

Board of Directors - Public

SUMMARY REPORT

Meeting Date:

24/07/2024

Agenda Item:

10

Report Title:	Lived Experience Report Q4 23/24 and Q1 24/25	
Author(s):	Teresa Clayton, Head of Engagement and Experience Team	
Accountable Director:	Salli Midgley, Director of Nursing, Professions & Quality	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Quality Assurance Committee
	Date:	10.7.24
Key points/recommendations from those meetings	<ul style="list-style-type: none"> • Reduce the narrative from the team and focus on service user voice • Consider how to achieve a helicopter view of lived experience • Support for the Patient Carer Race Equality Framework (PCREF) objectives • Assured re: delivery of strategic milestones 	

Summary of key points in report

The Lived Experience Coproduction Assurance Group (LECAG) has overseen the delivery of the Lived Experience Strategies (Engagement & Experience strategy and Carers & Young Carers Strategy). The group has also received a range of papers and presentations that outlines the delivery of work across SHSC related to lived experience. Key points are summarised as follows.

Assurance

The Safe2Share project is underway, and work is on track aligned to the Memorandum of Understanding which has now been agreed and signed.

Progress towards milestones against the Engagement and Experience Strategy for 2023 – The LECAG was assured on engagement activities evidencing milestones are on target to be met. Robust lived experience support and engagement networks run by peers for who work in coproduction with SHSC (Objective 1).

The LECAG are assured that activity delivered under the Carer and Young Carer Strategy ensure that both objectives for 2023 will be met. Robust lived experience support and engagement networks run by peers for

who work in coproduction with SHSC (Objective 1) and Implementation of Triangle of Care Standards across all inpatient wards (Objective2).

LECAG have also been assured on the developing relationships and outcomes from contracted partners working into SHSC wards. Sheffield African Caribbean Mental Health Association (SACMHA) are now directly managing their own contract and the Race Equity Officer is working into wards where restrictive practices are used. The worker will realign to the RESPECT team going forwards as his work is focussed in reducing restrictions.

The Pakistani Muslim Centre have now recruited to their new workers and increased their hours of work for cultural advocacy. Continued feedback is demonstrating an improvement in the number of service users contacted and positive actions taken on the back of feedback.

Sheffield Flourish contract has been renewed and continues to thrive.

Advise

Engagement Leads have continued to work into the wards however absence has impacted some teams. Temporary workers have been introduced for a short period to address this gap. An exit strategy is now in action to enable the focus is currently on community services; recognising that additional resource is embedded in the wards through cultural advocates.

The Quality of Experience Survey that is utilised across inpatient areas has shown key themes for improvement from the feedback to date, the engagement team are liaising with clinical leaders and Heads of Nursing to develop an improvement plan to address this feedback.

Volunteers and lived experience bank activity. During quarter 2 LECAG were alerted to risks surrounding the recruitment of SHSC volunteers and assured that a robust plan to ensure targets for meeting target of increasing the number of volunteers to 46 by the end of March 2023. Quarters 4 and 1 has seen steady progress towards targets, with 43 active volunteers and 8 in process with a further 10 applications received.

Alert

Returns on Friends and Family Test (FFT) dropped during the early part of this year, this was found to be related to the supply of cards and awareness. The use of FFT remains focused in a few small teams with very little take up across SHSC; The engagement team continue to work with an improvement plan which is making some progress however, we are still short of achieving target an average of 200 returns per month as per return data for November 2022.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	x	Information	
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The Board to be assured that the implementation of lived experience strategies continues, that there is evidence of coproduction in specific teams and projects. The lived experience and coproduction assurance group oversee a range of projects and there are further plans for growth and development.

Board to be advised a separate Patient and Carer Race Equity Framework will be presented which overlays lived experience with a racial lens.

Please identify which strategic priorities will be impacted by this report:

Effective Use of Resources	Yes	x	No	
Deliver Outstanding Care	Yes	x	No	

Great Place to Work				Yes	x	No	
Ensuring our services are inclusive				Yes	x	No	
Is this report relevant to compliance with any key standards ? State specific standard							
Care Quality Commission Fundamental Standards	Yes	x	No		CQC regulations under Health and Social Care Act		
Data Security and Protection Toolkit	Yes		No	x			
Any other specific standard?	Yes	x	No		NHSE contractual standards Equalities Act Use of Force Act Human Rights Act		
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		<i>The paper focusses on the positive impacts of working with people with lived experience</i>		
Financial (revenue & capital)	Yes	x	No		<i>Coproduction requires investment across a number of teams and at all levels in SHSC</i>		
Organisational Development /Workforce	Yes	x	No		<i>Working in coproduction is a skill set, more focus is required in equipping a range of staff with these skills</i>		
Equality, Diversity & Inclusion	Yes	x	No		<i>Ensuring equity and inclusion across coproduction work is critical.</i>		
Legal	Yes	x	No		<i>Contractual issues are considered</i>		
Environmental Sustainability	Yes	x	No		<i>Working with people from Sheffield in local projects supports sustainability.</i>		

Title	Lived Experience Report January 2024 – June 2024
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1. Summary of engagement work

The Lived Experience Coproduction Assurance Group (LECAG) was assured that the engagement work continues to progress towards targets for delivery as outlined in the Strategies. Engagement work was delivered under the key areas identified below:

1.2 Inpatient Ward Engagement

The Engagement Leads continue to work to embed and empower service user voices and utilise feedback on patient experience to improve service delivery and quality of care. This work has included speaking with individual service users and carers to gain an understanding about their experience of care and gathering feedback with a view to making small changes that lead to a big impact on the care we give.

