Board of Directors

SUMMARY REPORT	**Meeting Date:**	24 July 2024
	Agenda Item:	12

Report Title:	Quality Improvement Biannual Progress Report	
Author(s):	Parya Rostami, Head of Continuous Improvement	
Accountable Director:	Salli Midgley, Executive Director of Nursing, Professions and Quality	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	• Research, Innovation, Effectiveness and Improvement (RIEI) Group
	Date:	• RIEI Group – 11th June 2024 • QAC – 10th July 2024 (as part of RIEI report)
Key points/ recommendations from those meetings	**RIEI:** • To keep group updated on QExchange bids • To work with RIEI group to merge papers into one paper for QAC **QAC:** • N/A	

Summary of key points in report

The purpose of this paper is to provide the Board with an update on Quality Improvement (QI) progress across SHSC in line with the Trust's Quality Strategy.

The paper demonstrates robust implementation of the QI approach across SHSC. We continue to build capability through a range of programmes of training as well as participating in the ICB systemic approach to building QI capability and knowledge.

SHSC has been successful in all bids to participate in national QI programmes including **The National Mental Health Act QI programme** and **The National Culture of Care QI programme.**

The embedding of QI within the organisation is demonstrable and has resulted in a range of **Presentations, Posters, Funding, Fellowships, Secondments and Awards** – The QI team has supported with several conference abstract submissions in the last 6 months. This includes two sessions at the international BMJ/IHI Quality Forum. Three nominations have been shortlisted for the HSJ Patient Safety awards 2024. Two projects have been successful in securing funding through the QExchange.

This report gives significant assurance on the approach, embedding and embracing of QI across the organisation since the new approach has been supported through the Quality Directorate and within the Quality Strategy.

Appendices embedded:
1) Quality Strategy 2022 – 2026 objectives under "Develop a culture of continuous improvement"

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

The Board of Directors are asked to receive this report and consider the assurance contained within regarding evidence of progress with the development of QI in SHSC.

The Board is also asked to consider receiving updates on the QI Approach through the Quality Strategy regular reporting now that clear evidence of embedding QI within SHSC can be assured through this report.

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		Person- centred, Dignity and Respect, Safety, Safeguarding from Abuse, Complaints, Good Governance, Staffing
Data Security and Protection Toolkit	Yes		No	x	N/A
Any other specific standard?				x	N/A

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, Engagement and Experience	Yes	X	No		Increased evidence of patient safety and quality of experience and outcomes
Financial (revenue &capital)	Yes	x	No		Investment is required to fully implement and ensure sustainability. Various QI activity will support financial savings.
Organisational Development /Workforce	Yes	x	No		Enhancement of QI capacity and alignment with the OD function
Equality, Diversity & Inclusion	Yes	x	No		Section 4.3 completed. Specific QI projects focusing on EDI are being supported and co-production is recommended for all QI work.
Legal	Yes	x	No		No legal or regulatory implications are anticipated
Environmental sustainability	Yes	x	No		Sustainability recommended for all QI activity, for example, balancing measures such as printing paper may be measured in QI projects if appropriate

Quality Improvement (QI) Biannual Progress Board Report

Section 1: Analysis and supporting detail

Background

1.1   This report provides updates for Quality Improvement (QI) activity across the Trust, including activities in direct response to the Trust's Quality Strategy (Appendix 1).

1.2   The QI report to Board in January highlighted that the main focus for QI activity was on a Trust-wide "Waiting Less and Waiting Well QI Collaborative Programme" which is now halfway through its 24-month course (Section 1.8). A further internal Trust-wide QI collaborative programme is currently being developed called "Culture of Care Plus". This will run in parallel with a national QI programme on "Culture of Care" (Section 1.7). This report provides further detail on both Trust-wide programmes and the national QI programmes that we are part of (Sections 1.6 – 1.7).

1.3   The report will also highlight other improvement activity, including building improvement capability and capacity (Sections 1.4 – 1.5), and celebrating achievements (Sections 1.13 – 1.16). The focus on achievements is particularly crucial as it aligns with the Trust's strategic direction of being 'the best we can be' by 2025, by celebrating and learning from the best.

