

Board of Directors
Item number: 14
Date: 30 July 2025

confidential/ public paper:	Public
Report Title:	Lived Experience Report
Author(s):	Zoe Dodd, Peer Support Lead (author)
Accountable Director:	Dr Caroline Johnson, Executive director of nursing, quality and professions
Presented by:	Zoe Dodd, peer support lead
Vision and values:	<p>Service user, community and carer engagement and involvement is critical to supporting all of our trust values stated below:</p> <ul style="list-style-type: none"> • We are respectful and kind- by listening with empathy and responding to feedback, ensuring service users and carers are clear about changes we are making from understanding their experience • We are inclusive- by giving voice to those who use our services, especially individuals whose experiences may otherwise go unheard. • We work together- by creating shared insight between service users, community partners and staff, driving collaborative improvements through work for example our stakeholder delivery group. • We keep improving - by enabling continuous learning and reflection on service user, staff, carer and community feedback.
Purpose:	<p>The purpose of the report is to outline the delivery of work across SHSC in the context of lived experience input, engagement leads, PCREF (Patient Carer Race Equity Framework), carers and partners.</p> <p>The report highlights the key updates in these areas over last 6 months over which there have been a number of significant changes since the last report. In particular, actions related to PCREF, triangle of care and engagement team projects and support.</p> <p>This paper is also presented to assure progress with contracted engagement partners.</p>
Executive summary:	<p>This report provides an overview of the progress made by the Engagement Team at SHSC since January 2025, highlighting key developments, achievements, and areas requiring continued focus.</p> <p>Significant strides have been made in strengthening engagement across inpatient and community services, with over 240 service users supported by cultural advocacy workers and more than 40 community service visits conducted. Initiatives such as <i>Feedback February</i>, the relaunch of <i>SUN:RISE</i>, and the development of a unified feedback mechanism have contributed to a more inclusive and responsive approach to service user experience.</p>

	<p>Strategic partnerships with organisations such as Sheffield Flourish, SACMHA, Maan, and ACT have continued to enhance culturally sensitive support, co-production, and lived experience involvement. Notably, Sheffield Flourish secured three-year funding for the Oasis Gardening Service and expanded out-of-hours activities, while Maan's long-standing contribution to carer support and discharge planning is being further evaluated for impact.</p> <p>The report also outlines the development of the new Communications and Engagement Strategy, due to launch in September 2025. This three-year plan aims to embed service user voice more deeply into SHSC's culture and ensure alignment between engagement and communication efforts.</p> <p>Progress against the Patient and Carer Race Equality Framework (PCREF) is also detailed, including the establishment of a stakeholder delivery group, co-produced toolkits, and the development of community development roles.</p> <p>While progress has been made, challenges remain—particularly in increasing Friends and Family Test (FFT) response rates, standardising feedback mechanisms, and improving engagement with carers and community services. These will be key priorities over the next six months. The report concludes by reaffirming the importance of embedding lived experience at the heart of service design and delivery, and the critical role of the Engagement Team in driving forward this agenda.</p> <p>Appendices:</p> <ul style="list-style-type: none"> • Strategy Update to Board (Carers and Young Carers Strategy and the Service User Engagement and Experience Strategy)
--	---

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	x	No		
Deliver Outstanding Care	Yes		No		
Great Place to Work	Yes	x	No		
Reduce inequalities	Yes	x	No		<i>Delivering on Patient Care Race Equity Framework, working in partnership to address health inequalities.</i>

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
<p>This report contributes directly to the delivery of statutory duties outlined in the Health and Care Act 2022, particularly the requirement for NHS organisations to work in partnership with people and communities. It aligns with NHS England's statutory guidance on working in partnership with people and communities, supporting inclusive involvement, co-production, and the embedding of lived experience in service design and delivery.</p> <p>The work described supports compliance with national expectations around feedback mechanisms, race equity, and restrictive practice oversight, and contributes to the implementation of the Patient and Carer Race Equality Framework (PCREF). It also strengthens SHSC's commitment to the Triple Aim: improving population health, enhancing quality of care, and ensuring sustainable use of resources</p>

Board Assurance Framework (BAF) and corporate risk(s):	Directorate risk register: 5407 Risk that volunteers and experts by experience are working across the Trust without required DBS and employment checks and mandatory training.
Any background papers/ items previously considered:	This report was received at QAC in July 2025
Recommendation:	The Board are asked to: <ul style="list-style-type: none"> • note the report and update of engagement team activity and key areas required for improvement • note the achievement of the second star of triangle of care.

1. Summary of engagement work

The previous report highlighted several key issues that required attention prior to this update. These are addressed in this section, with a focus on increasing the visibility of engagement efforts, particularly within community services and enhancing understanding of the team's role and function across SHSC.

This section also outlines the ongoing need to strengthen feedback mechanisms, including plans to reintroduce the Care Opinion platform as a means of capturing and responding to service user experiences more effectively.

These areas of focus will be integrated into the forthcoming Communications and Engagement Plan, scheduled for launch in September. This plan is also discussed in detail within this section.

