Board of Directors
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Confidential/public paper:	Public
Report Title:	**Improvement and Change Report**
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Presented by:	James Drury, director of strategy
Vision and values:	To achieve our vision, we need to have a strong culture of improvement and change. We need to ensure that: our strategic priorities are delivered and governed effectively, staff feel empowered to deliver their service plans and everyone has the skills and knowledge to improve and feel genuinely involved, listened to and valued when delivering change. The Improvement and Change approach aligns with our values of **we keep improving**, **we are inclusive** and **we work together.**
Purpose:	The purpose of the report is to provide assurance to committee that improvement and change projects are structured appropriately, managing risks and issues and effectively and monitoring delivery.
Executive summary:	**Programme updates** **Therapeutic environments** Work continues on Maple Ward; the Executive Management Team (EMT) agreed the use of contingency funds to address unforeseen items discovered during construction, and to allow additional safety and quality works to be undertaken as required by the director of nursing, professions and quality and the director of operations. The implication of this work is that the timeline has been extended with Maple Ward planned to be operationalised in November and Dovedale 2 Ward in February. This impacts on the timeline for reduction of out of area beds which is planned in the Home First programme. These decisions have been noted by the Finance and Performance Committee. **Learning Disabilities** At the request of the new senior responsible officer (SRO), a stocktake of the current position of the service and the programme is taking place. This is due to take one month. The findings will then enable a collective discussion regarding next steps. **Gleadless and Heeley Neighbourhood Mental Health Pilot** Phase 1 is on track, with refurbishment at Newfield Green and team moves planned for late May. Phases 2 and 3 (opening of the Terry Wright Community Centre and completion of extension to host hospitality beds) is planned for completion in September. **We are our values** The programme is currently rated green. The launch event on 24 April was a success, with over 100 attendees contributing ideas to further develop and integrate values into daily work. Leads for the delivery group have been established, and efforts are now focused on recruiting members to design programme outputs and set delivery timelines. **Home First** The programme is currently rated amber. The goal to reduce the number of patients cared for out of area to 5 by March 2026 is on track, with 23 out of area patients as of 1 May, compared to the target of 30 for April 2025. Phase 1 of the project (now – September) is progressing well. Immediate work is taking place with community mental health teams (CMHT) and primary care mental health team (PCMHT) to address pressures from increasing referrals, with completion planned by 11 June. A review of clinical models for the Home

Treatment Team, CMHT's Patient Flow, and Beech are also planned, with implementation concluding by the end of September, driven by Quality Improvement approaches.

Primary and Community Mental Health

The improvement and change board reviewed the closure stage report for the programme, recognising its achievements as well as remaining issues. Notably, there are gaps in the relationship between PCMHTs and CMHTs to ensure patient care aligns with the "no wrong front door" approach. A request has been made for clarity on the remaining work and expected benefits, and a plan will be developed to outline how this will be achieved.

Electronic Patient Record

The programme is focused on the optimisation phase following the implementation of Rio, and is key to realising the planned benefits. This phase of the programme will run until August, and will deliver all original in scope items including an upgrade of the system, integrations and enhancements.

Older Adults Community Improvement

The focus has been on clarifying the scope of work required and the dependencies on other programmes beyond the core focus on memory services: clarity of alignment with Home First is now complete, requirements for therapeutic environment programme (TEP) are to be agreed and requirements for Akeso productivity to be clarified. Progress has been made with resolving data and analysis requirements. New SRO undertaking stocktake of completeness of discovery work undertaken.

Waiting Less, Waiting Well

The Trust's first internal Quality Improvement (QI) collaborative, a two-year programme focused on reducing waiting lists and improving the waiting experience, will conclude in July 2025. Nine teams have participated, receiving coaching to improve waiting times and support service users in "waiting well," using evidence-based approaches from other Trusts like east London NHS foundation trust (ELFT). Notable improvements include the Specialist Psychotherapy Service, which reduced referral-to-treatment times by 20%, from 62 weeks to 49 weeks, by testing changes like reducing multi-disciplinary team (MDT) meetings to increase appointment availability. The collaborative has provided valuable insights into running QI projects, and these learnings will be integrated into the broader improvement and change approach.

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*	X	*No*		
Deliver Outstanding Care	*Yes*	X	*No*		
Great Place to Work	*Yes*	X	*No*		
Reduce inequalities	*Yes*	X	*No*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The improvement and change portfolio consists of projects and improvements to deliver key strategic priorities, of which these contribute to the delivery of standards, legal obligations and system and partnership working	
Board assurance framework (BAF) and corporate risk(s):	**BAF 0026**: There is a risk that we fail to take an evidence-led approach to change and improvement
Any background papers/items previously considered:	In line with the improvement and change approach the transformation portfolio board has changed its name to the improvement and change board, and subsequently the name of the report has also changed to reflect this. The previous report was from the transformation portfolio board in March 2025
Recommendation:	The Board of Directors are asked to: • **note for assurance** that the projects are structured well, managing risks and issues and monitoring delivery.

