



# Policy:

## MD 022 – Public & Lived Experience Recruitment, Support, Payment & Reimbursement Policy

<b>Executive Director Lead</b>	Executive Director of Nursing & Professions
<b>Policy Owner</b>	Executive Director of Nursing & Professions
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<b>Document Type</b>	Policy
<b>Document Version Number</b>	Version 3
<b>Date of Approval By PGG</b>	February 2024
<b>Date of Ratification</b>	March 2024
<b>Ratified By</b>	Quality Assurance Committee
<b>Date of Issue</b>	Feb 2025
<b>Date for Review</b>	January 2026

<b>Summary of policy</b>	
<p>This policy provides the requirements to support the appropriate recruitment, induction, payment and reimbursement to ensure a good quality experience for involving the public and people with lived experience in the organisation.</p> <p>The policy also outlines the support and supervision requirements that must be adhered to when involving people within the Trust.</p>	

<b>Target audience</b>	All staff who seek to involve the public and lived experience colleagues in Trust activity.
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<b>Keywords</b>	Experts by Experience Recruitment Reimbursement Service user
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**Storage & Version Control**

Version V2 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V1). Any copies of the previous policy held separately should be destroyed and replaced with this version.

**Version Control and Amendment Log**

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
0.1	New draft policy created	June 2018	New policy commissioned by The Medical Director
1.0	Finalisation for endorsement	March 2020	Review by PGG and minor amendments of Appendices H & I. Update of Section 10 deadlines. Approval by QAC
2.0	Full Policy Review	April 2022	Updated to align with public sector tax laws. Introduction of Lived Experience Bank and principles for good quality involvement.
3.0	Full Policy Review	December 2024	<ol style="list-style-type: none"><li>1. Updated to align to include detailed recruitment process</li><li>2. Updated ongoing management of experts by experience and payment process.</li><li>3. Added and amended appendices</li></ol>

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## 1 Introduction

Sheffield Health and Social Care (SHSC) NHS Foundation Trust is committed to involving service users, carers, families and other members of the public. A range of mechanisms have been established through which such individuals can get involved.

This policy supports the Trust's commitment to meeting its legal responsibilities and involvement duties under Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and guidelines published by the Department of Health on Reward and Recognition payments (2006).

The policy sets out guiding principles and practice to encourage 'Public and Lived Experience Representatives' to be collaboratively involved in the work of SHSC through with a range of options for recognition. This is outlined in the involvement recognition structure and gives individuals options with regards to payment and recognition.

The policy sets out the requirements of individual teams who involve the public or lived experience representatives to appropriately recruit, induct and support those representatives.

The policy aims to strengthen the involvement of service users, carers, families and other members of the public in the design, delivery and review of services at SHSC by:

- Giving choice about the recognition and reward for specific roles undertaken to support the improvement of services and lived experience
- Ensuring that fair and equitable recruitment procedures
- Ensuring that SHSC employees and teams understand and deliver the essential support structures for Public and Lived Experience Representatives to work within the Trust aligned to the Trust Values
- Seeks to collate data on protected characteristics in order to demonstrate diverse representation;
- minimising the financial barriers that can prevent or discourage participation;
- fairly reimbursing people for out of pocket expenses incurred as a result of their direct and active involvement with work at SHSC;
- ensuring there is a single, consistent, equitable and transparent process for reimbursing individuals for their involvement;
- ensuring that all SHSC staff follow a consistent approach to reimbursing expenses and offering involvement payments when working with public voice representatives;
- defining activities for which people can be reimbursed;
- defining activities for which people cannot be reimbursed.

The policy seeks to enable active recruitment to a diverse and representative group of Patient and Lived Experience Representatives (PLERs) which reflects the rich cultural

tapestry of the City of Sheffield. SHSC believes all citizens should be given the opportunity to participate within involvement roles and that this can form part of a recovery focused opportunity which may lead onto further opportunities including employment, volunteering and other such meaningful engagement across Sheffield.

