Board of Directors

SUMMARY REPORT	Meeting Date:	24th May 2022
	Agenda Item:	21

Report Title:	**Quality Strategy Progress Report**	
Author(s):	Sue Barnitt, Head of Clinical Quality Standards Parya Rostami, Head of Continuous Improvement	
Accountable Director:	Salli Midgley, Director of Nursing and Professions	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality assurance Committee
	Date:	10th May 2023
Key points/ recommendations from those meetings	• Additional information added regarding the Quality Dashboard development as part of the implementation of a Quality Management System (slide 12). • Additional issue added to Risks & issues (slide 19) related to developing and embedding a Quality Management System and the impact of Rio implementation delays on dashboard development.	

Summary of key points in report

This paper has been written for the Board of Directors as part of routine reporting and will provide the 6 monthly update on the progress of the implementation of the Quality Strategy delivery plan.

Despite some initial delays due to capacity and vacancies within key roles, good progress has been made. There is a full delivery plan in place though objectives will be reviewed mid-2024 to ensure they remain fit for purpose against the organisation and the challenges within the system at that point.

Objectives identified within the strategy are categorised as either Business As Usual (BAU) meaning that they are part of the core functions of teams and workplans within SHSC or transformational in that additional resource and co-design is required to ensure the successful delivery. Coproduction and engagement underpin many of the objectives identified within the quality strategy and to support this a 0.2wte Expert by Experience has been recruited.

Progress against the key milestones identified for completion in 2023/24 and the Q1 2023/24 objectives are well underway. Appointment of the Head of Quality Improvement has positively impacted on the progress of actions related to continuous improvement.

Progress to date:

- 2022 milestones achieved

One objective due for completion in Q4 2022/23 is noted as stuck on the Quality Strategy delivery Plan which relates to:

- Availability of Benchmarking data for Fundamental Standards of care visits. This objective has been

delayed due to previous capacity issues within the Care Standards Team which has impacted on teams receiving their visit reports in a timely way . Action to recover this delay is in place following the return of the Care Standards Lead and this objective is on track for completion by end of May 2023.

The three milestones for achievement during 2023/24 are:

- Developing a culture of continuous improvement
- Development of a Quality Management System (QMS)
- Development of Quality Assurance Framework processes

Examples of progression on the milestones are included in the slide set. The Quality Dashboard (per service) is currently in draft and cannot be fully piloted until RIO is implemented, however enquiry into key indicators and formatting can be drafted.

Issues/risks have been identified that may impact on the delivery of 5 objectives within the plan.

A Quality Strategy delivery plan has been developed on Monday.com and all priority leads have access to update the objectives that sit within them. The Head of Clinical Quality Standards meets with priority leads fortnightly to maintain and support progress.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	

The Board is asked to receive this report for assurance regarding the progress of the implementation of the Quality Strategy

Please identify which strategic priorities will be impacted by this report:				
Recover services and improve efficiency	*Yes*	***X***	*No*	
Continuous quality improvement	*Yes*	***X***	*No*	
Transformation – Changing things that will make a difference	*Yes*	***X***	*No*	
Partnerships – working together to make a bigger impact	*Yes*	***X***	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	***X***	*No*		The Regulations of the Health and Social Care Act.
Data Security and Protection Toolkit	*Yes*		*No*	***X***	
Any other specific standard?	*Yes*		*No*	***X***	

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*		Service User and Carer Experience are central to the aims and objectives of the Quality Strategy. There are clear standards outlines within the strategy outlining the proposals for improvement. Work to develop the strategy and its underpinning priorities and goals has firmly had service users, carers and staff wellbeing at the heart of its development.
Financial (revenue &capital)	*Yes*		*No*	***X***	Financial implications of not meeting regulatory

					requirements are not explicitly examined in this paper.
Organisational Development /Workforce	*Yes*	***X***	*No*		The strategy and its underpinning priorities and goals has been co-produced with staff through a range of workshops, events and feedback mechanisms.
Equality, Diversity & Inclusion	*Yes*	***X***	*No*		Equity and Equality are key drivers for regulatory compliance.
Legal	*Yes*	***X***	*No*		Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.
Sustainability	*Yes*	***X***	*No*		There are clear objectives within the strategy which aim to support SHSC and the staff working within it to move towards a Net Zero NHS.

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Quality Strategy Implementation Progress Update

Sue Barnitt, Head of Clinical Quality Standards

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Quality Strategy 2022 - 2026

Our Vision: to improve the mental, physical & social wellbeing of the people in our communities

Strategic Aims:

- Deliver outstanding care
- Create a great place to work
- Make effective use of resources
- Ensure our services are inclusive

Key Priorities:

Develop a culture of continuous Improvement

as an integral part of all that we do, ensuring a learning and just culture

Embed coproduction and lived experience methodology

in service developments and redesigns to provide responsive, accessible services

Implement an evidence-based Quality Management System

to coordinate and embed quality improvement, quality control, quality planning and quality assurance

Deliver a Quality Assurance Framework

to assure and control evidence-based care, benchmarking nationally as good quality

Ensure sustainable high-quality outcomes

for the service users of today without compromising those of tomorrow

COPRODUCTION & ENGAGEMENT

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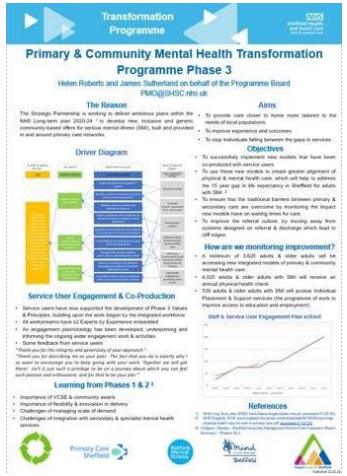
The Quality Strategy and its priorities were developed in consultation with staff, service users and carers and voluntary sector partners.

