

Public Board of Directors
Item number: 13
Date: 30 July 2025

Confidential/public paper:	Public
Report Title:	Quality Improvement Biannual Progress Report
Author(s)	Jenny Morton, Quality improvement (QI) programme lead
Accountable Director:	Prof Helen Crimlisk, Executive medical director James Drury, Director of strategy
Presented by:	Prof Helen Crimlisk, Executive medical director
Vision and values:	<p>Quality Improvement (QI) supports our vision of improving the mental, physical, and social wellbeing of the people in our communities by using evidence-based methodologies to improve the way services are delivered.</p> <p>QI in SHSC helps ensure we keep improving and we work together to provide inclusive, respectful, and kind care.</p>
Purpose:	This report provides an update on the Quality Improvement (QI) activity across the Trust, including activities to support implementation of the Quality Strategy.
Executive summary:	<p>This report covers the period January 2025 – July 2025.</p> <p>Waiting Less and Waiting Well Programme (Rehabilitation and Specialist) – The Trust has completed its first QI Collaborative Programme which focussed on waiting less and waiting well. All teams attended a reward and recognition event on 17 July 2025. An evaluation report is being completed, due August 2025.</p> <p>Culture of Care national QI programme – SHSC have been involved in six strands of the programme which launched in September 2024, receiving coaching from the national team. Co-production is at the heart of the programme, and lived experience voice is key to the change ideas being developed within the inpatient areas involved.</p> <p>QI Projects – There have been 32 new projects logged since February 2025.</p> <p>Building QI Capability – Since January 2025, 92 colleagues are ‘Improvement Aware’, 30 are ‘Improvement Champions’, 8 are ‘Improvement Faculty’ and 11 are working towards ‘Improvement and Change Specialists.’</p> <p>Presentations, Posters, Funding, Fellowships, Secondments and Awards – In the last 6 months, 3 nominations have been shortlisted for the health service journal (HSJ) patient safety awards 2025 and various QI projects have been presented at conferences. This includes sessions and posters at the international forum on quality and safety in healthcare in Utrecht and a presentation at NHS ConfedExpo. The two projects that were successful in obtaining QExchange funding last summer, the ‘QI4All Academy’ and ‘Improving the Psychiatric Decisions Unit’, have continued and are due to conclude in December 2025.</p>

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

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<ul style="list-style-type: none"> Participation in the culture of care national programme, aligning to the culture of care standards for mental health inpatient services as set out by NHS England and included in their Quality Transformation initiative. Ensuring QI activity aligns to the NHS IMPACT (Improving Patient Care Together) approach. Collaborating with other NHS Trusts within the South Yorkshire Integrated Care System to deliver Improvement Learning South Yorkshire (ILSY) training across the region. 	
Board assurance framework (BAF) and corporate risk(s):	BAF0026: There is a risk that we fail to effectively implement the level of improvement and change that is required in order to deliver our strategy and annual operational plan, caused by factors including a failure to embed an improvement culture, to equip our staff, and to manage the delivery of major change in accordance with our integrated change framework.
Any background papers/items previously considered:	A QI update was provided within the Research, Innovation, Effectiveness and Improvement Group (RIEIG) report to the Quality Assurance Committee on 9 July 2025. The committee were assured of progress being made.
Recommendation:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> note the progress made in the delivery of quality improvement activity across SHSC.

Public Board of Directors

Quality Improvement Report

Date of meeting: 30 July 2025

1. Purpose of the report

This report provides an update on the Quality Improvement (QI) activity across the Trust, including activities in direct response to the Trust's Quality Strategy. This report covers the period from January 2025 – July 2025.

2. Background

The QI team's focus has been supporting the two main Trust-wide QI programmes. These are "The Waiting Less and Waiting Well QI Collaborative Programme" and "The Culture of Care QI Programme". This report will provide further detail on both of these, as well as highlight other improvement activity and achievements from across the organisation. 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 too.

3. Building QI capability

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 one-day QI training workshop that anyone can book on. We also offer bespoke QI training as part of various internal courses such as the Developing as Leaders Course.

The second cohort of a three-day QI training course called Improvement Learning South Yorkshire (ILSY) was completed by nine colleagues in April 2025. The cohort included eight SHSC staff and a colleague from The Rotherham NHS Foundation Trust. Feedback from participants was extremely positive, with 100% of the seven responses indicating they were "extremely likely" to recommend the course to a colleague. Feedback comments include:

"Very informative and educational, enjoyed the whole day."

