



Board of Directors - Public

SUMMARY REPORT

Meeting Date: 24 January 2024
Agenda Item: 12

Report Title:	Lived Experience Report	
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:	10.01.24
Key points/recommendations from those meetings	Quality and Assurance Committee requested that the next report include a focus on the feedback and experience collated through the various mechanisms to give assurance to Committee that we hear and act upon feedback.	

Summary of key points in report
<p>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.</p> <p>Assurance The contract for Safe2Share was finally signed between SHSC, NHSE and the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative. The project team have commenced work and are actively recruiting to the Lived Experience Steering Group.</p> <p>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).</p> <p>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).</p>

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. Initial feedback is demonstrating an improvement in the number of service users contacted and positive actions taken on the back of feedback.

The 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 development to enable the focus to move to community services from April 2024; recognising that additional resource is embedded in the wards through cultural advocates. The additional capacity has enabled a specific piece of coproduction work in the Eating Disorders service to cocreate an experience survey which will support feedback and improvement work at service level.

Out of area contact with service users increased during Q3 and has led to a small number of concerns being raised with SHSC out of area bed manager to ensure service users are having their needs met. The engagement team act as a patient safety flag to raise concerns and give positive feedback on their care whilst being cared for by a subcontracted provider.

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 will liaise 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. Quarter 3 has seen steady progress towards targets, with 11 people recruited and the training programme coordinated in alignment with policy.

Alert

Returns on Friends and Family Test (FFT) dropped during the period and this was found to be related to the supply of cards. The use of FFT remains focused in a few small teams with very little take up across SHSC; an improvement plan has been requested of the engagement team to achieve an average of 200 returns per month as per return data for 2022.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	Assurance	x	Information
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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.

The Quality Assurance Committee agreed that separate reporting on PCREF will continue and support a discussion through Board over the next 6 months about the governance to support this framework and delivery plan.

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>Work ing 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 July 2023 – December 2023
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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 service user voice and utilise feedback to improve service delivery and inform service changes, this work has included speaking with individual service users 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 2 & 3 due to changes within the Engagement team, 2 temporary Engagement Leads have been seconded to work in the Engagement and Experience team. Having

completed induction, workers are actively providing increased face to face work where sickness has previously impacted on specific wards.

Actions implemented from service user feedback have included practical elements leading to improvements in dignity, to safety and environment over a range of areas including, Coproduction on 'Place of Safety' designs, bathroom stalls, special dietary requirements being accommodated, the purchase of noise cancelling/reducing ear buds - reducing friction on wards and better consideration for wheelchair users.

- Ward Visits June – December 2023: **56**

Key Achievements in this period include:

- Service User Support and Engagement Group (SUSEG) Spotlight Session 1: Endcliffe Ward - Theme: Multi-Disciplinary Team (MDT) meetings. Collaborative approach by Experts by Experience and staff from varied disciplines to review current MDT practices on Endcliffe, with the aim of reducing barriers to better facilitate meaningful service user engagement.
 - Outcome: Following group discussions, key actions taken onboard by ward management to improve MDT process on the ward.
- Service User Support and Engagement Group (SUSEG) Spotlight Session 2: Estates – 'The Big Move', collaboration on the impact on service users and carers during the renovation and restructure of inpatient wards.
 - Outcome: increased understanding of planning for service user involvement during the restructure.

It was agreed that from Quarter Four the Engagement Leads will now implement an exit strategy to move on from ward based work into community services. Inpatient services have had over 18months of Engagement Lead input and the community meetings can be led by AHP and Nursing colleagues, feeding back through to the Engagement Team as appropriate. In addition, cultural advocacy colleagues are also now established into the inpatient environments, and provide a rich source of feedback and independence which gives the Engagement Leads capacity to work more broadly across SHSC community based teams.

A plan for the Engagement Leads approach to community services for the next year will be presented to LECAG in February 2024.

