poor service user experience and reduced staff morale.
CONSIDERATION OF LEGAL ISSUES	Lack of positive service user experience and lack of engagement with service users and their families/carers could result in CQC Fundamental Standards Regulation breaches.

Author of Report	Jo Evans
Designation	Continuous Improvement Manager
Date of Report	4 December 2018

SUMMARY REPORT

Report to: **Quality Assurance Committee**

Date: **17 December 2018**

Subject: **Service User Engagement Group Quarterly Assurance Report**

From: **Jo Evans, Continuous Improvement Manager**

1. Purpose

For Approval	For a collective decision	To report progress	To seek input from	For information	Other (please state below)
		✓			
The purpose of this paper is to provide an update on the levels of service user engagement and experience across SHSC during Quarter 2. The report aims to offer organisational assurance around the work being undertaken to continuously develop and improve the quality of our services through learning from service user experience. The content of the paper reflects progress against the Service User Engagement & Experience Implementation Plan.					

2. Summary

The content of this paper aims to provide assurance to QAC members around the progress being made in relation to service user engagement and experience. The format intends to address recognition of the difference between engaging service users and learning from their experience.

The paper summarises developments within the Engagement and Experience Team along with progress against the Engagement and Experience Strategy Implementation Plan during Quarter 2.

3. Engagement and Experience Team

The two new Band 5 Engagement and Experience Facilitators were both fully in post by mid-August 2018. Whilst only being in post for a short time their appointments have already made a significant impact on helping to drive and deliver the priorities outlined within the Service User Engagement and Experience Strategy. Their work will also focus on progressing the Trust Carers and Young Carer's Strategy. Laura Di Bona, Engagement Manager, commenced a secondment within the Trust Research Department in September 2018 for eight months. Expressions of interest are subsequently being invited to internally backfill this post, following approval of Trust HR processes. Following this period Laura will continue to be on secondment for one day per week for a further 18 months, returning to the Engagement & Experience Team for two days per week.

This secondment will support the Trust's focus on increasing the knowledge and understanding around training and support needs of peer support workers in adult mental health services.

Periods of long term sickness within the Engagement & Experience Team have created some additional pressures to deliver in line with expectations, although collaborative working with the QI Team has helped to temporarily bridge a number of the gaps.

4. Service User Experience

4.1. Quality of Experience Questionnaire

Collecting Quality of Experience data using electronic tablets is continuing to prove extremely successful, with this being the primary data collection method across all wards. Whilst data can now be easily accessed by all staff via the SHSC Intranet, work is continuing with the Communications Team in order to raise awareness of this availability. Figure 1 below demonstrates the number of surveys carried out, by Ward, this year to date.

**Figure 1: Number of Questionnaires Carried out By Ward (Jan 2018 – Sept 2018)**
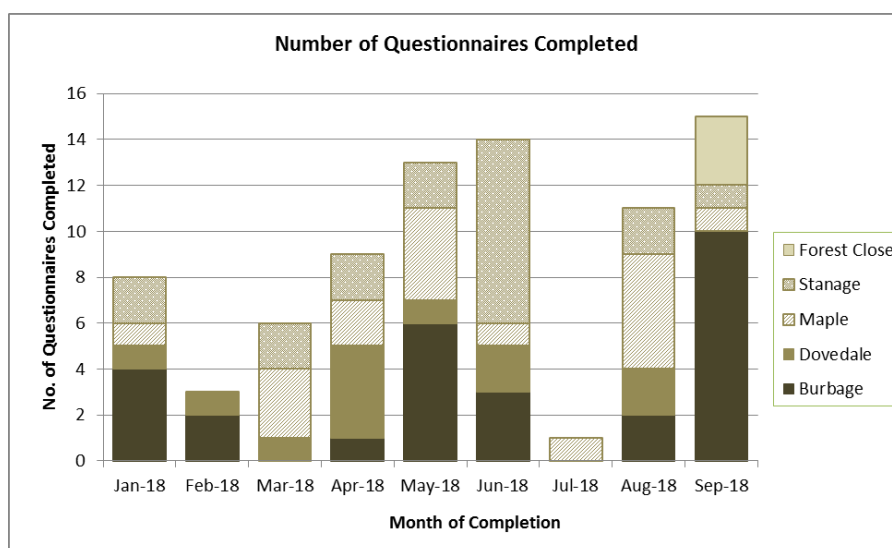
Reasons for the dip in numbers during July have previously been explained, relating to the principal service user volunteer leading on this work being taken ill. However, due to an additional volunteer now actively being involved with data collection, not only did numbers for August and September increase but also the range of wards visited expanded. Whilst Forest Close and Forest Lodge have expressed interest in participation with the Quality of Experience Questionnaire for some time, safeguarding protocols have prevented this moving forward whilst we have only had a single female volunteer actively collecting the data.
The two trained volunteers have now commenced work with these two wards, ensuring a 'buddy' system is in place. The Engagement & Experience Team is continuing to seek additional volunteers to support the further rolling out of this initiative.

An overall picture of general feedback is presented at Figure 2 below, with more detailed data available via the Intranet page.

Figure 2: Overall Experience Ratings by Ward (Jan 2018 – Sept 2018)
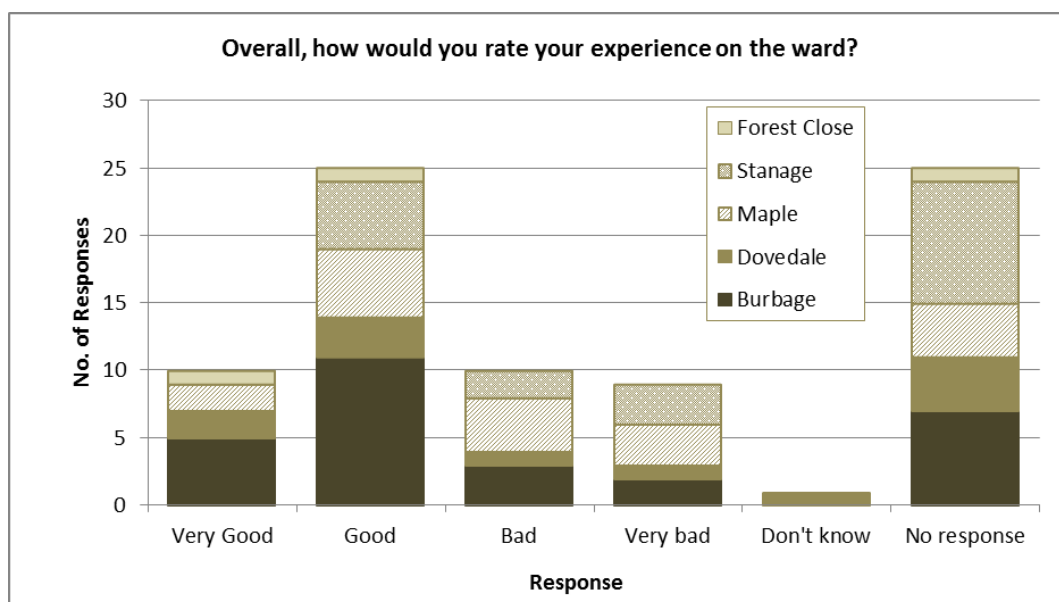
Through working closely with the Quality Improvement Team, members of the Engagement & Experience Team are continuing to seek affirmation that such feedback from patients is being recognised and owned by the service, acted upon and used to influence local service improvements. Examples include feeding into Microsystem improvement meetings and local governance meetings.

4.2.   Friends and Family Test (FFT)

Figure 3 below summarises the number of SHSC Friends and Family (FFT) responses submitted over the last 12 months.

Figure 3: SHSC FFT Data October 2017 – September 2018

Month	No unique patients accessing SHSC services	Actual number of SHSC responses	% Would recommend	% Would not recommend	National % Would recommend
Oct-17	17,353	192	97%	1%	88%
Nov-17	17,982	190	99%	1%	88%
Dec-17	17,024	127	99%	1%	88%
Jan-18	17,689	153	98%	2%	89%
Feb-18	17,584	144	99%	1%	89%
Mar-18	9,688	124	95%	2%	89%
Apr-18	9,953	143	96%	1%	89%
May-18	9,964	231	97%	0%	89%
Jun-18	10,116	202	95%	1%	89%
Jul-18	10,278	220	93%	4%	89%
Aug-18	9,568	176	95%	2%	90%
Sept-18	9,672	150	94%	3%	90%

NB The discrepancy where some monthly numbers do not equal a total of 100% (ie column (A) + column (B) does not total 100%) is due to responses stating 'neither likely nor unlikely to recommend' or 'don't know' not being included in these figures.

As in the last report, Figure 4 below demonstrates progress of the actual number of FFT submissions over the last 12 months, against the previously agreed trajectory based on a target of 5% month on month increase to October 2018. To July 2018, figures were seen to exceed projections, with a slight dip in the number of submissions during August and September. However, this dip in numbers noticeably corresponds to the reduced number of unique patients accessing SHSC service during those months.