An Expert by Experience has been recruited (0.2wte) to support the development and coproduction of key objectives within the strategy

- Development of metrics and identifying service user outcomes for CERT and Dovedale 2 Quality Framework Dashboard to help teams understand how well they are doing

Service user engagement and co-production sections included within QI projects


Transformation Programme

Primary & Community Mental Health Transformation Programme Phase 3

Helen Roberts and James Sutherland on behalf of the Programme Board

PMO@SHSC.nhs.uk

The Reason

Aims

Objectives

Driver Diagram

How are we monitoring improvement?

Service User Engagement & Co-Production

Learning from Phases 1 & 2

References

"Coproducing our quality strategy work will mean that we're asking the right questions and measuring our progress in relevant ways that help to benefit staff and service users." – Katy Stepanian

OVERVIEW

Sheffield Health and Social Care NHS Foundation Trust

Despite some initial delays due to capacity and vacancies within key roles, good progress has been made.

- Full delivery plan in place through to 2024 at which point a review of the objectives and milestones will occur to ensure they remain fit for purpose against the landscape and the challenges within the system at that point.
- Appointment of QI Lead within SHSC
- Release of Patient Safety resources to assist with PSIRF Implementation
- Fortnightly progress meetings held with leads to support progress

Objectives identified within the strategy are categorised as either Business As Usual (BAU) meaning that they are part of the core functions of teams and workplans within SHSC or transformational in that additional resource and co-design is required to ensure the successful delivery.

2022 key milestones achieved - Recap

- Robust QI skills training programme in place offering a suite of options to ensure accessibility and suitability for all
- Benchmarking data for Inpatient areas against the fundamental standards of care will be available – Phase 2 Tendable implementation complete (older adults and care homes) and work commencing to look at Phase 3 (Community Services)
- More detailed oversight of delivery of sustainability and lived experience and coproduction objectives are managed through other reporting groups (LECAG, People

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QUALITY STRATEGY KEY MILESTONES

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2022 ✓	Robust QI skills training programme in place offering a suite of options to ensure accessibility and suitability for all	Benchmarking data for Inpatient areas against the fundamental standards of care will be available
2023	Continuous improvement embedded in all recruitment, induction, and PDR processes	Implementation of the SHSC Quality Management System (QMS) Approach
2024	All SHSC staff will have an enhanced understanding of Patient Safety having completed an agreed syllabus and implemented the Patient Safety Incident Response Framework (PSIRF)	Completion of Culture and Quality visiting programme across the organisation
2025	Evidence of established relationships across the city of Sheffield with voluntary and third sector communities that reflects the diversity and vibrancy of lived experience and support active involvement with SHSC	Collaborative working with local, regional and national partners to share best practice, knowledge and learning regarding our integrated approach to Quality Management
2026	Evidence of QI skills, knowledge and ownership embedded at every level of the organisation	Significant reductions in the emissions we control directly to support our goal of ‘net zero’ by 2030

OVERALL DELIVERY PLAN PROGRESS

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14.5% of objectives are complete

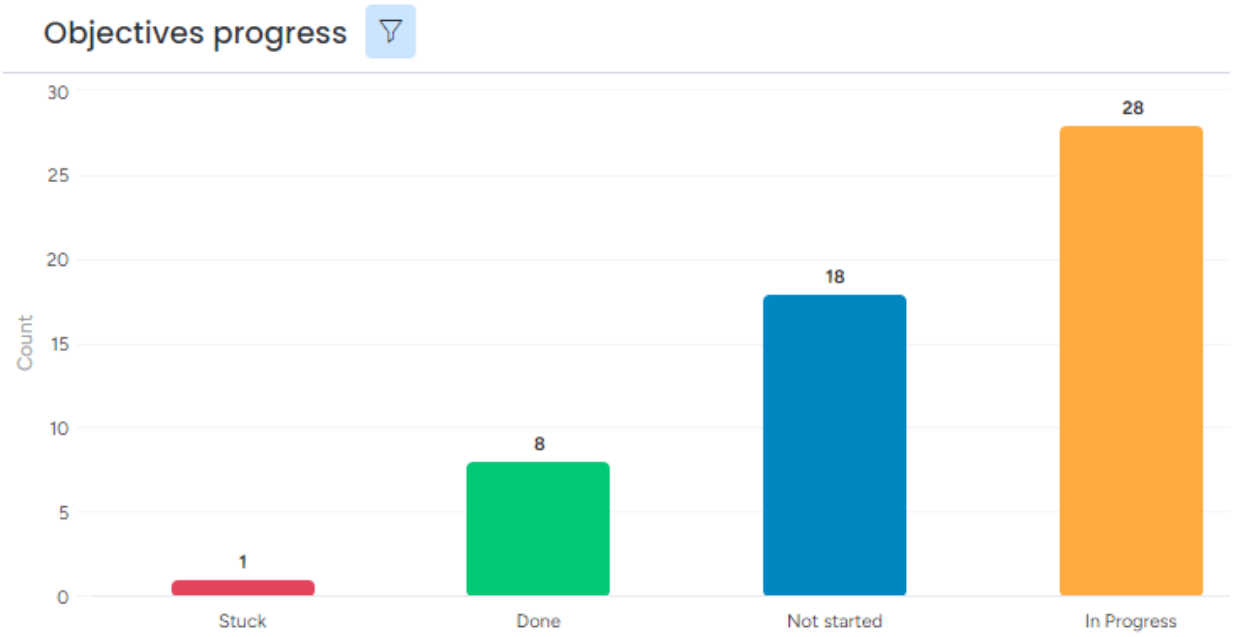
- 5 QI objectives
- 1coproduction objective
- 1 Quality Assurance Framework objective
- 1 sustainability objective