1.3 Engagement Team Visibility and Impact

- Attended Fundamental Standards of Care Visits on inpatient wards during Q3 – 4
- Culture & Quality Visits – Community Mental Health Teams (CMHT) - North and South.

Human Rights Leaflet – assisted in co-production sessions in the development of the leaflet which was launched 11th December 2023.

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.

The increased capacity within the team has also allowed for additional focus on other areas of work out with inpatient services which includes work with the Sheffield Eating Disorder Service

(SEDS). The main aim has been to develop a survey which is co- designed with Experts by Experience and staff, to enable service specific feedback and support current improvement developments. This survey is a direct follow on from the Board story and commitment to understand more broadly service user experience in SEDS. Designed in Qualtrics, the questionnaire will be utilised by the service to make improvements and consider developments going forwards. An update will be presented to the LECAG.

1.3 Out of Area Contact

We know from feedback that being placed out of city can be difficult for many of our service users and their families. Whilst this is in due in part to current necessary improvement works in our inpatient environments, it is vital that we hear feedback from these placements as this plays an essential role in understanding service user experience and treatment. Systems are in place to enable a rapid escalation of concerns through service user voice when required.

This acts as a patient safety flag in addition to clinical team to team conversations, that an independent source of the actual lived experience of receiving care in these facilities is unfettered. Recurrent themes relate to some service user feeling isolated and uncared for.

- Feedback examples include –
 - “Told family not to come because it is too far from Sheffield...would be easier if in Sheffield”.
 - “They just give you medication and shut you up”.

During quarter 2 the Lived Experience Coproduction Assurance Group (LECAG) were alerted that the level of out of area engagement has not consistently achieved against Key Performance Indicators due to extended sick leave in the team.

In quarter 3 the increased capacity within the team, has led to improvements in the pathway for contacting service users, reducing time taken to connect and make successful calls. In addition, the team continues 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 – July to December 2023 - 82
- Number of successful service user Feedback gathered - 26
- Placements contacted 14

Concerns escalated and acted upon by SHSC bed manager include:

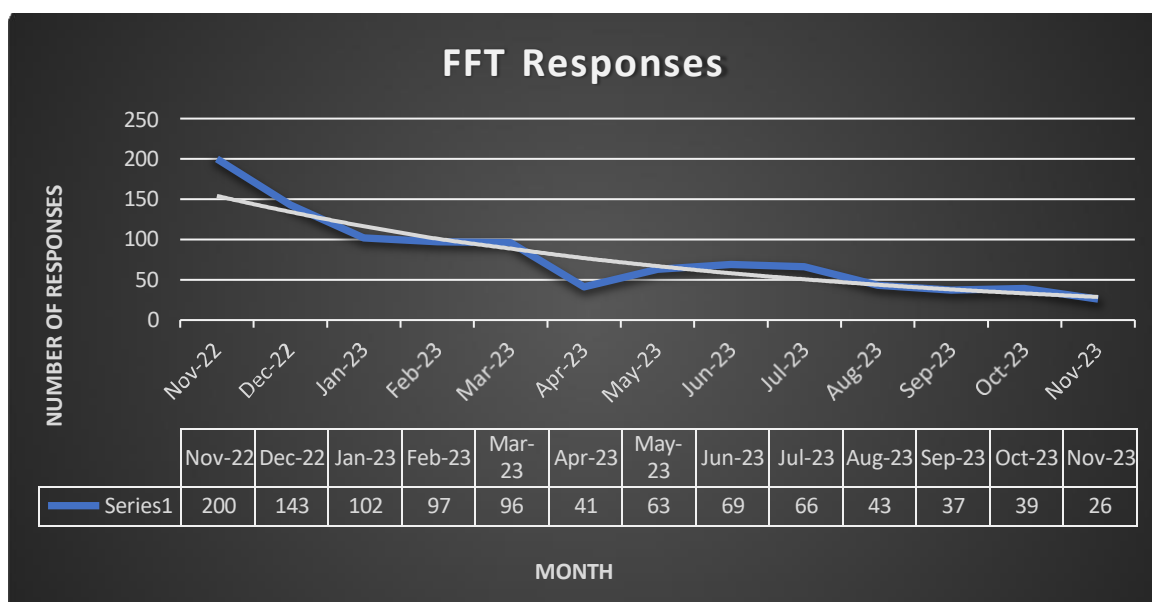
- A lack of translation services over a protracted period,
- Improving transparency over plans for service users return to Sheffield
- Enabling service users’ connection to family and friends.