Figure 4: Number of FFT Responses Submitted for SHSC Oct 2017 – Sept 2018
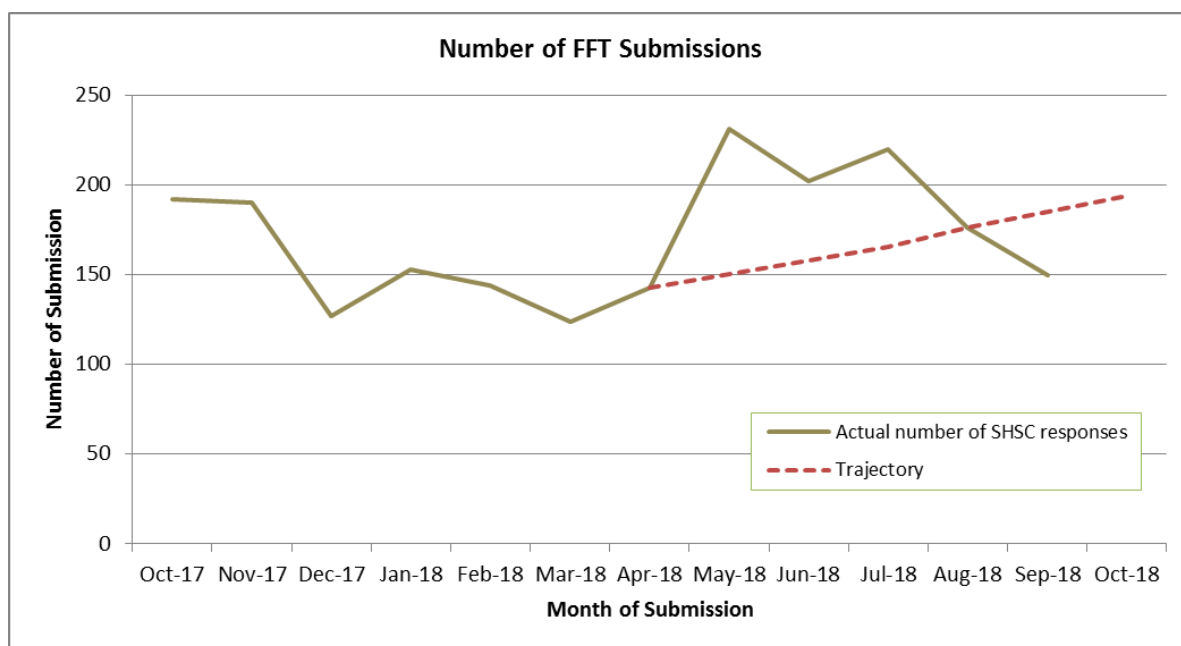
The two Engagement & Experience Facilitators spent a significant amount of time investigating potential reasons for the decline and found a number of potentially influencing factors, including:

- Forms submitted using the FREEPOST address seemed to be 'getting lost' in the system
- Some teams do not have identified processes for collating and transporting the forms routinely to the Engagement & Experience Team for data entry
- Due to the above, teams seem to 'batch' feedback submissions
- Services had not requested additional forms once all had been used
- FFT cards not easily accessible or obvious to services users / family members

As a consequence a number of actions are being taken forward by the Experience and Engagement Team. For example:

- A distribution tracker for FFT leaflets has been established to ensure all teams have sufficient FFT resources

- The Facilitators have met many teams (this is on-going) to see how they currently promote FFT and to think about alternative ways of promoting. For example Forest Close previous sent out the postcard leaflets with a stamped addressed envelope to be sent back to Forest Close. However, they are currently piloting sending out the self-seal FREEPOST leaflets which are sent directly to Fulwood House to see if sending them to a different place other than where the care had been provided encourages people to submit their feedback.

- Areas of good practice are being shared across teams – such as the Sheffield Brain Injury Rehabilitation Service that established a specific 'Feedback Zone' in their waiting area as part of their Microsystem improvement work

It is anticipated that numbers for October 2018 will once again increase as a result of this work and from further promoting FFT. It is recommended that the 5% month on month trajectory, therefore, be continued to March 2019. Discussions have also started to progress with IT around electronic data collection of FFT feedback, primarily requesting support through the use of text messaging. Further detail of this update is provided under Section 4.4 of this report.

Figure 5 below shows the six teams receiving the highest volume of FFT submissions over the last six months, with Memory Services and STEP continuing to be the most successful in receiving FFT feedback.

Figure 5: Number of FFT Responses Submitted for SHSC, April 2018 – Sept 2018

Team Name	Number of FFT Submissions	% Would recommend	% Would not recommend
Memory Services	753	98%	1%
Short Term Educational Programme (STEP)	138	95%	1%
Improving Access to Psychological Therapies (IAPT)	90	100%	0%
Sheffield Adult Autism and Neurodevelopmental Service (SAANS)	58	98%	2%
Sheffield Community Brain Injury and Rehabilitation Team (SCBIRT)	29	90%	3%
Sheffield Opiates Service	28	71%	25%

Whilst 8 of the 753 responses during the last six months for Memory services stated that they would not recommend the service, further scrutiny of the data revealed that 5 of these made very positive comments, suggesting an incorrect box had been selected.

Figure 6 provides more detailed information around the key emerging themes for all six services, both from those recommending and those who would not recommend.

Figure 6: Key Themes from FFT Responses, April 2018 – Sept 2018

Team Name	From "Would Recommend"	From "Would not Recommend"
Memory Services	• Well looked after • Informative • Caring and friendly staff	*NB 8 responses – 5 positive, 1 no further comments, 2 comments:* • No conclusion • No point
STEP	• Course very helpful • Learnt a lot • Supportive and friendly course facilitators	*No comments given*
IAPT	• Very helpful *(overwhelmingly the key theme)* • Understanding staff	*N/A - No returns saying would not recommend*
SAANS	• Reassuring • Easy to understand • Compassionate staff	• Need more time • Not accessible
Sheffield Community Brain Injury and Rehabilitation Team	• Informative • Lots of helpful advice • Well explained	*No comments given*
Sheffield Opiates Service	• Understanding and polite staff • Show respect and patience • Responsive and reliable	• Waiting times • Don't feel like they care

4.3. Care Opinion

The graph in Figure 7 demonstrates numbers of stories to date, with the proposed trajectory to October 2018, assuming the previously described proposals to generate a month-on-month increase of 2 stories per month.

Figure 7: Number of Care Opinion Stories Submitted for SHSC Jan 2018 – Sept 2018
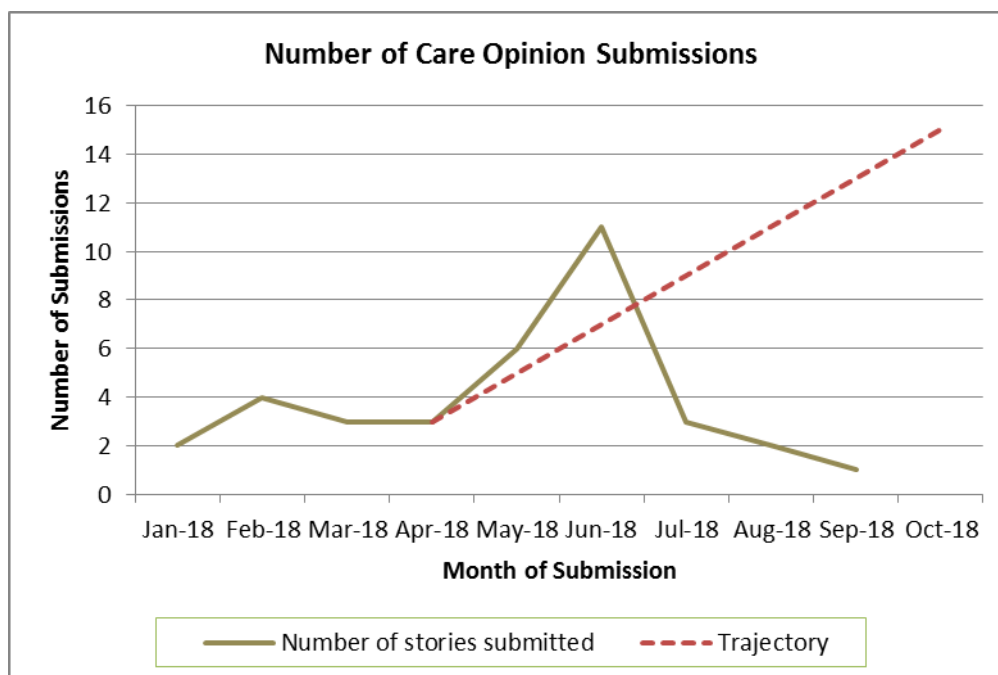
4.3.1. Progress Update

Whilst the data presented in Figure 7 earlier in this report is disappointing, this reflects the challenges associated with embedding Care Opinion across services and changing behaviours so that:

1)   teams routinely promote Care Opinion whenever appropriate
2)   service users routinely consider Care Opinion as a mechanism for feedback.

So far, 18 interested teams have been supported in engaging with Care Opinion using the following approaches:

- Presentation of an overview of Care Opinion and its functionality

- Exploration of questions, concerns and worries with the team

- Identification of a local Champion Responder within each team

- Consideration of how Care Opinion can support existing feedback approaches

- Agreement of a local action plan and actions for implementing Care Opinion

- Provision of promotional materials and leaflets to teams.

The aim has been to work with these 18 teams to give them sufficient information and support to develop Care Opinion locally and to agree an approach which will work within their individual service. Figure 8 gives a few examples of the actions emerging from these discussions.