1.1 Inpatient ward engagement

The Engagement Team has continued its work across all inpatient wards. However, the previous report identified that engagement with community teams had been significantly limited and required focused attention over the past six months. Through careful planning and collaborative efforts between SHSC staff and cultural advocacy workers, a strong level of engagement has been sustained on inpatient wards, alongside notable improvements in community engagement (see Sections 1.2 and 1.3).

Over the last six months, cultural advocacy workers have supported more than 240 service users (see Section 8). They continue to provide seven-day-a-week support to inpatient services, working alongside colleagues from partner organisations such as Maan, SACMHA, and Sheffield Flourish, all of whom contribute to supporting service users on SHSC inpatient wards.

Ensuring equitable access to support across inpatient wards remains a priority. Coordination among engagement leads and partner organisations is essential to delivering consistent and effective support. In May 2025, the first collaborative meeting was held between advocacy workers, SHSC engagement leads, and SHSC-led community services. The aim was to strengthen joint working, maintain a consistent presence across wards, and identify shared themes and issues.

The Engagement Team has also been instrumental in enabling and supporting the delivery of community meetings on wards. These meetings aim to enhance regular support for service users and embed the 'You Said, We Did' feedback mechanism more robustly. The Peer Support Lead and Engagement Leads have collaborated with the QI Lead to improve the delivery of these meetings, including the development of a 'how-to' guide for staff. This is a new initiative, and further updates will be provided in the next QAC report.

In relation to inpatient services, the Engagement Team played a key role in the review of Forest Lodge, contributing a comprehensive report with recommendations. The team will support the implementation of these recommendations, including improvements to FFT scores and the facilitation of community meetings.

Additionally, the team has supported the reintroduction of community meetings on Endcliffe and led service user focus groups regarding the refurbishment of Maple Ward.

While significant progress has been made over the past six months, continued focus and action are required, particularly in relation to service user feedback and the consistent delivery of community meetings.

1.2 Community services engagement

The previous QAC report noted that, although an exit plan had been developed to transition the Engagement Team's focus from inpatient wards to community services, this had not yet been implemented. It was identified as critical for the team to establish a visible presence in community settings, where there had previously been minimal engagement impact and limited awareness of the team's role.

Since then, several initiatives have been introduced to strengthen engagement within community services. A key development has been the "Feedback February" campaign (see Section 1.3), which highlighted service users' desire for clearer communication and better information about available services. These insights have directly informed the Engagement Team's improvement plan and the development of the Communications and Engagement Strategy.

ACT (Aspiring Communities Together) continues to host weekly drop-in sessions for Arabic-speaking service users, carers, and families on Monday and Friday mornings. These sessions provide both practical and emotional support, along with signposting to relevant services.

Over the past two months, the Engagement Team has conducted more than 40 visits to community services. During these visits, presentations have been delivered to explain the team's purpose and function. Looking ahead, further collaboration is planned between the Engagement Team and community services, including support at local events and the development of an Engagement Communications Booklet.

1.3 Engagement team visibility and impact

As outlined above, to improve the visibility of the Engagement Team, 40 services have been visited in person since the last report, with the remaining 8 scheduled for completion by the end of July. The purpose of these visits has been to initiate conversations around feedback and to strengthen working relationships with each service. During these visits, the Engagement Lead has reviewed existing feedback mechanisms and gathered resources currently used on wards. To date, 16 different versions of service feedback questionnaires have been collected.

The goal of this work is to develop a standardised feedback survey that incorporates both service-specific information and Friends and Family Test (FFT) data, ensuring consistency and improving the quality of feedback across SHSC.

One of the key initiatives during this period was Feedback February, which aimed to gather insights into how people perceive the services provided. The roadshow engaged 45 participants, including 6 carers, 30 service users, and 9 governors. Feedback was captured

through creative art workshops and has been compiled into a report that has directly informed the Communications and Engagement Strategy.

In addition, targeted events and focus groups have been held, including sessions related to the Nottinghamshire homicide review and the implementation of a new women's ward. For example, the Nottinghamshire homicide review workshop contributed to the development of a wider action plan. Service users were invited to a follow-up session where they could see how their feedback had shaped the plan and were given further opportunities to contribute.

1.4 Out of area contact

It continues to be recognised that being placed out of city presents significant challenges for service users, their families, and carers. Since the last report, further discussions have taken place at QAC regarding out-of-area placements. It was identified that while the Engagement Team plays a role in capturing service user experiences, broader collaboration is needed. This includes involvement from Care Quality Standards, Community Mental Health Teams (CMHTs), and the Out of Area Team to ensure a coordinated approach to contact and support.

Two meetings have since been held, and the Head of Quality, along with the Acute and Community General Manager, is leading work to develop clear guidance outlining individual responsibilities in relation to out-of-area placements.

In the interim, individual feedback continues to be collected through inpatient wards to better understand the quality-of-service user experiences. Over the past six months, feedback has been gathered from 45 service users—an improvement from previous reporting periods. The Engagement Team has also supported, and will continue to support, out-of-area visits to ensure service users remain connected and their voices are heard.

QAC noted that further update is required on this as the work progresses for out of area work regarding patient experience.

1.5 Friends and Family Test

Feedback from service users, carers, and families is essential to improving and delivering outstanding care. At SHSC, we are committed to placing the voice and experience of service users at the centre of everything we do.

