Public Board of Directors

| SUMMARY REPORT | **Meeting Date:** | 22 March 2023 |
| | **Agenda Item:** | 23 |

Report Title:	Service User Engagement and Experience Strategy Annual Review	
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Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee
	Date:	11.01.2023
Key points/ recommendations from those meetings	Ensure the milestones for year one are clearly articulated. QAC recognised the significant amount of work to understand and collate the variety of lived experience feedback across the organisation.	

Summary of key points in report

This is the annual update for Board on the implementation of the first year of the Service User Engagement and Experience Strategy. Progress is measured against the coproduced implementation plan which supports the delivery of the strategy was finalised and approved by the Lived Experience Coproduction Assurance Group (LECAG) in August 2022.

Objectives identified within the strategy are intended to make continus improvement part of core function or 'business as usual' driven by our service users, carers, staff and voluntary sector partners through coproduction at the heart of our strategy.

Progress against the two milestones identified for completion during 2022/23 are underway. Milestone One was the mapping of all service user/lived exxperience involvement across SHSC. Milestone Two was to consider investment in community roles to ensure diversity in the development of our race equity workplan.

During the 2022 round 1 of mapping Service User Involvement throughout SHSC commenced, this initial work was completed in August 2022, with 67% of services having a clear procedure for involvement through a variety of methods which will enable different levels of coproduction.

Round 2 commenced in December 2022 and aims to have 100% of services return their involvement activity. This is a key activity as it enables the enagement team to understand areas and teams with good standards of involvement and/or coproduction, where best practice and local learning can be shared. In addition the data returned will be developed into an involvement dashboard which will enable deep dives around specific themes and support development of coproduction tools or targeted support. Once mapped there will be further work with the engagement team to draw in feedback data from teams which can be utlised to share patient and carer experience alongside other measures such as Friends and Family Test (FFT) and Care Opinion. This will give a more detailed and accurate picture of experience within services usiing local feedback mechanisms.

It is intended that the involvement standards will be a 6 monthly self assessment to ensure improvement can be monitored as more services seek feedback on their provision. Service user and carer involvement pathways have also been reviewed through coproduction workshops, to ensure that involvement pathways under the strategy are clear and accesible. The Service Users Engagement Group (SUSEG) will act as a forum for the 'doing' or 'actions' group and provide a focus for sharing of good practice in coproduction and will meet quarterly, the first meeting is scheduled for February 2023. This will be a centre for focus groups, shining a light on key areas, these focus groups will meet more regularly as agreed by the groups and feedback into the SUSEG.

There has been significant progress in work around our race equity workplan which has enabled further funding into the Voluntary Community Sector. A temporary Community Race Equity lead has been appointed for 9 months to support engagement with diverse communities and develop the SHSC PCREF plan in conjunction with communities and the PCREF lead in the engagement team.

The below time line outlines key events in the strategy progress.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	X	**Information**	

The Committee is asked to receive this report for assurance regarding the progress of the implementation of the Engagement Strategy

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering Effectively	*Yes*		*No*	X
CQC Getting Back to Good	*Yes*	X	*No*	
Transformation – Changing things that will make a difference	*Yes*	X	*No*	
Partnerships – working together to make a bigger impact	*Yes*	X	*No*	

Is this report relevant to compliance with any key standards?					State specific standard
Care Quality Commission Fundamental Standards	*Yes*	X	*No*		*The Regulations of the Health and Social Care Act*
Data Security and Protection Toolkit	*Yes*		*No*	X	
Any other specific standard?		X			*Expected contractual requirements to implement PCREF in 2023/24 NHSE contract and aligned CQC inspection standards*
Have these areas been considered? YES/NO					If yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	X	*No*		*Service User and Carer Experience are paramount to the aims and objectives of the Service User Engagement and Experience Strategy. There are clear standards outlines within the strategy outlining the proposals for improvement. Work to develop the strategy and its underpinning priorities, goals and implementation plan has been coproduced*