In addition, improvements have been made to data given by placement providers. For example, the inclusion of ethnicity in reports.

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.



Over the past 6 months the Engagement team have been monitoring the FFT responses, month on month the amount returned is well below the Trust aspiration to have 5% of the total patient contacts give feedback. In summary over this period the return rate has never achieved 1%.

In November 2022 return rates were in the region of 200 and in the last 12 months this has dropped to 53 returns.

FFT is a contractual requirement with NHSE. There are no specific targets laid out however returns are required to the national database. Overall most returns to SHSC are positive and the average never falls below 95%.

Direct quote examples of positive feedback received are shown below:

- *“Although I entered into this with a certain amount of trepidation and scepticism, I found the experience very positive, and the health care professional was excellent.” – **Sheffield Adult Autism and Neurodevelopmental Service (SAANS)***
- *“Overall, the course has been very helpful and the information is great the DBT skills have been really helpful also learning to put my needs before others.” – **Short Term Educational Programme (STEP)***
- *“Clear concise and professional advice given in an easy-to-understand manner.” – **Sheffield Adult Autism and Neurodevelopmental Service (SAANS)***
- *“The tutors were extremely supportive and considerate, made it easy to engage and made me feel valid.” – **Short Term Educational Programme (STEP)***
- *“They listened to me and understand what I was going through and helped me understand my own symptoms and how to manage them. I felt supported both physically and mentally.” – **LTNC Sheffield Community Brain Injury Rehabilitation Team (SCBIRT)***

The table below highlights a number of MH Providers in our region – SHSC returns the lowest amount of FFT and whilst this needs to be seen in the context of eligible contacts, it is evident there is more work to do.

Trust Name	Total Responses	Total Eligible	Percentage Positive	Percentage Negative
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATI	1,201	45,623	87%	8%
ROTHERHAM DONCASTER AND SOUTH HUMBER	436	19,470	88%	6%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDA	39	5,120	95%	0%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION	1,707	144,709	92%	2%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TR	295	17,938	92%	4%
GREATER MANCHESTER MENTAL HEALTH NHS FO	550	34,580	85%	9%
PENNINE CARE NHS FOUNDATION TRUST	1,065	12,099	93%	2%
HUMBER TEACHING NHS FOUNDATION TRUST	182	5,062	91%	5%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDAT	142	14,222	85%	5%
BRADFORD DISTRICT CARE NHS FOUNDATION TR	146	9,956	95%	3%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATIO	141	7,426	91%	2%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOU	370	13,301	89%	5%

The Engagement and Experience Team identified an issue related to the decline of FFT feedback from key services and undertook enquiries into the possible cause, as a result services fed back a lack of supply of response cards and a lack of feedback from the FFT into the service. The Engagement Team is undertaking resupply activities and understanding the current FFT activities in services e.g. using Good Practice Workshops.

Citizens of Sheffield are familiar with FFT as the returns from other providers can be noted below.

SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	311
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	2,062

Services also shared that they did not receive any feedback from the FFT. The Engagement and Experience team will 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.

The Engagement team have been set a target by March 2024 to increase FFT returns to the November 2022 level with an average of 200 returns per month.

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 table below outlines the number of surveys carried out with service users by ward. Service users have a range of feedback mechanisms on the wards which includes the survey but also the engagement leads and cultural advocates, this may explain why the figures are relatively low, however work with the cultural advocates will be requested to enable them to promote the survey and facilitate completion with service users where appropriate.