Building QI capability

1.4   Since May 2023, all new starters receive an "introduction to QI" when joining the Trust, which helps to ensure as many staff as possible are aware of QI training offers. We currently offer a 1-day QI training workshop that anyone can book on, and also offer bespoke QI training as part of various internal courses such as the Developing as Leaders Course and the Florence Nightingale Foundation Course (completed by at least 24 people in the last month alone). All QI training is linked to ESR, which shows that between January 2024 – July 2024 that at least 67 staff have had a half or full day of QI training and 149 have had an "introduction to QI" through the Trust's induction.

1.5   Alongside ICS colleagues, we have helped to design a three-day QI training course called Improvement Learning South Yorkshire (ILSY). Two colleagues from SHSC attended the first cohort of ILSY delivered by Rotherham NHS Foundation Trust and we will start delivering this in-house from September 2024.

1.6   The QI offer is being reviewed and refined in line with the Trust's new Integrated Change Framework. This will be informed by outcomes from two Integrated Change Framework Workshops that will be held 25.07.24 and 13.08.24.

National QI Programmes

1.7   **The Mental Health Act QI programme**
Executive Sponsor: Dr Helen Crimlisk (Executive Medical Director)
The first pilot phase of the national "Mental Health Act QI Collaborative" ended in May 2024, and the second phase is due to start this month. This programme has been commissioned by NHS England to support the delivery of reforms to the Mental Health Act. The programme is supported by the UK Public Service Consultants and the Virginia Mason Institute. Forest Lodge was one of the initial 15 piloting teams, and they have been commended by their QI coach for the dedication and effort they have displayed to improve their services within the pilot phase that took place between September 2023 and May 2024. The work has occurred on both the assessment unit and the rehabilitation ward. A multi-disciplinary approach was led by Kim Parker, and the team has included a variety of Forest Lodge staff, members of the QI team, the Race Equity Officer,

the Head of Mental Health Legislation and, most importantly, Carl Bellingham as a Service User Representative. A board development session to share learning from this was held on 26th June 2024. Forest Close has been successful in being accepted to take part in the next stage, supported by the executive medical director and the Trust's QI Project Manager.

1.8 **The Culture of Care National Programme**
Executive sponsor: Salli Midgley (Executive Director of Nursing, Professions and Quality), Director Sponsor: Linda Wilkinson
SHSC has been accepted onto the Culture of Care programme which is part of NHS England's Quality Transformation Programme. Four wards will take part in the two-year programme: Dovedale 1, Dovedale 2, Burbage and Endcliffe.

More information can be found here https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/

Taking part will support SHSC to provide care on inpatient wards that is more therapeutic and compassionate. They will be assisted by Kim Parker, Senior Nurse, and Idil Ibrahim, Quality Improvement Project Manager.

Together, they will drive this co-produced programme and assist other inpatient wards across the Trust to embed the standards. SHSC is ambitious to support a Culture of Care "Plus" approach to inpatient care. All providers across England are on board with the programme. 7 colleagues attended the launch event which took place on 21st May 2024 where there were over 400 delegates from 61 different Trusts and organisations. We are building strong connections and learning networks to make sure the benefits of our work can be shared.

Trust QI Programmes

1.9 **The Waiting Less and Waiting Well QI Collaborative Programme**
Executive Sponsor: Neil Robertson (Executive Director of Operations)
The Trust's first internal QI collaborative, which was launched in July 2023 and is a two-year programme, is almost halfway. The focus of this has been on reducing waiting lists and supporting waiting well, priorities that were agreed during priority sessions, and based on Trust data.

Over the two-year period, representatives from nine teams are attending "Learning Sessions" every three months and receive regular coaching support between learning sessions; periods between learning sessions are called "Action Periods".

It is well understood that in order to improve waiting times, we must first understand our systems and how patients flow through them, and national guidance has suggested enough time and resource to this step is not always given. Participant feedback collected at the mid-point of this collaborative has highlighted that this model of Learning Sessions and Action Periods has provided a "supportive process with [a] realistic time frame." Working as a collaborative has had a positive impact on teams, with feedback reflecting that sharing information, ideas and results "feels motivating." By providing these teams with the time, permission, skills and resources to understand their processes, and subsequently challenge and improve them, we are encouraging continuous improvement of our services and creating a great place to work.

