

# West Yorkshire SeQuIn Tool Summary- Quarter 1: Involvement

### **West Yorkshire Summary**

- All services had a green RAG rating highlighting a good overall quality of Involvement
- Waterloo Manor had the highest average score within WY at 4.5 out of 5
- Newsam Centre scored lowest with 3.3 out of 5
- Cygnet Bierley did not submit involvement standards in Q1
- The West Yorkshire average for involvement has increased steadily over a 3-year period
- Recommendation to have an involvement model/co-production strategy for WY that
  includes named leads for involvement within each service to support equity of
  approach and increase involvement opportunities across the PC

#### **Context**

The SeQuIn Tool was coproduced with service users, staff and commissioners from the Yorkshire and Humber Region over a 3+ year period. Input was also given by SALT, Widget software, UCLan and a Website Design Company to create an interactive platform that can benchmark data across services and regions. The aim of the Tool is to upkeep old CQUINs and drive quality improvements in services with the service user and staff voice. The Tool has 12 areas each with 10 to 12 standards. The Tool was piloted in 2020 with some disruption from the Covid-19 Pandemic. Each year standards are chosen that help support services to think creatively where solutions are most needed. One standard is chosen per Quarter, the 2022/23 schedule is as follows:

**Quarter 1: Involvement** (to support systems and processes and involvement strategy in West Yorkshire, drawing on 3 years of data)

**Quarter2: Meaningful Activity** (to support services moving through covid restrictions to mixing of wards, to ensure activity is contemporary and meaningful)

**Quarter 3: Recruitment** (to support conversations and dynamic thinking around recruitment and retention of staff in a period of National crisis)

<u>Quarter 4</u>: Progress against actions from Q1, 2 & 3 (a co-produced slide to show quality improvement and share good practice)

#### **Data Collection**

The Involvement Standards for completion can be found here: <u>Involvement – Yorkshire And Humber</u> <u>Involvement Network</u>

Data is captured in a variety of ways from small focus groups, 1:1 paper survey or asking people to score and action plan on tablets. We have encouraged services to collect data in any way that is meaningful and achievable during covid restrictions and staffing pressures, we do acknowledge this is a variable in the data and may have limitations on representation. We are working with services in 2022 to focus on action planning collaboratively and having discussions around quality improvement, as well as capturing the quantitative scores.



Further information on the SeQuIn Tool and its intended implementation can be found here:



### **2022 Involvement Data**

Five out of six West Yorkshire services completed the Tool in Quarter 1, and all standards were scored for Involvement leading to an average service score as follows:

### **Overall service scores:**

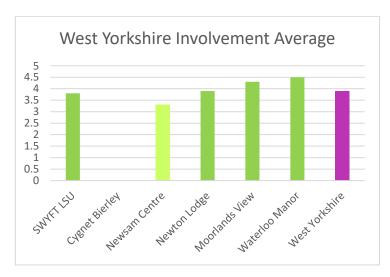
SWYFT LSU	3.8
<b>Cygnet Bierley</b>	0
<b>Newsam Centre</b>	3.3
Newton Lodge	3.9
<b>Moorlands View</b>	4.3
Waterloo Manor	4.5

(Table Q1101)

Cygnet Bierley did not return any Involvement standards in Q1, resulting in a zero score.

All other services have scored green overall highlighting the quality of involvement across the region. Newsam has the lowest average with 3.3 and Waterloo Manor this highest with 4.5 out of 5.

## **2022 Involvement Bar Chart**



(Chart Q1102)

<sup>\*</sup>Please note that for 2022 Bretton & Newhaven have combined to offer a SWYFT LSU Score, their action planning and governance structure is also combined in support of this.

<sup>\*</sup>Averages for West Yorkshire are taken only from the services who returned scores, nil returns would have lowered the overall average if included the West Yorkshire score would be an Average of 3.3 rather than 3.9.