During Quarters 4 & 1, the Engagement Team was boosted by 2 temporary secondments to the Engagement Lead role. The Leads have been instrumental in actively providing increased face to face work with SHSC care homes and community services.

Direct outcomes from service user feedback have included practical actions leading to improvements in dignity, safety, and ward environment. This includes improvements in staff continuity where agency staff members were block booked for continuous weeks to aid in building rapport with service users.

- Ward & Service Visits January – June 2024: 35

Key achievements in this period include:

- The Service User Support and Engagement Group (SUSEG) held Spotlight Session 3 with Sheffield Dementia Involvement Group (SHINDIG) on 16/05/2024.
 - Purpose: A review of coproduction with those living with dementia and their carers by bringing together Experts by Experience and staff from varied disciplines. This was done with the aim of supporting current co-production activities in the service and facilitating meaningful service user engagement.
 - Outcome: Good practice discussed and explored within the session will be used as an example for involvement of those living with dementia.

From Q4, the Engagement Leads have implemented an exit from ward-based work into community services. Inpatient services and community meetings will continue to be supported by AHP staff and nursing team colleagues. Cultural advocacy workers are firmly embedded in services and provide regular contact and escalation routes with the Engagement Team as appropriate. This has allowed the Engagement Leads capacity to work more broadly across SHSC community-based teams, principally:

- Community Mental Health Team (CMHT) North
- Community Mental Health Team (CMHT) South
- Early Intervention Service (EIS)

1.3 Engagement Team Visibility and Impact

- Attended Fundamental Standards of Care Visits on inpatient wards during Q4 – 1
- Attended Culture & Quality Visits – Community Enhancing Recovery Team (CERT) – Q4 – 1
- North Community Mental Health Team (CMHT) Service User Event

Feedback on care homes – during Q4, the Engagement Lead has created and trialled an icon/image-based feedback form adapted from the Quality of Experience survey. This was implemented following feedback from staff on site and 1:1 sessions with service users.

Service User Involvement Pathways – work is ongoing to increase awareness of opportunities to become involved in the work of SHSC and increase membership of the SUN: RISE, and SUSEG groups – through internal teams, updating the website, Jarvis page and through partners such as Flourish and RETHINK.

Spotlight on Eating Disorders Service

The Engagement Lead has worked with Sheffield Eating Disorder Service (SEDS) to co-produce a survey with Experts by Experience and staff to enable service specific feedback

and support current improvement developments. The survey went live on Qualtrics on 1st March 2024. Posters were created to promote the survey and a link was added to the 'Eating Disorder Service' page on the Trust website.

Since launch, 40 responses have been received from 25 service users and 15 carers.

Feedback examples include –

- “Outstanding support from X, being able to email if there are major concerns. and being able to email a progress summary across before appointments has been really helpful as a carer, liaison with school has also been incredibly helpful.”
- "Contact service users on a regular basis to check in whilst on waiting list to give them the feeling you care”.

Some early indicators from carers and service users on the quality of care include:

- 64% of carers responded that they felt either not at all or not very involved in the plans made for the treatment of the person they care for.
- 73% of carers responded that they were not asked about their wellbeing or any support they need.
- 54% of service users responded that they rated the service as ok, good or excellent.
- 69% of service users responded that they felt that the service did not clearly explain the pathway of their care at the beginning.

Feedback examples include –

- “They would say they were going to send us letters about the timetable and things like that and then we'd never receive any, we'd be told one thing and then the same day it would completely change, not very organised.”
- “My therapist has been more kind and supportive than I could have wished for.”

The SEDS service is undertaking work to address some of the issues raised in the Feedback and a meeting arranged in July to work together with the Engagement Team, the Engagement Team will feed back to this Board.

1.3 Out of Area Contact

The Engagement Team continue to contact service users who are placed out of city as it is known that out of city placements are a difficult experience for many service users and their carers and support networks. Processes ensure a rapid escalation route through service user voices when required. Recurrent themes relate to some service user feeling isolated and uncared for.

During Q4, the Engagement Leads were unable to meet the Key Performance Indicators (KPI's) due to extended sick leave in the team. With the increased capacity within the team later in Q4 through to Q1, there has been continued activities to build positive relationships with staff in out of area placements to improve access to and outcomes for our service users who are out of city and raise concerns where necessary.