Public and Lived Experience Representative Roles will usually be fixed to a maximum of two- or three-years dependent on the nature of the role. This is to ensure that opportunities are open to review, new voices, insights and experiences and provides a steady flow of recovery focused roles to a wide range of individuals. It should also be recognised that some people are purely seeking to “give something back”.

## 2 SCOPE

The policy applies to all service users, carers, families and other members of the public directly involved in the work of SHSC.

The policy complements the Trust’s ‘Volunteers Policy’, ‘Service User Engagement & Experience Strategy’ and ‘Carers & Young Carers Strategy’ and should be considered alongside these documents.

The policy does not cover employees, workers, Governors or agents of SHSC unless working outside the remit and scope of their employment role (i.e. working into lived experience roles with their contracted hours).

## 3 PURPOSE

The purpose of this policy is to ensure a transparent and consistent approach to the involvement of people in our services.

## 4 Definitions

- **Public and Lived Experience Representative (PLER)** – includes patients, service users, carers, families and other members of the public that are involved with supporting the work of the Trust
- **Service User** – a person who has lived experience of using health and social care services
- **Carer** – a person who spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problem.
- **Families** – a person who is considered a member of the persons family and/or carer family.

## 5 Details of the policy

This policy explains how involvement should take place within the Trust to ensure a good quality experience for individuals who wish to support involvement and coproduction within the organisation.

The policy outlines the function of the lived experience bank and reimbursement system which ensures SHSC adheres to the legal and financial requirements as a public body in the payment of individuals for their time and experience.

The policy is also in keeping with the principles of best practice from the National Survivor User Network Principles for involvement (4Pi). 4Pi is a framework for the involvement of service users and carers – in our own care, in our communities, in service delivery and evaluation and in organisational governance and strategy. More information can be found on this link. <https://www.nsun.org.uk/projects/4pi-involvement-standards/>

## 6 Duties

- **Chief Executive** is responsible for ensuring that the systems on which the Board relies to govern the organisation are effective.
- **Directorate Leadership Team** are responsible for ensuring that all managers in their areas are aware of this policy and support its implementation, monitoring and assurance activity.
- **SHSC managers and front line staff** are responsible for :
  - I. Supporting the active recruitment of public and lived experience representatives within their services, aligned to this policy, ensuring all Public and Lived Experience Representatives s are known to the central Experience and Engagement Team.
  - II. Ensuring that the appropriate supervision and support is set up prior to Public and Lived Experience Representatives s commencing work in the organisation.
  - III. Ensuring that every Public and Lived Experience Representatives has a clear outline of their role and responsibilities. A template can be found in Appendix 3
  - IV. Clarifying prior to any work taking place whether the person wishes to undertake work as a volunteer or as paid activity on the lived experience bank.
  - V. raising awareness of this policy within their area of work;
  - VI. providing financial details and approval for all involvement payments to be authorised via the Lived Experience Bank in accordance with this policy;
  - VII. providing relevant information promptly to the Engagement & Experience Team to support accurate quarterly reporting to Trust groups/committees on use of the Policy;
  - VIII. noting that co-production costs should be factored into clinical and project budgets.
- **Engagement and Experience Team** will:
  - I. Ensure awareness of this policy and attached procedures is raised with patients, service users, carers, families and other members of the public;
  - II. Provide appropriate advice and support to all those involved in the process;
  - III. Manage the Lived Experience recruitment process on behalf of the Trust and working in conjunction with SHSC team managers;

- IV. Support clinical and corporate teams to manage payment via the Lived Experience Bank;
- V. Monitor the range of involvement activity;
- VI. Provide quarterly updates to Lived Experience and Coproduction Assurance Group;
- VII. Regularly liaise with the SHSC HR and Finance Departments to ensure appropriate and efficient payments;
- VIII. Ensure consistency and equity in implementation of this policy across the Trust.
- IX. Manage the central Lived Experience Involvement budget to ensure lived experience roles are paid across SHSC central governance meetings and groups.