50.9% of objectives are in progress

- 4 objectives due for completion by end of Q1 23/24
- 6 objectives due for completion by end of Q2 23/24
- 18 objectives in total due for completion by end of December 2023

1 objective noted as stuck

- Availability of Benchmarking data for Fundamental Standards of care visits delayed due to capacity. On track for completion by end of May 2023



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CONTINUOUS IMPROVEMENT DELIVERY PLAN

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Develop a culture of continuous improvement and just culture 12 Objectives

Objectives	Overall Status	Owner	Lead	Timeline
Clear governance structures, process and metrics to support delivery of Trust v...	Done	PR	QI tracker started i...	Oct 31, '22 - Mar 31, '23
Board members, clinical and professional leaders at all levels know and understa...	Done	PR		-
Staff at all levels are supported to lead and deliver continuous improvement wo...	In Progress	PR		-
Achievements and learning from improvements are captured, shared and celeb...	In Progress	PR		-
Embed continuous improvement in recruitment and induction processes	Done	PR		-
Embed continuous improvement in business planning processes	In Progress	PR		-
Embed continuous improvement in PDR process	Done	PR	QI including in PDR ...	-
Celebrate improvements and learning through the SHSC Annual Improvement ...	In Progress	PR		-
Develop 'dosing' approach for building and embedding improvement skills and ...	In Progress	PR		-
Make Quality Improvement skills training and coaching support accessible for a...	Done	PR		-
QI Plan on a page		PR		-
+ Add Objectives				

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2023 MILESTONES – QI

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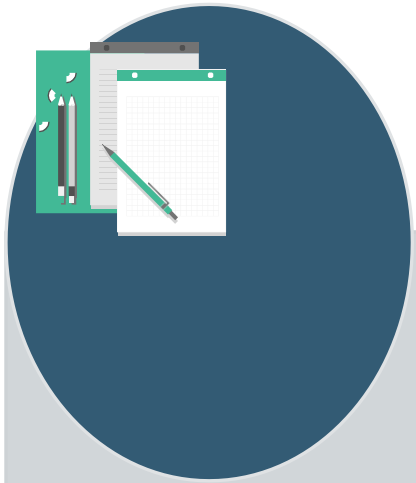


Staff at all levels supported with Continuous improvement

Frontline QI Projects

Quality Improvement

Improving the quality of medical seclusion reviews on Endcliffe Ward - an Adult Psychiatric Intensive Care Unit

Dr Rosie Oatham (rosie.oatham@nhs.net)

Background

Endcliffe Ward is a purpose built psychiatric intensive care unit (PICU) that provides twenty-four-hour care for people in a mental health crisis who require a safe, controlled environment with high intensity nursing care.

As with all PICU settings, incidents of medical "seclusion" and subsequent reviews are a common occurrence on Endcliffe Ward . Seclusion is a tool used by primarily to manage aggressive and disturbed behaviour that is presumed to be due to the patient's mental disorder. [1]

There are clear Trust and national guidelines that must be adhered to when healthcare professionals use seclusion that are designed to maximise a patient's freedoms and protect their liberty while providing a safe environment.[1,2] The standards used at Sheffield Health and Social Care (SHSC) are outlined in Figure 1.

This work aligns with SHSC's Trust-wide priorities around ensuring the that staff are supported to provide best practice in relation to the use and prevention of force where possible, to help manage situations that may lead to violence and aggression.

Figure 1: Table outlining the current standards of medical seclusion reviews [2]

1: Review of service user's physical health	5: Review of observations required
2: Review of service user's psychiatric health	6: Assessment of risk to others posed by the service user
3: Assessment of currently prescribed medications	7: Assessment of risk to self posed by the service user
4: Assessment of adverse effects of medications	8: Assessment of the need to continue seclusion or apply less restrictive measures

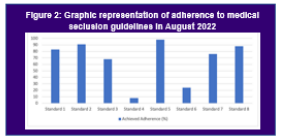
Overall Aim

The overall aim of this work was to understand and improve current medical seclusion practice. An initial audit was undertaken to assess current practice and a survey undertaken to establish levels of understanding amongst medical staff. A "SMART" aim has been developed based on audit findings and colleague discussions. SMART aims are Specific, Measurable, Achievable, Realistic and Timely.