					with service users, carers and staff reviews and actions leading from the strategy will continue to be coproduced.
Financial (revenue &capital)	*Yes*	*X*	*No*		*Risks related to financial investment in race equity workplans are noted.*
Organisational Development /Workforce	*Yes*	*X*	*No*		*The strategy and its underpinning priorities and goals has been co-produced with staff through a range of workshops, events and feedback mechanisms*
Equality, Diversity & Inclusion	*Yes*	*X*	*No*		*Equity and Equality are key drivers for regulatory compliance and central to the aims and objectives of the Service User Engagement and Experience Strategy,*
Legal	*Yes*	*X*	*No*		*Failure to address inequalities as outlined in the PCREF would be a breach of the equalities act.*
Sustainability	*Yes*	*X*	*No*		*There are clear objectives within the strategy which aim to support SHSC and the staff working within it to move towards a Net Zero NHS.*

Service User Engagement and Experience Strategy Progress Report

1. Background

1.1. This paper has been written for the Board aligned to the annual updated against the implementation of the Service User Experience and Engagement Strategy and associated delivery plan.

1.2. The Service User Engagement and Experience Strategy is an enabling strategy to the Clinical and Social Care Strategy. Our approach reflects upon the 4Pi National Involvement Standards, developed by NSUN (National Survivor User Network), that provides a simple framework to base standards of good practice for meaningful involvement. The NHS Advancing Mental Health Equalities Strategy gives us clear direction to work across racially diverse communities and ensure their voice is heard and acted upon in service delivery. These local and national frameworks will work together to increase meaningful coproduction and help reduce health inequality. This strategy links closely to the Quality strategy and recognises meaningful coproduction is central to quality improvement.

1.3. Through the implementation of this strategy, we will ensure any service changes involve people who use SHSC services, their families, and carers in order to achieve outstanding care for all those who use our services.

1.4. The strategy sets out a progressive plan to improve service user experience across all SHSC services and interconnects with other enabling strategies. Delivery of the objectives identified will require a robust collaborative approach. A full list of the priorities identified within the service user strategy is included in Appendix 1.

1.5. Milestones are identified for achievement within each strategic year and this report evidences progress against Milestone 1 for 2022/23

2. Co-Production and Engagement

2.1. The Service User Engagement and Experience Strategy and its priorities were developed in consultation with staff, service users and carers and voluntary sector partners. Priorities were identified by service users and then by staff and community partners. Actions under the implementation have been identified and agreed. Coproduction will continue to be central to the success of the strategy, this may require additional resource in order to ensure Experts by Experience (EbE) have the opportunity to be involved.

2.2. Our four key objectives as detailed in Appendix 1 form the basis of our delivery and implementation plan. These were initially identified by service users and carers with staff and voluntary sector partner input which set out our ambition to create an ongoing, collaborative process.

2.3. The Service User Engagement Group (SUSEG) acts as the 'actions' group for the strategy implementation plan and reports to the Lived Experience and Co Production Assurance Group.

3. 2022 Milestones

3.1. There are two milestones to be achieved in 2022/23: (ending March 2023)

3.2. Mapped pathways and processes which clearly evidence and report against involvement activity within the organisation

3.2.1. SHSC has coproduction standards which were signed off in the Lived Experience and Coproduction Assurance Group (LECAG) in the spring of 2022. This led to the first trust wide survey of involvement across SHSC services was undertaken, 67% of services responded to the mapping process which provided a baseline of activity and understanding of coproduction in services.

3.2.2. The top three areas that were identified as being coproduced were Quality Improvement Projects, Recruitment and Care planning. Positive outcomes from involvement were rated most highly as "services users feeling heard" and "service improvements". Understanding impact was most likely to be heard through the use of surveys, questionnaires, compliments, and reduction in complaints.

3.2.3. Staff teams were asked to identify areas where they needed more support, working with carers was the most significant request.

