BOARD OF DIRECTORS
8 March 2017

BoD: 08.03.17
Item: 5

TITLE OF PAPER	Service User Engagement Strategy Implementation Plan
TO BE PRESENTED BY	Mike Hunter, Medical Director
ACTION REQUIRED	The Board of Directors is asked to: • Receive this report; • Acknowledge that the implementation plan will continue to evolve as more work is undertaken; • Note that the Quality Assurance Committee will receive regular progress updates.

OUTCOME	• To ensure the Trust has a robust implementation plan for its Service User Engagement Strategy 2016-21.
TIMETABLE FOR DECISION	To be discussed at February's Quality Assurance Committee and March's Board of Directors meeting.
LINKS TO OTHER KEY REPORTS/DECISIONS	NICE Quality Standard for Service User Experience in Adult Mental Health Services (QS14), NICE Quality Standard for Patient Experience in the NHS (QS15), NICE Clinical Guideline on Service User Experience in Adult Mental Health: Improving the Experience of Care for People Using Adult NHS Mental Health Services (CG138) Quality Improvement Strategy
BAF OBJECTIVE No and TITLE	1.1 – Quality of care falls below expected standards 1.4 CQC Compliance 4.3 Governance framework may not be robust
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	NHS Improvement' Single Oversight Framework, CQC Fundamental Standards of Quality and Safety (see above re NICE guidance) HSE ❑ MH Act ❑ Equality ❑ BME ❑ Disability Legislation ❑ NHS Constitution: Staff Rights ❑ Patients' Rights ❑Public's Rights ❑ Principles ❑ Values ❑
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Inadequate quality and safety standards would have a detrimental effect on service user experience, potential increase in harm to service users and staff and loss of staff morale. There may also be further contractual implications from commissioners or regulatory bodies.
CONSIDERATION OF LEGAL ISSUES	Poor service user experience could result in litigation, contractual penalties, non-compliance with regulatory body standards and could ultimately affect the Trust's ability to maintain Foundation Trust status.

Author of Report	Tania Baxter
Designation	Head of Clinical Governance
Date of Report	13 February 2017

SUMMARY REPORT

Report to: **Quality Assurance Committee**

Date: **27th February 2017**

Subject: **Service User Engagement Strategy Implementation Plan**

Sponsor: **Mike Hunter, Medical Director**

Author: **Tania Baxter, Head of Clinical Governance**

1.0   Purpose

For Approval	For collective decision	To report progress	To seek input from	For information
		✓		✓
To provide the Quality Assurance Committee with an implementation plan for the Service User Engagement Strategy 2016 – 2021.				

2.0   Summary

The Service User Engagement Strategy 2016-2021 was approved by the Board of Directors in July 2016. An initial implementation plan was provided to the Quality Assurance Committee in October 2016. The attached plan has received input from members of the Service User Engagement Group (SUSEG).

3.0   Next steps

- SUSEG will oversee the implementation of the plan and will receive regular reports on progress from the Head of SUEMU;
- Progress against the plan will be incorporated into quarterly service user experience monitoring reports.

4.0   Required Actions

The Board of Directors is asked to:

- Receive this report;
- Acknowledge that the implementation plan will continue to evolve as more work is undertaken;
- Note that the Quality Assurance Committee will receive regular progress updates.

5.0   Monitoring

Quarterly assurance reports will be provided to EDG and the Quality Assurance Committee.

6.0   Contact Details
For more information, contact: jane.lyon@shsc.nhs.uk, tania.baxter@shsc.nhs.uk, helen.crimlisk@shsc.nhs.uk

Service User Engagement Strategy - Implementation Plan v2 – January 2017

This Service User Engagement Strategy Implementation Plan will chart the progress of the 5 year Strategy.
By definition, engagement is an ongoing process and therefore the RAG rating should be interpreted with care.
The implementation will require involvement of the whole trust. Key individuals and roles include:

Regular Expert By Experience (EbE) Leads: Brendan Stone (co-chair SUSEG), Richard Fletcher, Tammy Raines Sue Sibbald, Catherine Carlick, Adam Butcher