Each team has been working with their coach to use an evidence-based approach to improving waiting lists and supporting their service users to "wait well". Being encouraged to use QI methodology to trial small-scale, low-cost and low-risk improvements also aligns with the integrated approach to change. It is hoped that as the collaborative progresses, and the results of the change ideas develop, the teams will gain confidence in implementing these low-risk changes

and will continue to build on their improvement work without the need for regular QI coaching beyond the collaborative.

1.10   Due to resources available, the QI team cannot *lead* on any other Trust programmes or work without recruiting further Programme Leads. Nonetheless, the team have been supporting other Trust programmes to have a more QI approach. For example, the Trust's Acute Flow Programme, also known as the Out of Area Placement Project, led by Greg Hackney, Senior Head of Services. Learning events for this were held on 6th December 2023, and also through the #ImprovingFlowTogether conference (see section 1.11 – 1.12).

QI Projects

1.11   Since the introduction of the QI project logging form in December 2022, approximately 97 QI projects have been registered across the Trust. These include a wide range of projects related to a variety of topics including improving medical seclusion recording, reducing falls and clozapine titration in the decisions unit.

By logging projects in this way, multidisciplinary staff across the Trust can equitably request QI support and signposting from the team. These targeted conversations support our commitment to quality by further building QI capability across SHSC. Keeping a record of projects also provides the opportunity to link teams and departments working on similar improvement initiatives, and to recognise exemplar projects to share nationally (see Sections 1.13 – 1.15).

#ImprovingFlowTogether

1.12   Various evidence across the Trust, including complaints data, staff feedback and financial data highlight one of the Trust's biggest challenges is "Flow". In healthcare, flow is the movement of patients, information or equipment between departments, staff groups or organisations as part of their care pathway. Therefore, the Trust's biggest QI Trust-wide focus over this current year has been on #ImprovingFlowTogether.

1.12   The priority is to bring this work together for better learning and to ensure a QI approach has been considered moving forward:

•   The Waiting Less and Waiting Well QI Collaborative (See Section 1.8)
•   The Out of Area Placement Project
•   Wider Transformation Programmes that will impact flow
•   Supporting QI projects that are helping to improve flow

An improvement conference focussing on #ImprovingFlowTogether was held on Thursday 7th March 2024, where progress on all of the work above was shared. At this event, more than 100 colleagues from across SHSC joined together to showcase their work on #ImprovingFlowTogether, including teams working on the Waiting Less and Waiting Well collaborative.

17 posters were created and presented across three categories:

• Waiting less and waiting well QI collaborative
• The Out of Area Placement Project
• Other QI projects impacting flow.

Colleagues from the ICB including Heather Burns, deputy director, and Louisa King, head of commissioning, shared information about the impact of flow across Sheffield and South Yorkshire within mental health, learning disabilities, dementia and autism, and how strategic partnerships improve quality.

Dr Amar Shah, first national clinical director for improvement and chief quality officer at East London Foundation Trust, led an interactive session about flow and the impact of capacity, demand and variation.

In the afternoon, the group split into two separate sessions. In one room, participants were invited to ask questions to a panel of workstream leads from the Out of Area Placement Project and engage in an introductory collaborative strategy session exploring the inpatient clinical model. In the other room, the third learning session for the QI Collaborative (see Section 1.8) took place, which included a presentation from Lisa Thompson-Cox, volunteer coordinator at Sheffield Flourish, which showcased the Sheffield Mental Health Guide and "My Toolkit" to help support our service users who are experiencing waits for treatment.

Presentations, Posters, Funding, Fellowships, Secondments and Awards

1.13 **The BMJ/IHI Quality Forum**
Two sessions from the Trust were presented at the International BMJ/IHI Quality Forum that was held in London in April 2024.These were:

- *"Co-production through equal partnerships: chairing transformation programmes together"* – presented by Hassan Mahmood (Clinical Director), Adam Butcher (Expert by Experience) and Parya Rostami (Head of QI)

- "*Less talk more action: partnering with community leaders to reduce race inequalities"* – presented by Salli Midgley (Executive Director of Nursing, Quality and Professions), David Bussue (SACMHA Service Director), Parya Rostami (Head of QI) and Gambinga Gambinga (Race Equity Officer).