Key Achievements in this period include:

- Connected calls made to contracted and 'spot purchase' beds – January to June 2024 - 27
- Number of successful service user feedback gathered - 26

- Placements contacted - 11

Feedback examples include –

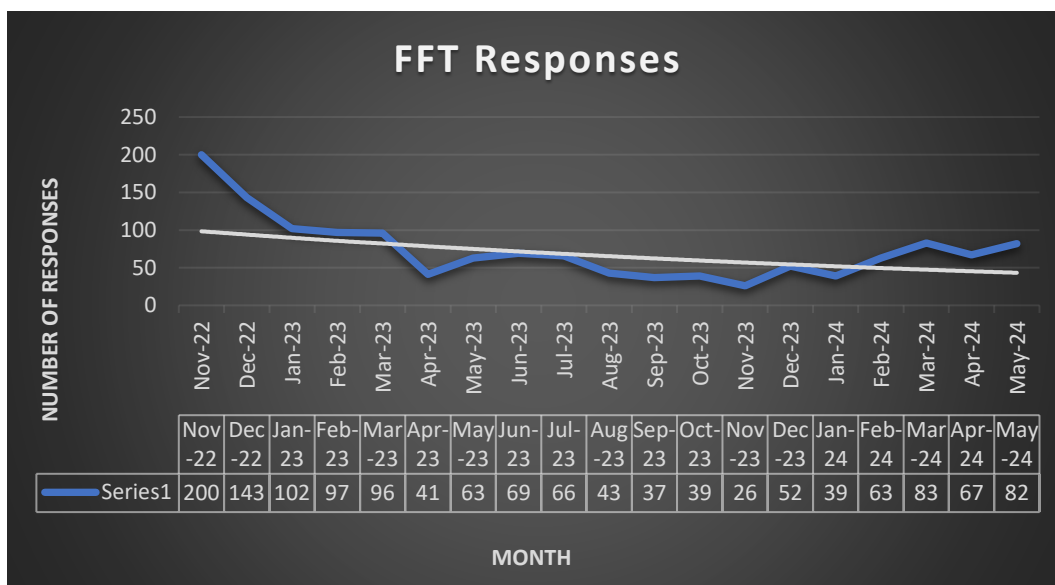
- “The staff are really helpful. There’s lots of room for me to get some space although it does feel institutionalized with things like lining up for medication and having to be escorted in the garden.”
- “Staff in Sheffield know me. It makes it worse that I’m far away.”
- “Staff always seem too busy. Maybe they are understaffed, I don’t know but that’s how it makes me feel.”
- “I just want to say that it has been absolutely fabulous and that I am so grateful.”
- “...staff are very helpful and supportive. Nothing is too much trouble. They are so nice. Even when the staff are busy, they still ask if I’m ok, they are very supportive.”
- **Are you getting visits?** “No, because it’s too far to travel.”
- **Do you feel comfortable there?** “Yes, the staff are really helpful. There’s lots of room for me to get some space although it does feel institutionalized with things like lining up for medication and having to be escorted in the garden.”

Concerns escalated and acted upon by SHSC bed manager include:

- Repatriated service user raised concerns through Engagement Leads through the OOA phone calls, this has led to service user is now back in Sheffield and getting support from our SHSC services. Concerns raised include:
 - **Are your needs being met?** “No, I have Autism, a learning disability and speech impediment. The environment is hard for me with too much noise.”
 - **Are you aware who your named nurse is? What about your contact nurse for the day?** “I know who they are, but they are not very supportive. It’s like they are on a power trip. It makes me feel demoralised when they take things away from me and don’t explain why. I’m always told things like it’s not in my pay grade. I don’t feel heard or listened to and it makes me feel numb and angry.”
 - **Have you been restrained or secluded during your stay? If so, have you had the chance to talk about it with your staff?** “Multiple times and I just get put back on the ward after. Nobody speaks to me about it.”
- Governance routes and escalation points have been confirmed with the SHSC bed manager and senior head of service, in conjunction with clarifying communications channels for improving transparency over plans for service users repatriation to Sheffield.
- Enabling service users’ connection to family and friends.

1.4 Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It’s a quick and anonymous way to give your views after receiving NHS care or treatment.



The Engagement Team has continued to closely monitor the FFT responses in this 6-month reporting period. The response rate has continued to remain below the Trust aspiration rate of 5% of the total patient contacts giving feedback. However, in this period, we have observed improvements in the response rate, which is now consistently over 1%, with a top response rate observed at 2.14%. Overall, most returns to SHSC are positive and the average never falls below 95%.

In this period, the Engagement Team has commenced an improvement plan to increase the level of responses, with a target of 200 responses per month. News story has been published on Jarvis describing how services can renew their FFT card supply and processes have been established with admin staff in services. Over 2000 FFT cards have been circulated Trust wide to services expressing a need for a renewal of supplies. An FFT questionnaire has gone live on Qualtrics as an online medium for providing feedback – accessible via QR code and marketed on Jarvis, SHSC external website, and posters circulated to services. The Engagement Lead has worked with PMC colleagues to create pre-recorded radio broadcast message raising awareness for the engagement tool within the Trust.

The Engagement team continues to work with services to reach the target of 200 returns per month.

Direct quote examples of positive feedback received are shown below:

- “Felt very nervous about coming with my husband. There was no need at all. Very non-threatening environment.” – **Community Dementia Support Service**
- “They are helpful and friendly. They listened to me and understand my mental health.” – **CMHT North**
- “The North team have helped me so much. They are all very knowledgeable and understanding. Thanks for the support.” – **Early Intervention Service (EIS)**
- “Very professional, friendly manner. Very informative. Helpful.” – **Memory Services**
- “Always go above and beyond, helped me with something really serious.” – **Mental Health Recovery Service South**

- “The course givers are a fab bunch that made me feel at ease and able to explore all parts of my behaviour and why I might act the way I do.” – **Short Term Educational Programme (STEP)**
- “I have only ever had good experiences with your clinic since I started attending in 2018. From the reception staff to the medical team, I have been treated with respect and sensitivity and my care has been at the forefront of every interaction. I could not ask for a more professional service by all involved.” – **Sheffield Adult Autism and Neurodevelopmental Service (SAANS)**