The collection, collation, and dissemination of feedback are vital to upholding our Trust values: *working together for our service users, everyone counts, commitment to quality, and improving lives*. However, a key area of concern remains the low volume of feedback responses, which limits our ability to fully understand and respond to service user experience. This continues to present a risk and will be a focus for improvement in the coming months.

For a mental health trust of this size, the expected volume of FFT responses is between **250 and 300 per month**. The table below presents the FFT response data from the past six months:

Month	Positive	Neutral	Negative	Total
May-25	56	3	2	61
Apr-25	69	6	1	76
Mar-25	63	9	3	75
Feb-25	75	9	4	90
Jan-25	108	3	1	112
Dec-24	48	1	1	50

Despite ongoing efforts, there has not yet been a significant increase in response rates, and FFT data continues to be generated predominantly from a small number of services. To address this, a dedicated member of the Engagement Team was appointed in June 2025 to focus on increasing FFT submissions and broader feedback collection.

This individual will work closely with the Engagement Lead to develop a unified feedback mechanism that captures both FFT data and qualitative experiences of care across all services. The significant disparity in response rates between services also highlights the need for additional staff training and support. Plans are in place to address this, and we are confident that measurable improvements will be reported in the next QAC update.

1.6 Culture of Care

The culture of care programme is reported on separately. For this report it is to note that 6 EbEs have been recruited to support in the delivery of this work.

1.7 Care opinion

The previous report highlighted that the Care Opinion platform had been withdrawn without a full Quality Equality Impact Assessment (QEIA), raising concerns particularly from the Executive Director of Nursing, Professions and Quality about the impact this would have on our ability to collect meaningful qualitative feedback. The removal of Care Opinion limited opportunities for service users and carers, especially those not in regular contact with services, to share their experiences.

In response, the Peer Support Lead and the Chief Operating Officer of Care Opinion have worked closely with the Executive Director of Nursing, Professions and Quality to develop a proposal for reinstating the platform. A formal paper was submitted to the Executive Management Team (EMT) on 3rd July 2025, outlining the strategic benefits of reintroducing Care Opinion and its alignment with the Trust's core values.

The reintroduction of Care Opinion presents a significant opportunity to strengthen staff connection to the Trust's mission and values, and to embed service user voice more deeply into our culture. It directly supports our values:

- **We keep improving** – by enabling continuous learning and reflection through real-time feedback.
- **We are inclusive** – by amplifying the voices of those who use our services, especially those who may otherwise go unheard.
- **We work together** – by fostering shared insight between service users and staff, driving collaborative improvements.

- **We are respectful and kind** – by listening with empathy and responding meaningfully to every story shared.

Currently, Care Opinion is used under a free subscription model with limited functionality and no reporting capabilities. A full subscription would unlock real-time data insights and enable more meaningful engagement with feedback.

Unlike traditional surveys, which can be restrictive and subject to response bias, Care Opinion allows service users to share their experiences in their own words. This narrative approach provides richer, more authentic insights and reduces reliance on manual analysis. While we continue to review and improve existing survey tools, Care Opinion offers a valuable alternative that complements our broader feedback strategy.

The platform also supports the Trust's communications strategy by demonstrating public responsiveness to shared experiences. Significant work has already been undertaken, including engagement with external stakeholders, to build support for this approach. Care Opinion also offers training and tools to help staff engage with feedback, fostering greater ownership of patient experience across care groups and embedding it into everyday practice.

1.8 SUNRISE and SUSEG (service user involvement groups)

The previous report highlighted poor attendance at service user groups. Since then, the SUN:RISE group has been reviewed, renamed to SUN and reshaped in collaboration with service users. Attendance has begun to improve, and service users are now actively contributing to how they would like the group to be structured and run. While participation remains relatively low, the group will continue to operate as its structure and purpose are further developed.

Looking ahead, the longer-term plan is to establish Patient and Carer Forums, which will include service users and designated service user and carer champions from each clinical area. This approach aims to ensure a collective and equitable voice in shaping care across the Trust. These forums are scheduled to launch in October 2025, and progress will be reported in the next QAC update.

1.9 Lived Experience and Co-Production Assurance Group (LECAG)

Following feedback from service users and staff, the focus of LECAG has been reviewed and reshaped. Three co-production workshops were held, led by the CEO of Sheffield Flourish and the Peer Support Lead, bringing together service users, partners, and staff to collaboratively reimagine the group's purpose and structure.

As a result of these workshops, it was agreed that LECAG will now focus on ensuring that co-production is meaningfully embedded in all projects, using a co-production tool to measure effectiveness. The response to this refreshed approach has been overwhelmingly positive. Attendance and willingness to be included in the Terms of Reference have increased significantly, with a 100% rise in acceptance and a 200% increase in lived experience representation since the last meeting.

The first meeting of the newly structured LECAG will take place in August 2025.