Initial Assessment

A service evaluation in August-December 2022 demonstrated sub-optimal adherence to medical seclusion review standards, with a mean adherence of 66.72% (Figure 2). Results from this evaluation highlighted that documentation of medical seclusions was poor, making it difficult to assess adherence to guidelines. In particular, medical seclusion reviews lacked documentation of prescribed medications, adverse effects of medications and risk to self.

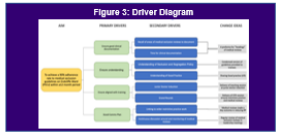
Figure 2: Graphic representation of adherence to medical seclusion guidelines in August 2022



SMART aim and objectives of QI project

Based on the results of the service evaluation, this project sets out to improve the quality of medical seclusion reviews performed by doctors of all grades on Endcliffe Ward. We aim to achieve a 90% adherence rate to seclusion guidelines within a 12-month period. Greater adherence to all elements of medical reviews outlined by the Seclusion and Segregation Policy, will enhance the quality of care provided to service users who undergo seclusion on Endcliffe Ward.

Figure 3: Driver Diagram



How will we know we are improving?

The Driver Diagram (Figure 3) summarises the areas that are being focussed on. To measure improvement over a 12-month period, a random sample of seclusion entries will be taken each month, with adherence to guidelines subsequently analysed. The mean adherence rates for standards will be presented onto Statistical Process Control charts, to enable us to see whether the changes implemented lead to improvements. Our benchmark for improvement is an increase in the overall mean adherence from current 66.72%, to 90%.

A number of process measures will be reviewed to monitor improvement, this includes; overall adherence, the time taken to document medical reviews and staff experience. A structured survey to all medical doctors performed on a 4-monthly basis (to align with 4-monthly rotations for foundation trainees) should enable us to monitor improvement in understanding of guidelines and perceived time to document reviews. The structure of this survey will mirror the survey performed as part of the service evaluation in 2022.

Acknowledgments

Thank you to Dr Bhavana Karna (Supervisor), Rosina Muir (Clinical Effectiveness), Dr Parva Rostami & the Continuous Improvement Team.

References

1) Newton-Howes, G. (2013). Use of seclusion for managing behavioural disturbance in patients. Advances in Psychiatric Treatment, 19(6), 422-429. doi:10.1192/apt.bp.112.011114
2) Sheffield Health and Social Care (March 2022). Seclusion and Segregation Policy (Inc Long Term). (NTCS 009).
3) Sheffield Health and Social Care (April 2022). Use of Force Policy – Prevention and Management of the Use of Force Safe and positive care. (NPCS 030 V6).

Poster publication date: 18/02/2023

Trust-wide QI

Transformation Programme

Primary & Community Mental Health Transformation Programme Phase 3

Helen Roberts and James Sutherland on behalf of the Programme Board
PMO@SHSC.nhs.uk

The Reason

The Strategic Partnership is working to deliver ambitious plans within the NHS Long-term plan 2020-24 [1] to develop new, inclusive and generic community-based offers for serious mental illness (SMI), built and provided in and around primary care networks.

Aims

- To provide care closer to home more tailored to the needs of local populations.
- To improve experience and outcomes.
- To stop individuals falling between the gaps in services

Driver Diagram

Objectives

- To successfully implement new models that have been co-produced with service users.
- To use these new models to create greater alignment of physical & mental health care, which will help to address the 15 year gap in life expectancy in Sheffield for adults with SMI. [2]
- To ensure that the traditional barriers between primary & secondary care are overcome by monitoring the impact new models have on waiting times for care.
- To improve the referral culture, by moving away from systems designed on referral & discharge which lead to cliff edges.

Service User Engagement & Co-Production

- Service users have now supported the development of Phase 3 Values & Principles, building upon the work begun by the integrated workforce.
- All workstreams have x2 Experts by Experience embedded.
- An engagement plan/strategy has been developed, underpinning and informing the ongoing wider engagement work & activities.
- Some feedback from service users:

"Thank you for the integrity and generosity of your approach."
"Thank you for describing me as your peer. The fact that you do is exactly why I so want to encourage you to keep going with your work. Together we will get there! Isn't it just such a privilege to be on a journey about which you can feel such passion and enthusiasm, and for that to be your job!"

How are we monitoring improvement?

- A minimum of 3,625 adults & older adults will be accessing new integrated models of primary & community mental health care.
- 4,025 adults & older adults with SMI will receive an annual physical health check
- 539 adults & older adults with SMI will access Individual Placement & Support services (the programme of work to improve access to education and employment).

Staff & Service User Engagement Plan extract

Learning from Phases 1 & 2 [3]

- Importance of VCSE & community assets
- Importance of flexibility & innovation in delivery
- Challenges of managing scale of demand
- Challenges of integration with secondary & specialist mental health services

References

1) NHS Long Term plan (2020) https://www.longtermplan.nhs.uk/ (accessed 21.02.23)
2) NHS England, 2016, www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf (accessed 21.02.23)
3) Hodgson, Damian - Sheffield University Management School Final Evaluation Report Summary – Phases 1& 2.