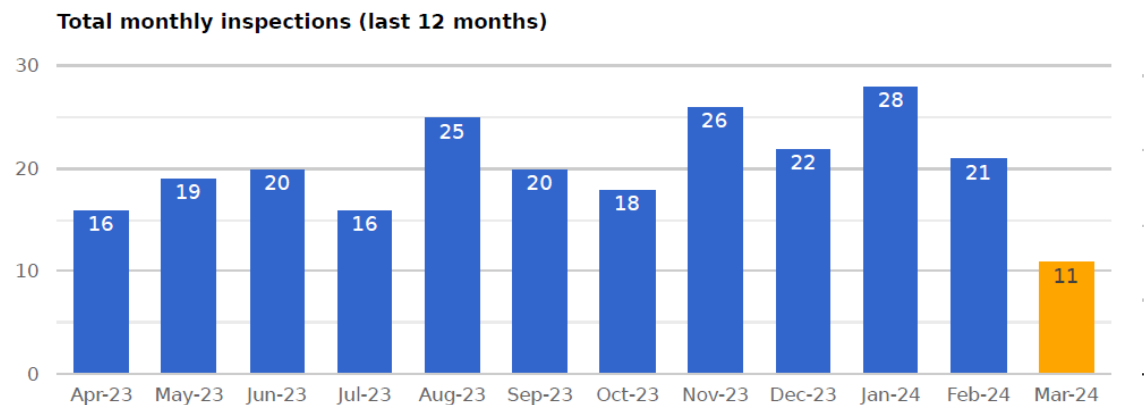
The Engagement and Experience team continue to share this feedback via the document library on Jarvis. FFT quotes will be shared on externally on our social media (X, Facebook, Instagram) and then internally through our Facebook staff room group.

SHSC may need to acknowledge that FFT is not a preference for many of our service users to give feedback despite extensive efforts to promote the feedback mechanism. The engagement team has implemented an improvement plan conducted extensive activities for 6 months with only marginal increases in FFT submissions. We will continue to work on a range of routes to give feedback with clinical services.

1.5 Quality of Experience Survey

The Quality of Experience Survey was codesigned by service users to understand experience in the inpatient wards. It is administered with support from the engagement team, volunteers and other professionals via a tablet and is part of the Tendable audit plan.

The graphics below outlines the number of surveys carried out with service users by ward. The drop in figures from January 2024 could be attributed to the Engagement Team moving their focus onto community services, therefore, less resources available within in-patient services to complete surveys with service users where appropriate.



Work is underway to consider how this survey will be replaced as Tendable ceases use in the organisation. Safe2Share will be one mechanism and it is known that survey fatigue is an issue for service users on the bedded areas.

1.8 Coproduction Toolkit

This was a commissioned piece of work with Sheffield Flourish previously presented to QAC. The toolkit has been shared and promoted however it is currently with publishers, having

digital links processed for activating to create a live document which engages staff. Plans for ongoing dissemination and introduction to SHSC, through:

- 6 monthly Review, map and share feedback and learning, prior to self – assessment return dates, as part of coproduction support.
- Used as the basis for SUSEG -Spotlight sessions, started in quarter 2 and to continue quarterly.
- Introduction session at events, e.g. QI Collaborative Learning as opportunities identified throughout started and to continue to end of quarter 1 30th June 2024.

1.9 Quality Improvement engagement events

The BMJ/IHI Quality Forum

Two sessions proposed by colleagues from the Trust were presented at the International BMJ/IHI Quality Forum that was held in London in April 2024. We had two speaker proposals that were accepted, these were:

- A 30-minute session titled “Co-production through equal partnerships: chairing transformation programmes together” – presented by Dr Hassan Mahmood (Clinical Director), Adam Butcher (Expert by Experience) and Parya Rostami (Head of QI)
- A 1-hour session titled “*Less talk more action: partnering with community leaders to reduce race inequalities*” – presented by Salli Midgley (Executive Director of Nursing, Quality and Professions), David Bussue (SACMHA Service Director), Parya Rostami (Head of QI) and Gambia Gambia (Race Equity Officer).

There are also a number of posters that were presented including:

- Learning from an Improvement Collaborative focussing on mental health service waiting lists
- Improving patient feedback mechanisms to enable change on a Psychiatric Decisions Unit
- “*Less talk more action: partnering with community leaders to reduce race inequalities*”

Attendees provided very positive feedback for the Sessions. E.g. Martin Hogan from the Professional Nurse Advocacy Forum commented “*I loved your break out session “less talk more action: partnering with community to reduce race inequalities” So powerful, brilliant and critical as a staff and patient. Safety issue! I took away so much learning. Exceptionally presented. Well done!*”

2. Summary of progress with the Service User Experience and Engagement Strategy 2022-2026

2.1 Service User Engagement and Experience strategy milestones shown below:



2.2 Progress towards milestones for 2023

As evidenced by the summaries of activities delivered throughout Quarters 4 – 1, work continues with increased capacity through the temporary secondments to progress, approved by the LECAG in November the work delivered assurance on the delivery of milestones for 2024 and mitigated risks to completion.