- **Public and Lived Experience Representatives will:**

- I. Complete and submit relevant forms to claim out of pocket expenses in accordance with this policy;
- II. recognise that involvement roles may be allocated for a time specified period (Co-Chair roles or group membership) OR be open to a number of individuals (interview panels) and will be open for any PLER to become involved throughout the course of time.

## **7 Procedure**

### **7.1 Eligibility and Available Roles**

We recognise and value a diversity of input and roles. SHSC has identified four different types of roles of public and lived experience involvement:

#### **Volunteers**

SHSC has a vibrant volunteer community which is governed through the Engagement and Experience team. Volunteers are managed under the Volunteer policy.

#### **Lived Experience Involvement Roles**

These are roles which are open to individuals with lived experience only.

Individuals are recruited to actively contribute to the development, leadership and decision making in the organisation. The roles can include interviewing for jobs in the Trust, membership of governance groups, co-chairing or chairing roles, designated lived experience councils etc. There will be clear responsibilities for the role and they will be advertised via the Trust website. Roles can be undertaken either in a paid capacity or as a volunteer. Individuals will be subject to recruitment checks and a full induction and training will be required.

#### **Substantive Posts**

SHSC supports all services and teams to consider the development of substantive roles which are dedicated to focussing on Lived Experience. Individuals may be recruited and employed aligned to standard Trust policies and have line management

within their direct team or recruited with a third sector organisation through partnership working.

### **Visiting Professionals**

The final category is visiting experts, this group of individuals may take on paid or unpaid roles to come and work with us. Some examples are below:

- i) A Carer wants to share their story at Board or in a team development day. They do not want to charge us and will attend one workshop. They do not have access to any trust information or documents. No training or checks are required. The arranging manager is responsible for their wellbeing.
- ii) A person with lived experience wants to speak at a conference we are holding, they attend the day without charge and give their experience. They do not have access to any trust information or documents. No training or checks are required. The arranging manager is responsible for their wellbeing.
- iii) A person with lived experience is asked to speak at an event and wishes to charge for this one-off event. They will be required to invoice us; this will require all the routine invoicing details and will ask them to confirm that the earnings are to be shared with the Tax Office. We will look for their sole trader or company business tax code to validate this invoice. This is no different to any other private business who charge for their time. Many professional lived experience colleagues are sole traders who manage their own business. They do not have access to any trust information or documents. No training or checks are required. The arranging manager is responsible for their wellbeing.
- iv) The role level should be discussed and agreed collaboratively between the Public and Lived Experience Representatives and the person organising the activity prior to Public and Lived Experience Representatives involvement.

## **7.2 Recruitment**

All volunteers and Lived experience roles on the bank will be recruited through the same methodology.

Individuals must be recruited through a values-based approach with an interview panel of at least two individuals. Reasonable adjustments must be made to support any potential PLER to participate in the process. Aligned to the Accessible Information Standards, information must be available in a range of formats and languages to invite participation in recruitment.

Recruitment should support a diverse population of PLERs and targeted recruitment through community groups and third sector organisations is welcomed to support representation of the citizenship of Sheffield.

When an individual expresses interest in becoming an expert by experience or volunteering. They are guided to complete an application form either via TRAC or using an Easy Read application form / offline form to which will begin the process for recruitment and onboarding (See flowchart in appendix 4).



Where appropriate adaptations can be made to support recruitment for individuals who may not have access to referees and routine DBS identity documents. This will be discussed at an individual level with the person and the recruitment officer with support from the Engagement team.

At the point of recruitment, the manager should discuss both volunteering and paid opportunities. Individuals can register for both volunteer and paid roles. This is explored in more details under section 7.7.

### **7.3 Induction**

Volunteers and Lived Experience Roles on the bank will be inducted through the same approach.

The following minimum standards will apply

- Information Governance training
- Confidentiality training
- Safeguarding Adults and Children Level 2 online training
- Boundaries training

This training is aligned with the job description for volunteers and lived experience roles having contact with staff, service users' families and carers but no access to clinical records, clinical meetings or groups where treatment, diagnosis or other highly personal details would be discussed by professionals.

Boundaries training will support understanding of how to manage information and therapeutic relationships which are likely to be shared during the course of work.