Published 21.02.23

National QI

To ensure PSIRF is implemented in SHSC by August 2023 and helping to improve safety Culture by August 2024

- Ensure **understanding** and awareness of PSIRF
- **Engagement** with all stakeholders
- Leadership for **scaling up**
- **Monitoring** and measuring improvement

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2023 MILESTONES – QI

Sheffield Health and Social Care NHS Foundation Trust

Continuous improvement embedded in all recruitment, induction, and PDR processes

4. COMMITMENT TO QUALITY

We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

Tell me about an improvement you have made or been involved with (at work)?
What was the situation?
How did you identify the need?
What was the impact of the change?
What did you learn about yourself from this?
Notes:

Describe a time when you have improved the quality of someone's care?
How did you identify what to do?
Who did you consult?
What would you do differently now if faced with the same situation?
Notes:

PDR FORM 2023 FINAL

Please follow this link to locate our SHSC Clinical and Social Care Strategy. From here you can see the alignment between y strategy.

Clinical and Social Care Strategy 2021-2026

Setting objectives & ensuring they are SMART – Specific, Measurable, Achievable, Relevant, Time-bound.

Please refer to your TEAM objectives for this section. Our objectives should link clearly to the SHSC vision, aims, values a

Your Personal Objectives (Insert your SMART Objectives) and how these contribute to the above

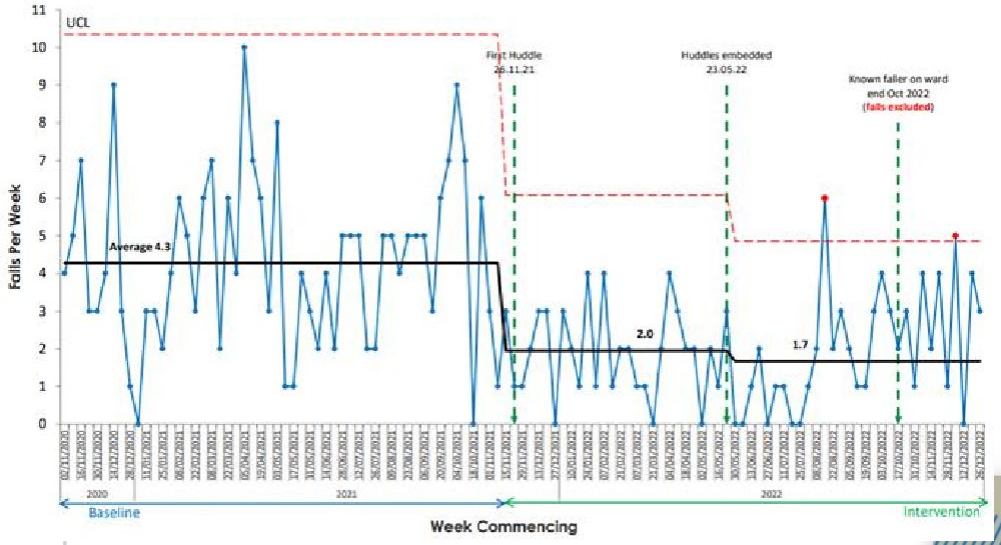
Specific Objective	Expected outcome	What will these to?
		✓ Living our values ✓ Getting back to go ✓ Transformation – difference. ✓ Covid 19 – recover ✓ Partnerships – wo impact.
Team engagement and wellbeing (focussing on Inclusion)		
Service user care (prioritising the care of our service users)		
Team working & cross team working (working better together for our service users linked to staff survey feedback)	1)	
Quality Improvement – (Be involved in QI in some way, that helps improve our ways		

2023 MILESTONES – QI

Sheffield Health and Social Care NHS Foundation Trust

Achievements from improvements are captured and celebrated

Statistical Process Control chart to show falls per Week for Ward G1, Grenoside Grange Hospital between November 2020 – December 2022



Published
7 March 2023

Silver success on Dovedale 1 ward

News | Announcement

Quality Management System (QMS)