Figure 8: Examples of actions from three areas

Team	Actions to Promote
Acute Inpatients	• Include promotional materials on the ward • Include in discharge letters and documents • Discuss at Discharge planning Meeting
Forest Close	• Provide bespoke A4 leaflets at admission and discharge • Mention Care Opinion at each admission • Revisit at the 6 week CPA • Discuss at the Community Meeting
Forest Lodge	• Include in admission and discharge documents • Promotional materials on the ward • Facilitate discussion at Community Meeting

The previous Figure 7 shows that the impact of this approach across these 18 teams has been modest. However, this has helped to shape our approach going forward. From follow-up discussions with many of the 18 team there are broadly 2 scenarios:

Scenario 1: all actions **have** been completed, but these have not generated many stories. Any learning will consequently be considered, which can then inform new change ideas and approaches for implementing Care Opinion.

Scenario 2: the actions **have not** been completed. These teams will be contacted to consider if such actions are still appropriate and how these can be progressed so that the outcome can be monitored.

4.3.2. Proposals Moving Forward

- **Scenario 1: Actions completed but minimal stories generated**

Efforts are focusing on this scenario, recognising the likelihood that this will generate the most stories, in turn helping to raise the profile of Care Opinion across SHSC and encourage other teams to take the initiative forward. This scenario initially aims to work intensively with five teams to understand why the 'change ideas' failed to generate the expected number of stories and to use this learning to help shape a revised approach locally.

As this work progresses, views on the most effective approaches will be formulated, helping to shape a range of 'offers' which to make to teams going forward. For example:

1. A group of central volunteers who can come and work on the ward or at community meetings to help generate individual stories and speak with patients (similar to the Quality of Experience Questionnaire)

2. A training pack to support patients within a service who would be able to support other patients to give feedback online and offer peer support

3. An option to attend and facilitate group feedback (either someone from the Engagement & Experience Team, or train up a member of staff or volunteer from within the service)

4. A disclaimer to be included on the existing feedback forms, and for us to summarise, type up and send to Care Opinion for posting online

An example of where such discussions have taken place is within Short Term Educational Programme (STEP), where the first change idea was to introduce Care Opinion in the final week of the 8 week Recovery Education Programme. The team gave all clients a Freepost Leaflet, explained how valuable their feedback would be (especially as they were the first clients to complete a new curriculum) and that all stories would be read and responded to. However, despite a positive commitment from clients to feedback, no stories were ever posted.

Reflecting on this, the team concluded that their mistake had been to ask for Care Opinion feedback separately to the existing questionnaire which clients are given to score the sessions and to feedback on specific questions. Whilst this questionnaire had a good response rate, the team was not sharing or able to respond to this feedback.

Consequently, plans are now in place to add a disclaimer to the existing questionnaires, asking for permission for client comments to be collated and included on the Care Opinion website. A volunteer will collate the feedback and post a single 'group' story, reflecting on what went well or what could be improved on the course. The team will then post a response to the story and use this to shape future courses.

Going forward the team plan to include a link on their webpage and when clients enrol on to the course they will be directed to see what previous clients have said on Care Opinion. This will have multiple benefits, one of which could be in reducing a client's anxiety about attending a group session for the first time and hearing comments such as:

"I don't mix with people very well, but I seemed to fit in with this course"

"Really helpful, safe environment, felt part of it"

"I felt accepted in what was a safe place"

"This was the first group course I have ever been able to complete"

NB: the above comments were taken from the last course

- **Longer Term Proposals**

Whilst Figure 7 demonstrates disappointing statistics in the overall number of stories told over the last quarter, it is important to consider the longer term view as we progress to having Care Opinion embedded across SHSC and used as an important tool for reviewing and responding to stories.

Figure 9 below looks at a period of 40 months, whereby the first 20 months (Aug-15 to March-17) Care Opinion was available to all service users, yet the Trust was not a signed up member or promoting within services.

The final 20 months (Apr-17 to Oct-18) shows the period where SHSC signed up to Care Opinion and measures the impact of our approaches.

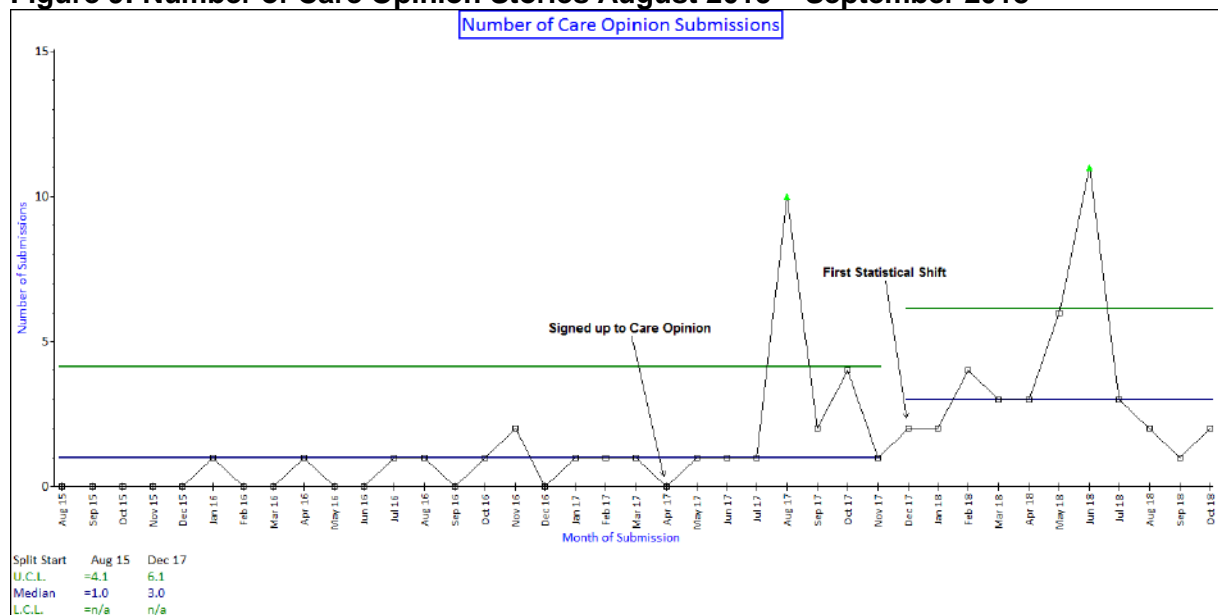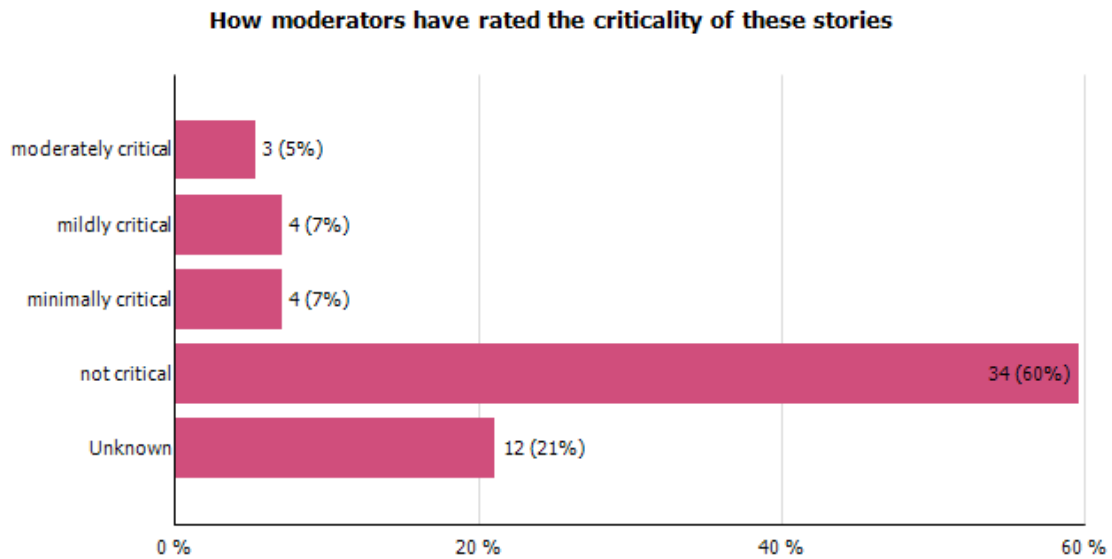**Figure 9: Number of Care Opinion Stories August 2015 – September 2018**

Figure 9 demonstrates that in December 2017 there was a 'statistical shift' in the number of stories being told on Care Opinion as a result of the initial engagement work with the 18 teams. As we progress to the next stage of implementation and apply the learning gained through working more closely with selected teams (identified in the above Section 4.3 Scenario 1) we hope to see a further increase and shift in the number of stories being told.

The Engagement & Experience Team are continuing work with the Care Opinion Team to explore how to increase the number of stories. Discussions are currently focussing on the possibilities of group feedback sessions, for which Care Opinion have offered to help facilitate a training and awareness sessions.

4.3.3. Criticality of Stories

Figure 10 below provides an overview of the criticality rating of the 57 stories posted on Care Opinion. The majority of stories (34) report a positive experience (ie 'not critical'), with 11 'critical' stories offering room for improvements to be made (although these are mixed with some positive aspects too). The 12 stories classed as 'unknown' have been imported from NHS Choices and are not rated by the Care Opinion team, but on review provide a similar split of positive and critical stories.