"Interactive activities made the session to be interesting / captivating."

"Loved the activities and great examples of the graphs."

The next cohort is due to start in November 2025.

Furthermore, the new dosing strategy for building improvement and change capability was published on Jarvis at the end of January 2025. This dosing strategy takes into account that staff need varying levels of QI and change management skills to fulfil their responsibilities depending on their roles. This also applies to the level of knowledge staff require depending on the complexity of improvement they are likely to be involved with. This concept was termed 'dosing' by Robert Lloyd from the Institute of Healthcare Improvement, inspired by the principles used to determine the appropriate dose of medicine. Consequently, the dosing approach established targeted levels of QI knowledge and skill delivered through various channels, including virtual learning, independent study, face-to-face workshops and experiential learning.

Since January 2025, 92 colleagues are 'Improvement Aware', 30 are 'Improvement Champions', 8 are 'Improvement Faculty' and 11 are working towards 'Improvement and Change Specialists.'

4. QI Programmes

4.1 National QI Programmes

4.1.1 The Mental Health Act QI programme. Executive Sponsor: Prof Helen Crimlisk (executive medical director)

The first pilot phase of the national “Mental Health Act QI Collaborative” ended in May 2024, and Forest Lodge was one of the initial 15 pilot sites that completed this. Forest Lodge have been commended by the programme facilitators for their exemplary progress, and were invited as keynote speakers for the launch event of the second phase of the programme. They were also accepted for oral presentations at the national Royal College of Psychiatrists QI Conference, the International Forum on Quality and Safety in Healthcare 2025 and NHS ConfedExpo 2025.

Forest Close was accepted to take part in the second phase of the programme which concluded in March 2025. The team has developed and implemented a ‘My Personal Preferences’ document which forms part of the in-reach work prior to admission, and includes the identification of any cultural or religious needs to support individualised care. The team have also submitted an application the Sheffield Hospitals Charity to create a bespoke sensory room.

4.1.2 The Culture of Care National Programme. Executive Sponsor: Dr Caroline Johnson (executive director of nursing, professions and quality)

Culture of Care is a two-year co-produced Quality Improvement (QI) programme originating from NHS England’s Quality Transformation initiative. SHSC has been involved for ten months, focusing on six strands:

- Ward-Based QI – Endcliffe, Dovedale 1, and Dovedale 2 wards are actively working on change ideas, supported by fortnightly coaching from the National Collaborating Centre for Mental Health. Changes include introducing a ‘needs-based checklist’ on admission, which was presented at a regional learning event, and implementing themed dining evenings to improve cultural awareness through food. Burbage ward had paused their involvement, and re-joined the programme in June 2025.
- Staff Care and Support – A six-month module designed to enhance staff morale and workplace culture through reflective spaces and practical changes. G1 and Stanage wards participated in the first module, having identified change ideas such as developing an ‘All About Me’ patient booklet and building staff confidence through reflective practice training. Forest Close wards are currently taking part in the module, who will be followed by Forest Lodge in September 2025.
- Ward Manager Development – A structured six-month programme, repeated three times, to develop leadership skills among ward managers. The first module began in November with the Dovedale 2 ward manager. Due to staffing constraints, no managers were able to attend the second module, however this has been resolved by nominating two ward managers to join the final module in September 2025.
- Personalised Risk Assessment – A pilot project redesigning risk assessment processes, supported by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) and led by Darren McCarthy. Informed by new research and national clinical guidance, this initiative moves away from the DRAM document.

Developments are underway and a full training package will be developed alongside service specific guidance with an SHSC-wide rollout planned for later in 2025.

- Cross-Organisation QI – The national team have recently made contact to initiate this module. It will involve five in-person reflective spaces and visits, plus three virtual learning sessions across a wide range of SHSC services. The aim of this strand is for other departments within the Trust to support the work taking place on the wards through a QI approach. Contact is being made with departments across the Trust to attend the learning set events.
- Executive Leadership Support Coaching – Executive sponsors for the programme receive coaching to enhance their support for teams involved. This coaching is delivered by individuals with lived experience and aligns with the ward improvement timeline.