Mike Hunter, Medical Director (MD)
Tania Baxter, Head of Clinical Governance (Head of CG)
Helen Crimlisk, Deputy Medical Director (DMD) (co-chair SUSEG)
Jane Lyon, Head of SUEMU
Jo Evans, Continuous Improvement (CI) Manager
Jonathan Mitchell, Associate Medical Director Quality (AMD)
Clive Clarke, Executive Director of Operations (EDO)
Vin Lewin, Clinical Risk Lead/Investigations Lead (CRL)

Mia Bajin, Engagement Manager (EM)
Laura Di Bona, Engagement Manager (EM)
Dianne Crookes, Organisational Development (OD) Programme Manager
Jonathan Burleigh, Quality Improvement Manager (QIM)
Karen Dickinson, Head of Education, Training and Development (ETD)
Jane Harris, Communications Manager (Comms)
IT Department (IT)

Theme: Focussed Culture Change
1. We will support and take forward findings from the existing SUSEG culture change workstream.
2. We will work to strengthen a culture of trust and mutual respect in SHSC so that open and honest dialogues can take place between staff, service users, and carers
3. We will actively seek to identify and change systemic institutional issues which hinder opportunities for service user engagement and coproduction.
4. We will support and lead opportunities for dialogue and information sharing, including through an annual open event, and also through smaller forums
5. In developing culture change, we will draw on and support key existing assets in SU Engagement, for instance, SUEMU, Sunrise, and Recovery Enterprises, and also directorate-specific initiatives
6. Using a range of methods, media, and events, we will ensure that staff, service users, and carers are well informed about and supported in understanding service user engagement and its benefits.
7. We will promote, celebrate, and reward innovation and good practice in service user engagement.
8. We will actively seek to learn from work in other NHS Trusts and non-NHS organisations, and to share SHSC practice widely.
9. We will actively seek to build partnerships with non-NHS organisations, especially smaller grass roots bodies.
10. We will ensure that all SHSC directorates attend, feed into, and report to SUSEG.
11. We will advise on and offer support to the commitments for increasing service user engagement made by Directorates. Directorates will report regularly to SUSEG which will monitor progress.
12. We will utilise digital and online technologies wherever appropriate to influence culture change, dialogue, and innovation in service user engagement.

Area	Progress	Target Completion Date	RAG Rating	Lead Responsible
SUSEG 1,2,3,6,7,10, 12	A review of the structure of SUSEG meetings is underway to ensure relevance and accessibility for Service Users from all directorates and all geographical locations	Mar 17		Chairs of SUSEG
	EMs are liaising with Directorates to ensure mapping and collating of Service User Engagement work across the Trust To report back to SUSEG	Apr 17		EM/OD Manager/Head of SUEMU
	Clinical and Service Directors will be reminded of the need to prioritise representation at relevant meetings and feed in Service User Engagement within Directorates on a quarterly basis	Mar 17		MD/EDO/Head of SUEMU/Head of CG
	Collated information will be put onto a Service User Engagement Intranet site and updated regularly	Jun 17		EM/OD Manager/Comms/ IT
SHSC Events 1,2,3,4,6,7,8	A Service User led event will be planned to directly follow on from the "Engage, Transform, Flourish" Event.	Dec 17		Service User Leads/EM/OD Manager
	Trust events related to quality, compassion and patient safety are planned which will have Service User leadership and will model the principle of co-production: To include Compassion Conference, Quality Improvement Event, Patient Safety Day.	Dec 17		All
	SUSEG will continue to encourage and support Directorates to use the principles of coproduction at all service redesign / transformation / QI events. This has been demonstrated in recent Community and Psychotherapy events. SUSEG will lead on the development of public facing resources about coproduction in mental health, also utilising the opportunities afforded by the Sheffield Flourish network.	Jul 17		SUSEG Chairs/ CI Manager
Service User Engagement Groups (SUNRISE +) 1,2,3,4,5,6,	A number of Service User Groups (SUNRISE +) are well established across the directorates. These will be supported and will be extended. A Central SUNRISE Group is also well supported. The Chair of the Central Group attends SUSEG.	Aug 17		Chair of SUNRISE/ EM/ Service User Leads
	EMs are encouraging Service User participation across the Trust linking in with local engagement groups/SUNRISE+. A mapping exercise will identify gaps in this work	Jun 17		EM/Head of SUEMU / Service User Leads