Figure 10: Story Criticality for SHSC 2018 Submissions

How moderators have rated the criticality of these stories

- moderately critical — 3 (5%)
- mildly critical — 4 (7%)
- minimally critical — 4 (7%)
- not critical — 34 (60%)
- Unknown — 12 (21%)

4.3.4. Emerging Themes

It remains challenging to pull out clear defined topics from within each service due to the variety of services receiving stories and the minimal number within each at present. However, Figure 11 below displays some of the emerging themes from stories submitted across the Trust, with the size of the circles indicating the volume of responses ie larger circles depict a higher frequency of response using that word.

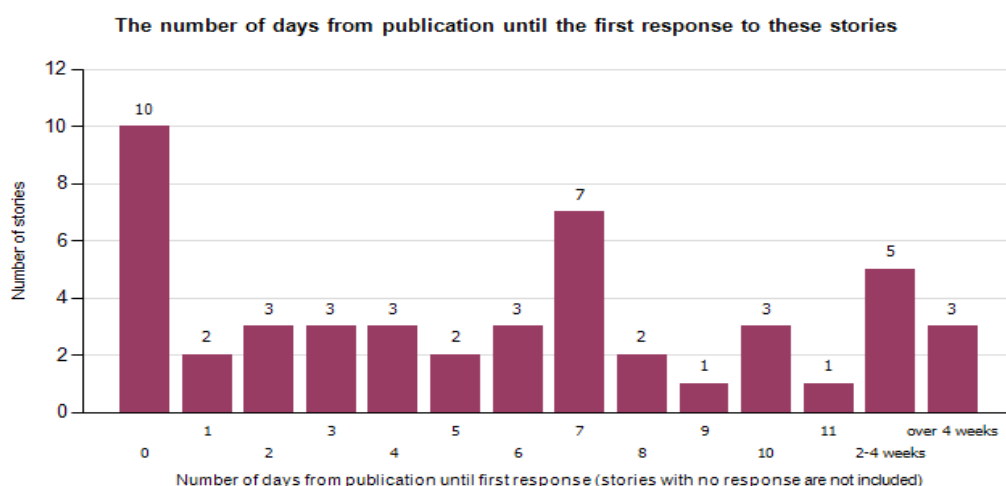**Figure 11: Themes from Care Opinion Stories Submitted for SHSC Jan 2018 – Sept 2018**
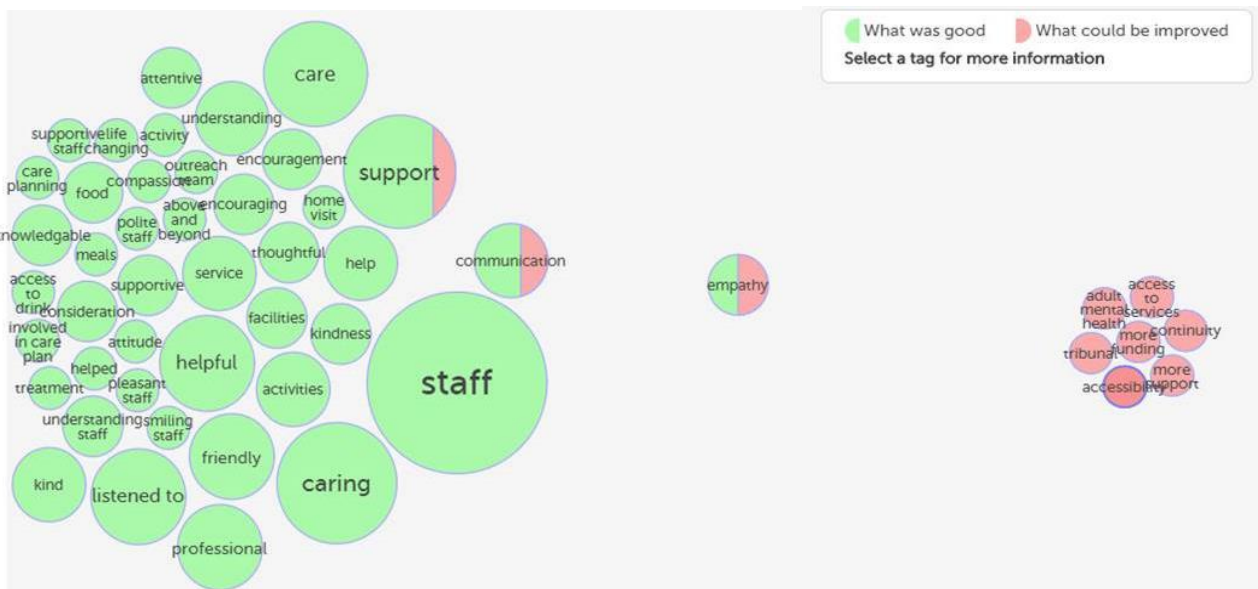
The appreciation of the staff clearly shines through, recognising the care, friendliness, kindness and understanding approach that team members offer. In contrast, accessing services to enable more support appears to be an area for improvement in order to enhance service user experience.

4.3.5. Responsiveness

Figure 12 below illustrates the time taken for someone within the service to post a response to the story. As teams are becoming more engaged with Care Opinion, more timely responses are being posted from someone within the service (which has not always been the case). In addition to the progress being made, some areas still require encouragement and support in ensuring responses are provided to individuals submitting their story. This is not always a sign of a lack of engagement, but can be down to the confidence of the responder in providing a meaningful reply on an online platform, which is something that will continue to be supported by the Engagement and Experience Team.

Figure 12: Responsiveness for SHSC 2018 Submissions

The number of days from publication until the first response to these stories

Number of days from publication until first response (stories with no response are not included)

In addition to numbers provided in Figure 12 above, 7 stories have been posted onto Care Opinion between January 2018 and September 2018 that have not received a response at all. With two of these being very positive comments, it is crucial that teams recognise the importance of responding to both critical and positive comments. As a result, the Engagement and Experience Team is continuing to work alongside the Quality Improvement Team in order to ensure responses are not only always provided but are also constructive and published in a timely manner.

Going forward the Engagement and Experience Team has revised the Standard Operating Procedure for responding with the aim of improving the above issues:

- Day after story posted: prompt email from Engagement and Experience Team to key responder contact, in addition to the automatic email sent to the responder from Care Opinion with a link to the story

- If no response posted after 5 days: Engagement and Experience Team send a reminder email to the Responder prompting them and offering support

- If no response posted after 10 days: Engagement and Experience Team send another email to the Responder and post a holding response to the story

Additionally, the Engagement and Experience Team are in the process of arranging some training/reminder sessions for Care Opinion responders/champions within each team in order to improve the confidence and knowledge of those responsible for responding to stories at a team level.

This process will continue to be monitored and evaluated over the forthcoming months.

4.4.   Increasing Service User Feedback via Text Messages

Discussions are now progressing with IT with regards to promoting FFT and Care Opinion using a text message service. Having identified that Care Opinion has the facility to ask all of the FFT questions within it, the proposal is to send a short text to service users following their appointment inviting them to provide feedback by clicking on a link to the Care Opinion website. This will offer the facility to answer the FFT standard questions and also the opportunity to provide more detailed and open feedback via the Care Opinion website. A number of 'rules' will be agreed and established to ensure that frequent attenders are not constantly harassed by such texts.

To set up an automated facility across the Trust is possible, although potentially very time consuming and resourceful to initially set up. Therefore, it was agreed to run a pilot project to evaluate the impact of this facility to identify the cost benefit. Following a recent meeting with the IT, it was discovered that 12 SHSC services currently use the text messaging facility to remind patients of their upcoming appointments. It was, therefore, agreed to pilot the FFT and Care Opinion invite via text with patients using those services as they had already given consent and were used to being communicated with via text message.

It is anticipated that this pilot will commence in December 2018, initially for two months, with evaluation outcomes being brought back to the SUSEG meeting for information, and further guidance if applicable.

4.5.   Triangulation of Feedback Data

Feedback received via all of the aforementioned methods continues to be available to staff members across the organisation via the SHSC Intranet, within the Learning from Lived Experience section of the 'Engagement and Experience' widget, under the mandatory widget of 'Quality and Safety'. This data is updated at a minimum frequency of monthly, enabling teams to have timely access to service user feedback about their service. It is recognised that provision of this data at an internal organisational level is still very much in its infancy so any feedback as to how this can be made more user friendly would be very much welcomed. The Engagement and Experience Facilitators are currently reviewing the presentation of this data to enable more 'user friendly' formats, encouraging its incorporation into local quality improvements. The Intranet page also provides a link to 'Learning from Incidents' and 'Complaints' reports for teams.

In an attempt to improve the triangulation of improving quality through service user experience, discussions are progressing both with internal SHSC teams as well as our stakeholder organisations. By the next quarterly report to QAC, it is anticipated that sections of the paper will reflect and triangulate feedback received via Healthwatch, the SHSC Patient Safety Team, SHSC 15 Steps visits, and local tailor made service evaluation surveys. Similarly, an update will be provided around where, how and when this information is owned and used locally within teams to influence continued improvements in care and safety.