4.2 Trust QI Programmes

The Waiting Less and Waiting Well QI Collaborative Programme (closed July 2025)

The Trust's first internal QI collaborative, a two-year programme launched in July 2023, has now been completed. The focus of this programme was to reduce waiting lists and support service users to 'wait well', outcomes that were agreed during priority sessions and based on Trust data.

During the programme, nine teams from the Rehabilitation and Specialist Directorate have attended six learning sessions and received regular QI coaching to help service users to wait less and wait well. Each team worked with their coach to use an evidence-based approach to reducing 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) Guide to Improving Demand, Capacity, Backlogs and Waiting Times. This guide suggests the use of five steps that should be taken to improve flow for any service.

The collaborative teams attended a Reward and Recognition event on 17 July 2025 to acknowledge their hard work and dedication to this programme. All teams were presented with certificates by Salma Yasmeen, Chief Executive, and Sharon Mays, Chair. This provided an opportunity for the teams to reflect, share, and celebrate their successes over the course of the programme. Additionally, all teams published articles about their achievements on SHSC's intranet, some of which have been published to our external website.

A poster detailing the learning and results from this collaborative programme was presented at the 2025 international MHIImprove Forum and the 2025 International Forum on Quality and Safety in Healthcare, both held in Utrecht, Netherlands. The Specialist Psychotherapy Service have been shortlisted for a 2025 HSJ Patient Safety award in relation to their work as part of this programme.

A detailed evaluation of this programme is being developed and will be available in August 2025.

5. The Integrated Change Framework Development. Executive Sponsor: James Drury (director of strategy)

The QI team are also working closely with the Project Management Office (PMO) and other teams involved with improvement and change to develop a clear approach towards Improvement and Change.

As of February 2025, Improvement and Change Delivery Group bi-monthly meetings have been taking place to review requests for support and agree how and when we will take the work forward.

As part of this approach, the QI team are supporting with the Home First programme. This strategic priority consists of three workstreams with the shared vision of treating the people of Sheffield as close to home as possible under the least restrictive practices. QI methodology is being embedded within all three workstreams, with facilitators leading workshops to understand the purpose, strengths and areas for improvement of acute and community teams.

6. QI Projects

Since the introduction of the new QI project logging form in February 2025, 32 new QI projects have been registered across the Trust. These include a variety of teams and topics, such as improving the sustainability of food procurement at Sheffield Eating Disorders Service, increasing HIV testing at Liaison Psychiatry, and improving the quality and consistency of community meetings led by the Engagement and Experience team.

7. Presentations, Posters, Funding, Fellowships, Secondments and Awards

7.1 The International Conference on Quality and Safety in Healthcare 2025.

Three representatives from SHSC, including two Experts by Experience, were accepted to present an oral presentation at this conference to summarise learning from the Mental Health Act (MHA) QI work. The team received outstanding feedback from delegates, with many commenting on how including voices of those with lived experience made the message more powerful. Two posters were also presented at the conference; one detailing the Waiting Less and Waiting Well QI Collaborative and one about the improvement work at the Decisions Unit.

7.2 NHS ConfedExpo 2025.

The Forest Lodge MHA team also presented an oral session at the 2025 NHS ConfedExpo. The focus was on power, privilege and racism in mental health inpatient care, introducing the principle of being brave, open and willing to take risks by sitting with discomfort. The session was received well by attendees, with a QI project manager at Greater Manchester Mental Health Trust reflecting that it was a “particular highlight” of the event.

7.3 The HSJ Patient Safety Awards 2025.

Two teams from the Trust have been shortlisted for three awards at the HSJ Patient Safety Awards 2025.

- 7.3.1** Project title: “Improving Mental Health Crisis Care: Sheffield’s Innovative Partnership for Patient Safety”
Categories: Urgent and Emergency Care Safety Initiative of the Year; and, Best Use of Integrated Care and Partnership Working in Patient Safety Award.

This project took place at SHSC’s Decisions Unit, who worked collaboratively with Yorkshire Ambulance Service to improve the referral process to their service. This has allowed for more timely and appropriate care for service users experiencing a mental health crisis that do not require physical health interventions.

- 7.3.2** Project title: “Breaking Silos, Building Solutions: A QI journey to reduce waste and deliver more of what matters to service users and staff.”
Category: Mental Health Safety Improvement Award.

This nomination is for the Specialist Psychotherapy Service, who have reduced their waiting times for triage, assessment and treatment across their service. This work was completed as part of the Waiting Less and Waiting Well QI Collaborative and was made possible by reviewing their systems to release over 40 clinical hours per month and introducing ‘Therapy Agreements’ at the start of therapy.