3.2.4. A high-level summary breakdown can be found in Appendix 2 however this first phase of the completion of the coproduction standards has identified areas for improvement in how and what questions are asked to improve the quality of returns.

3.2.5. It is intended that the coproduction standards are repeated every 6 months to measure for improvement in the amount of involvement but also the methods and confidence in working together. The standards were reissued in December 2022 and the engagement team will work with general managers and Heads of Nursing to aim for an improved rate from the previous cycle.

3.2.6. Round 2 mapping aims to understand service specific feedback mechanisms, outside of Care Opinion and Family and Friends Test. Many services in SHSC utilise individual feedback mechanisms but these are not reported centrally and used at a local team level to support service improvement. One of the aims of the December/January 2023 mapping is to develop a feedback dashboard for all services to submit quantitative and qualitative data to evidence all SHSC engagement activity and begin to build a database and networks for supporting next steps in coproduction.

3.2.7. A relaunch of Care Opinion was undertaken at the request of LECAG to increase the quantity and quality of response, through workshops during November and December 2022 an evaluation and review will be completed in February 2023.

3.2.8. Further work is underway around increasing usage of feedback mechanisms and sharing best practice i.e., Friends and Family Test (FFT). It has been identified that feedback increases when questions are part of admission and discharge process. This project aims to increase the number of responses throughout the Trust.

3.2.9. The current process for Out Of Area (OOA) contact involves service users being contacted by telephone calls. However, we are looking to expand this to include MS Teams video calls which could be used individually or to simulate a community ward meeting in our out of area placements.

3.2.10. A coproduced paper feedback form has been created for our inpatients which will be distributed onto our early adopter wards (Maple & Endcliffe). The feedback forms are a new and innovative way to collate positive and negative constructive feedback on the wards, addressing any low-level concerns and escalating any complaints up the correct channels. These will be active from January 2023.

3.2.11. Subject the feedback forms being received positively by service users and the community meetings supporting this mechanism of feedback; the engagement leads can commence work to consider extending their roles into other services outside of inpatient services.

3.2.12. In addition to the service level involvement, data is also collected via transformation projects to ensure robust coproduction is in place to support system redesign. All three major transformation projects have evidenced good involvement and ways of working to hear the voices of those who use services and work has been supported by Sheffield Flourish.

3.3. Finalise our race equity workplan to invest in roles with community and voluntary sector organisations to ensure diverse coproduction opportunities

3.3.1. The race equity workplan will be aligned to the Patient and Carer Race Equity Framework (PCREF). The framework is due for launch in 2023 however there is no confirmed date as yet.

3.3.2. During 2022 SHSC has made a significant commitment to be an early adopter for the PCREF with defined project leadership in the engagement team and a commitment to partnership with Sheffield Flourish, a community owned mental health charity specialising in coproduction and service user involvement. This is in addition to the investment in a 2-year improvement plan with Sheffield African Caribbean Mental Health Association (SACMHA) in late 2021 to understand the prevalence of suicide in the community and address the overuse of restrictive practices on SHSC wards with people from diverse communities.

3.3.3. In addition to the internal team roles and the investment with SACMHA, a further initial funding provision was secured which is being managed via Sheffield Flourish to take key improvement goals forward in 22/23 these include:

- A menu of developmental workshops focussing on diverse communities, including but limited to; refugee and asylum seeker experience, African and Somali culture, Roma culture, Chinese culture, and taboos in mental health and Pakistani Muslim workshops.
- A deep dive of the Sheffield Race Equity Report with a mental health lens, undertaken and delivered by Professor Kevin Hylton

- Commissioning a review of culturally appropriate feedback mechanisms
- Videos to support understanding of the use of data in health, to improve recording of protected characteristics
- Culturally appropriate signposting materials for a range of Sheffield Communities

3.3.4. In August 2022 SHSC agreed to fund a 9-month Race Equity Community Lead to support the leadership and conversations with our communities. This is a senior post in the engagement team and the post holder started 18th December 2022.