Five examples of such work taking place across the Trust include:

- Wainwright Crescent - have their own service user feedback system. Discussions are now taking place to agree how this can be incorporated into the wider Trust feedback repository. Plans include piloting sending out self-seal freepost FFT leaflets with the discharge packs, along with further promotion of FFT and Care Opinion at team staff and community meetings.

- Anxiety Mood and Related Disorder Team – developed questionnaire that is offered to all clients requesting for feedback about their overall experience with team. A second questionnaire focuses on the outcome and impact of intervention of the team (PREMS and PROMS). Themes and trends are identified from the qualitative and quantitative data, which is then fed into the Microsystem Improvement meetings to influence service developments.

- Eating Disorders – have planned a service user event for 4th December 2018 to provide group feedback for Care Opinion. The service is looking for ways of using the current stories they have to create a new feedback notice board, aiming to use existing stories to encourage and help current service users. Additionally, the team are investigating the possibility of adding the Care Opinion website details onto the bottom of their letters.

- Maple Ward – the psychologist is meeting with the new Patient Ambassador in Research to explore setting up a survey regarding their Green Room.

- Learning Disabilities – the team are working with the Engagement & Experience Team to explore different ways of increasing engagement with their service users in order to enhance service user feedback. Potential proposals include meeting with staff at The Fields, a supported housing facility, where the staff would be able to support service users to complete Care Opinion feedback. Additionally, discussions are underway to explore developing the current in-house feedback system.

5. Service User Engagement

5.1. Service User Networks

This area of work has been prioritised within the remit of new Engagement & Experience Facilitator posts, currently overseen by one of the QI Leadership Fellows, enabling focus to recommence. The Facilitators have engaged with the central SUN:RISE, regularly attending, to provide support and promote the group to other service users, experts by experience and peer workers. Similarly, the Facilitators have become engaged with other satellite networks to support their development, assisting with the revival of previously existing groups and supporting other services in establishing their own using a co-productive approach. Examples include:
- Supporting SUN LIGHT (Northlands/Limbrick Network),
- Revival of SUN RISE on SHSC acute wards
- Supporting Memory Service in starting their own Service User Network
- Supporting Liaison in setting up a service user focus group
- Supporting Eating Disorders team

- Attending and linking with SHINDIG, Long term neurological conditions, Brains of Somewhere
- Supporting the Home Treatment Team focus group for service users and support links for carers

One of the QI Leadership Fellows has taken a lead in addressing the governance issues related to Service User Networks, working in discussion with the Corporate Governance Department and the network leads. A presentation of developments was presented to SUSEG members at its November meeting, with members of the group approving proposed next steps.

5.2.   Peer Support Networking Group

Work has recently commenced focussing on supporting the development of a Peer Support Networking Group. The purpose of this group is to provide wellbeing support to peer workers and Experts by Experience within SHSC as well as any staff members who expressed an interest. Similarly, the group would provide additional support to the development of service user networks across the locality.

5.3.   Links with 'Always Event'

Further to the last report submitted to QAC, a change in direction has been agreed in relation to this work. Whereas previous proposals were to tie in the 'Always Event' approach with the SAANS service Microsystem improvement work, it has since been agreed to trial this with Forest Lodge instead. This is due to concerns within SAANS that the priorities outlined in the 'Always Event' material would generate unnecessary duplication of the improvement work that is already progressing within the team.

Due to the significant alignment with the Microsystem methodology that has already been committed to by the Trust, it has been agreed that the newly established Microsystem improvement work at Forest Lodge will incorporate all of the priorities outlined in 'Always', enabling the team to use established methodology to feed into two national project initiatives (Microsystems and Always). One of the Engagement & Experience Facilitators is joining the next cohort of Microsystem Improvement coach training and will be coaching Forest Lodge. This will strengthen the links between these two approaches, recognising similarities rather than the need for something new.

5.4.   Partnership Working

Last quarter's report highlighted the impact that long term sickness among the Engagement and Experience Team had had on progressing some of the partnership development work. Following the recent expansion of the team, work is now underway to re-establish such connections.

Development of the Sheffield Education Exchange continues, being a partnership between SHSC, SUN:RISE and Sheffield Flourish. Furthermore, the Engagement and Experience Facilitators are engaged and working to strengthen equal partnerships with:

- Sheffield Flourish
- Healthwatch
- Samaritans
- Voluntary Action Sheffield
- South Yorkshire Housing Association
- Sheffield Hallam University

A Dementia Strategy Engagement Group has been established to develop and finalise a city-wide Dementia Strategy for the people of Sheffield, which SHSC are collaboratively involved with. The intention of the group is to link in with existing forums across the city to ensure the Strategy is co-produced by professionals and the public.

Similarly, steps are being taken to further establish relationships to enable learning and networking with other Trusts and services/charities on national level via events such as NSUN AGM or HOPE network conferences.

5.5. Engaging with our Volunteers

The Volunteer Coordinator has been working closely with the Continuous Improvement Manager and Engagement & Experience Facilitators to review and update processes related to SHSC volunteers. The electronic database of volunteers is currently being updated to ensure all the appropriate data is held in one place that is secure and readily available to the Engagement & Experience Team. In addition to updating placements and confirming details are accurate, a number of further actions are being progressed, including:

- The electronic database is being adapted to include significantly more information, for example type and date of volunteer training, supervision details, areas of interest, experience etc

- Review and further development of supervisor guidelines, ensuring all volunteer supervisors are fully aware of their responsibilities and are appropriately supported with this process. A process to receive feedback from supervisors is also being established.

- Exploration of establishing a Volunteer Peer Support Group. Following discussions at the last Volunteer Event it is proposed that this will be developed and led in partnership between the Experience & Engagement Team and active volunteers

- Coordination of an annual volunteer celebration

- Develop a robust system for regular communication with volunteers in order to advertise up-coming opportunities and share stories as well as seek feedback of their experiences as a volunteer

5.6.   Links with Research

Laura Di Bona, Engagement Manager, has now commenced an eight month secondment within the Trust Research Department from September. The focus of the project will be on increasing the knowledge and understanding around training and support needs of peer support workers in adult mental health services. In addition, it is proposed that the Engagement and Experience Facilitators will become Research Champions to directly link with and promote the SHSC Research Department with our local service users, carers and family members as well as staff. Furthermore, the Research Department have very recently interviewed to appoint to an innovative post of Patient Ambassador, which requested for lived experience to support the research developments.

Promotion is currently underway of the COPE research project that is taking place, offering online support for friends and family of those with psychosis.

6.   Progress Against Strategy Implementation Plan

Appendix 1 provides an update against the Engagement and Experience Strategy Implementation Plan as at October 2018. This has been appended to offer reassurance to members of QAC that progress against actions is being made in accordance to projected timescales. Any changes from last quarter's report are supported with additional comments in the far right column.

7.   Conclusion

A wide range of activities are taking place across the Trust to regularly engage service users and carers, learning from their reported experience. Work is continuing, in line with the Service User Engagement and Experience Strategy Implementation Plan, to reduce variation and share good practice across the organisation.

Recognising the positive work being carried out to engage service users and their families, particular emphasis for Quarter 1 has focussed on evidencing how user feedback is influencing improvements in service user and carer experience.

8.   Actions

The Quality Assurance Committee is asked to:
  • Receive and note the content of this report;
  • Provide appropriate assurance to the Board of Directors;
  • Receive and note progress against the Service User Engagement and Experience Implementation Plan.

9.   Monitoring Arrangements

The Quality Assurance Committee receives quarterly assurance reports from SUSEG on the progress of implementation of the SHSC Service User Engagement and Experience Strategy.

10.   Contact Details
For further information contact Jo Evans, Continuous Improvement Manager, on 0114 2261932 or via email on Jo.evans@shsc.nhs.uk

Service User Engagement & Experience Strategy Implementation Plan, Year 2 Priorities – Updated Oct 2018

- ## Service User Engagement Workstream

Objective	Actions from Strategy	Required Outcomes	Target Date	RAGB Rating
Strategic Theme: Experts by experience				
1. Experts by Experience (EbE) workers/ volunteers to be properly inducted, supervised and supported 2. Teams are properly trained and briefed about the role and expertise of EbE workers 3. Awareness raising work is conducted in corporate departments, Occupational Health, etc 4. Recruitment processes are values based, flexibly and	1. We will increase the participation of EbEs in the work of all services across the organisation through developing further opportunities for volunteering, paid work and a range of salaried positions. 2. We will work to raise awareness of EbE workers and identify and surmount barriers to service user engagement in corporate departments, especially Human Resources (HR) and Occupational Health (OH). 3. In partnership with EbEs, we will urgently review the system of reward for EbE workers to ensure it is fair, flexible, and transparent. 4. We will review and improve databases for volunteers/EBEs, review recruitment processes and the ways in which volunteering/work opportunities are publicised, with this information made widely available. 5. We will develop career pathways for EbE workers and ensure that proper support, supervision and training is in place. 6. We will continue to scope out and develop	• Increase numbers of EbEs representation in SHSC service level and corporate meetings – volunteers and paid	**Dec 2018**	
		• Regular attendance and contribution from EbEs at SUSEG	**Sept 2018**	
		• Work with HR and OH regarding specific issues for EbEs	**Dec 2018**	
		• Create an up-to-date database of EbEs, including areas of interest/ expertise/experience	**Dec 2018**	Database now in place
		• Review and revise Service user Appreciation Scheme	**Sept 2018**	New Scheme drafted. Needs redrafting following comments received from SUSEG. Further discussion at