Quality Improvement Team 1,2,3,4,5,6,7,8,12	There are closer links between the QI and Service User Engagement. A service User is working within QI Team to train in QI, model the value of Service User participation in QI work and encourage further SU engagement with this work. An EM is undertaking training in QI.	Completed		CI Manager/ Head of SUEMU/EM/ Service User Leads
	EM and the QI Team are working closely with services to ensure service users are at the heart of quality improvement.	Jun 17		EM/ CI Manager/Head of SUEMU
	The QI Team are encouraging service user engagement in all Microsystems QI programmes.	Completed		CI Manager
	A part time Service User QI Lead (band 4) is being developed. Recruitment to be undertaken.	Apr 17		CI Manager
	Feedback from SUEMU will be fed into QI programmes to maximise opportunity to learn and improve from service user experience	Dec 17		CI Manager/Head of SUEMU/ EM
Wider Service User Groups / Social Enterprises 1,2,3,4,5,6,8,9,12	Good links with Recovery Enterprises are established and developing Good links with Sheffield Flourish are established and developing. Recovery Enterprises is represented on SUSEG A recent bid to train more SHSC staff in digital support is being led by Liz Fletcher	Jun 17		CI Manager/ Head of SUEMU/ EM/Recovery Enterprises
	Links with other Service User Groups will be encouraged and mapped - including those associated with Neighbourhood projects	Sept 17		CI Manager/Head of SUEMU/EM Fiona Goudie, Clinical Director Strategic Partnerships

SUEMU: an agent for continuous improvement and change

1. We will actively support the development of SUEMU and promote and disseminate its work widely inside and outside SHSC.
2. SUEMU will be rigorous in measuring progress, outcomes and impact. Findings and recommendations will be considered regularly by the SHSC Board, with appropriate actions agreed and reported on.
3. SUEMU will work proactively and assertively with all directorates to record, monitor, and evaluate the experience of people using SHSC services.
4. All directorates will be responsive to findings about service user experience generated by SUEMU, and will work with SUEMU to implement change and report on impact.
5. SUEMU methodologies will be heavily oriented to involving service users in leading work strands wherever possible.
6. We will seek to use appropriate digital technologies for efficient monitoring and measurement.
7. We will seek to recruit staff to SUEMU in which experience of using mental health services is an essential criteria for appointment.

SUEMU 1,2,3,4,5,6,7	A second EM (band 6) is starting in Feb 17	Completed		CI Manager/Head of CG
	A part-time Project Manager (band 7) to oversee implementation of strategy is being appointed. Recruitment to be undertaken.	Apr 17		
	The SUEMU advisory group is set up and will provide on-going support to the SUEMU lead as required.	Completed		
	A decision has been made to purchase *Patient Opinion* and plans are due to go through Executive Directors Group in March 2017. This will be promoted and led by EMs and connected to Directorates.	Mar 17		Head of CG/EM/Service User Leads /Directorates
	SUEMU will work with directorates to systematically record, monitor, and evaluate the experience of people using SHSC services and use this to inform potential areas for QI and transformation. Findings and recommendations will be considered regularly by SUSEG and the SHSC Board, with appropriate actions agreed and reported on.	June 17		Head of SUEMU/EM/ Service User Leads/ CI Manager
	There is a continuous process of engaging services users to find novel ways of getting service user feedback. Standing Item on SUSEG agenda.	June 17		Head of SUEMU/ Clinical and Service Directors/ EM

	Maximum potential will be used of digital technologies whenever possible by EM to assist teams in using digital means to its fullest (on-line resources, electronic surveys, patients opinion etc) to obtain patient feedback.	Dec 17	 	Head of SUEMU/ Clinical and Service Directors/ EM/CI Manager