A separate procedure is available that gives more information on the induction process. Please contact the engagement team for a copy

### **7.4 Role Initiation, Link Person and Supervision**

At the point of engaging a Public or Lived Experience Representative in work with the Trust it is essential that the following steps are undertaken and documented:

- A role outline which summarises the duties and responsibilities for the person (appendix 3)
- Identify a supervisor to whom the individual will receive supervision on an agreed timescale (to be no less than every 3 months)
- Identify the link person to whom the individual will report to whenever they are undertaking the role (supervisor and link person may be the same person)
- Agree any payments and re-imbursements (paid or volunteer role / are expenses applicable)
- Confirm the expected hours, duration of tenure, days of the week. For lived experience roles it is likely to be a tenure of no more than 2 years in the same role.

- Agree any additional resources or environmental needs. For Public and Lived Experience Representatives who are expected to join meetings and contribute to discussions via online forums and utilise papers; the manager is expected to consider how this will take place so that the person is not disadvantaged. Guidance for supporting people in meetings can be found <https://jarvis.shsc.nhs.uk/documents/workplace-adjustment-and-wellbeing-passport-managers-guide>. Managers must make sure reasonable adjustments are made for Public and Lived Experience Representatives as we do for substantive staff and patients/carers to ensure they can contribute in a meaningful way to their work
- Send a copy of the agreement to the engagement team for central recording.

## **7.5 Ongoing Development**

It is essential that whenever involvement work is to commence that the Public and Lived Experience Representatives and the link person agree the potential hours, type of work and support available to the person in order that they can carry out their role.

Additional training may be required for specific duties, for example interviewing. All panel members should be briefed on the values-based recruitment approach and understand the interview process including question setting and scoring mechanisms.

### **7.5.1 Pre meeting briefing**

It is essential that all new involvement opportunities offer a pre meet. The purpose of the pre meet is to meet key members of the team or group that the Public and Lived Experience Representatives will be working with.

The pre-meet should outline any key governance (rules) and papers or information that will help the work to run smoothly.

The pre meet will give the Public and Lived Experience Representatives the opportunity to ask questions, to understand how they can contribute to the work and what boundaries may be in place. This is best served in the pre meet than in the actual working group or event.

An example of a pre-meet is interviewing. A pre meet must take place to ensure the Public and Lived Experience Representatives has had opportunity to contribute to the process, test out their questions, understand how the process will run.

Pre-meets are a requirement for any governance meetings where a Public and Lived Experience Representatives is co-chairing. As co-chair it is mandated that the agenda timings, aims of the papers and how to manage key topics is discussed prior to the meeting. The co-chairs should agree together how they will run the meeting and how they will support each other to deliver a good meeting outcome

### **7.5.2 Post meeting debriefing**

It is good practice to offer all Public and Lived Experience Representatives a debriefing after meetings/events. This gives opportunity for reflection and questions regardless of role. This may be offered individually or as a group.

Once the workplan has been running for some time, it may be appropriate that the individual no longer requires debriefs but this must be agreed individually.

### 7.5.3 Development and Leadership

As Public and Lived Experience Representatives become confident in role, they may wish to take on more challenging roles and develop leadership skills in particular work areas.

The appropriate link person/supervisor should support those discussions and consider opportunities for the Public and Lived Experience Representatives to integrate into broader development where appropriate.

The Engagement and Experience Team will offer occasional workshops and development opportunities for all Trust Public and Lived Experience Representatives.

## 7.6 Expenses

Potential out of pocket expenses should be identified and agreed beforehand, wherever possible.

Out of pocket expenses should be met by the service which directly benefits from the involvement of PLER. The engagement team can advise on how to claim these expenses.