NHS Sheffield Health and Social Care NHS Foundation Trust

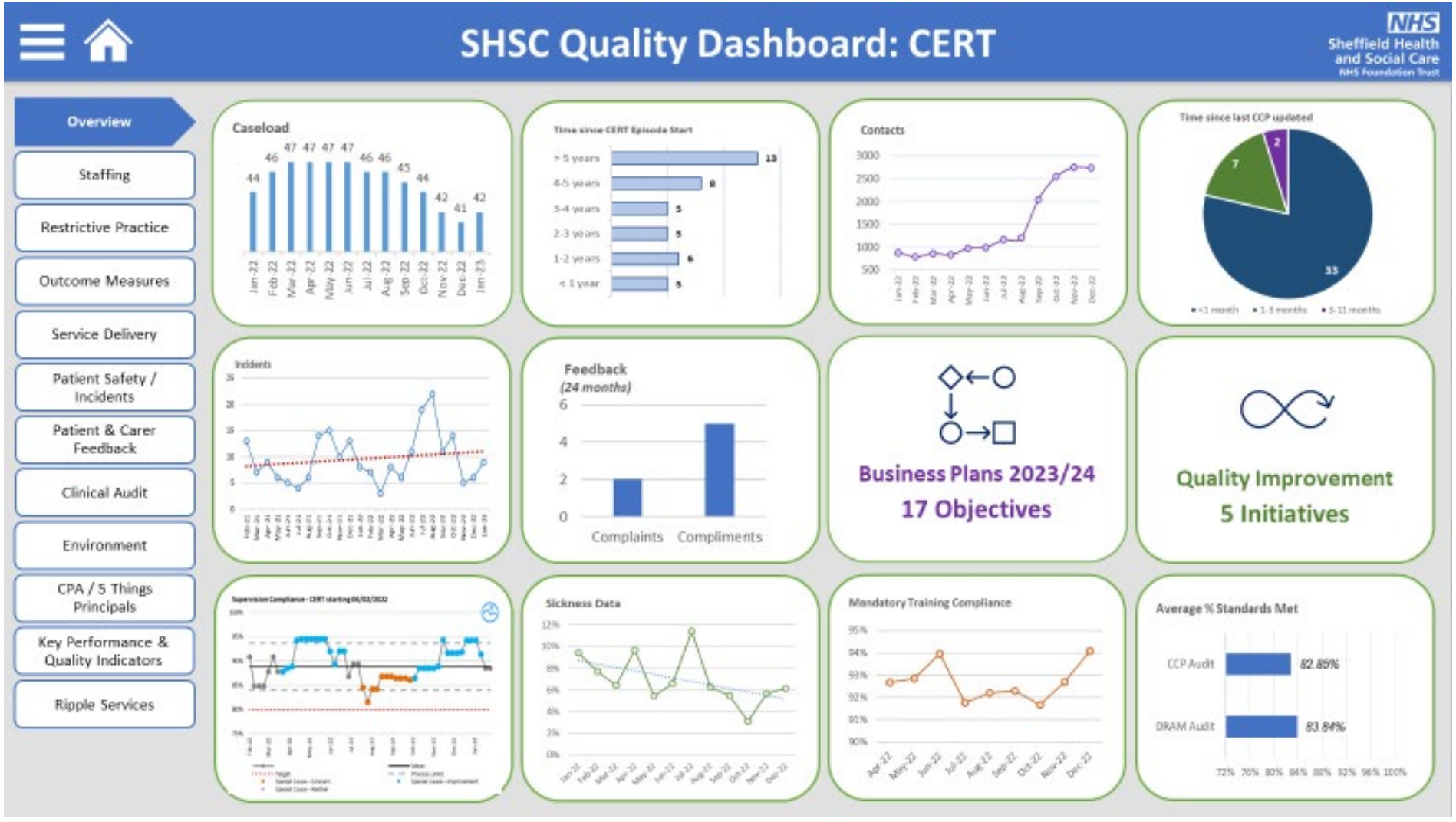
Develop and embed a Quality Management System (QMS)

Objectives	Overall Status	Owner	Lead	Timeline
Work in collaboration with NHSEI to maximise QMS expertise and shared values	In Progress	SB	Sue Barnitt	Jan 2 - Aug 30
Build QMS language into all aspects of our work to help embed a system wide ...	In Progress	SB	Sue Barnitt / Parya ...	Dec 30, '22 - Jul 31, '23
Align the relevant enabling strategies to ensure a unified approach to leading q...	Not started	CM	Chin Maguire	Jun 27, '22 - Oct 31, '23
Develop key indicators to measure success and identify areas for continuous le...	Not started	PR	Simon, Angela and ...	-
Ensure coproduction is at the heart of development and delivery of a QMS	In Progress	SB	Katie Stepanian	Mar 1 - Sep 30
Use QMS as an organisational framework to align quality planning, control, impr...	Not started	JR CM		-
Team SHSC will work collaboratively at all levels to ensure everyone is able to a...	Not started	PR		-
Develop a range of internal and external communications to help create and e...	In Progress	SB	Sue Barnitt / Parya ...	Dec 30, '22 - Jul 31, '23
Develop a proactive approach to showcasing improvements and achievements...	In Progress	PR	Delivering Excellen...	Mar 1 - Dec 30
Collaborate with local, regional and national partners to share best practice, kn...	Not started	SB PR		-
+ Add Objectives				
		SB +3		Jun 27, '22 - Dec 30, '23

QMS – Data Dashboards

- The Quality Control element of the QMS should include Quality Dashboards and visual management (see next slide)

- A mock up of a Quality Dashboard for one team (CERT) has been developed and the Strategy and Quality Performance Manager is working with Business Intelligence team members from varying departments team to launch this