Objective	Actions from Strategy	Required Outcomes	Target Date	RAGB Rating
imaginatively designed, and job profiles are scrupulously focused and clear	a business case for supporting an independent service-user led enterprise in which expertise by experience and consultancy can be delivered. 7. We will seek to ensure that EbE workers are a diverse body which better reflect the demographic of SHSC service users. We will actively seek to involve underrepresented groups and individuals through SU engagement. 8. We will encourage and support EbEs to take leadership roles in developing initiatives and will be responsive to initiatives originated by EbEs. 9. We will seek to have EbE representation at the highest levels of the organisation and support the provision of regular honest feedback sessions to the Board, with subsequent actions agreed, monitored, and reported on. 10. We will monitor and report openly on the experience of EbE participation and work to resolve difficulties. We will develop a clear process through which difficulties can be raised, dealt with and reported on. 11. We will seek actively to resolve conflicts and difficulties which arise when EbEs have dual roles within SHSC as service users and workers.			Jan SUSEG meeting
		• Review and update Volunteer Policy	**Jul 2018**	
		• Support EbEs in career development with training and development opportunities	**Sept 2018**	QI course now open to SUs. Work underway within E&E Team to identify all relevant opportunities
		• Scope out and support work for a service user led enterprise to provide consultancy opportunities	**Dec 2018**	
		• Promote and support initiatives which will ensure EbEs are a diverse group	**Dec 2018**	
		• Ensure regular EbE representation at the highest levels of the organisation to provide feedback to Board	**Dec 2018**	

Appendix 1

Objective	Actions from Strategy	Required Outcomes	Target Date	RAGB Rating
Strategic Theme: Communication and Reach				
1. Developing better and more diverse methods of communication and dialogue which are attuned to the needs of service users/ carers 2. Strive to reach and communicate with groups who are under-represented in service user engagement 3. Increase transparency about all aspects of SHSC business 4. 'Close the feedback loop' by ensuring that service user feedback and questions are followed up with actions and outcomes reported on	1. We will ensure service users and carers are included in all Trust wide events & developments. 2. We will encourage and support directorate-specific forums in which service users and carers can meet and talk with managers and other staff about key issues. 3. We will advise on and offer support to the commitments for increasing service user engagement made across all clinical services. 4. We will ensure that information is easily accessible through a variety of formats, both online and offline. 5. We will incorporate plans for communication and dialogue with service users into all plans for significant changes to services. 6. We will increase the number of forums at which service users and carers can regularly meet with and question managers and directors. 7. We will collaborate with Sheffield Flourish in order to improve our reach beyond SHSC throughout the city and region; 8. We will use the members list more effectively to improve communication, dialogue, and reach. 9. We will promote digital communication to	• Use the members list more effectively to improve communication, dialogue, and reach to service users and carers	**Dec 2018**	
		• Ensure Service User Groups and Networks are supported and difficulties addressed	**Jul 2018**	Presentation on update at Nov SUSEG
		• Develop internet presence for Service user related activities and opportunities	**Dec 2018**	Trust-wide limitations due to current revision of web provider
		• Work with SHSC Comms Department to promote and increase information provision about service user engagement	**Jul 2018**	Intranet page up and running. Article in Connect. Work continuing to raise profile further on continuous basis
		• Develop use of Care Opinion to create a rapid and transparent loop between service users and people in the services they are using.	**Dec 2018**	See Section 4.3 of QAC paper presented at Dec 2018 meeting

Objective	Actions from Strategy	Required Outcomes	Target Date	RAGB Rating
	regularly report to service users, carers and partners on key initiatives and ideas 10. Developing better and more diverse methods of communication and dialogue which are attuned to the needs of service users/ carers 11. Strive to reach and communicate with groups who are underrepresented in service-user engagement 12. Increase transparency about all aspects of SHSC business 13. 'Close the feedback loop' by ensuring that service user feedback and questions are followed up with actions and outcomes reported on	• Review and collate service user feedback at SUSEG and report themes to QAC	**Dec 2018**	
		• Work with Sheffield Flourish and neighbourhoods to engage more widely within the city	**Jul 2018**	Collaboration with Flourish, Healthwatch, CCG Engagement Managers significantly developing, MiND
		• Develop and promote digital means of communicating and engaging with service users and carers	**Jul 2018**	Moving forward with text developments, Care Opinion, electronic data collection for Quality of Experience questionnaire
		• Reach out via roadshows to communicate with more under-represented groups	**Feb 2018**	
		• Develop Intranet presence for SUSEG	**Dec 2018**	
		• Collate themes from Care Opinion dialogue and feed into QI initiatives to improve quality of care and enhance service user experience	**Jul 2018**	Included in bimonthly SUSEG reports. Shared with QI

Objective	Actions from Strategy	Required Outcomes	Target Date	RAGB Rating
				Team. Reports to be uploaded to Intranet page
Strategic Theme: Partnership working & innovation				
1. Increase dialogue and partnership work with community/ voluntary sector organisations, especially smaller grass roots organisations 2. Learn from good practice in service user engagement elsewhere 3. Actively develop a culture of entrepreneurship and creativity in service user engagement amongst SHSC staff	1. We will work with local and national charities and social enterprises, including Sheffield Flourish, we will develop, support, and share good practice and innovation. 2. We will identify and challenge hurdles to innovation. 3. We will raise awareness and support service user engagement in corporate departments and clinical services. 4. We support staff to have time in which to develop initiatives in service user engagement. 5. We will strengthen links with the Service User and Carer Governors, and help them develop skills and experience to shape the delivery of services. 6. We will scrutinise corporate processes to ensure that service users' concerns and views are represented. 7. We will develop widely accessible resources which advise on best practice in service user engagement and in institutional change processes. 8. We will seek to build partnership work with the universities in Sheffield and develop	• Support and promote work with Health Foundation Q Lab on Peer working and present findings to Board	**Dec 2018**	
		• Hold SUSEG roadshow with Human Resources Department	**Dec 2018**	See Roadshow schedule taken to Nov 2018 SUSEG meeting
		• Ensure new service managers and deputies recognise importance of staff being supported in service user engagement and experience work	**Dec 2018**	
		• Invite Service User and Carer Governors to attend SUSEG	**Jul 2018**	Email invite went out to all SU volunteers w/c 12/11/18
		• Review and feedback on SHSC Strategic developments in SUSEG	**Dec 2018**	
		• Invite and involve service users and carers to lead and participate in Trust events on QI, Compassion	**Dec 2018**	Service users and carers routinely included on

Objective	Actions from Strategy	Required Outcomes	Target Date	RAGB Rating
	research and educational opportunities around Service user Engagement	and Patient Safety conferences		invite list – though Network meetings, posters, social media, contacts
		• Develop and support research initiatives relating to service user engagement and experience with Universities	**Jul 2018**	Patient Ambassador appointed in Sept 2018 – based within Research department. Volunteer database capturing all those interested in research to hold up-to-date central register
		• Develop and support service user and carer involvement in teaching and education in SHSC	**Dec 2018**	Service users and carers have led workshops at QI Event, Compassions Event, Quality Improvement Forum, QI training sessions, induction

Appendix 1

- **Service User Experience Workstream**

Strategic Theme: An agent for quality improvement and change

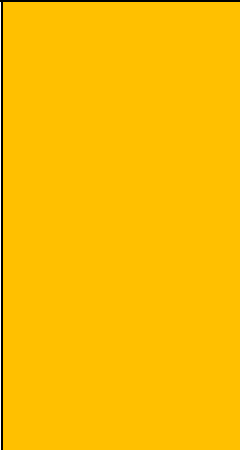| Objective	Actions	Required Outcome	Target Date	RAG Rating/ Progress
1. Proactively support the work of the Engagement and Experience Team and promote and disseminate its work widely inside and outside SHSC	1. New staff members will be appointed to promote collection, analysis and feedback of service user experience during summer 2018. 2. We will continue to prioritise the employment of staff in the Engagement and Experience Team who have lived experience in either user or carer roles. 3. The Engagement and Experience Team will steer new developments and action plans and supported by the Continuous Improvement Manager, who leads on QI and SUSEG work. 4. The Engagement and Experience Team will be rigorous in measuring progress, outcomes and impact, and will work proactively with directorates to record, monitor, and utilise the experience of people using SHSC services.	• Appointment of Engagement and Experience staff, specifying lived experience in either user or carer roles as a desired quality	**Sept 2018**	Commenced Aug 2018
		• Increased use of Care Opinion by service users and carers	**Sept 2018**	Significant focus by QI Team and E&E Team although not reflected in usage
		• Focussed work with Care Opinion responders to promote feedback and reply swiftly to feedback	**Sept 2018**	Standard Operating Procedure now in place – see Learning from Lived Experience Report to SUSEG Nov 2018
		• Collation, analysis and presentation at SUSEG of content and themes raised by service user	**Sept 2018**	Reports submitted to SUSEG as standard