Aims of the Refreshed LECAG:

- **Embed lived experience** at the heart of service design, delivery, and evaluation, ensuring that the voices of those with lived experience of mental health services are central to all decision-making.
- **Promote meaningful co-production**, enabling service users, carers, and staff to work in equal partnership to shape and improve services.
- **Ensure patient and carer experience** is actively gathered, valued, and used to inform service improvements, policy development, and quality assurance.
- **Create a safe and inclusive space** for individuals with lived experience and carers to share insights, challenge assumptions, and influence change.
- **Support continuous learning and development** by sharing best practices in co-production and lived experience involvement across the organisation.
- **Monitor and evaluate the impact** of co-production activities, ensuring accountability and transparency in how lived experience informs outcomes.

2. Summary of progress with the service user experience and engagement strategy

The infographic below outlines the strategy milestones.



2.1 Progress towards milestones for 2025/2026

As outlined in the previous report, the current Service User and Engagement Strategy is due to conclude this year. Progress against the strategy has been slow over recent years, and priorities have evolved particularly in relation to race equity and feedback initiatives.

A key gap identified in the existing strategy was the lack of alignment with communications. Service users and carers have consistently highlighted the importance of being kept informed and involved in improvement work. This feedback, gathered through various mechanisms, has underscored the need for a more integrated approach.

In response, a new **Communications and Engagement Strategy** is being developed. This strategy aims to ensure that service users and carers are not only aware of ongoing improvements but are also meaningfully involved in shaping them.

2.2 Communications Plan- Communications and engagement strategy

The Head of Communications and the Peer Support Lead are currently developing the new Communications and Engagement Plan, which remains on track for launch in September 2025. The finalised version will be presented to QAC for review and comment at that time.

This three-year plan represents a collaborative effort between the Communications and Engagement teams and is a direct response to feedback from service users and carers, who have expressed a strong desire for clearer, more consistent communication from SHSC services. The plan also aims to place service user experience and storytelling at the heart of all Trust communications.

Engagement Objectives

The plan is structured around four key Engagement Objectives:

Inclusive Involvement

To ensure we deliver inclusive involvement that places service users and carers at the centre of everything we do.

Community Partnerships

To develop partnership approaches that expand and build on community assets to improve care.

Data-Driven Equality

To use data and stakeholder engagement to ensure we involve the right people at the right time in driving the equality agenda.

Workforce Capability

To build the skills of our workforce and develop tools and resources that support the capability to deliver co-production and meaningful involvement.

Progress against these objectives will be reported to both QAC and the Executive Management Team. A detailed three-year action and implementation plan is currently being finalised by the Engagement Team and will accompany the strategy.

3. Summary of work on carers/ ToC update

SHSC has been successful in achieving the second star of the Triangle of Care. The panel took place in June 2025 for ToC stage 2 which the peer support lead and carers lead attended. The panel was also supported by SHSC carers who were highly complemented for their input.

The key areas of focus for the second star are: CMHT's, Early Intervention Service, 18-25 Transitions, Building Successful Families, Older Adults CMHT's, Memory Service and Community Dementia Support Service

During carers week, the carers lead, and co-chair of carers staff network group attend a carers week event to promote the work of SHSC.

Through the reflective process for the triangle of care we recognise there is still work to do in this area and action plans for triangle of care support this. There is also development of the triangle of care oversight group chaired by the executive director of nursing, quality and professions due to be launched in September 2025.

4. Patient Carer Race Equity Framework/ Progress against PCREF

The **PCREF Action Plan** outlines SHSC's strategic objectives for 2025–2028, aligned with the three core components of the national PCREF framework:

- **Part 1: Leadership and Governance**
- **Part 2: Organisational Competencies**
- **Part 3: Patient and Carer Feedback Mechanisms**

This report highlights progress against the five PCREF objectives agreed by the Board in **June 2024**.

Governance Structure

The **PCREF Stakeholder Delivery Group** has been established to meet bi-monthly and is co-chaired by the Executive Director of Nursing, Professions and Quality, and a community leader. The inaugural session took place in **May 2025** and was well-attended, receiving positive feedback.

Purpose of the group:

- To oversee and seek assurance on the effective implementation of PCREF and its key objectives.
- To ensure community leaders have a direct voice at Board and executive levels.
- To embed effective co-production and community involvement throughout the process.
- To prioritise the use of data as a measure of success and impact.

Community Development Worker

The previous report noted delays in the implementation of Community Development Worker roles. In response, the Executive Director of Nursing, Professions and Quality, and the Peer Support Lead visited **Firvale Community Hub**, the lead organisation for this initiative. Firvale expressed interest in revisiting the project's objectives in light of recent developments in their services.

A stakeholder meeting is scheduled for next week to finalise the revised approach and begin recruitment. The job adverts have been completed and are ready for release.

Development of a 'How To' Toolkit

Three focus groups have been held, led by the PCREF and Carer Lead, to co-produce a practical **'How To' Toolkit** for embedding co-production and race equity in service

development. The draft outline has been shared with community groups, and the final version will be produced over the summer and presented in the next report.

5 Volunteers and lived experience bank activity

5.1 Expert by Experience progress

The previous report identified that a number of Experts by Experience (EbEs) and volunteers had not undergone the appropriate recruitment checks or followed the correct onboarding procedures. In response, the relevant policy was reviewed. However, this remains an iterative process, and it has since become clear that simpler, more accessible processes and mechanisms are needed.