### Service scores broken down into standards:

	SWYFT	Cygnet	Newsam	Newton	Moorlands	Waterloo
INVOLVEMENT STANDARDS	LSU	Bierley	Centre	Lodge	View	Manor
There is understandable information available on the						
about ways to be involved on an individual and ward		5	4	5	4	5
Policies and procedures are written and reviewed wit						
involvement of patients, carers and staff members an	nd are					
2 accessible		3	2	3	3	3
There is an admission process that helps service user	s feel					
3 welcome and involved		3	4	4	5	5
There is a service Involvement and co production str	ategy					
covering all areas of service delivery including how th	ne service is:					
4 Provided – Developed - Reviewed		4	2	4	4	3
There is a named person who takes a lead for involvement	ent in the					
5 service		1	5	1	5	5
There are regular involvement meetings where the ag	genda is					
6 agreed by everyone involved		4	3	5	5	5
Service users have access to a choice of different wa	ys to					
feedback about the service including making complai	nts. This					
7 feedback is used to improve the service.		5	2	5	5	5
There is an independent advocate known by name to	service					
users, and where requested raises issues on their beh	alf and					
8 feeds back actions or outcomes		4	5	3	5	5
Service users and staff are informed so that they feel	prepared					
9 to have a voice at different involvement events		4	4	5	4	4
Involvement meetings are attended by different men	nbers of					
staff including the ward manager or someone who ca	an make					
10 decisions and come up with a plan		5	2	5	4	5
The service actively encourages people to be involve	d in a range					
11 of involvement groups both within and outside of the	-	3	4	3	4	5
There is a way for family and carers to feedback abo						
12 experience of the service and this is used to improve	the service	4	3	4	3	4
Service	Average 3.	2	3.3	3.9	4.3	4.5

(Table Q1103)

Standard 2 is the lowest scoring standard in WY with an average of 2.8 and amber rating.

Standard 2 asks if 'Policies and procedures are written and reviewed with the involvement of service users, carers and staff members and are accessible to all.' This standard has scored lowest over the 3-year collection of data, services acknowledge that a lot of policies are written at trust/ corporate level and often without expert by experience input, this has not changed over that time period. This is an area to be considered by the Provider Collaborative in its workstreams and processes. We will also ask the 'SeQuIn Tool Committee' to review these standards to ensure they are achievable and if any problem solving can be done as a region.

Standards 5 was the next low scoring standard with an average of 3.

Standard 5 asks 'There is a named person who takes a lead for involvement in the service.' SWYFT MSU & LSU services scored 1 or a red RAG rating showing this does not happen at all. For context there is high levels of involvement within these services, with many passionate individuals leading on different areas, but take on involvement on top of their daily role, there is no designated role. All other services scored 5/5 stating there is a named individual for involvement. We would advocate for designated paid roles within each service and have done so within a projected future model for co-production for West Yorkshire.

Standard 1 was the highest scoring standard in West Yorkshire at 4.6 out of 5. This is a very reassuring figure for the standard that states, 'There is understandable information available on the wards about ways to be involved on an individual and ward level.' This standard has significantly improved within West Yorkshire over the last 3 years. It is a stable basis to expand opportunities into the Provider Collaborative.



## **Provider Collaborative Involvement Overall Average:**

WEST AVG	3.9
HUMBER AVG	2.7
SOUTH AVG	4.1
Y&H AVG	3.4

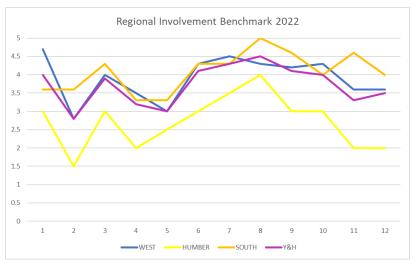
(Table Q1104)