Out-of-pocket expenses may include:

- Bus fares
- Taxi
- Mileage for private cars, motorcycles and bikes
- Rail
- Subsistence costs – food and overnight accommodation
- Carers and childcare costs
- Other reasonable costs with prior agreement e.g. interpreters and communication support

## 7.7 Lived Experience Bank:

- All roles on the bank are classed as Band 4 (Agenda for Change). This is based on a generic job description to support recruitment.
- Where a role goes beyond the responsibilities and duties aligned to the job description at Band 4, the recruiting service or manager should develop a new job description and progress to panel.
- Where a role requires preparation and follow up (for example co-chairing work) this **must** be included in the funded hours of work. It would be usual to support 2 hours preparation and reading for a 3 hour Committee, in addition to 30mins for pre meeting and 30mins post meeting. Therefore, in this example 6 hours paid work would be supported as a co-chair of the committee.

- Payment is made once time worked is recorded onto Healthroster.
- Out of pocket expenses will be reimbursed in addition to the above costs in accordance with the reimbursement policy.

Public and Lived Experience Representatives can choose to work in these roles as volunteers if this better suit their circumstances. This should be documented on the role agreement and reviewed at regular intervals.

## **7.8 Benefits**

- If you are receiving state benefits, there may be certain conditions that you need to stick to and the payment amount you can receive may be restricted. It is important that you are aware of these restrictions before you agree to be paid for involvement.
- The provision of payment of care costs will be regarded as taxable income and may affect a person's benefits. Further advice and information can be obtained by visiting the SCIE website <https://www.scie.org.uk/co-production/supporting/paying-people-who-receive-benefits> or contacting the Benefits Agency (Benefits Team: 0114 273 6777)
- SHSC staff are unable to offer specialised advice on how payment for involvement may affect your state benefits but will signpost to the appropriate support agency.
- Sheffield Citizens Advice can provide specialist advice and support. This is externally funded and provided outside of the responsibility of SHSC. The service can be contacted via phone on 03444 113 111 (calls charged the same as calling 0114 numbers; advisers are happy to offer call-backs to any client that requests one) or via their website <http://www.citizensadvice.org.uk>.

## **7.9 Data Protection and Information Sharing**

SHSC adheres to the General Data Protection Regulation (GDPR) in the collection and retention of personal information. All records will be held in accordance with this Act

## **8 Development, Consultation and Approval**

Consultation on this policy took place between a number of lived experience workers by undertaking a number of sessions Trust wide and team based, with service users and staff.

## 9 Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Annual Review of compliance to Policy	Report to demonstrate : Numbers of PLERs registered. Activity of PLERs via Bank Read across with Volunteer Policy	Lived Experience and Coproduction Assurance Group (LECAG)	Annual	Head of Experience and Engagement	Engagement Team	Lived Experience and Coproduction Assurance Group (LECAG)
Satisfaction Survey	PLER satisfaction survey to be undertaken at least every 6 months	Lived Experience and Coproduction Assurance Group (LECAG)	6 monthly	Head of Experience and Engagement	Engagement Team	Lived Experience and Coproduction Assurance Group (LECAG)

*Policy documents should be reviewed every three years or earlier where legislation dictates or practices change.  
Review date: April 2024*

## 10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Work with existing experts by experience to ensure they have role plans aligned to the new policy	Teresa Clayton Mia Bajin	April 2023	Complete
Engagement team to share the new policy and requirements with teams on visits	Teresa Clayton Mia Bajin	April 2023	Complete
Redistribute the updated version of this policy (December 2024) with teams and Experts by Experience	Zoe Dodd	April 2024	

## 11 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0				
2.0	December 2022	December 2022	December 2022	N/A

## 12 Training and Other Resource Implications

12.1 All staff newly appointed to the Trust will receive information about this Policy and the best practice requirements to involving people. In addition, the Engagement Team will be available to work with staff on any training needs relevant to this policy.