As a result, the **Peer Support Lead** and **Engagement Lead** have introduced clearer guidance within the policy, alongside a simplified recruitment flowchart to support consistent and compliant onboarding. The updated policy now includes detailed guidance on the following areas:

- **Expert by Experience (EbE) Opportunities**
- **Recruitment Processes**
- **Induction Procedures**
- **Role Initiation, Link Person, and Supervision**
- **Ongoing Development**
- **EbE Pay Structures**

A key addition to the policy is the requirement that no EbE can be recruited without prior approval from the **Engagement and Experience Team**. This ensures that appropriate support structures are in place to safeguard the welfare of EbEs and that their contributions are recognised and valued through adequate budgeting and compensation.

Over the past six months, EbEs have received regular supervision, support, and monthly meetings. This has contributed to a more engaged and empowered workforce, with many individuals taking on increased responsibilities and opportunities. As with any workforce, there remain areas for individual development, which are being actively addressed. At QAC this was supported by an EbE who highlighted that whilst things had much improved over the last 6 months there is still room for further improvement for communication. This is ongoing and will be supported by the launch of a new procedure and process for EbE support which is being presented to CQ&SG in August 2025.

5.2 Update on Volunteers

Volunteers' week took place in June where several volunteers spoke about their experience and what being a volunteer meant to them.

The last report highlighted no clear process in volunteer recruitment and also no volunteer manager which is a post that will not be replaced. Due to activity in other areas and loss of a

key position in relation to this role, progress against targets has therefore been incredibly limited.

As a solution, Sheffield Flourish and SHSC are going to work collaboratively on recruitment of volunteers and are currently working with the Director of people to progress this and implement the policy which has been co-produced. We are currently waiting to get any recommendations back from the people directorate to then be able to progress this.

6. Contracted Engagement Work

6.1 Summary of Flourish Work –

Following the departure of the Head of Engagement and Experience (recruited via Sheffield Flourish), a review of the support provided by Flourish is currently underway. This is being led by the CEO of Sheffield Flourish, the Head of Quality, and the Peer Support Lead. In parallel, the COO of Flourish and the Peer Support Lead have met to align Flourish's objectives with SHSC's strategic priorities, ensuring the positive impact of Flourish's work is clearly demonstrated.

During this reporting period, Sheffield Flourish has made significant contributions across a range of service user engagement activities and has achieved the following:

- **Increased service user attendance** at groups and engagement opportunities.
- **Secured three-year funding** for the continuation of the *Oasis Gardening Service*.
- Continued delivery of key programmes supporting SHSC service users, including:
 - Men's Football
 - Music Production
 - Digital Inclusion on Wards
 - Cinema Club
 - Twice-weekly ward presence
- The Wellbeing Hub has operated for nearly double the hours compared to the previous quarter.
- Regular activities delivered outside of office hours include:
 - Football groups and league
 - Digital inclusion sessions on wards
- **New initiatives this quarter:**
 - A monthly evening Cinema Club in partnership with the *Showroom Cinema*
 - The relaunch of the monthly evening Artist Gathering at *Hagglers Café*

These developments reflect Flourish's ongoing commitment to inclusive, creative, and community-based mental health support, and its alignment with SHSC's values and strategic goals.

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

Sheffield Flourish continues to play a vital role in supporting SHSC to co-produce and co-design services, policies, and practices in partnership with people with lived experience of mental ill-health.

Volunteer Engagement

- Across Q1 to Q3, Flourish engaged 36 volunteers, with 22 remaining active in Q4. These volunteers have supported a range of community mental health groups and social enterprises.
- Recruitment of new volunteers is currently on hold while SHSC and Flourish jointly review recruitment and onboarding processes to ensure alignment and safeguarding, as previously noted.

Paid Lived Experience Projects

- **96 individuals** have participated in bespoke, paid lived experience projects this quarter, including:
 - **64 participants** involved in the *Gleadless and Heeley Co-Production* initiative.
 - **40 participants** contributing through the *Safe2Share* feedback tool.

Expert-by-Experience Associates

Flourish has also employed three Expert-by-Experience Associates in key roles:

- A Young Person Digital Content Creator
- An Oasis Product Developer
- A Gleadless and Heeley Pilot Project Lead

These roles reflect Flourish's commitment to embedding lived experience in service development and innovation, while also providing meaningful employment and development opportunities.

6.2 Summary of SACMHA Work (Sheffield African Caribbean Mental Health Association)

The Race Equity Officer from SACMHA now works within the Respect and Reducing Restrictive Practice Team, with a specific focus on the use and avoidance of restrictive practices. As a result, reporting for this work has transitioned from QAC to the Least Restrictive Oversight Group.

Despite this shift, the Race Equity Officer continues to contribute meaningfully to the work of the Engagement Team, with a strong and ongoing presence in the PCREF agenda, ensuring that race equity remains a central focus across SHSC's strategic priorities.

6.3 Summary of PMC (Pakistan Muslim Centre) work

The aim of this project is to provide culturally sensitive and inclusive mental health support for inpatients at SHSC, addressing unique needs related to language, culture, and

religion. The project is led by two Cultural Advocacy Link Workers, who work both during the day and out of hours to maximise accessibility and responsiveness.