QMS – Visual Management

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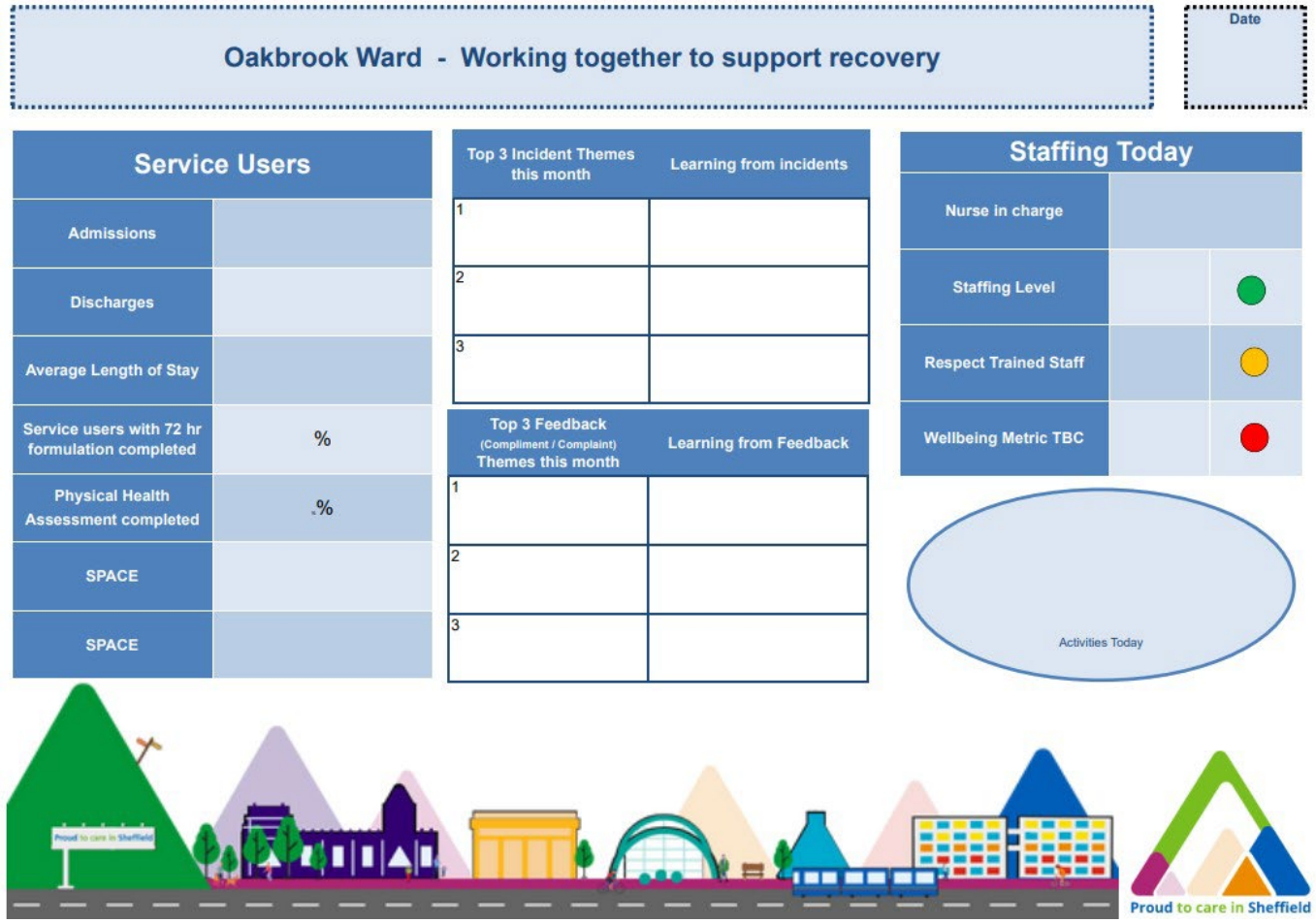
- To support visual management, whiteboards are being developed with teams, as requested by the teams themselves
- These go hand in hand with data dashboards and Trusts who have implemented QMS use both
- Pilot sites identified – CERT, Oakbrook,
  G1 and and Dovedale 1
- Outcomes workshops held
- Expert by Experience support in defining outcomes
- Whiteboards developed with teams via engagement sessions focussing on asking staff and service users “what matters to you?”



2023 MILESTONES - QMS engagement

Sheffield Health and Social Care NHS Foundation Trust

Interview Schedule

Approximate questions for the Quality Framework engagement sessions

Questions may be adapted through-out data collection.

Background details of participant(s):
Tell me a bit about yourself (name , age, working?)

Background about service and purpose:
Tell me about the service
Tell me about the ward and what it does?
What is the main purpose of your ward/area?

Improvement
What are your priorities for improvement?
What improvements are you already undertaking?
What improvement work would you like to do?

Data use:
Do you use data about your service to identify areas for improvement or to mitigate against potential risk?
What data do you currently use?
What data would you want to be able to see / have better sight of to help with identifying improvement or to monitor progress/gaps?
Do you/your team have the skills required to interpret data/information or is this an area for development?
What are the main topics / things you need to do to deliver this (secondary drivers)?

Dashboard:
What would an ideal dashboard look like (consider leadership / staff / service user / carer)?

Progress and next steps

- Engagement sessions have been held with staff and service users to understand each service
- Currently in the process of designing and purchasing whiteboards for teams
- The board will be used to support improvement priorities with the teams for 6 months
- Learning will be shared after this
- Exact timeframes under development with support from PMO