Objective	Actions	Required Outcome	Target Date	RAG Rating/ Progress
	5. Data will be reviewed regularly by SUSEG, QAC and reports provided to Board, with appropriate actions agreed and reported on. 6. Directorates will be supported to respond to service user experience, implement change and report back on their learning.	feedback		agenda item
		• Electronic collection of Quality and Dignity surveys. Analysis and provision of real time data to be readily available to services	**Dec 2018**	Routine method of collection, analysis and sharing via Intranet
		• Development of a 'user friendly' and informative service user website	**Dec 2018**	Trust-wide limitations due to current revision of web provider
Strategic Theme: Learning through digital feedback				
1. Expand methods to collate, monitor, analyse and learn from service user experience and feedback in order to continually improve services 2. Routinely collect service user feedback, presenting findings to all levels of the organisation	1. We will significantly enhance the use of appropriate digital technologies for efficient monitoring and measurement of service user experience. 2. The Quality & Dignity questionnaire, along with additional service user surveys, will continue to be developed across Trust services to enable prompt collection of service user experience through digital methods.	• Continue to increase number of service user FFT responses month on month	**Jul 2018**	
		• Continue to increase number of service user Care Opinion responses month on month	**Jul 2018**	Significant focus by QI Team and E&E Team although not reflected in usage

Appendix 1

Objective	Actions	Required Outcome	Target Date	RAG Rating/ Progress
	3. Care Opinion will be actively promoted amongst all front line teams and will create a rapid and transparent loop between service users and people in the services they are using. 4. Timely and accurate service user experience feedback will be made readily available via the SHSC intranet, including Friends and Family Test (FFT), Quality & Dignity etc 5. The Engagement and Experience Team will support the development of processes to ensure service user and carer experience is collated and managed through systematic digital processes. 6. A central online resource will be developed to enable all services to access service user feedback provided about their service and feed into QI processes. 7. We will share digitally and via social media when service user and carer experience has influenced developments across the Trust.	• Digitalise the Quality and Dignity reports and ensure analysed results are made available to teams on a fortnightly basis	**Dec 2018**	Routine method of collection, analysis and sharing via Intranet
		• Run an event to highlight digital opportunities for staff and service users to promote digital awareness including safety	**Feb 2018**	
		• Develop online digital system to assist in Service user feedback being utilised by teams for continuous quality improvement	**Dec 2018**	
		• Work with Comms team to increase awareness of service user engagement and experience work streams via social media and intranet	**Jul 2018**	Commenced and on-going

Objective	Actions	Required Outcome	Target Date	RAG Rating/ Progress
Strategic Theme: SUSEG Roadshows				
1. Continue to develop the SUSEG roadshows, as a method of receiving timely and honest feedback from service users' experience	1. SUSEG will support the sharing of learning and good practice across the different areas of the Trust's work by going out into the community to communicate with services. 2. A culture of trust and mutual respect between staff, service users and carers will be strengthened through experiencing the environments in which they receive their care. 3. We will seek to engage with less easily reached service users and services though a principal of "we will come to you" rather than expecting them to come to us. 4. We will use Roadshows to engage with areas of the organisation which are particularly important to influence in order to drive aspects of the policy forward.	• Run 6 roadshows per year focussing on underrepresented groups, small services or service users less likely to be able to engage in other Service user offers	**Dec 2018**	(green)
		• Ensure output from roadshows is collated, shared widely and engagement maintained by response to feedback about experience	**Dec 2018**	(amber)
		• Actively seek feedback around how well roadshows are received, identifying if adjustments need to be made	**Dec 2018**	(amber)

Appendix 1

Objective	Actions	Required Outcome	Target Date	RAG Rating/ Progress
	5. The SUSEG roadshow initiative will continue to be progressed in order to extend and learn from experiences from all areas of the organisation to influence successful implementation of the strategy, with specific focus on underrepresented service user and staff groups.	• Hold roadshows with strategically important areas of the Trust who are crucial in driving forward strategy	**Dec 2018**	

Key to BRAG Rating:

Blue	Action complete
Green	On track to complete by target date set
Amber	Some concerns re ability to complete within target date set; mitigating actions being implemented, but needs close monitoring
Red	Major concerns re ability to deliver within target date set.

SERVICE USER ENGAGEMENT & EXPERIENCE STRATEGY

2016-2021

Revised
April 2018

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)/action
0.1	Draft policy creation	Feb 2016	Creation of policy
1.0	Ratification of policy	July 2016	Policy endorsed by SHSC Board – no change to content
2.0	Review	Dec 2017	Revision of policy format and slight amendment to content following Internal Audit recommendations
2.1	Review	Mar 2018	Slight amendment of content following discussions at SUSEG
3.0	Ratification of policy	April 2018	Submission to Quality Assurance Committee for recommendation to Board for ratification

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

INTRODUCTION

It is a key organisational ambition of SHSC to continuously improve our approach to working with service users and learning from their experience of care. This ambition applies to the full range of service users we work with and provide services for, including: adults and older people with mental health problems; people with learning disabilities; people with drug and alcohol problems; people living with long term neurological conditions; people who access our primary care and community services; and people who use our wide range of specialist services, such as perinatal mental health services, eating disorders, brain injury services and gender services.

Since the inception of the Service User Engagement Group (SUSEG) in December 2014, SHSC has made significant advances in putting service users' experiences and views at the heart of service change and staff development. Over the last eighteen months a number of strands of work have been led by service users and staff from SUSEG which have furthered this agenda, and created considerable impact.

At the end of 2015, it was felt to be an appropriate time to renew and focus the SHSC strategy for service user engagement. In February 2016, SUSEG held a major event, *'Engage. Transform. Flourish.'* to discuss progress and challenges in service-user engagement, identify priority areas for further work, and consider the basis of a new strategy. 150 staff, service users and carers worked together to produce focused guidance and feedback. In order to produce this strategy, this evidence has been analysed and combined with: findings from the SUSEG workstreams; interviews with service and clinical directors; guidance from the Trust lead for the Service User Engagement and Experience; the insights and knowledge of service-user leaders, with regard to a wide range of initiatives; and good practice from outside SHSC.

This strategy draws on all of the above and represents a bold and achievable plan for the next five years. It positions SHSC as a leader in service user engagement amongst NHS Health and Social Care and Mental Health Trusts. The commitments here build on existing work and assets, direct future action in a coherent and planned way in order to extend and maximise impact, and foster a culture of excellence in service user engagement in which innovation, flexibility, and responsiveness are central.

ENGAGE, TRANSFORM, FLOURISH
DEVELOPING A STRATEGY FOR Collaboration AND engagement WITH SERVICE USERS: THE NEXT 2 YEARS

SHSC VALUES

The Trust Values of Respect, Compassion, Partnership, Accountability, Fairness and Ambition are at the heart of this strategy and inform each of the themes detailed below. Specific values are highlighted within the theme descriptions throughout this document.

- **RESPECT** – We listen to others, valuing their views and contributions

- **COMPASSION** – We show empathy and kindness to others so that they feel supported, understood and safe

- **PARTNERSHIP** – We engage with others on the basis of equality and collaboration

- **ACCOUNTABILITY** – We are open and transparent, acting with honesty and integrity, accepting responsibility for outcomes

- **FAIRNESS** – We ensure equal access to opportunity, support and services

- **AMBITION** – We are committed to making a difference and helping to fulfil aspirations and hopes of our service users and staff

SUSEG REMIT AND SCOPE

SUSEG has strong representation from clinical and corporate directorates and a high service user attendance. The Group is accountable for overseeing two distinct but related workstreams: service user engagement and service user experience. The remit of SUSEG covers the following areas:

- **Service User Engagement**

To reduce stigma and reduce the cultural distance between service users and staff, improving the quality of service user engagement such that service users are meaningfully engaged in all parts and at all levels in the Trust

- **Service User Experience**

To improve the quality of service user experience, ensuring that all services are using service user experience to drive quality improvement

VISION

This strategy aligns with the key objectives of the Trust's 'Quality Improvement and Assurance Strategy', acknowledging identified aims will only be fully achieved through genuine partnership working with service users and carers. It is the intention that successful implementation of both strategies will enable the delivery of high quality person-centred care through empowering staff, service users and carers in the on-going development and improvement of the care and services provided by SHSC.   Furthermore, the strategy aims to support the realisation of the Trust's Quality Objective to improve both service user experience and engagement.

Our aims include strengthening a culture of trust and mutual respect between staff, service-users and carers; sharing learning about good practice across the different areas of our work; identifying and changing systemic institutional issues which hinder opportunities for service user engagement and partnership working; and ensuring that staff, service users, and carers are well informed about service user engagement and its benefits. To help us achieve this, we will draw on, learn from, and support key existing assets in service user engagement, including successful and innovative directorate-specific good initiatives and practice, service user feedback and work with partners across the city.   Internally we will promote, celebrate, and reward innovation and good practice in service user engagement. We will also seek to learn from work in other NHS Trusts and non-NHS organisations and to share SHSC good practice widely; and will seek to build mutually beneficial partnerships with non-NHS organisations, especially smaller grass roots bodies in which service-user leadership is supported.