Experts by experience: Participation, work, and leadership

1. We will increase the participation of EbEs in the work of each SHSC directorate through developing further opportunities for volunteering, paid work, and a range of salaried positions.
2. 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.
3. In partnership with EbEs, we will urgently review and the system of reward for EbE workers, and 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 seek to ensure that EbE workers are a diverse body which reflects the demographic of SHSC service users. We will actively seek to involve underrepresented groups and individuals in SU engagement
6. We will develop career pathways for EbE workers, and ensure that proper support, supervision, and training is in place. We will invest in transition/coaching to enable more Sus to be EbE workers.
7. We will encourage and support EbEs to take leadership roles in developing initiatives. We will be responsive to initiatives originated by EbEs.
8. We will seek to have EbE representation on the SHSC Board. There will be regular honest feedback sessions to the Board, with subsequent actions agreed, monitored, and reported on.

	A workstream of SUSEG will take forward the specific HR issues for Peer Workers, Staff with Lived Experience and Service User Employees. This will address: Databases of EbE, review recruitment processes, training and career pathways, supervision and the system of reward for EbE workers, and ensure it is fair, flexible, and transparent.	Oct 18		Head of SUEMU/ETD/ Head of CG
SUSEG 1,2,6,7	i) Recovery Enterprises has been commissioned to Build an independent Service User Consultancy Enterprise ii) Provide Volunteer Support and Policy Development iii) Lead the development of the Sheffield Education Exchange Above 3 schemes are being delivered commencing April 2017, ending March 2019 at a cost of £45,980 SUSEG will hold Recovery Enterprises accountable to ensure this work progresses.	Mar 19		Chairs of SUSEG/ Finance/ Head of CG

	EbE participation will be incorporated into regular reporting into SUSEG. To ask for regular attendance of EbE employee at SUSEG.	June 17	■	EMs/Supervising Managers
	A staff support group for staff with LE has been established.	Completed	■	ETD/Service User Leads/ Supervising Managers
ETD /Corporate 3,4,5,8	The Trust's Appreciation Scheme and Volunteer Policy will be reviewed and revised to ensure equity and fairness across the Trust.	Apr 18	■	Head of CG/ETD/ SUSEG Chairs
	SUSEG will seek to have EbE representation at the highest levels in the SHSC. SUSEG chairs to meet with Chair and invite to SUSEG.	Dec 17	■	SUSEG Chairs/ MD
	The Trust's Values Based Recruitment and Service User involvement in recruitment will be reviewed and audited.	Oct 17	■	SUSEG Chairs/ ETD/ OD Programme Manager/Head of SUEMU
	We will work with BME leads and HR to ensure progress towards more representation.	Oct 17	■	Head of SUEMU / ETD/ Head of CG

Communication and Reach

1. We will develop better and more diverse methods of communication and dialogue with service users and carers, which are attuned to the needs of service users/ carers
2. We will improve the digital presence of service user engagement/ leadership on SHSC online resources, drawing on Recovery Enterprises' work in this field.
3. We will pro-actively strive to reach underrepresented groups and individuals, and learn from best practice within and outside SHSC.
4. We will increase transparency about all aspects of SHSC, especially with regard to changes in services, and ensure that information is easily accessible through a variety of formats.
5. We will increase the number of forums across all areas of SHSC business at which service users and carers can regularly meet with and question managers and directors
6. We will 'close the feedback loop' by ensuring that service user feedback and questions are followed up with actions and outcomes reported on.
7. We will explore the potential of using the members list more effectively to improve communication, dialogue, and reach.

SUSEG 1,2,3,4,5,6,	Revision of all service user information materials will be undertaken as is required in conjunction with the Accessibility Standard.	Dec 17		EM/Clinical and Service Directors/ Head of Equality and Inclusion
	Plans for communication and dialogue with service users will be reviewed by Comms and changes implemented to ensure transparency and multiple points of contact and report back to SUSEG.	Oct 17		EM/ Clinical and Service Directors/ Comms / Head of CG/Service User Leads/IT
	Digital will be developed and internet access provided across the Trust to Service Users. Pilot to report back to SUSEG.	Oct 17		EM/ Clinical and Service Directors/ Comms /Head of CG/ Service User Leads/IT
	Service user involvement will be standard practice with any service improvement plans /redesigns. This has been the case with recent programme and will continue to be promoted at the highest level.	Completed		EM/ Clinical and Service Directors/ Comms /Head of CG/Service User Leads/IT