Number of QoE Submitted	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total
Total	16	25	20	18	26	105
Burbage	5	4	3	2	3	17
Forest Lodge	3	3	3	3	4	16
G1	2	3	3	3	3	14
Maple Ward	0	1	4	3	3	11
Dovedale 1 Ward	0	0	3	3	3	9
Forest Close - Ward 1	1	2	1	1	3	8
Birch Avenue	0	2	1	1	2	6
Dovedale 2 Ward	0	6	0	0	0	6
Forest Close - Ward 2	1	2	1	1	1	6
Beech	3	0	0	0	2	5
Forest Close - Ward 1a	1	1	1	1	1	5
Endcliffe Ward	0	1	0	0	0	1
Woodland View	0	0	0	0	1	1

The average scores by ward are noted below.

Average Scores	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total
Trustwide Average Score	86.75	77.406	82.694	80.942	79.9864	81.08
Forest Close - Ward 1a	89.42	99.11	90.63	93.33	99.17	94.33
Woodland View	0.00	0.00	0.00	0.00	93.00	93.00
Forest Close - Ward 1	97.41	87.16	85.00	87.04	87.66	88.35
Forest Lodge	96.66	87.31	89.63	74.28	90.77	87.92
Birch Avenue	0.00	84.41	81.00	96.88	85.12	86.16
Forest Close - Ward 2	92.50	80.05	100.00	100.00	62.04	85.77
Beech	80.61	0.00	0.00	0.00	91.63	85.02
Burbage	84.13	71.36	84.33	77.55	83.63	80.30
G1	78.07	76.96	82.25	80.47	79.13	79.47
Endcliffe Ward	0.00	75.89	0.00	0.00	0.00	75.89
Maple Ward	0.00	71.15	80.94	89.17	45.52	72.63
Dovedale 1 Ward	0.00	0.00	68.28	64.29	73.69	68.75
Dovedale 2 Ward	0.00	67.91	0.00	0.00	0.00	67.91

Key areas for improvement fall into three areas,

1. service users knowing who their named nurses are,
2. quantity and quality of activities
3. being able to sleep at night.

Overall, the top four lowest scoring questions are;

1. Are you aware who your named nurse is? 104 responses – scored 55.81%
2. Do you know who your contact nurse is for the day? 95 responses – scored 55.79%
3. Is there enough to do throughout the day and on evenings and at weekends? 99 responses - scored 60.61%
4. Is it easy to sleep at night? What gets in the way of this on the ward? –102 responses scored average 64.71%

This feedback will be shared with the ward managers and matrons forum as a focus for improvement.

1.8 Coproduction Toolkit

This was a commissioned piece of work with Sheffield Flourish. Coproduced with SHSC service users and approved at the LECAG to support clinical teams with coproduction skills and methods which will enhance how they work with and hear the voice of lived experience in their day to day work as well as project work.

The document is currently with publishers, having digital links processed for activating to create a live document which engages staff. Plans for dissemination and introduction to SHSC, through:

- Addition to website with SHSC communications by end of January 2024
- Drop-in good practice sessions on site and online monthly from January 2024 – March 2024
- Engaging with staff at all levels utilising existing meetings - for example, Modern Matrons, team meetings, away days. Throughout 2023/2024 to maintain momentum.
- 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

Two sessions proposed by colleagues from the Trust have been accepted for the International British Medical Journal (BMJ)/Institute for Healthcare Improvement (IHI) Quality Forum that will be held in London in April 2024. This is a remarkable achievement considering that there were over 740 session submissions, and only 20% were accepted for inclusion in the final agenda. The two speaker proposals that were accepted include:

- 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 Quality Improvement)
- A one-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 Quality Improvement) and Gambinga Gambina (Race Equity Officer).
- SHSC is participating in the “The Mental Health Act QI Collaborative” run by NHSE. We were selected as one of the initial 15 piloting teams focused on delivering reforms to the Mental Health Act. The programme is supported by the UK Public Service Consultants and the Virginia Mason Institute in the US. Forest Lodge led by Kim Parker are the representing team which includes both the assessment unit and the rehabilitation ward and has robust service user engagement as well as SACMHA race equity officer involvement.