There are also a number of posters that were presented including:
- Learning from an Improvement Collaborative focussing on mental health service waiting lists
- Improving patient feedback mechanisms to enable change on a Psychiatric Decisions Unit
- "*Less talk more action: partnering with community leaders to reduce race inequalities"*

1.18 **The International #MHImprove Network Meeting**
Members of the QI team were part of the organising committee for the international #MHImprovement network meeting in London in April 2024. This meeting takes place on the first day of the BMJ/IHI Quality and Safety Forum and brings together all those interested in using QI in mental health settings. We were able to present our posters as detailed above.

1.14 **The NHS Providers Quality and Improvement Conference**
SHSC colleagues presented at the NHS Providers Quality and Improvement conference at the end of May 2024. This gave us an opportunity to showcase learning from our Back to Good Programme and our journey to implement Quality Improvement into our ways of working. There were 50 submissions from different NHS Trusts, and our work was in the final six that were selected to be showcased at the event. The event's theme was 'Together to Regenerate Healthcare' which aligns with what we have been doing at our Trust. Our Head of Continuous Improvement was invited to be a panel member for a session on Deploying Improvement Approaches at Pace and shared examples from SHSC

1.15 **HSJ Patient Safety Awards 2024**
Teams from the Trust have been shortlisted for the following three HSJ Patient Safety Awards 2024:

- Mental Health Safety Award -   "Less Talk, More Action" - Partnering with community leaders to reduce Race Inequalities
- Developing a Positive Safety Culture Award - Embedding human rights into day-to-day practice
- Medicines Safety Improvement Award - Clozapine Initiation on the Decisions Unit – a safe alternative to Inpatient admission

1.16 **Q Exchange**

Two QI project ideas from SHSC have been successful in obtaining a total of approximately £80,000 of funding from the Q Community's QExchange. These are:

- **Improving the Psychiatric decisions Unit**
  Executive Director: Dr Helen Crimlisk
  The project aims to improve how our Decisions Unit (DU) is used to make sure people needing mental health care are seen by the right person, in the right place, at the right time.
  ([Improving the Psychiatric Decisions Unit (PDU) in Sheffield | Q Community (health.org.uk)](#))

- **QI4All**
  Executive Director: Salli Midgley
  This project is all about improving access to QI by setting up a QI Academy for our partners to share skills and improve mental health across South Yorkshire.
  (https://q.health.org.uk/idea/2024/quality-improvement-for-all-qi4all/)

Section 2: Risks

2.1 **General resources:** As with many supporting teams within the Trust, the QI team is a small team with limited resource. Two posts within the team are part-time and the other two posts are fixed-term. There is a risk that the Trust is unable to improve the quality of patient care and fail to deliver the QI objectives and actions relating to CQC Well-led Key Line of Enquiry (KLOE) 8 "to ensure that there are robust and visible systems for learning & continuous improvement in place" particularly as team members are currently at capacity with the projects and meetings that they are supporting.

2.3 **QI Data Analyst:** The lack of QI Data Analyst is a risk to further widespread adoption of QI in the organisation. The QI team are building stronger relationships with the Business Performance Team. Support from these teams may help to mitigate this risk and being part of the Quality Directorate is helping with working more closely with other teams focusing on Quality. Furthermore, data analysis support has been costed into bids for external funding.

Section 3: Assurance

Benchmarking

3.1 The impact of all QI work will be monitored through bespoke measurement plans. This includes outcomes measures but also process and balancing measures, recognising that measurement in QI does not take a one-size-fits all approach. Whilst looking at other Trusts for benchmarking is not the QI way, looking at other Trusts data for learning purposes is encouraged when working will all teams doing QI work.

3.2 Outcomes will be monitored over time using QI methodology.

3.3   The processes used with teams are improvement science based, and change ideas are developed with teams using a multi-disciplinary approach. Furthermore, data are monitored, and plans are updated based on outcomes proactively.