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QUALITY ASSURANCE FRAMEWORK

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Quality Assurance framework

Objectives	Overall Status	Owner	Lead	Timeline
Benchmarking data for Inpatient areas against the Fundamental standards of c...	Stuck	SB	Sue Barnitt	Oct 1, '22 - Jan 31, '23
Development of standards for practice related to Fundamental Standards of... 6	In Progress	HH	Henry Harrison	Jun 30, '22 - Mar 24, '23
Development of Out of Area Quality Assurance and Monitoring Process	In Progress	SB	Sue Barnitt	Aug 1, '22 - Apr 30, '23
Work with partner agencies across the system to ensure a joined up collaborati...	In Progress	SB	Vin Lewin	Aug 1, '22 - Aug 31, '23
Implementation of the Patient Safety Syllabus to Trust staff along with acce... 4	In Progress	SB	Vin Lewin	Jan 1, '22 - Nov 30, '23
Development of key performance indicators for Physical Health and Service Us...	In Progress	SB	Pene Fati / Teresa ...	Jan 1 - Jun 30
Develop a set of prioritisation criteria to support timely review of services thro...	Done	SB	Adele Eckhardt	Jun 30, '22 - Jul 31, '22
Triangulation of intelligence to ensure best use of resources and optimum outc...	Not started			-
Create a compendium of learning derived from Quality Improvement activity t...	In Progress	PR		Mar 1 - Dec 31
Development of Quality Intranet Pages on Jarvis	In Progress	SB		Mar 1 - Sep 30
Review incidents and patient experience to understand any inequalities affecti...	Not started	TB	Tania Baxter	-
Involve and support our service users, carers and families where appropriate, in ...	In Progress	SB	Vin Lewin	Dec 1, '22 - Dec 29, '23
Embedding inclusion, diversity and equity as part of our Culture and Quality Vis...	Not started		Adele Eckhardt	-
+ Add Objectives				
		HH +3		Jan 1, '22 - Dec 31, '23

COMPLETED OBJECTIVES

NHS Sheffield Health and Social Care NHS Foundation Trust

Objective	How achieved?
Align coherent and accessible narrative for continuous improvement to the Trust Vision, Strategy and Priorities (QI)	The QI team have done engagement sessions with various colleagues from Board and also clinical colleagues to ensure we have shared aims and priorities for QI. The website and intranet has been updated.
Clear governance structures, process and metrics to support delivery of Trust vision, strategy and priorities (QI)	QI tracker started in December, forms to register QI projects and QI training now linked to ESR
Board members, clinical and professional leaders at all levels know and understand their role in leading continuous improvement in key priority areas (QI)	Board Development Session in December 2022, Improvement Priorities session completed with clinical and professional leaders. QI awareness also raised through QI stall e.g. at Research Showcase
Embed continuous improvement in recruitment and induction processes (QI)	
Make Quality Improvement skills training and coaching support accessible for all teams to lead continuous improvement work (QI)	Accessible via QIP form system started in December 2022
Shine a spotlight on key themes and priority areas (Coproduction)	SUSEG reconvened and refreshed which includes a regular spotlight on services (4x per year)
Develop a set of prioritisation criteria to support timely review of services through our Culture and Quality Visit Programme (Quality Assurance)	Prioritisation criteria informed by closed cultures work and included within visit Standard Operating Procedure
Collaborate with regional Integrated Care System partners to share best practice, knowledge, and skills (Sustainability)	SHSC linked up with ICS and working collaboratively with ICS green plan on ongoing basis

2023/24 Q1 OBJECTIVES IN PROGRESS

Sheffield Health and Social Care NHS Foundation Trust

Objective	Progress to date
Increase the influence of experts by experience (EbyE) (Coproduction)	Key milestones achieved for 2022 include PCREFT workplan and SOP. Increase in key governance EbyE roles - all but 2 filled. EbyE roles supporting some key pieces of work. Further work required to define EbyE targets.
Development of standards for practice related to Fundamental Standards of care (Tendable) (Quality Assurance)	Tendable Phase 2 (Older Adults and Care Homes) has been implemented. Phase 3 (applicable Community Services) implementation due to commence by end of May 2023. Review of audit applicability to be conducted with relevant services.
Development of Out of Area Quality Assurance and Monitoring Process (Quality Assurance)	Key processes developed including Standard Operating Procedure for allocation, management and quality assurance of OOA placements. Draft framework document developed and final edits and consultation required.
Develop and integrate environmental and sustainable impact assessments into our business planning processes (Sustainability)	Work has commenced. Request from commissioners for this to be incorporated within existing processes

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RISKS & ISSUES

Sheffield Health and Social Care NHS Foundation Trust

5 Issues identified regarding implementation of the plan

Actions in progress issues

Objective	Issue / Risk and action taken
Embedding Coproduction and Lived Experience Methodology	
Increase the influence of experts by experience (EbE)	Confidence regarding use of EbyE across the Trust is inconsistent which may impact on coproduction and application of involvement SOP. Involvement mapping for service user involvement has been completed and evaluation of the findings is underway and will inform the support required by individual services and identify areas to celebrate.
Quality Assurance Framework	
Work with partner agencies across the system to ensure a joined up collaborative approach to patient safety initiatives, investigation framework (PSIRF) and system wide challenges	Limited capacity / resources to support implementation. Eg. PSIRF access to pool of learning facilitators. PMO support agreed - risk and issues log to be developed.

RISKS & ISSUES

NHS Sheffield Health and Social Care NHS Foundation Trust

5 Issues identified regarding implementation of the plan

Actions not started issues

Objective	Issue / Risk and action taken
Develop and Embed a Quality Management System	
Triangulation of intelligence to ensure best use of resources and optimum outcomes	Delayed due to delays in Rio rollout. Rio launch set for June and we have been learning from our colleagues at other mental health Trusts that have recently implemented Rio and Quality Management Systems, such as Oxleas NHS Foundation Trust to prepare for this action and improve efficiency for this action.
Ensure Sustainable high-quality outcomes	
Engage and involve service user groups in identifying, developing, and prioritising sustainable improvements	Delayed due to Capacity. No current sustainability lead in post - awaiting commencement. Change in previous leads job plan has significantly affected capacity to progress.
Develop sustainability markers for integration within Culture and Quality visits	