## 13 Links to Other Policies, Standards (Associated Documents)

- [Volunteers Policy MD 004](#)
- [DBS Policy](#)
- <https://www.shsc.nhs.uk/working-us/lived-experience>

## 14 Contact Details

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Executive Director of Nursing & Professions	Caroline Johnson		<a href="mailto:Caroline.Johnson@shsc.nhs.uk">Caroline.Johnson@shsc.nhs.uk</a>
Head of Engagement & Experience	Teresa Clayton	07976696038	<a href="mailto:Teresa.clayton@shsc.nhs.uk">Teresa.clayton@shsc.nhs.uk</a>
	Zoe Dodd		<a href="mailto:Zoe.Dodd@shsc.nhs.uk">Zoe.Dodd@shsc.nhs.uk</a>
Engagement Team	Engage inbox		<a href="mailto:engage@shsc.nhs.uk">engage@shsc.nhs.uk</a>

## Appendix A

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.  
I confirm that this policy does not impact on staff, patients or the public.

**I confirm that this policy does not impact on staff, patients or the public.**  
Name/Date:

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>Age</b>	No	Utilising the coproduction standards, this policy can support the recruitment of people of all ages	
<b>Disability</b>	No	The policy outlines the clear needs to make reasonable adjustments to support the recruitment, induction and development needs of people with a disability	
<b>Gender Reassignment</b>	No	Utilising the coproduction standards, this policy can support the recruitment of people who are undergoing gender reassignment	
<b>Pregnancy and Maternity</b>	No	Utilising the coproduction standards, this policy can support the recruitment of women	



<b>Race</b>	No	Utilising the coproduction standards, this policy can support the recruitment of people of all race and ethnically diverse backgrounds.	
<b>Religion or Belief</b>	No	Utilising the coproduction standards, this policy can support the recruitment of people of all religions and beliefs	
<b>Sex</b>	No	Utilising the coproduction standards, this policy can support the recruitment of people of all genders	
<b>Sexual Orientation</b>	No	Utilising the coproduction standards, this policy can support the recruitment of people of all sexual orientation	
<b>Marriage or Civil Partnership</b>	No		

Please delete as appropriate: no changes made.

Impact Assessment Completed by: Salli Midgley 18/03/2022

## Appendix B

# Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

Engagement		Tick to confirm
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	Not applicable
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Not applicable
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes

## Appendix C

# Request for Expert by Experience Involvement



**Sheffield Health  
and Social Care**  
NHS Foundation Trust

Please complete all of the below and send to [engage@shsc.nhs.uk](mailto:engage@shsc.nhs.uk)

<b>Person requesting</b>	
<b>Team requesting</b>	
<b>Point person to support before and on day</b> (Including providing who is providing brief before day and debrief after)	
<b>Point person contact</b>	
<b>Location Site located? Access to building?</b> <b>Accessibility? Parking?</b> <b>Name of who to speak with on arrival?</b>	
<b>Role / task / request</b>  <ul style="list-style-type: none"> <li>&gt; Is a presentation required (including detail on subject content expectation)</li> <li>&gt; How long</li> <li>&gt; Is work needing to be done before or are resources provided</li> <li>&gt; Is this a document review</li> <li>&gt; Meeting details (face to face or MS Teams)</li> <li>&gt; Reason for involvement</li> </ul>	
<b>Estimated Hours/ Days of the week and time commitment (include reading time/ pre meets and debriefs)</b>	
<b>Date &amp; Time of event or meeting</b>	
<b>Is there budget available to fund EbE</b>  Time sheet will need to be approved by budget holder, this is not funded by Experience and Engagement team  Note paid at Bank Band 4 pay	
<b>Has finance confirmed there is budget available?</b>	Yes / No
<b>Is the representative able to claim expenses?</b>  Note the type of expenses and ensure the claim form is provided	

# Appendix D – Expert by Experience Recruitment Process



## Appendix E – Volunteer Recruitment Process



## Appendix F

# Standard Operating Procedure (SOP) for Lived Experience Involvement

SOP Number:	1
SOP Version:	1
Effective Date:	1.9.21
Review Date:	31.3.22
Reference:	
Related Documents:	<a href="#">Quality and Inclusion, Diversity and Equalities Policy</a>
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](mailto:engage@shsc.nhs.uk)