## **Provider Collaborative scores broken down to standards:**

	INVOLVEMENT STANDARDS	WEST	HUMBER	SOUTH	Y&H
	There is understandable information available on the wards		oberr		
1	about ways to be involved on an individual and ward level	4.7	3	3.6	4
	Policies and procedures are written and reviewed with the				
	involvement of patients, carers and staff members and are				
2	2 accessible		1.5	3.6	2.8
	There is an admission process that helps service users feel				
3	welcome and involved	4	3	4.3	3.9
	There is a service Involvement and co production strategy				
	covering all areas of service delivery including how the service is:				
4	Provided – Developed - Reviewed	3.5	2	3.3	3.2
	There is a named person who takes a lead for involvement in the				
5	service	3	2.5	3.3	3
	There are regular involvement meetings where the agenda is				
6	6 agreed by everyone involved		3	4.3	4.1
	Service users have access to a choice of different ways to				
	feedback about the service including making complaints. This				
7	feedback is used to improve the service.	4.5	3.5	4.3	4.3
	There is an independent advocate known by name to service				
	users, and where requested raises issues on their behalf and				
8	feeds back actions or outcomes	4.3	4	5	4.5
	Service users and staff are informed so that they feel prepared				
9	to have a voice at different involvement events	4.2	3	4.6	4.1
	Involvement meetings are attended by different members of				
	staff including the ward manager or someone who can make				
10	decisions and come up with a plan	4.3	3	4	4
	The service actively encourages people to be involved in a range				
11	of involvement groups both within and outside of the service	3.6	2	4.6	3.3
	There is a way for family and carers to feedback about their				
12	experience of the service and this is used to improve the service	3.6	2	4	3.5
,	Service Average	3.9	2.7	4.1	3.4

(Table Q1105)

# **Regional Involvement Benchmark 2022:**



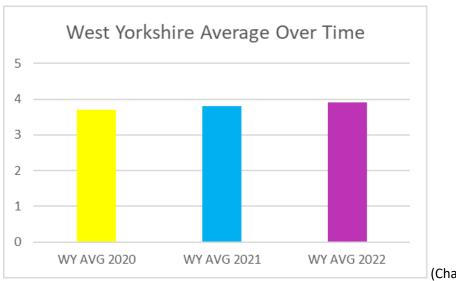
(Chart Q1106)

West Yorkshire are benchmarked against Humber & North Yorkshire and South Yorkshire in Chart Q11006. The average Yorkshire and Humber score is also shown for comparison. West Yorkshire scored in the middle of the 3 provider Collaboratives on Involvement with an overall green RAG

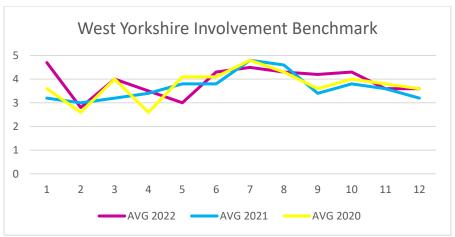


score and average of 3.9/5. Standard 2 and 5 were low scoring in other Provider Collaboratives, highlighting need for wider action. West Yorkshire had no lowest scoring standards overall, and trends of all 3 map very similarly in peaks and troughs. West Yorkshire rated highest on standard 7 and 10, showing multiple options for feedback and knowledge of the complaint system and having involvement meetings attended by different staffing disciplines including decision makers.

#### West Yorkshire Involvement Benchmark 2020 to 2022



(Chart Q1107)



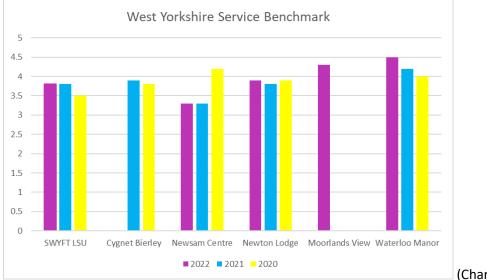
(Chart Q1108)

Over a 3-year period of data collection, involvement has remained a high priority for services and continued to score highly. It was anticipated that through covid and restrictions; involvement process would be stood down, the data shows that West Yorkshire has actually steadily improved in the involvement standards over that time period. A significant improvement can be seen in standard 1, as previously mentioned, showing that opportunities are made available to service users to be involved. Standard 5 has dropped significantly, with less named individuals for involvement identified.