7.4 The Q Exchange.

Two QI project ideas from SHSC were successful in obtaining funding from the Q Community’s QExchange. This has now been received, and the projects started in November 2024. These are:

7.4.1 Improving the Psychiatric Decisions Unit. Executive sponsor: Prof Helen Crimlisk.

The project’s aim is 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. This work was shared as a poster at the 2025 International Forum on Quality and Safety in Healthcare 2025.

There are currently three main strands to this project:

1) Better partnership working with South Yorkshire Police (SYP):

Meetings have been taking place since January 2025 between the SYP Mental Health Coordinator, SYP Sergeant for Mental Health and Vulnerabilities team and SHSC’s DU. The organisations have been working together to triangulate S136 detention data to understand whether any of these detentions could have been avoided. The focus of this work is to provide the least restrictive and most therapeutic option to support service users experiencing mental health crisis, whilst also reducing the amount of time emergency services spend support this cohort.

The next stage of this project is to review the SYP pathway and Standard Operating Procedure relating to S136 detentions to have more direct involvement with the DU.

2) Improving the DU website for service users, carers and referrers:

Feedback at the start of the project highlighted a lack of available information about the DU for those who were referred there and had not previously attended. Therefore, a group of Experts by Experience (EbEs) were recruited to provide their opinions on the DU website and suggest improvements. These have been implemented and approved by the EbEs. A questionnaire was sent to service users and referrers to gather feedback on their experience of the website before and after the updates, which also supported the improvements.

The next stage of this project is to create a video showcasing the facilities at the DU which includes verbal information about what to expect during a visit.

3) Improving the DU environment:

The internal doors at the DU have been repainted and have had new signage installed to create a more welcoming environment. Service user feedback stated that the previous décor was “plain”, “like a prison cell,” and “not calming and healing it is the opposite.” Since the redecoration,

feedback shows it is “more calming”, “vibrant” and “looks like the effort has been made”.

7.4.2 Qi4All Academy. Executive Director: James Drury, director of strategy.

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. The next academy Learning Session will take place in September 2025. Ten participants have now started their QI journeys alongside their Postgraduate Certificate (PGCert) in Clinical Practice, Management & Education which is being delivered by the University of Central Lancashire (UCLan).

The participants are a diverse group that include colleagues from varied underrepresented groups including ethnically diverse colleagues, neurodiverse colleagues and LGBTQIA+ colleagues. They are also from a diverse range of teams in the Trust and two participants are from our partner voluntary sector groups, including a Patient Advocacy Lead from Sheffield African Caribbean Mental Health Association (SACMHA) and a Monitoring and Health Coordinator from Aspiring Communities Together (ACT). Coaching sessions with SACMHA and ACT have started, and the teams are working on change ideas to increase the number of people from ethnically diverse communities accessing peer support, and improving the awareness of and signposting to mental health services for people from ethnically diverse communities.

Unfortunately, participants have reported difficulties in meeting the demands of their studies in addition to their existing work commitments. As a result, two participants from SHSC and two from the charity partners have paused their PGCert studies until January 2026. Despite pauses to postgraduate studies, all Qi4All participants are being actively encouraged to continue working with these charities.

8. Risks

The below risks have not met the threshold to be categorised as corporate risks and are being managed within the team.

Qi4All Academy: Because the Academy is running in parallel with routine work responsibilities, there is a risk that Qi4All members will not complete the course. Four members have already paused their PGCert studies and are due to restart in January 2026. Though this has limited impact on Trust activity, there is a risk to the relationship between SHSC and the charity partners involved (ACT and SACMHA) if QI groups and projects do not continue. To mitigate this risk, Qi4All participants are being encouraged to continue to commit to working within their project groups, regardless of whether their PGCert studies are on hold.

QI Data Analyst: The lack of QI Data Analyst is also a risk and most NHS Trusts, including outstanding Mental Health NHS Trusts, have at least one full-time QI data analyst. This risk has been mitigated by the recent launch of the new Electronic Patient Record, Rio, and improved data warehouse. This supports the availability and maturity of data available to the Business Performance Team, who QI have been engaging with to build stronger

9. Recommendations

The Board of Directors are asked to:

- **note** the progress made in the delivery of QI activity across SHSC.