Quarterly reporting is provided to the Lived Experience Co-Production Assurance Group (LECAG), ensuring transparency and accountability.

Over the past six months, the Cultural Advocacy Workers have supported 240 service users. A key area of impact continues to be family involvement and carer support, particularly in facilitating participation in Multi-Disciplinary Team (MDT) meetings. The workers have actively addressed concerns raised by family members, liaising with ward staff to resolve issues and improve communication.

In addition to direct support, the team provides quarterly thematic analysis of feedback and emerging themes, contributing to continuous service improvement.

Further collaboration is underway with PMC, where the Head of Quality and Peer Support Lead recently visited to explore joint training opportunities. SHSC staff will be delivering training to the community on topics such as mental health awareness and basic life support (BLS). In turn, SHSC staff are being supported to attend training sessions, including human rights training, to further enhance cultural competence and advocacy.

6.4 Summary of Maan (Somali mental health)

The Executive Director of Nursing, Professions and Quality and the Peer Support Lead recently met with representatives from Maan to review their ongoing contribution to SHSC services.

Maan has worked in partnership with SHSC for over 16 years, playing a vital role in supporting the community. Their work includes:

- Providing on-ward support for service users.
- Supporting carers, particularly in Multi-Disciplinary Team (MDT) meetings.
- Facilitating transfers of care from inpatient settings to the community.

During the meeting, the impact of Maan's work was discussed in detail, including their involvement in the Peer Project, which was made possible through a successful bid to Sheffield Hospitals Charity.

A key outcome of the meeting was the recognition of the need to measure and evidence the impact of Maan's work more systematically. Maan will now work collaboratively with the Executive Director of Nursing, Professions and Quality and the Peer Support Lead to develop an approach for evaluating and reporting on outcomes

7 Summary of peer support work

As reported in the previous report, as of January 2025, Peer Support Work has now joined the engagement and experience team. The objectives and update of peer support work and the peer support plan is reported through the people committee alongside other professional plans. A 6 monthly detailed report is provided through that structure,

The Peer Support Plan is a five-year strategic plan which is currently in year 2 (July 24-July 25).

AIM: For everybody using our services to have access to a peer support worker.

FOUR THEMES:

Developing the peer support network

Enhancing Service User Care

Sustaining Peer Support Work

Strengthening Peer Support Work across the ICS

The achievements and successes of the last six months have been:

Growth and visibility of workforce continuing with peers being introduced on the perinatal and fathers pathway, to Maan and re-introduced to Forest Close. The CRHTT peer will now be working into the wards to support with transition and supporting with the Home First agenda. This is a really exciting progression for our service users particularly on the wards.

Training sessions with teams- the peer lead and deputy peer lead continue to deliver training sessions across the organisation on the implementation of peer work in teams

Collaboration between SY, other organisations and nationally for example the peer support workers in gender have delivered training across the system including to peer workers in PCMHT. The peer lead this quarter has presented to several wider forums about the development of peer work in SHSC including across South Yorkshire and to the Yorkshire and Humber experience of care forum. The peer lead is also part of a peer leaders forum and has presented to this and is supporting several new peer leads in their role sharing learnings and best practice. The collaboration with Maan is also continuing to be a huge success and has been highlighted by Sheffield Hospital Charities for the work.

The peer support work team are meeting next month to review year 2 progression against plan and set year 3 targets.

10. Conclusion

This report highlights the significant progress made since January 2025 across a wide range of engagement initiatives. It also brings to light several emerging areas that require continued focus and development.

The next six months will be a pivotal period for the Engagement Team, with key priorities including strengthening feedback mechanisms, enhancing engagement within community services, and improving support for carers. The upcoming launch and implementation of the Communications and Engagement Strategy will be instrumental in driving these improvements and embedding a more connected, inclusive, and responsive approach across SHSC.

11. recommendation

The Board are asked to:

- **note** the report and update of engagement team activity and key areas required for improvement
- **note** the achievement of the second star of triangle of care.

12. Appendices:

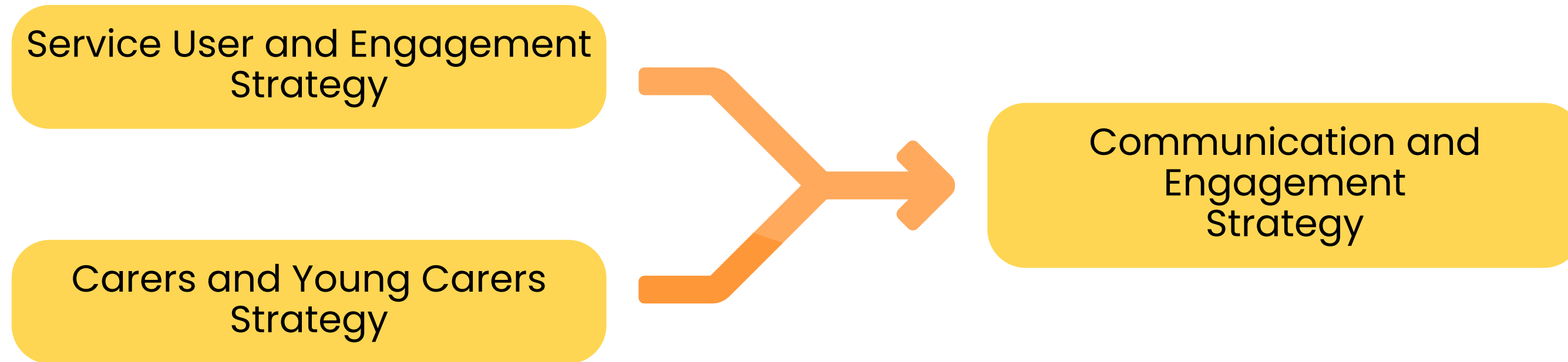
- Strategy Update to Board (Carers and Young Carers Strategy and the Service User Engagement and Experience Strategy)