- **Robust lived experience support and engagement networks run by peers for who work in coproduction with SHSC.**

During 2023/2024 SHSC service user and carer involvement pathways have been coproduced, and developed led by our service users carers and Experts by Experience, with support from staff and community organisations. These groups continue to grow and develop to provide robust engagement networks for coproduction activities. The tier 3 groups Sun: Rise, and Carers Open Door, have now recruited to being able to be chaired solely by those with lived experience with continued support from the Engagement and Experience team.

Increasingly, our lived experience colleagues are leading in the construction of networks of support and new groups are being created. Throughout quarters 4 and 1 work has been undertaken at the request of our Experts by Experience for a new coproduction group to be formed specifically supporting our Lived Experience Colleagues and the second meeting of this group will be in July is intended to raise system issues and provide peer support to our Experts by Experience in mental health services.

In February LECAG agreed that milestone 3 ‘Care Opinion’ for 2024 be replaced with increasing FFT responses and adding Safe2Share.

- **Publication of the Patient and Carer Race Equity Framework (objective 2).**

Please see section 11 below.

3. Update on coproduction standards and learning from last review

Every 6 months, services are asked to complete a self-assessment of a project or their business as usual on the coproduction and service user involvement that takes place. The

current phase of returns is open and the results will be reported into the August LECAG meeting.

From the recent assessments improvements can be seen predominantly in how services are becoming more conscious of health inequalities, needing support to become more connected to the communities for coproduction, developments and ensuring they are accessible to people.

In addition, during quarter 4 an impact measurement tool is being developed to launch later in the year, to better understand and evidence the impact of a coproduction approach.

4. Summary of work on carers

The Triangle of care is an alliance between the service user, staff member and the carer, valuing that carers are key partners in providing best care in mental health services, implementing the Triangle of Care standards is an investment in safety, quality and continuity of care.

During quarters 4 and 1 work was undertaken by the Carers Lead with support from the Quality Improvement manager to complete the Triangle of care (TOC) submission report which evidenced the carer involvement work of 17 SHSC services to the Triangle of Care Trust (oversight organisation which provides accreditation). The report together with the service self -assessments under the key standards were evaluated, and a summary was presented to the Triangle of Care peer support panel, in May, SHSC was awarded the first star award for completing stage one of the Triangle of Care accreditation which is for In patient, crisis and care home services.

Feedback from the panel commended SHSC for its transparency and honesty which 'shone' in the submission, it also thanked our lived experience carers for their attendance at panel and testimonials and the commitment of senior leadership at SHSC, in taking a system change approach.

Work on planning stage two of the process ready for later this year has commenced, this work focusses on our community services, continuing to work hard and building on the good progress we have made integrating the Triangle of Care standards.

SHSC Initiative : The Carers Big Count

This is a unique opportunity that will take place every year during National Carers week (for 2024 this will be 10th – 16th June). Data from the Carers Big Count will give us a picture of our carers recorded on a patient's electronic record. Knowing who our carers are will:

- Ensure carers are supported
- Carers can participate in service improvement
- Involve carers in treatment plans
- Improve awareness of available support services available for carers
- Enhance their ability to provide ongoing support and care
- Improve outcomes for service users
- Provide an opportunity to gather information about our carers as accurate as possible

Despite significant promotion of the initiative there was little variation in the recorded characteristics of service users related to carers.

4.1 Carers involvement pathway

SHSC has two carer specific involvement groups. The Carers Action Group, which works to ensure that Carer involvement is turned into actions, drives strategy, and gives assurance to our work. The Carers Open Door Group provides a forum for all carers of people using our services to receive key information and offer feedback and input. Both groups are part of

ongoing focused work to increase attendance, develop and maintain SHSC carer networks both internally, via community partners for example Sheffield Carers Newsletters and Sheffield Flourish social media platforms/Sheffield Mental Health Guide.

During the quarters 4 and 1 the carers lead has worked to promote the SHSC groups and gathering feedback from wider carers groups including – the Modern Matron Older Adults Coffee morning, SACMHA Black carers group, SHINDIG carers.

Carers Open Door is now carer chaired and led by lived experience carers supported by the Carers Lead and Engagement team.

4.2 Carers Events

The Carers and Young Carers Appreciation Event was celebrated for the second year running and was held at the Town Hall during National Carers week. This year the event was expanded to include and thank SHSC staff who also identified themselves as carers. The event was opened by the Lord Mayor, who stayed to personally thank our SHSC carers and young carers, including the staff and community organisations that support them. The event was sponsored by the Sheffield Hospitals Charity, and over £100 was also raised for residents at Woodland View Care Home to go towards gardening equipment and headphones.

5. Summary of progress on Carers and Young Carers Strategy 2023 – 2026



Robust lived experience support and engagement networks run by peers for who work in coproduction with SHSC (Objective 1)

During 2023, work to coproduce an involvement pathway for carers and young carers was undertaken and this has led to the creation of two new carers groups, the Carers Action Group

and the Carers Open Door Group. These work in these groups is led by carers and Carers open door will is now solely led by carers with the support of the carers lead.

Through the course of the year the carers lead has also supported community led carers groups to grow and work to coproduce with SHSC.

Implementation of the Triangle of Care Standards across inpatient wards, crisis and care home services (Objective 2) has now been completed with SHSC receiving the first star award accreditation in May.