3.3.5. Following the Edenfield documentary discussions were held with service user groups in Sheffield to consider how we could better understand patient experience in our wards. SHSC already delivers small scale cultural advocacy, but this requires review to fully optimise the potential of "being there" and support service users on our wards, particularly those from diverse backgrounds. Work will be undertaken in early 2023 to develop a new service specification to take this service forward.

3.3.6. Significant progress has been made towards finalising the race equity workplans and investment in 3 new roles from and within the voluntary community sector are now in post most recently in December our Race Equity Community Lead. These posts will make a significant contribution towards the diversity of our coproduction activities. Further investment has been identified through the delivery of training delivered through community organisations will enhance our understanding of service users their carers and family as well as our staff from a range of diverse backgrounds reflecting the diversity of the Sheffield population.

3.4. All of the above work will feed into our final PCREF workplan.

4. Risks

4.1. Staffing capacity within services both clinical and corporate may impact on the timely delivery of the key objectives identified within the strategy.

4.2. We try to formalise and own the framework with NHS jargon and language.

4.3. We do not support Expert by Experience and community resources beyond 2023 following a £50K investment in PCREF in 2021/22 and an over establishment for community leadership. The team structure will require review to sustain PCREF leadership.

5. Assurances

5.1. There is an implementation plan to support successful delivery and monitor the progress of actions agreed. Service user assurance and implementation groups are in place to ensure actions remain on track and issues are identified at the earliest opportunity so that swift resolutions can be found.

5.2. Feedback from the NHS England PCREF working group is positive and SHSC has won a PCREF research bid to evaluate the approach to implementing PCREF, supported via Professor Scott Weich.

5.3. Research funding was also awarded to evaluate the refugee and asylum seeker experience workshops in association with the University of Sheffield.

5.4. Work is underway around providing communications in simple clear language, without acronyms and jargon free.

5.5. Lived experience policy outlines trust wide process for recruitment and payment of Experts by Experience is in place. Lived experience roles are gathering in number across governance arenas and in large transformation projects. This is reported through transformation updates.

5.6. Work is underway to deliver on the milestones for 2023 in coproduction with people who use services and our VCSE partners

6. Appendices

Appendix 1 – Service User Engagement and Experience Strategy Priorities and Objectives

Appendix 2 – Round 1 Service User Involvement Standard Operating Procedure returns breakdown
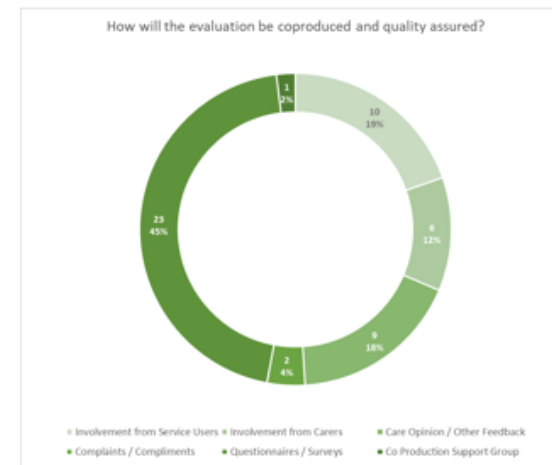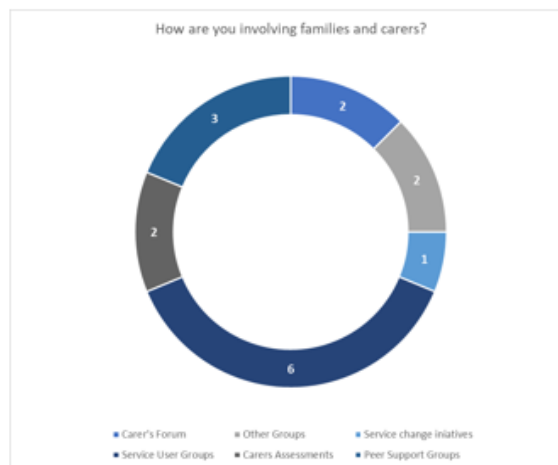
Appendix 3 – Round 2 varying feedback sources chart