Strategy Update to Board

To be considered alongside the Lived Experience
Report submitted to QAC and Board July 2025

Presented by Zoe Dodd
July 2025

Change to Engagement Strategy



As outlined in the previous report, the current Service User and Engagement Strategy is due to conclude this year. Progress against the strategy has been slow over recent years, and priorities have evolved particularly in relation to race equity and feedback initiatives.

A key gap identified in the existing strategy and feedback was the lack of alignment with communications.

In response, a new **Communications and Engagement Strategy** is being developed. This strategy aims to ensure that service users and carers are not only aware of ongoing improvements but are also meaningfully involved in shaping them.

Service User and Engagement Strategy



Service User and Engagement Strategy

Achievements against objectives

There are a number of significant achievements as detailed in accompanying report with our key partners. These relationships continue to strengthen, our partners are integral to our reviewed objectives for 2025–2028. Achievements include the below:



Over the past six months, the Cultural Advocacy Workers have supported 240 service users. A key area of impact continues to be family involvement and carer support, particularly in facilitating participation in Multi-Disciplinary Team (MDT) meetings. The workers have actively addressed concerns raised by family members, liaising with ward staff to resolve issues and improve communication. In addition to direct support, the team provides quarterly thematic analysis of feedback and emerging themes, contributing to continuous service improvement.



Maan has worked in partnership with SHSC for over 16 years, playing a vital role in supporting the community. Their work includes:

- Providing on-ward support for service users.
- Supporting carers, particularly in Multi-Disciplinary Team (MDT) meetings.
- Facilitating transfers of care from inpatient settings to the community.
- Recruitment of two new peer workers through collaboration with Sheffield Hospitals Charity.



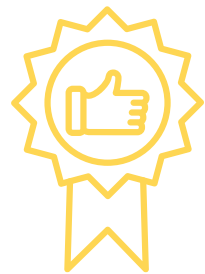
Review of Race Equity Officer role now working within reducing restrictive practice team to address inequities in this area.



- Increased service user attendance at groups and engagement opportunities.
- Secured three-year funding for the continuation of the *Oasis Gardening Service*.
- Continued delivery of key programmes supporting SHSC service users including digital inclusion, men's football and regular ward presence.

Service User and Engagement Strategy

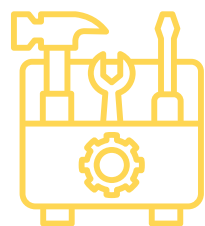
Achievements against objectives (continued)



Sharing of best practice (PCREF): SHSC were early adopters in PCREF, the evaluation and work to date has been shared in national forums and a number of Trusts locally and nationally. SHSC has been selected to be part of the Triangle of Care/PCREF task and finish group to review the Triangle of Care self-assessment audit too in relation to the PCREF.



PCREF stakeholder delivery group: This has commenced with the aim to oversee and seek assurance on the effective implementation of PCREF and its key objectives. This group will also ensure community leaders have a direct voice at Board and executive levels.



PCREF toolkit: This is currently in development and is one of the Board objectives for PCREF to enable staff to access this resource to support them in delivering culturally competent care to service users and families.



PCREF Action Plan: This plan has been launched which outlines SHSC's strategic objectives for 2025–2028 and is aligned with the three core organisational competencies of the national PCREF framework.

Service User and Engagement Strategy

Achievements against objectives (continued)



Feedback: We recognise we are not where we would like to be with our feedback response rates. There has been renewed energy and focus towards this which will form a key part of the new strategy.

Over the last three months the Engagement Lead has visited over 40 services to map current feedback and understand gaps in knowledge and collection of feedback.



FFT data: Looking at best practice from areas in the Trust and also deep dive of the data that has been collected over the last three years. Training and 'how to guide' are being developed.



Care Opinion: This objective paused when Care Opinion was removed. The re-introduction of Care Opinion from August 2025, with clear role out plan in place and utilising the resource and tool to maximum capacity will improve feedback through stories and qualitative data.