Board of Directors

Improvement and Change Report

Date of meeting:

1. Purpose of the report

The purpose of the report is to provide assurance to the Board of Directors that improvement and change projects are structured appropriately, managing risks and issues and effectively and monitoring delivery.

2. Background

The Improvement and Change Approach was launched in January 2025. In line with this the Transformation Portfolio Board has been renamed to the Improvement and Change Board. Work has commenced on agreeing the revised terms of reference and associated ways of working to ensure that change is strategically aligned, well governed and effectively implemented and embedded with continuous improvement at the core.

This report will continue to evolve as the Improvement and Change Approach is embedded with the inclusion of all the strategic priorities and service led changes as agreed in our annual operating plan. This does not mean that all improvement and change is governed by the Improvement and Change Board, but rather it has oversight of this work to ensure the initiatives are controlled, aligned and sustainable.

This report contains information regarding the following programmes: Therapeutic Environments, Gleadless and Heeley Neighbourhood Mental Health Centre Pilot, Learning Disabilities, Home First, We are our values, Primary and Community Mental Health Transformation, Older Adults Community Team Improvement and Waiting Less, Waiting Well.

3. Change Leadership and Delivery

The Improvement and Change Delivery Group consists of representatives from teams who support change: Programme Management Office, Quality Improvement, Organisational Development, Communications, Research, Knowledge Services, Digital, People, Clinical Effectiveness, Estates, Business Planning, Engagement and Experience, Population Health and Sustainability. It ensures that strategic priorities and service led plans receive the right support from the right teams as evidence shows that there is great value in early engagement from stakeholders from the start of a project.

During March and April, the group have reviewed the following and now resources from the relevant support teams are working with services and leads to deliver these strategic priorities and initiatives:

- Developing University Trust Strategy and partnerships with our universities

- Hosting a managed clinical network for Gender Services working with Trusts in Newcastle and Leeds

- SHSC plan to respond to the work commissioned by the ICB regarding intensive and assertive community mental health services across South Yorkshire

Work has commenced to review the role of the Senior Responsible Owner (SRO) Currently all SRO's for complex changes are members of the Executive Management Team, a decision taken 5 years ago. Based on learning from completed programmes regarding the amount of time required to fulfil the role and due to the implementation of the Improvement and Change Approach which focuses on building capability within the organisation to deliver and lead change and improvement, it is an appropriate time to review this. A paper will be submitted to EMT for discussion.

Due to changes within the Executive Management Team, the SRO's for the following programmes are:

- James Drury: Therapeutic Environments and Older Adults Improvement

- Helen Smart: Learning Disabilities

- Helen Crimlisk: Gleadless and Heeley Neighbourhood Mental Health Centre Pilot

- Gulnaz Akhtar: Home First

- Caroline Parry: We are our values

Eight new quality improvements have been logged with the QI team during March and April. Once logged the QI team contact the leads to offer support and advice on how to complete the work.

Members of the QI team are attending the International Forum on Quality and Safety in Healthcare in Utrecht in May to share learning from the Waiting Less and Waiting Well programme.

3.1 Improvement and Change Programmes

An overview of progress, risks and issues regarding the delivery of key strategic priorities are provided below:

3.1.2. Therapeutic Environments

The programme is reported as amber

Work continues on Maple Ward; the Executive Management Team (EMT) agreed the use of contingency funds to address unforeseen items discovered during construction, and to allow additional safety and quality works to be undertaken as required by the Director of

Nursing, Professions and Quality and the Director of Operations. A reasonable contingency remains in place in case of further requirements. The implication of this work is that the timeline has been extended with Maple Ward planned to be operationalised in November and Dovedale 2 Ward in February. This impacts on the timeline for reduction of out of area beds which is planned in the Home First programme. These decisions have been noted by the Finance and Performance Committee.

Other elements of within the scope of the programme:

- Security doors have been ordered for Endcliffe Ward

- A strategic decision regarding the medium to long term vision for the Older Adults service is required before specific works at Forest Lodge are commissioned

Progress	Risks	Issues

3.1.3 Learning Disabilities

At the request of the new SRO, a stocktake of the current position of the service and the programme is taking place. This is due to take one month. The findings will then enable a collective discussion regarding next steps. The areas being reviewed are: what does outstanding look like and how do we get there, estates position on co-location of teams and clarity of service, clinical and staffing model if co-location is possible, review of national benchmarking data and local need assessment to determine service operational hours, review of service operating procedure, productivity and what's working well and what could we do better.

Ongoing recruitment continues.