Systems and processes need to be implemented PC wide to ensure equity in opportunity for involvement and to ensure these high standards maintain. Involvement can help drive quality



improvements and ensure that care delivery and experience is high by giving a voice to those who receive care, and those who work on the wards and implement care.



(Chart Q1109)

Waterloo manor has seen a steady increase in involvement standards over the 3-year period shown, as have SWYFT LSU. Newton Lodge have maintained standards around the 3.8 average. Newsam have a reduced score from 2020, the narrative explains a change in staffing through that period and loss of designated involvement role, topped with a difficult covid period and standing down of some involvement processes to maintain safety and care.

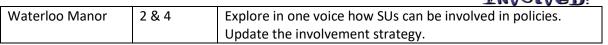
All services have maintained an above average score and green RAG through an incredibly difficult period in health with covid, restrictions, IPC guidance and workforce barriers. These levels have also maintained through the beginnings of the PC and Go Live, offering a solid base to involvement and co-production in the region.

### **Action Plan**

We suggest that each service chooses one or two Involvement standards to focus on as a quality improvement initiative in that year, again in collaboration with service users.

The services have chosen the following standards to action:

SWYFT LSU	5 & 8	Highlight involvement Lead deficit to BDU management.
		Improve communication regarding Advocacy.
Cygnet Bierley	-	No Action Plan Submitted
Newsam Centre	6 & 10	Your Views established weekly, integrated into ward
		structures & timetables, rota so at least one manager will
		attend & variety of disciplines (not just OT)
Newton Lodge	5 & 8	Highlight involvement Lead deficit to BDU management.
		Improve communication regarding Advocacy.
Moorlands View	-	No Actions specified



(Table Q1110)

The Yorkshire and Humber Network will track scoring and actions through individual engagement plans and support improvements to be made.

For Q4 the Provider Collaborative have asked to see a presentation from services showing their progress on actions chosen in Q1, 2 & 3.

The Involvement Network aim to work with the WY PC on developing an involvement and coproduction strategy in line with PC aims and objectives. The Involvement Leads have bid for extra funding to support a broader model of involvement within the region and to support an involvement career structure. The Band 5 Carer EbE Co-ordinator role is due out to advert during Q3.

### **Recommendations/ Observations**

- Involvement standards have been maintained at a high level in West Yorkshire through a difficult three-year period
- Service level commitment to involvement gives a good base for the PC to co-produce from
- A WY PC strategy for co-production/ involvement model is recommended to strengthen
  ward to board communication, broaden scope and offer career progression (further
  information to be provided to the PC and discussion to be had with Clinical Lead and Y&H
  Team.) This would include Involvement roles within service & increased opportunities for
  Service Users/ EbE roles.
- SeQuIn Tool Review Committee to collaboratively review Involvement standards before next 3 year roll out.
- Services to review progress against actions in Q4 and collaboratively present to the PC

### Quarter 2

The 'standards review committee' worked on the Meaningful Activity standards in Q1 to ensure that they were relevant and easy to read. The standards have updated to include Technology, Carers, Inclusion & Diversity.

The momentum of the 'Big Get Together' and a shift with IPC risk assessment has allowed more creative thinking around activity post covid. We hope the standards and action plan discussion will ensure this continues.

Improvements have also been made to the website following service feedback, to try and make the uploading of SeQuIn Tool scores and action plans easier.

We are also trying to embed the Schedule with services and keep to deadlines to ensure we align with Provider Collaborative data collection and KPI's.

Thank you for your continued support of the SeQuIn Tool. Please get in touch for further information.

Report produced by the Involvement Network-September 2022