Appendix 1 – Service User Engagement and Experience Strategy Priorities and Objectives

Priority	Goals
Embedded Lived Experience Voices **Objective: SHSC is a great place to work in any lived experience role**	1. Increase the influence of experts by experience and carers, in the development and delivery of SHSC services. 2. Ensure roles are properly inducted, supervised and supported and that job profiles are scrupulously focused 3. Increase the number and ensure diversity of Experts by Experience workers
Improved Service User Experience **Objective: facilitate ongoing coproduction and ensure our services are inclusive by developing better, more diverse methods of communication and dialogue**	1. Reach and communicate with groups who are currently underrepresented 2. Utilise different mechanisms of communication to act as an enabler for inclusion and extending our reach. 3. Shine a spotlight on key themes and priority areas that have been identified through coproduction 4. Build trusting relationships between leaders, staff, and service users.
Strong Feedback Mechanisms	1. Seeking out service user experience feedback and then

Objective: contributing to the delivery of outstanding care and ensuring our services are inclusive	**using this to embed the process of continuous quality improvement.** 2. **Close the feedback loop**
Partnership Working **Objective: support the delivery of outstanding care, recognising the potential for partnership work to catalyse innovation, increase flexibility and responsivity.**	1. **Increase dialogue and partnership work with a range of community/voluntary sector organisations** 2. **Learn from good practice elsewhere.** 3. **Actively develop a culture of creativity in service user engagement within and outside the organisation.**

Service Responses

What level of involvement has taken place with people who have lived experience?
- Recruitment
- QI Projects
- Psychoeducation
- Training / Staff Development
- Co Produced Care Planning
- Volunteers / Peer Support

Values: 14, 23%; 21, 35%; 1, 2%; 8, 14%; 14, 23%; 2, 3%

How does this project or change impact on people who use services, their families and carers?
- Promote Service User Led Activities
- Group Support
- Planned Changes / Improved changes
- Service Users & Family Feeling Listened to

Values: 1, 8%; 1, 8%; 5, 42%; 5, 42%

What is the service user population that will be impacted by this change?
- Service Users who have completed Treatment
- Carers
- Current Service users

Values: 5, 28%; 5, 28%; 8, 44%

Are there specific groups of people who use services, families and carers that you need support to reach and involve in the project?
- BAME Groups
- Carers' (inc Young Carers) / Families
- Service User Engagement Strategy
- Transitions from CAMHS
- Defined Patient Population

How are you involving families and carers?
- Carer's Forum
- Other Groups
- Service change iniatives
- Service User Groups
- Carers Assessments
- Peer Support Groups

How will the evaluation be coproduced and quality assured?
- Involvement from Service Users
- Involvement from Carers
- Care Opinion / Other Feedback
- Complaints / Compliments
- Questionnaires / Surveys
- Co Production Support Group

Appendix 3 – Round 2 varying feedback sources chart

Varying Feedback Sources

Collating all 50+ services feedback and reviewing the methods how feedback is obtained differently to FFT, Care Opinion & Quality of Experience Survey.

Reviewing all feedback received. Completing a thematic review and identifying good practices/ methods of feedback collation

- Sharing the collated feedback
- Embedding the best identified methods of collecting feedback.

This will be sent out by January 2023

Narrative
Identified that services are collecting feedback in a range of different methods and forms. These are not being reported into SHSC centrally.

Plan →
1. Collate received feedback from all services for the past 12 months. Completing a thematic review of all the feedback for high level view of "good", "neutral" and "negative" feedback. Identifying good practices of collating feedback.
2. Sharing the overview of feedback and embedding good practices into other areas across SHSC by end January 2023.