Triangulation

3.4   A range of data were reviewed to help guide the Trust improvement priorities. This includes complaints data and incident data. Evidence and data from other organisations were also reviewed to ensure plans were realistic and achievable.

Engagement

3.5   Co-production has been considered for much of the QI activity reported. For example, the Forest Lodge team have demonstrated a high standard of co-production in their work as part of the national Mental Health Act QI Collaborative, this has been commended by the national team and why they have been keynote speakers at the launch of the second phase.

3.6   Ensuring engagement from frontline teams has also had substantive focus, for example for the Waiting Less and Waiting Well QI collaborative learning. Coaches have spent time understanding engagement barriers and how to overcome them. Over time, engagement seems to be getting stronger. For example, all teams are presenting at Learning Session 4.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1.   Recover services and improve efficiency
2.   Continuous quality improvement
3.   Transformation - Changing things that will make a difference
4.   Partnerships – Working together to have a bigger impact

4.1   QI activity supports the Trust Vision to improve the mental, physical and social wellbeing of the people in our communities as well as all strategic priorities. By using QI methodology efficiently, the Trust will better be able to demonstrate progress towards all of the above priorities.

- **Recover services and improve efficiency:** Much of the QI activity supports this priority – including the Trustwide programme that supports teams to help service users to wait less and wait well.

- **Continuous quality improvement:** The waiting less and waiting well QI collaborative is a prime example of how QI activity is being set up to be continuous by starting with engagement and understanding systems.

- **Transformation:** #TheImprovingFlowTogether event in March has helped to bring together various work that is transforming the way we improve flow across the region.

- **Partnerships***:* By working more closely with other organisations who are at the forefront of QI in mental health, we can learn from each other and ensure we are up to date with the latest evidence in this area.

Equalities, diversity and inclusion

4.3 The Trust have moved towards more equitable ways of providing QI support to all staff regardless of roles to ensure that QI support is **accessible to all**. Much of the QI activity is helping to standardise processes, e.g., the use of standardised tools for reviewing waiting lists will help to support **equitable outcomes and experience.** By tracking all QI projects and requests for QI support we can better ensure this equality of opportunity and ensure all people **are empowered, engaged and well supported to do QI** within the resources available. The Trust also has QI support for various leadership programmes such as Developing as Leaders and the Florence Nightingale Foundation Development programme which are helping to ensure that **leadership is inclusive at all levels.** Quality & Equality Impact Assessment (QEIA) is not required for the change ideas developed in QI projects as they start on a small scale, however if they develop into major service improvements teams will be signposted to the QEIA policy.

Culture and People

4.4 Leaders will be supported to emphasise and promote a culture of openness, learning and trust. Those working within Team SHSC and those using our services will be encouraged to feel able to speak up, contribute ideas, raise concerns and learn from mistakes. This is especially mentioned in the Developing as Leaders QI training day.

Integration and system thinking

4.5 The QI team are learning from other mental health Trusts and the evidence base related to QI. The QI team are also working with a range of system partners to deliver improvement together, such as the Yorkshire Improvement Academy which is supporting the HUSH huddles work which has reduced falls.

Financial

4.6 Continuous QI is a key driver of effective service delivery. Although investment may be required to support scaling up of capacity and capability to ensure sustainability in an approach, there is significant evidence that improvement increases productivity and efficiency. Although robust evaluation has not occurred, staff have reported QI projects have supported in cost efficiencies, for example, through a reduction in agency staff through reduced incidents.

Compliance - Legal/Regulatory

4.2 There are no legal or regulatory compliance implications for the QI activity reported in this paper. However, the QI team will support colleagues with compliance with relevant contracts as per the NHS Standard Contract as and when requested.

Environmental sustainability

4.9 Sustainability is encouraged for all QI activity and projects are recommended to use balancing measures such as paper printing if appropriate. The Trust has invested in supporting an Improvement Facilitator with "SusQI" training in the next 6 months, which will help us to better integrate sustainability into QI. (see Sustainability in Quality Improvement (SusQI) | Centre for Sustainable Healthcare).

Appendix 1 – Quality Strategy 2022 – 2026 objectives under "Develop a culture of continuous improvement"