## 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:

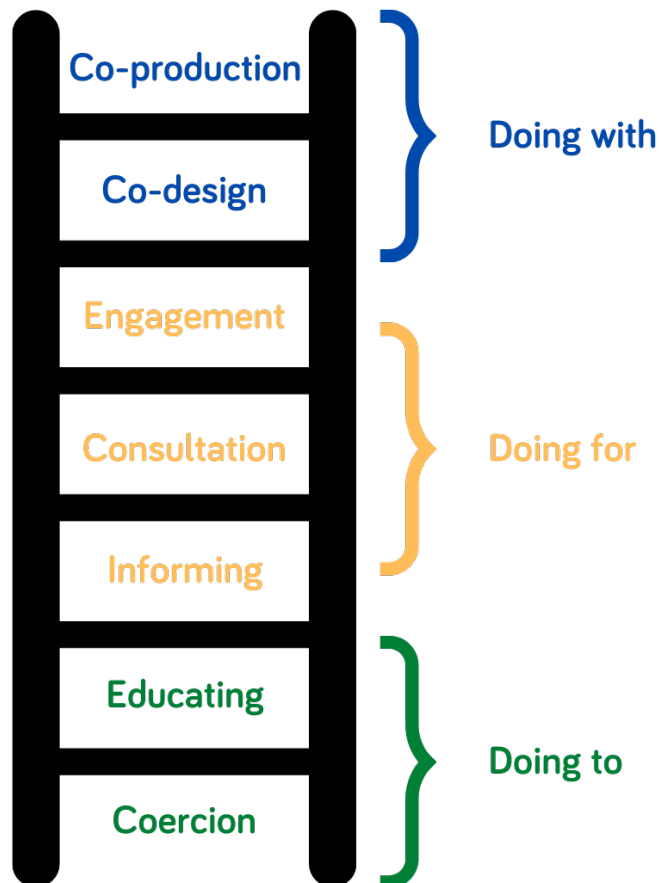
All quality improvement projects, innovations, service reviews, evaluations, cost improvements and redesigns which **directly** impact on people who use services, their families, and carers.

## 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](mailto: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**.

## 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 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](mailto: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 deliver

<b>Ward/Team:</b>	Person completing:	Initial / Update /Evaluation	Date:
<b>Is this about a project or about service business as usual?</b>			

Please email, once completed, to: [engage@shsc.nhs.uk](mailto:engage@shsc.nhs.uk)

Measure	Project Response (Bullet point answers)	Evidence	Lead
1. How/where is your service involving people who have lived experience? Describe your approach <i>No involvement? If you are unable to involve people with lived experience (service users or carers) please give details of what attempts have been made and the challenges/help needed.</i>			
2. What impact does this have on your project/change or business as usual? (refer to points in question 1)			
3. What is the service user population that will be impacted by this change (forexample – is this for a particular group of people who access our services)			
4. Clearly identify the population with respect to protected characteristics. <i>How has your service considered accessibility for involvement for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, social class, sex and sexual orientation.</i>			
5. In involving people with lived experience in your change, how have you/actions taken to ensure they represent the population impacted as per Q4.			
6. Are there specific groups of people whose /should use services that you need support to reach and involve in the project?			
7. How are you involving families and carers? Separate involvement opportunities maybe required to support.			
8. How do you evaluate the method of coproduction/involvement and feedback to relevant parties? <i>(Provide results of whether these methods are effective)</i>			
9. What is the ongoing and future commitments to involvement?			
10. What reasonable adjustments have been made to support involvement?			
12. Evidence of creative/effective ideas to support involvement will help to share best practice.			
13. Are there specific groups of people whose /should use services that you need support to reach and involve in the project?			
14. How are you involving families and carers?			
15. How do you evaluate the method of coproduction/involvement and feedback to relevant parties? <i>(Provide results of whether these methods are effective)</i>			
16. What is the ongoing and future commitments to involvement?			

<p>17. What reasonable adjustments have been made to support involvement? Evidence of creative/effective ideas to support involvement will help to share best practice.</p>			
<p>18. How are you closing the feedback loop. Evidence how you are feeding back to those involved and sharing learning with relevant parties</p>			
<p>19. Do you need support / guidance from Engagement &amp; Experience Team with service user involvement? If able, please identify what support you need.</p>			