

Standard Operating Procedure (SOP) for Lived Experience Involvement

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Reference:	
Related Documents:	Quality and Inclusion, Diversity and Equalities Policy
Author:	Salli Midgley
Reviewer:	Salli Midgley
Approved:	The SOP was approved by Salli Midgley, Director of Quality on 31.7.21. Shared via Strategic Development Group and Trustwide Leadership Call. Approved within Lived Experience and Coproduction Assurance Group
Dissemination:	The SOP was shared via QEIA Policy, Quality Improvement initiatives and team meetings.

Ambition:

It is a key organisational ambition of SHSC to continuously improve our approach to working with people who use our services and learning from their experience of care.

In true essence of this aim we are **proud** that this Standing Operating Procedure (SOP) has been developed [collaboratively](#) through consultations with people who use SHSC services and staff members. The document also draws on guidelines from NHS England, NICE and NSUN.

The process of involving people who use SHSC services, their families and carers should be a positive and collaborative experience with lots of learning to be had along the way. The process of this SOP should also be a positive experience. If you would like to give feedback about this SOP, or ask for further support or guidance on involving people who use SHSC services, families and carers email: engage@shsc.nhs.uk

Involvement Measures

What is the SOP for involvement?

This document is a set of instructions to assist staff leading change to ensure the routine involvement of people who use services, their families, and carers.

The document should be used and reported on within any quality improvement projects which impact on people who use SHSC services, and anyone who provides care to them.

This includes:

- **innovations**; service processes that is based on technology or systematic methods.
- **service reviews**; a review of SHSC's services to identify potential service delivery improvements.
- **evaluations**; assessments on how well SHSC is achieving its intended aims.
- **cost improvements**; ensuring the highest-quality health outcomes at the lowest possible cost.
- **redesigns**; improving outcomes and efficiency in health by redesigning how we deliver services.

Purpose and Objective:

This Standard Operating Procedure sets out the levels of involvement which can support managers and project leads to ensure the appropriate level of involvement is happening during any quality improvements. The involvement measures will be completed collaboratively with working groups acting on change and reported by the service lead.

Scope:

All quality improvement projects, innovations, service reviews, evaluations, cost improvements and redesigns which **directly** impact on people who use services, their families, and carers.

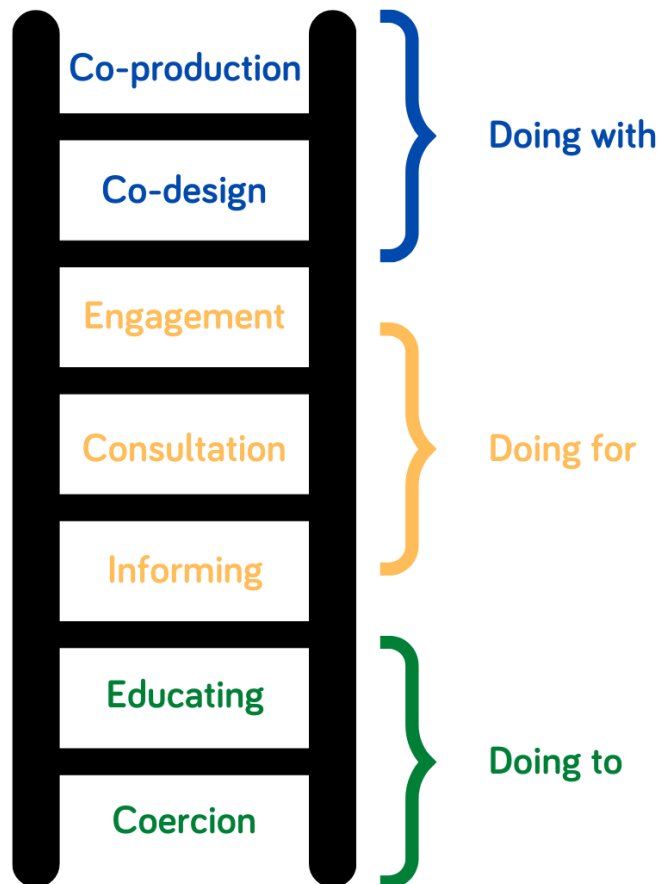
Monitoring and Audit:

Appendix 1 should be completed at initiation, review and completion of work programmes as listed above. The measures should be reviewed within the project group and copies must be sent to the lived experience and engagement team engage@shsc.nhs.uk. You can also get in touch with this team for guidance and documents on how to involve people who use our services, and for those who care for them. Evidence of involvement will be included in a **quarterly lived experience report** to **Quality Assurance Committee** and ultimately an **annual report to Trust Board**.