6. Safe2Share Project

SHSC was successful in attaining funding to pilot the use of a live feedback tool on behalf of NHSE National Inpatient Transformation team.

The Safe2Share tool will be a web-based solution that will allow service users, carers, and their support networks to provide anonymous 'real time' feedback on their care and experiences to drive service improvement and ensure continued high-quality care.

The feedback back will be shared with provider staff as well as Commissioners at Sheffield Place South Yorkshire ICB. This is aimed to build an understanding of whether the care being provided is person-centred, strengths based, and trauma informed. The feedback will also be used to indicate issues where more resources may be required. This tool may also be used to address health or other inequalities in access to care or the care received.

Progress updates include:

- The purpose of the Safe2Share has been outlined with the EbEAG while reviewing gaps in the feedback mechanisms utilised by the Trust:
 - Enhancing service quality and safety.
 - Amplifying user voices and empowerment.
 - Facilitating early issue detection and resolution.
 - Fostering collaboration among various committees.
- An academic evaluator from The University of Sheffield (TUOS), Vyv Huddy has been identified and an evaluation protocol has been drafted.
- A Communications Plan has been created for ensuring all necessary stakeholders have timely information and updates on the project.
- A rollout plan has been drafted with clinical leads and members of the project team:
 - Stanage: From 11th July 2024
 - Burbage: From 5th August 2024
 - Dovedale 2: From 5th August 2024
 - Endcliffe: From 19th August 2024
 - Forest Lodge: From 19th August 2024
- Commissioner input identified as Stephanie Kirk (Quality Manager, Sheffield Place).
- Mindwave have developed the tool which has now undergone first round of User Acceptance Testing with services in the rollout plan.

The 10-item questionnaire developed through several co-production workshops with the advisory group, has been designed to form the Safe2Share tool to capture experience of care on the inpatient wards and flag areas of concern – see appendix 1:

Contracted Engagement Work

7.Summary of Flourish work

Sheffield Flourish is a long-standing partner since the charity grew out of SHSC in 2012. Their contract has historically been on a rolling basis and was renewed for a further three years from April 2023. They focus on the following objectives:

7.1. Provide opportunities and links into community support for SHSC.

Continuing to deliver on mental health friendly groups, these include:

- Brunsmeer Awareness Football Club – this is a mental health friendly football club running weekly sessions for men and women which also and offers training opportunities.
- CAST - this is a friendly group of artists, writers and people who want to try out being creative for the first time.
- Oasis – is a mental health friendly gardening and food growing enterprise, welcoming people from all walks of life.
- Open Door Music - is a mental health friendly group where people get together to jam, socialise, build friendships and pursue musical ambitions.
- Connected Worlds - run storytelling and art-based courses to connect people and provide a creative space for them to tell and transform their stories of everyday life.
- Flippin' Mental Theatre - is a community enterprise working to develop theatre activities and productions around the theme of mental health.
- Learning Space - is designed to enable people to access mental health friendly courses, workshops and learning opportunities in Sheffield.
- The Digital Creators Group - use technology to bring together different pieces of work and support the creative collaboration of the groups across the Flourish community.

7.2 Provide mental health friendly communication, information and signposting for SHSC service users, including digital inclusion support.

- Flourish have continued to reach 33,998 people during Q4 through their digital tools on the website and provided digital inclusion training sessions on the wards. Further work has been scoped to improve digital inclusion across SHSC and engages with the Safe2Share project team. We estimate the reach will be similar for Q1, but results are yet to be tallied.
- Flourish have produced 10,000 physical mental health guides [Q1] that will be distributed during this year and have information on 325 mental health friendly services both within and external to SHSC.

7.3 Support SHSC to co-produce and co-design service, policy and practice in partnership with people with lived experience of mental ill-health.

For example, during quarters 4 and 1 they have:

- Delivered on Coproduction toolkit to support SHSC services.
- Co-chaired the Service User Support and Engagement Group.
- Supported a number of events including Quality Improvement Collaborative learning events.
- Produced cancer alliance booklets with accompanying animation to communicate information on screening practices and to improve public awareness.

- Attended in-patient wards offering digital inclusion support, which included data enabled cost-free SIM card plans and a number of donated handsets where needed.

7. 4 Over the next three years digital inclusion training to patients will focus on the roll out of Rio and the implications for patient records and patient safety recording.

This was a new objective added into the new 3-year contract.

8. Summary of SACMHA work (Sheffield African Caribbean Mental Health Association)

From October 1st2023, SACMHA devolved from support via Sheffield Flourish to directly manage their contract with SHSC on the Race Equity programme. SACMHA's Race Equity Officer has continued focus on inpatient areas and the use and avoidance of use of restrictive practices. Reporting on this work is covered through the Least Restrictive Practice Oversight Group as this work plan is now aligned to the inequalities experienced by communities marginalised by their race in our wards and the use of restrictions.

A new Community Research Link Worker (CRLW) has been recruited who will be supporting us to evaluate our SHSC PCREF through the MHIN - Process Evaluation.

9. Summary of Pakistan Muslim Centre work

The Pakistan Muslim Centre (PMC) contract has been longstanding in SHSC and managed through operational services as the "Enhancing Pathways Into Care" project. The workplan was reviewed by the Director of Nursing and the contract formally moved into the engagement team in 2023 with a view to learning from Edenfield and PCREF requirements. Following discussion and learning from existing evaluations the project was redesigned and focussed on Cultural Advocacy, entitled "Being There" focusses on providing informal advocacy which is culturally appropriate and offered out of hours including evenings and weekends.