SUEMU 6,7	Use of Patient Opinion will create a rapid and transparent loop between Service Users and their feedback and people in the services they are using.	Jul 17		Head of SUEMU/ Clinical and Service Directors/ EMs/ Board Secretary
	We will use the members list more effectively to improve communication, dialogue, and reach. To report back to SUSEG.	Oct 17		

Partnership Working & Innovation

1. We will increase dialogue and partnership work with community/ voluntary sector organisations, especially smaller grass roots organisations
2. We will learn from and promote good practice in service user engagement, both inside and outside SHSC. We will develop new ways to share SHSC good practice widely, and celebrate success.
3. Working with Recovery Enterprises, and other appropriate charities and social enterprises, we will develop mechanisms (including small pots of funding) for developing, supporting, and sharing good practice and innovation.
4. We will identify hurdles to innovation, especially systemic ones.
5. We will give staff time to develop initiatives, and actively develop a culture of entrepreneurship and creativity in SU engagement amongst SHSC employees.
6. We will seek to build partnership work with ScHARR, especially with reference to the development of SUEMU

SUSEG 1,2,3,4,5,6,7	SUSEG has regular representation from Recovery Enterprises (Roz Davies).	Jun 17		Head of SUEMU/Recovery Enterprises
	SUSEG will look for further opportunities to co-host events and collaborate with other Social Enterprises. Standing agenda item.	Oct 17		Head of SUEMU/ Clinical and Service Directors
	SUSEG leads are collaborating with ScHARR on the PPP Testbeds and a White Rose Collaboration and will seek out other opportunities to develop academic links and novel initiatives.	Completed		Chairs of SUSEG
	We will develop stronger relationship with Patient Opinion, using this as a key method of receiving and responding to service user feedback.	Jul 17		Head of CG/ Clinical and Service Directors/EM
	Patient Opinion and SUSEG members will raise awareness for teams re receiving and responding to Patient Opinion feedback to be provided by Engagement Managers.	Jul 17		

Business Planning, Commissioning, and Corporate Areas				
Action	**Progress**	**Target Date**	**RAG Rating**	**Lead Responsible**
SUEMU	Engagement Managers to work closely with Quality Improvement Team to identify and overcome perceived or actual barriers to effective service user engagement. To report back to SUSEG.	Jun 17		Head of SUEMU/ Clinical and Service Directors
	All relevant corporate processes have been scrutinised to ensure that service users' concerns and priorities are represented. Service user experience and any potential impact on it is included as an area for consideration in service development initiatives. Quality impact assessments are undertaken prior to any service changes. These are regularly reported to the Quality Assurance Committee.	Jul 17		Executive Directors/ Head of SUEMU
	Collaborative care planning and needs led principles are being rolled out across all areas. To report back to SUSEG.	Oct 17		Clinical and Service Directors/ Head of SUEMU/Care Planning Group
	Business planning processes will include service user representation and influence. Service user experience and any potential impact on it is included as an area for consideration in service development initiatives. All service developments are agreed through Business Planning Group.	Oct 17		Business Planning Group
	To negotiate with and influence commissioners to ensure that services reflect principles of 'recovery', engagement, and co-production, and include opportunities for service user leadership recovery. Commissioners to be invited to SUSEG.	Jun 17		Head of SUEMU / Contract Management Board
	Accessible digital resources which advise on best practice, and tips on service user engagement will be developed.	Oct 18		Head of SUEMU/ EM/ Comms/ IT

	Regular reporting to the Board of Governors on service user engagement development. Develop programme of service user led item at each Board of Directors meeting.	Oct 17		MD, Chairs of SUSEG

Key to RAG rating:

Green: On track to deliver by target date set, or action completed
Amber: Some concerns re ability to deliver within target date set
Red: Major concerns re ability to deliver within target date set