In addition, this strategy demonstrates a commitment to learn from and build upon the work of other organisations, including those outside the NHS, reflecting on the briefing document '[Service User Involvement in the delivery of mental health services](#)' produced by NSUN (National Survivor User Network), an independent, service user led charity. In that spirit, we have adapted the following vision statements from the aforementioned local Strategies, Quality Objectives and national briefing document:

SHSC will work towards the following outcomes:

➢ Increasing the influence of service users and staff members in the on-going development of SHSC services

➢ Improving service user experience through actively engaging with and acting on feedback from staff, service users and carers

➢ Supporting front-line teams with the collection and use of service user feedback to understand and continually improve user and carer experience

➢ Ensuring service user perspectives are heard at all levels of SHSC

➢ Enabling service users to influence, and sometimes lead, the development, governance, policy and practice in SHSC

➢ Supporting service users to originate and lead some SHSC initiatives through to completion

➢ Pro-actively helping to build and support independent local service user led organisations and initiatives

STRATEGY THEMES

Key themes for the strategy are as follows:

➢ **Service User Engagement Workstream:**

- Experts by experience

- Communication and reach

- Partnership working and innovation

➢ **Service User Experience Workstream:**

- An agent for quality improvement and change

- Learning through digital feedback

- SUSEG roadshows

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

Service User Engagement Workstream

- **Experts By Experience**

This theme draws on and develops the findings and recommendations from the SUSEG Paid Peer Support work and its comprehensive report produced in January 2016. Pertinent findings from the work include the necessity for Experts by Experience (EbEs) workers/volunteers to be properly inducted, supervised and supported; that teams are properly trained and briefed about the role and expertise of EbE workers; that awareness- raising work is conducted in corporate departments such as Human Resources, Occupational Health, etc; that recruitment processes are values based, flexibly and imaginatively designed, and that job profiles are scrupulously focused and clear.

We will seek to adhere to best practice guidelines for working with EbEs, especially those produced by and with service users, including the National Institute for Health Research (NIHR)/Mental Health Research Network (MHRN) guide 'Good Practice Guidance for Involving People with Experience of Mental Health Problems in Research', produced by the Service User Research Group for England (SURGE) and key publications produced by the National Survivor User Network and others.

The Trust value of **Ambition and Respect** are central to this theme.

Actions:

1. We will increase the participation of EbEs in the work of all services across the organisation through developing further opportunities for volunteering, paid work and a range of salaried positions.

2. We will work to raise awareness of EbE workers and identify and surmount barriers to service user engagement in corporate departments, especially Human Resources and Occupational Health.

3. In partnership with EbEs, we will urgently review the system of reward for EbE workers to ensure it is fair, flexible, and transparent.

4. We will review and improve databases for volunteers/EBEs, review recruitment processes and the ways in which volunteering/work opportunities are publicised, with this information made widely available.

5. We will develop career pathways for EbE workers and ensure that proper support, supervision and training is in place.

6. We will continue to scope out and develop a business case for supporting an independent service-user led enterprise in which expertise by experience and consultancy can be delivered.

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

7. We will seek to ensure that EbE workers are a diverse body which better reflect the demographic of SHSC service users. We will actively seek to involve underrepresented groups and individuals through SU engagement.

8. We will encourage and support EbEs to take leadership roles in developing initiatives and will be responsive to initiatives originated by EbEs.

9. We will seek to have EbE representation at the highest levels of the organisation and support the provision of regular honest feedback sessions to the Board, with subsequent actions agreed, monitored and reported on.

10. We will monitor and report openly on the experience of EbE participation and work to resolve difficulties. We will develop a clear process through which difficulties can be raised, dealt with and reported on.

11. We will seek actively to resolve conflicts and difficulties which arise when EbEs have dual roles within SHSC as service users and workers.

- **Communication And Reach**

The aims of this theme include developing better and more diverse methods of communication and dialogue which are attuned to the needs of service users / carers; striving to reach and communicate with groups who are underrepresented; and increasing transparency about all aspects of SHSC business. We will strive to 'close the feedback loop' by ensuring that service user feedback and questions are followed up with actions and that outcomes are reported on.

The Trust values of **Accountability, Partnership** and **Fairness** are central to this theme.

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

Actions:

1. We will ensure service users and carers are included in all Trust wide events and developments.

2. We will encourage and support directorate-specific forums in which service users and carers can meet and talk with managers and other staff about key issues.

3. We will advise on and offer support to the commitments for increasing service user engagement made across all clinical services.

4. We will ensure that information is easily accessible through a variety of formats, both online and offline.

5. We will incorporate plans for communication and dialogue with service users into all plans for significant changes to services.

6. We will increase the number of forums at which service users and carers can regularly meet with and question managers and directors.

7. We will collaborate with Sheffield Flourish in order to improve our reach beyond SHSC throughout the city and region.

8. We will use the members list more effectively to improve communication, dialogue and reach.

9. We will promote digital communication to regularly report to service users, carers and partners on key initiatives and ideas

Respect Compassion Partnership Accountability Fairness Ambition

- **Partnership Working And Innovation**

This theme recognises the potential for partnership work to catalyse innovation, increase flexibility and responsivity. The aims are to increase dialogue and partnership work with a range of community/voluntary sector organisations, especially smaller grass roots organisations, to learn from good practice elsewhere and to actively develop a culture of entrepreneurship and creativity in service user engagement within and outside the organisation.

The Trust values of **Partnership**, **Ambition** and **Respect** are central to this theme.

Actions:

1. We will work with local and national charities and social enterprises, including Sheffield Flourish, we will develop, support, and share good practice and innovation.

2. We will identify and challenge hurdles to innovation.

3. We will raise awareness and support service user engagement in corporate departments and clinical services.

4. We will support staff to have time in which to develop initiatives in service user engagement.

5. We will strengthen links with the Service User and Carer Governors and help them develop skills and experience to shape the delivery of services.

6. We will scrutinise corporate processes to ensure that service users' concerns and views are represented.

7. We will develop widely accessible resources which advise on best practice in service user engagement and in institutional change processes.

8. We will seek to build partnership work with the universities in Sheffield and develop research and educational opportunities around Service User Engagement

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

Service User Experience Workstream

- ## **An Agent For Quality Improvement And Change**

This theme recognises the important link between proactively seeking out service user experience of the service they have had in SHSC and using this to inform the processes of continuous quality improvement which is embedded though our participation in the Sheffield Microsystems Academy. There will be active encouragement of meaningful involvement of service users and carers in all quality improvement work in SHSC and in developments related to commissioning and transformational change programmes.

Accountability and **Compassion** are Trust values that run through this theme.

Actions

1. New staff members will be appointed to promote collection, analysis and feedback of service user experience during summer 2018.

2. We will continue to prioritise the employment of staff in the Engagement and Experience Team who have lived experience in either user or carer roles.

3. The Engagement and Experience Team will steer new developments and action plans, supported by the Continuous Improvement Manager, who leads on QI and SUSEG work.

4. The Engagement and Experience Team will be rigorous in measuring progress, outcomes and impact, and will work proactively with directorates to record, monitor and utilise the experience of people using SHSC services.

5. Data will be reviewed regularly by SUSEG, QAC and reports provided to Board, with appropriate actions agreed and reported on.

6. Directorates will be supported to respond to service user experience, implement change and report back on their learning.

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

- **Learning Through Digital Feedback**

We will promote and encourage the expansion of existing and new methods to collate, monitor, analyse and learn from service user experience and feedback in order to continually improve services. Information will be collected as a matter of routine, collated and presented to all levels of the organisation, including team, directorate and Board level.

The Trust values of **Ambition** and **Fairness** are central to this theme.

Actions

1. We will significantly enhance the use of appropriate digital technologies for efficient monitoring and measurement of service user experience.

2. The Quality & Dignity questionnaire, along with additional service user surveys, will continue to be developed across Trust services to enable prompt collection of service user experience through digital methods.

3. Care Opinion will be actively promoted amongst all front line teams and will create a rapid and transparent loop between service users and people in the services they are using.

4. Timely and accurate service user experience feedback will be made readily available via the SHSC intranet, including Friends and Family Test (FFT), Quality & Dignity etc

5. The Engagement and Experience Team will support the development of processes to ensure service user and carer experience is collated and managed through systematic digital processes.

6. A central online resource will be developed to enable all services to access service user feedback provided about their service and feed into QI processes.

7. We will share digitally and via social media when service user and carer experience has influenced developments across the Trust.

Respect   Compassion   Partnership   Accountability   Fairness   Ambition

SUSEG Roadshows

SUSEG will continue to develop the bi-monthly roadshows, which commenced in 2016, as a method of receiving timely and honest feedback from our service users' experience. Commitment will be placed on engaging with service users in settings convenient and comfortable to them. Roadshows will focus on eliciting the experience of current and previous service users and promoting discussions about ideas and suggestions for improvement as well as celebrating areas of success.

Respect, Compassion and **Partnership** are Trust values that run through this theme.

Actions

1. SUSEG will support the sharing of learning and good practice across the different areas of the Trust's work by going out into the community to communicate with services.

2. A culture of trust and mutual respect between staff, service users and carers will be strengthened through experiencing the environments in which they receive their care.

3. We will seek to engage with less easily reached service users and services though a principal of "we will come to you" rather than expecting them to come to us.

4. We will use roadshows to engage with areas of the organisation which are particularly important to influence in order to drive aspects of the policy forward.

5. The SUSEG roadshow initiative will continue to be progressed in order to extend and learn from experiences from all areas of the organisation to influence successful implementation of the strategy, with specific focus on underrepresented service user and staff groups.

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