Carer and Young Carer Strategy



Milestone 1
2022



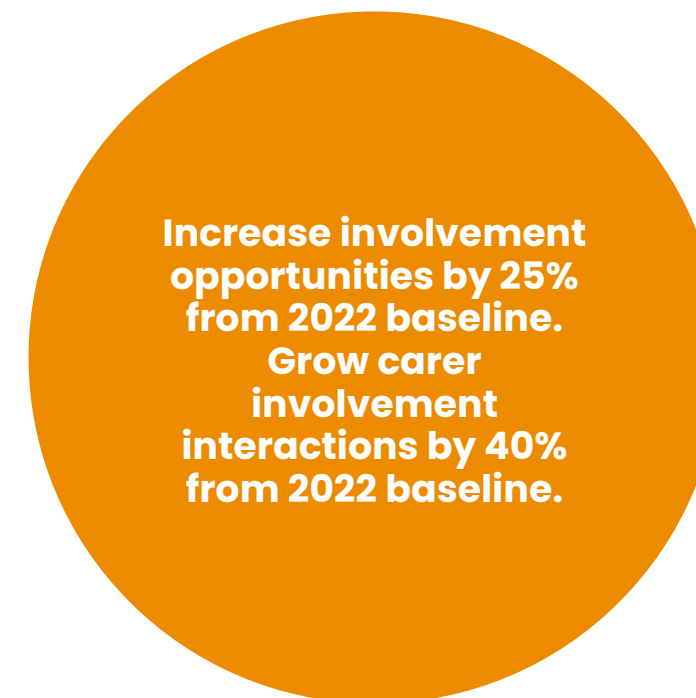
Milestone 2
2023



Milestone 3
2024



Milestone 4
2025



Carer and Young Carer Strategy

Achievements against objectives



- **Introduction of additional carer roles:** These include the Sheffield Flourish Carer Peer Support Worker and Carer Support Worker in the Early Intervention Service (EIS).



- **Increased collaboration:** Between the Strategic Carer Lead and Sheffield Carers Centre and Sheffield Young Carers.



- **Increased lived experience input:** At Board meetings, groups, recruitment panels and development of projects.



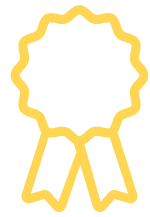
- **Triangle of Care/PCREF Pilot Project:** National task group to review the Triangle of Care self-assessment audit tool in relation to the PCREF.



- **Established Carer Groups:** Including Carers Open Door Group, Woodland View Relatives Group, G1 Family and Carers Forum, CMHT Northlands Service User and Carer Group, EIS Family and Carer Support Group.

Carer and Young Carer Strategy

Achievements against objectives (continued)



- **Triangle of Care:** SHSC has been successful in achieving the second star of the Triangle of Care accreditation. In 2024, SHSC achieved star 1 for recognising our work with carers in mental health inpatient settings, and reaching star 2 reflects our commitment to extending this good practice across community services.

The Triangle of Care has contributed to carer experience in a number of areas:

- The outcomes for staff from attending the introductory workshops in feeling confident in completing their self-assessments and engaging with carers.
- Updating on action plans in developing a strong culture of working closely with carers and young carers.
- Ensuring improved outcomes for carers by staff working collaboratively with external carer organisations in signposting and influencing the number referrals provided to support carers in many circumstances.
- The increase in routine carer involvement in projects, recruitment panels, carer led training sessions and service transformation which consequently can improve patient outcomes and influence service delivery.

Engagement Objectives 2025–2028

As part of the Communications and Engagement Strategy

The new strategy has four key engagement objectives:

1

- To ensure we deliver inclusive involvement that has service users and carers at the centre of everything we do.

2

- To develop partnership approaches so we expand and build on community assets to improve care.

3

- Use data and stakeholder engagement to ensure we involve the right people at the right time in driving the equality agenda.

4

- Capacity to build the skills of our workforce and develop tools and resources to support the delivery of co-production and involvement.

Engagement Objectives 2025–2028

As part of the Communications and Engagement Strategy (continued)

Key Milestones for 25/26:



- **Service user and carer dashboard:** In development, due to launch September 2025.



- **FFT review and training:** Currently being undertaken with specific resource dedicated to this, training and support plan for teams for 25/26.



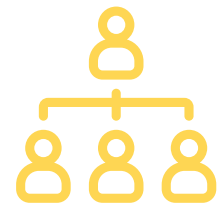
- **Embedding of Care Opinion:** Rollout of Care Opinion to improve feedback mechanisms and staff engagement with feedback.



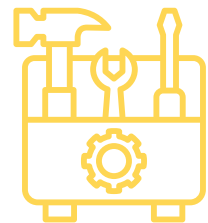
- **Best practice toolkit:** For engagement and feedback to be introduced to teams from November 2025, with training delivered across all teams by March 2026.

Engagement Objectives 2025–2028

As part of the Communications and Engagement Strategy (continued)



- **Governance structure:** Refresh of the Lived Experience Co-production Assurance Group (LECAG) with refreshed objectives that have been co-produced by staff, service users and communities. Review and streamlining of groups with introduction of Patient and Carer Forum by December 2025, PCREF and Triangle of Care focus group by October 2025 and PCREF Stakeholder Delivery Group.



- **PCREF toolkit:** To be finalised and introduced to staff by October 2025.



- **PCREF action plan:** First year aims to be delivered by March 2026. Ongoing communication internally and externally regarding PCREF including development of dashboard and improvement in data collection.



- **Triangle of Care:** Review of one star accreditation due September 2025 and second star feedback to be implemented. Action plan for third star to be put in place.