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 2 and 3 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 2023 and mitigated risks to completion.

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

During 2023 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. During quarter 4 the tier 3 groups Sun: Rise, and Carers Open Door, will devolve to being 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 2 and 3 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 first meeting is scheduled for February 2024– this group is intended to raise system issues and provide to provide peer support to our Experts by Experience in mental health services.

In addition, during quarter 4 work is planned to develop a peer support group for those who use their lived experience in their work, this is being developed by the Quality Strategy: Coproduction and Professional Expert by Experience Lead.

A request to change milestone 3 for 2024 to replace Care Opinion, with Safe2Share will be taken to February LECAG.

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

In year progress has been robust and this is reported on in a separate PCREF report to summarise the early adopter project plan. The PCREF was published by NHSE at the end of November 2023. The plan to develop the SHSC implementation plan is outlined to be coproduced from January to July 2024 with robust and broad consultation. NHSE expect the delivery plans to be published by March 2025, we are confident that we will coproduce our plan by December 2024 as outlined in the framework document and will present this to Board for sign off before the Triangle of Care cut off for submissions.

3. Update on coproduction standards and learning from last review

Sheffield Health and Social Care (SHSC) strives to continuously improve our approach to working with people who use our services and learning from their experiences, both service users and the people in their lives who care for them.

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.

Services have identified different ways service users and carers are actively involved and where coproduction takes place, such as 95% report service users and carer's being involved in producing care plans and recovery goals, they are involved in quality improvement initiatives and recruitment. Questionnaires, in particular when being discharged from services, are a commonly used method for feedback of their experiences through services, however evidence of this needs to be seen and reported through to the central team.

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.

Individual services have also highlighted challenges to being successful in obtaining feedback or involvement for coproduction – such as inability to contact individuals where there is risk of safety in the community, for visiting staff. The Engagement team will work with the team to explore solutions.

Four workshops were delivered in July, August and September 2023 in response to themes and issues raised in the returns of the Coproduction Standards these were held online, and support offered to Beech and Dovedale 1to better understand the procedures for returns and support coproduction.

Targeted face to face support has been offered to those teams struggling to provide returns or evidence understanding of a coproduction approach and its value, to maintaining a person-centred perspective. These are face to face on site, to increase staff engagement focusing on good practice examples and shared learning. Further on-site face to face opportunities will be offered over quarter 4, to community and specialists services.

In addition, during quarter 4 an impact measurement tool will be developed 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.

Throughout quarter 2, Triangle of care (TOC) introductory and support workshops have continued to be delivered to inpatient services, care homes and crisis services, in order to prepare teams for returning their initial self- assessments, to the Triangle of Care Trust (oversight organisation which provides accreditation). These will be evaluated, improvements suggested as appropriate, and a summary will be presented to the Triangle of Care peer support panel for a decision.

During quarter 3 some engagement challenges were identified with returns, and there was a strong correlation to services struggling to submit Service User self- assessments to mitigate this and offer support a further 3 targeted face to face sessions were delivered.

Total support sessions delivered 23.

All inpatient and crisis teams have now submitted initial self -assessments to the Triangle of Care Trust.

An extension to the submission date to the Triangle of Care Trust has been secured for the end of February 2024 to ensure that all needed adjustments have been made to meet the standards. In addition, funding to provide a Quality Improvement Manager has been sourced until the end of March 2024. To give further capacity to support the implementation of the Carers Strategy, for the equivalent of two days per week.