The project aims to recognise the diverse needs of service users admitted to our wards and the need for independent eyes and ears to gain experience feedback from all service users. The new contract was enhanced with additional funding from the engagement team restructure to support more hours.

Reporting takes place quarterly and in the past two quarters has evidenced engagement with service users identifying from a range of backgrounds.

Over the last 6 months 185 service users were supported by the service and a further 59 accessed support in the community at PMC.

Areas of support covered by the cultural advocacy link workers continues to include helping staff to understand cultural and religious issues, helping to facilitate requests for a gender specific advocate. In addition, practical, support for example, prayer and worship including the provision of prayer mats and ensuring access to Halal food options and providing accessible access to Bible and other spiritual materials.

Further support has been offered including encouragement to engage in positive activities, for example gym equipment and musical instruments where available, participation in games and activities and supporting 'ground leave'.

In addition, the advocates have spent 1:1 time listening to, hearing service users experience and concerns, talking to family and friends where requested, signposting to additional support, for example finance and housing issues.

Also, the Cultural Advocate Link workers continue to work together with SHSC staff to educate and increase their awareness of cultural issues, service user translation needs, and escalate any concerns as appropriate.

Sample of feedback includes:

- Service Users: "The support I received through the 'Being There' Project has been life changing. I felt understood and valued."
- Staff: "Working with PMC has enriched our understanding of cultural dynamics and improved our care delivery."

PMC has also supported shared learning through presenting their work at the Quality Improvement Forum and are participating in the evaluation process of the PCREF with Sheffield University.

10. Community Mental Health Wellbeing Workers

The Quality Directorate has identified a small pot of funding to develop these new roles. The Engagement team are collaborating with community groups and leaders to bolster mental health and wellbeing among the city's residents, ensuring equitable access to services that enable individuals to live fulfilling lives. The Mental Health Wellbeing Workers will be stationed within specific racialised community groups in Sheffield, dedicating scheduled days to promote enhanced wellbeing opportunities tailored to address the mental health needs prevalent in these communities. University of Sheffield and the Mental Health Implementation Network (MHiN) will ensure effective evaluation of the Mental Health Wellbeing Workers initiative. Focus will be on the processes involved in implementing, highlighting areas of success, and identifying opportunities for improvement.

11. Patient Carer Race Equity Framework (PCREF)

Each NHS mental health trust and mental health providers will be required to have a PCREF delivery plan in place by the end of the financial year in 2024/25.

- During the period January 24 to June 24 a series of consultation events were held across the voluntary sector, SHSC services and other key forums to identify the key priorities for our PCREF delivery plan.

The results were 5 key areas which are:

- **Integrating Advance Choice Directives into our practices**
- **A co-designed Governance Structure**
- **Introduction of Community Development Workers**
- **Develop a 'How to Toolkit' for each national organisational competency**
- **Develop a multi-faceted Communications Plan for staff, service users and community networks.**

These 5 priorities will form the basis for further consultation with all stakeholders as we work on the final delivery plans. A focussed strategy session took place with Board in June to discuss the inequalities, population health and equity. The outlined areas were discussed in context of this work and agreed for further development prior to final ratification.

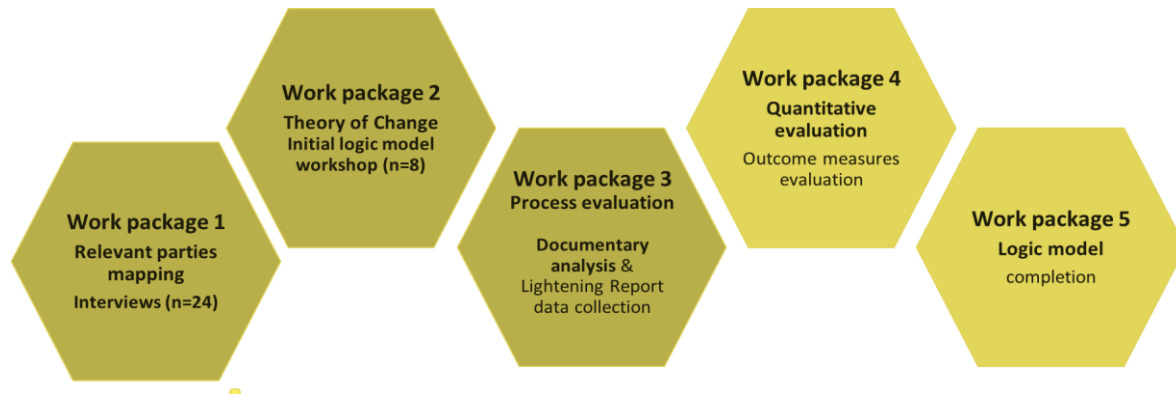
11.1 University of Sheffield and the Mental Health Implementation Network (MHiN) update.

The PCREF Implementation Evaluation is now in its second (and final) year.

The main output deliverable from the project will be a programme logic model detailing the underlying PCREF logic that is being implemented via the SHSC PCREF Delivery Plan. We

will use the findings arising from the implementation activities to finalise the logic model and to produce implementation guidance to support future work in Sheffield as well as the implementation of PCREF at other sites given that it is now a mandatory requirement for all NHS Mental Health Trusts and Mental Health providers.