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Procedure :

This standard operating procedure outlines the ladder of involvement ([reference, date](#)) and opportunities for ensuring robust involvement. As a Trust we aim to choose the relevant level of involvement depending on the type of project and striving for coproduction where we can.



Understanding the steps of the ladder

Co-production is working equally together on the project with a shared goal, with neither party holding hierarchy or power over the other. No decisions are made without equal conversations between the two. *E.g. a service user and a member of staff identify a training need amongst staff at a service. They work together, alongside other staff members and individuals who access services to create a training package which is delivered by staff and service users. Both the staff and people accessing services have equal control over the project, including its purpose and its goal and decision making.*

Co-design is project leads/managers working alongside people with lived experience to design and run the project, however they do not have control over bigger decisions. *E.g. senior management want to get feedback on a particular aspect of care, the feedback project is created with the involvement of service users throughout, however the purpose and aim of the project has already*

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been set by senior management and people with lived experience, their families and carers have no influence over this.

Engagement is including people with lived experience, their families and carers in the running of the project, but they don't have much influence on decision-making and design. *E.g. Involving people who use our services in a teaching or training session for staff.*

Consultation is taking an already-formed idea to people with lived experience, their families and carers, asking their thoughts and opinions and making the relevant changes. *E.g. Someone coming to visit Sun:rise with their plans for an initiative to present to members and gather their feedback.*

Informing is passing on the relevant information to people with lived experience, their families and carers so they can form their own opinion. *E.g. providing someone with the risks and side effects of a medication so they can make their own choice about taking it.*

Educating is teaching a largely passive audience something that they have to accept as the truth. *E.g. reading of rights in hospital, QUIT smoking options as an inpatient.*

Coercion is the use of `persuasion` to enable the outcome required by another. Coercion is a form of involvement not supported by SHSC. *E.g. A person who uses services being informed if they comply with X they may be eligible for Y.*

Completing the Measures:

The project/management lead will complete the measures at the first meeting in conjunction with team members. It is essential that the involvement stage is clearly identified and that links to evidence are included; for example, minutes or action notes of meetings will indicate who is in attendance and delivering on development of the work or attending a session to present a piece of work.

Understanding your population is critical, where changes are planned to specific services you should have access to population data and be able to consider how to ensure representation, this must include consideration of underrepresented groups who you may want to target specifically to hear from. SHSC works in partnership with a range of organisations within the voluntary sector who have established links within different communities. We work collaboratively with the voluntary sector to engage with these individuals. Advice and support to reach people can be sought from the lived experience and engagement team, who may choose to outsource for support to meet the project needs. No groups are hard to reach, it is the Trust routes to engagement that may require work to ensure we are accessible.

Reporting

The measures should be emailed to engage@shsc.nhs.uk The engagement team will collate the evidence and report quarterly to Service User Experience Group, learning will be extracted from the report related to areas of good practice and engagement and commentary from project leads where further work and support is required to improve the involvement offer. This will then be received at the Lived Experience and Co Production Assurance Group for discussion and approval of the plans aligned to the report. Finally the report will be delivered as part of the Patient Experience Report to the Trust Quality Assurance Committee to note the involvement across a range of projects and any associated actions to support further development.

Updates

The engagement team will follow up with appropriate projects every 3 months for further evidence or reporting on involvement and evaluation. This is to assure the outlined plans have been delivered.

Involvement Measures

Name of Project	Person completing	Initial / Update /Evaluation	Date
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Please email to : engage@shsc.nhs.uk

Measure	Project Response	Evidence	Lead
1.What level of involvement has taken place with people who have lived experience? Describe your approach			
2. How does this project or change impact on people who use services, their families and carers?			
3a. What is the service user population that will be impacted by this change (for example –is this for a particular group of people who access our services) 3b. Clearly identify the population with respect to protected characteristics wherever possible. Consider age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.			
4. In involving people with lived experience in your change, how have you ensured they represent the population impacted as per Q3b.			

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<p>Evidence how involvement is marketed to stakeholders will help understand potential gaps in involvement</p>			
<p>5. Are there specific groups of people who use services, families and carers that you need support to reach and involve in the project?</p>			
<p>6. How are you involving families and carers?</p> <p>Separate involvement opportunities may be required to support your change.</p>			
<p>7a. How will the evaluation be coproduced and quality assured?</p> <p>7b. What is the ongoing commitment to involvement in this proposal</p>			
<p>8. What reasonable adjustments have been made to support involvement.</p> <p>Evidence of innovative ideas to support involvement will help to share best practice.</p>			
<p>9. How are you closing the feedback loop.</p> <p>Evidence how you are feeding back to those involved and sharing learning with relevant services</p>			