This work actively progresses the achievement of the milestone for inpatient wards receiving the Triangle of Care first star award for standards of carer involvement. The Triangle of care process requires the first year of the awards to be focussed on inpatient wards, year 2 work will focus on community services and year 3 on specialist services. Work to support community teams will commence in March 2024 directly after year 1 submission.

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.

Next steps include promotion of the Carer feedback cards on the wards, community and specialist services for richer feedback. In addition, the carers lead will be promoting the SHSC groups and gathering feedback from wider carers groups including – the Modern Matron Older Adults Coffee morning, SACMHA Black carers group, SHINDIG carers.

During quarter 4 Carers Open Door carer chaired and led by lived experience carers supported by the Carers Lead and Engagement team.

4.2 Carers Events

As part of citywide collaboration ambitions for carer involvement, the Carers Lead has been SHSC's planning representation on the planning group for Sheffield Carer's Roadshow event, organised by the Local Authority, which took place on the 5th of October 2023. This event showcased the ongoing commitment to carers at SHSC and support of our community partners, to citywide organisations and members of the public.

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 during quarter 4 Carers open door will be 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 cares groups to grow and work to coproduce with SHSC.

Implementation of the Triangle of Care Standards across inpatient wards (Objective 2)

Significant progress has been made on the implementation of the Triangle of Care Standards across inpatient wards. Joint work with the Triangle of Carer lead coordinator is ongoing to submit for the first star award in February 2024 on track to meet the milestone set.

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. A project team has been set up led by an expert by experience and an Engagement team member from SHSC with support from broader SHSC teams to run the project over 12 months.

Safe2Share is a web-based feedback tool that allows service users, carers and families to provide feedback on their care and experiences to either drive service improvement or ensure that high quality care continues to be delivered by establishing what is done well.

Initially piloted with children and young people in inpatient provisions across a range of Trusts in February 2023 as part of the Children and Young People Transformation programme.

The project commenced in October 2023 and includes a contract with Mindwave who develop the App, resource for academic statistical analysis and funding for an evaluation. Internal governance is managed through to LECAG, and the senior responsible officer (SRO) is the Executive Director of Nursing, Professions and Quality.




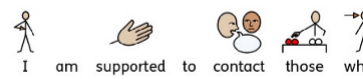

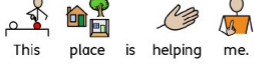
There are strong links with the National NHSE inpatient transformation team and the PCREF national team. The SRO and project lead will report to the national team to ensure fidelity to the project aims, this includes communication with the CQC, Equality and Human Rights Commission and Race Equality leaders. SHSC` project group mirrors these organisational interests.

The core aim of the project is to develop a digital tool that is accessible and easy to use to enable patients, carers and their significant others to give real time feedback on the care they are receiving. It also provides opportunity to share feedback with the Provider Collaborative.

Current progress is finalising the contracts with partners and recruitment onto the planned Lived experience advisory group.

Below is an example of some of the Core questions that were utilised in the Children and Young People platform. The project group has the scope to adapt these prior to piloting.

CORE Questions 1

CQC Standard	CYP Question	Parent/Carer Question	Learning Disability, plain language, visually supported questions.
Safe	I feel safe here. <i>Defining Safe = Safe on this unit. (safe in your care, treatment, relationships, your environment here, risk from others on the unit, and safe from harm on this unit).</i>	My Child is Safe here <i>Defining Safe = Safe on this unit. (safe in their care, treatment, relationships, their environment here, risk from others on the unit, and safe from harm on this unit).</i>	
Safe/Caring	My needs are met here.	My Child's Needs are met.	
Effective/Responsive	I feel listened to and heard	My child feels listened to and heard.	
Responsive/Effective	I am involved in developing my care plan and my voice is heard in my care plan, and my care plan is followed.	My child's voice is heard in their care plan and the care plan is followed.	
Caring/Well -Led	My choices are respected	Our rights are respected.	
Overarching Question	This place is helping me to get better.	This place is helping my child and family to get better.	