The Sheffield PCREF Implementation Evaluation Research Design



Further information about the research work packages is available by request

The SACMHA Community Research Link Workers (CRLW)

We have recruited three CRLWs as peer researchers, employed by SACMHA. All three have been supervised and trained in the project, which has allowed for the development of good working relationships. Lightning report training has also been provided. Having peer researchers involved in the project from the beginning has proved invaluable for the building of their research capacity and the launch of the third work package. With their research knowledge and confidence increasing they have felt able to take responsibility for the creation of the lightning reports which forms the main data collection tool for the work package.

Progress will be continue to be updated to this Board.

11. Volunteers and lived experience bank activity

During quarter 2 LECAG were alerted to risks surrounding the recruitment of SHSC volunteers and assured that a robust plan to ensure targets for meeting target of increasing the number of volunteers to 46, this plan remains in place.

11. 1 Progress against targets

There has been a steady improvement in the recruitment of SHSC Volunteers with the move to Trac applications increasing the number of applications received are now 34 active volunteers, 8 in process which brings the number of recruited volunteers to 42, A further 10 applications have been received by the end of Q1.

The Engagement team are in process of reviewing the volunteer process and implementing changes to the teams way of recruiting and working with volunteers.

Over this period there have been:

- 59 applications received.
- 23 interviews offered.
- 13 successful applicants.

- Total of 34 active volunteers with 8 actively being processed,
- Re-advertised Volunteer vacancy on NHS Jobs 10 applications
- Coordination of training for volunteers/Experts by Experience aligned to policy

Volunteers are placed throughout the following areas.

- Woodland View
- Community Enhancing Recovery Team (CERT)
- Community
- Co-Chair LECAG
- Interviews
- Visits- PLACE, Fundamental Standard Visits
- Safeguarding
- Short-Term Educational Programme (STEP)
- Carers Groups
- Safe 2 Share
- Quality and Safety Groups
- Uganda Project
- Eating Disorders
- Chaplaincy
- Forest Close
- Restrictive Practise Group
- Tabernacle Church Hillsborough-Art Group
- Long Term Neurological Conditions (LTNC)

Appendix 1

1. Safe2Share Project Question Set - Service User Portal

CARE AND TREATMENT

1. I have a say in my care and treatment.

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strongly
Disagree | Disagree | Agree | Strongly
Agree |

2. I have had my legal rights explained to me by a member of staff in a way that I can understand.

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strongly
Disagree | Disagree | Agree | Strongly
Agree |

MEDICATION

3. I have the opportunity to discuss my medication and side effects.

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strongly
Disagree | Disagree | Agree | Strongly
Agree |

STAFF

4. I feel that staff understand how my illness affects me.

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strongly
Disagree | Disagree | Agree | Strongly
Agree |

5. I feel that staff treat me with respect and dignity.

Strongly Disagree Disagree Agree Strongly Agree

THERAPY AND ACTIVITIES

6. I think the activities on the ward meet my needs.

Strongly Disagree Disagree Agree Strongly Agree

ENVIRONMENT

7. I find it easy to keep in contact with family and friends when I'm on the ward.

Strongly Disagree Disagree Agree Strongly Agree

8. I feel safe on the ward.

Strongly Disagree Disagree Agree Strongly Agree

DIVERSITY

9. I think staff respect my cultural background.

Strongly
Disagree

Disagree

Agree

Strongly
Agree

10. The ward environment can be busy. I believe I receive good support for any additional physical or sensory needs.

Strongly
Disagree

Disagree

Agree

Strongly
Agree

ANY OTHER COMMENTS

e.g., I was made to feel welcome when I arrived on this ward. Staff maintain my dignity and respect during conflict on the ward. Staff take an interest in me. I trust the staff to do a good job.

2. Safe2Share Project Question Set - Carer & Support Network Portal

CARE AND TREATMENT

1. The person being cared for has a voice in their care and treatment.

Strongly Disagree Disagree Agree Strongly Agree

2. Our legal rights have been explained by staff in a way we can understand.

Strongly Disagree Disagree Agree Strongly Agree

MEDICATION

3. The person being cared for feels able to discuss their medication and side effects.

Strongly Disagree Disagree Agree Strongly Agree

STAFF

4. Staff understand how the person being cared for is affected by their illness.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Agree	Strongly Agree

5. The person being cared for feels respected here.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Agree	Strongly Agree

THERAPY AND ACTIVITIES

6. The person being cared for has their activity needs met.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Agree	Strongly Agree

ENVIRONMENT

7. The person being cared for is able to easily keep in contact with family and friends.

- Strongly Disagree Disagree Agree Strongly Agree

8. The person being cared for is safe here.

- Strongly Disagree Disagree Agree Strongly Agree

DIVERSITY

9. The person being cared for has their cultural background respected.

- Strongly Disagree Disagree Agree Strongly Agree

10. The ward environment can be busy. The person being cared for receives good support for any additional physical or sensory needs.

Strongly
Disagree

Disagree

Agree

Strongly
Agree

ANY OTHER COMMENTS

e.g., The person being cared for was made to feel welcome when they arrived on this ward. Staff take an interest in the person being supported. I trust the staff to do a good job.