Progress	Risks	Issues

3.1.4 Gleadless and Heeley Neighbourhood Mental Health Centre Pilot

The programme is reporting an amber status.

Phase 1

Remains on track to deliver the refurbishment work at the Newfield Green site and to start to move CMHT team care group four in late May.

Phases 2 and 3 (opening of the Terry Wright Community Centre and completion of extension to house hospitality beds)

Work continues with Sheffield City Council and Heeley Trust to agree the lease and the licence to occupy relating to the Library and Terry Wright Community Hall. Plans are progressing to ensure that this is in place by the end of May 2025 to enable building work to commence from early June, subject to costs. Therefore, the Phase 2 opening date will be delayed until the end September 2025. Actual timeframes to be confirmed once builders quote and timeline is received, this is forecasted to be provided by late May / early June.

It was acknowledged that further engagement was required therefore three public meetings were held in April 2025. Follow up meetings have been arranged with all users of the community hall which have proved to be highly positive with new partnership working opportunities now being developed. All community groups have reviewed the building plans and have made amendments and recognise where the team have listened and responded.

Progress	Risks	Issues

3.1.5 We are our values

The programme is reporting a green status

The launch event which took place on the 24 April was a success with over 100 people attending and contributing ideas about how we can develop the values further and embed them into our daily working lives.

Leads for the Delivery Group have been agreed and focus is now being placed on recruiting members to design the programmes outputs and to determine the timescales for delivery.

The budget for the programme has been agreed in part with further funding required to support comms and engagement activities

Progress	Risks	Issues

3.1.6 Home First

The programme is reporting an amber status

The challenging trajectory to reduce the number of patients being cared for out of area to 5 by March 2026 is on track with the planned number of individuals out of area for April 2025 being 30 however the actual number was on the 1st May was 23.

The workstreams are progressing well with the scope of Phase 1 of the project (now – September) being widely understood. Immediate work is being undertaken with CMHT's and PCMHT to address the pressures brought about by the number of referrals being received by the CMHT. This work is planned to complete by 11 June with activities scoped to bring together teams to agree new ways of working and referral criteria.

The clinical models for Home Treatment Team, CMHT's Patient Flow and Beech are to be revised between now and the end of June, with a focus on changes being implemented by the end of September. Quality Improvement approaches will be at the centre of the changes.

Risks to the programme are mainly associated with resources, however the Programme Manager position has been offered to a candidate however the Improvement Facilitator role is currently being readvertised. Interviews scheduled for June.

Progress	Risks	Issues

3.1.7   Primary and Community Mental Health Transformation

The report for the closure stage of the programme was received by the Improvement and Change Board. The Board acknowledged the many achievements of the programme and some of the issues that remain. For example, some shortcomings in the relationship between PCMHT's and CMHT's and effective huddles to ensure patients are cared for in the spirit of no wrong front door require further embedding. Addressing these issues will require consideration of governance arrangements, organisational development and team building, process review and standardisations of approach. The Chief Executive is keen to ensure that there is clarity regarding the work to be completed and benefits realised. A plan is to be developed regarding how this will take place.

3.1.8   Electronic Patient Record

The programme is focused on the optimisation phase following the implementation of Rio and is key to realising the planned benefits. This phase of the programme will run until August and will deliver all original in scope items including an upgrade of the system, integrations and enhancements.

3.1.9   Older Adults Community Teams Improvement

The programme is reporting a red status

The focus has been on clarifying the scope of work required and the dependencies on other programmes beyond the core focus on memory services: clarity of alignment with Home

First is now complete, requirements for TEP are to be agreed and requirements for Akeso productivity to be clarified.

Progress has been made with resolving data and analysis requirements. New SRO undertaking stocktake of completeness of discovery work undertaken.

Progress	Risks	Issues

3.1.10 Waiting Less, Waiting Well

The Trust's first internal QI collaborative, which was a two-year programme, will close in July 2025. The focus of this has been on reducing waiting lists and waiting well, priorities that were agreed during priority sessions and based on Trust data.

Over the two-year period, nine teams have been attending learning sessions and receiving regular coaching to help service users to wait less and wait well. Each team has been working with their coach to use an evidence-based approach to improve their waiting lists and supporting their service users to "wait well" based on evidence from other Trusts, including the East London Foundation NHS Trust (ELFT)

Through this collaborative we have seen improvements in team data, for example in Specialist Psychotherapy Service waiting times. This team have sustained a 20% reduction in referral to treatment times from 62 weeks to 49 weeks by testing various change ideas including reducing the number of MDT meetings in order to increase the number of appointments

Much has been learned during the two years regarding running a QI collaborative, this learning will be embedded and the methodology applied within the Improvement and change approach

4   Recommendations

The Board of Directors are asked to note for assurance that the projects are structured well, managing risks and issues and monitoring delivery