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 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 over 25k plus people 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.

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 2 and 3 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.
- Received recognition for the Race Equity work - Co – finalists with SHSC for HSJ Awards.

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.

7.5 Employ and co-manage the Head of Experience, Engagement and Coproduction.

Over the next three years Flourish and SHSC will continue to explore staff cross-working opportunities with the VCSE, building on the successful model of the employment of the Head of Engagement role and SHSC hot desking from Sheffield Flourish building. Further area of

focus will be ensuring Flourish activities which are funded by SHSC are promoted widely across SHSC. Flourish will be working with comms to develop a dedicated page on Jarvis promoting Flourish and the opportunities for SHSC service users and carers.

8. Summary of SACMHA work

Sheffield African Caribbean Mental Health Association (SACMHA) has almost 30 years of experience of delivering a specialist service to people in need of assistance with their health and social care needs, particularly those who struggle to access mainstream services to address their mental health issues. SACMHA acknowledges and support the important role of carers.

From October 1st 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. This work provides de-briefs in after event reviews and cultural support to clinical teams.

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. Key workplans include:

- Being one of the joint leads for the Post Incident Review (PIR) project,
- Reviewing and delivering, along with the Respect team, the session on PIR in the Respect training as well as supporting ward visits and responses to restrictive practice use on the wards, enabling contributions and coproduction to care planning with service users.
- Member of the Restrictive Practice data group, quarterly, to assist in examining and analysing data and ensuring ethnicity and race are adequately reflected and reported on.
- Involvement in the Forest Lodge Mental Health Act -Quality Improvement project
- SACMHA Man Talk programme has increased opportunities for black man to receive support and to talk about issues they face with skilled facilitation. The SHSC Community Race Equity Lead is now a member of the steering group with a view to increased shared learning and support for our community partners.

Detailed feedback is given to LECAG in quarterly reports.

9. Summary of Pakistan Muslim Centre work

The Pakistani 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 Executive Director of Nursing Professions and Quality 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 as

- Pakistani
- South Asian
- Black African
- Black Caribbean
- Somali
- Sudanese
- Eritrean
- Yemeni
- Slovakian
- Chinese
- White British

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

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.

PMC are organising an official launch event for staff to increase awareness in late February.

10. Patient Carer Race Equity Framework (PCREF)

A separate paper outlining the work completed and next steps will be submitted by the Executive Director of Nursing, Professions and Quality

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 by the end of March 2023.

11.1 Progress against targets

Quarter 3 has seen steady progress towards targets.

Key activities achieved are outlined below:

- 33 applications received.
- 20 interviews offered.

- 11 successful applicants.
- Coordination of training for volunteers/Experts by Experience aligned to policy.
- Staff engagement work promoting volunteering with a view to expanding opportunities for Volunteers and Experts by Experience
- Liaison with Senior Head of Service, Clinical Directorates, to support increased volunteer opportunities via senior management.
- Strengthened partnership working with Sheffield University and RETHINK

During Quarter 2, 3 recruitment events were held, which has seen an increase of 50% in a combination of 13 experts by experience and volunteers.

In addition to areas identified in the coproduction self – assessments, the influence and collaborative work of our SHSC Experts by Experience and Volunteers has continued to expand over quarters 2 and 3 and includes, but is not limited to the following:

- A range of assurance and governance groups including co-chairing roles.
- Transformation Projects
- Local team improvement plans
- Safe2Share Project lead and Advisory Group.
- SHSC Strategy implementation – Service User Engagement and Experience Strategy, Clinical and Social Care Strategy, Quality Strategy.
- Integrated Care Board – PLACE.
- Patient Stories to Board of Directors.
- Recruitment Panels including recruitment of Directorship, senior management and the Chief Executive Officer.
- Conferences and Events
- Research – Lived Experience Research Project (LERP)
- Involvement in the production of SHSC communication materials.