Board of Directors
Item number: 18
Date: 30 July 2025

Confidential/public paper:	Public
Report Title:	Improvement and Change
Author(s)	Zoe Sibeko – Head of PMO
Accountable Director:	James Drury – Director of strategy
Presented by:	Jason Rowlands – Deputy director of strategy and planning
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 are inclusive, we work together and we keep improving.**
Purpose:	The purpose of the report is to provide assurance to the Board that improvement and change is managed effectively. This includes building the necessary skills and capacity, supporting an improvement culture, and delivering programmes that are structured appropriately, are managing risks and issues, and effectively achieving benefits.
Executive summary:	**Change Capability** - AQUA engaged to support development of culture of continuous improvement, supporting existing work of improvement and change team - Recognition of effective change with three shortlisted nominations for the finals of the HSJ patient safety awards. **Programme Delivery** **Therapeutic environments** - Overall amber status - Charitable funding secured to support the Maple refurbishment - Delays anticipated, impacting on Out of Area bed use **Gleadless and Heeley Neighbourhood Mental Health Pilot** - Overall amber status - Good progress with Phase 1 complete and Newfield Green clinic now open - Delays anticipated to Phases 2 and 3. Focus on clinical and operational model. **Learning Disability** - Review has delivered clarity while not stopping wider implementation - Proposal to re-use resource to provide a role supporting autistic people when in the care of the acute mental health pathway, to enhance outcomes and experience

	- Progress with options for co-location of team
	Home First - Overall amber status - Progress being made but current impact on Out of Area bed use trajectory insufficient, so further actions to be added, and operational grip and control escalated. **We are our Values** - Overall green status - Good progress - Good staff engagement and positive reception **Older Adults Improvement** - Overall amber status - Positive reduction in number of people waiting to access memory services - Discovery phase complete except for some data analytics - Future scoping and dependency mapping underway **Rio optimisation** - Overall green status - Progress with some aspects of optimisation phase, but some elements required further scoping and have experienced delays

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*		

Board assurance framework (BAF) and corporate risk(s):	There is a BAF risk associated with this item: 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:	Previous Improvement and Change Reports. Most recently May 2025
Recommendation:	The Board is asked to: • take **assurance** from this report that improvement and change is managed effectively in the Trust

Board of Directors
Improvement and Change Report
Date of meeting: 30 July 2025

1. Purpose of the report

The purpose of the report is to provide assurance to the Board that improvement and change is managed effectively. This includes building the necessary skills and capacity, supporting an improvement culture, and delivering programmes that are structured appropriately, are managing risks and issues, and effectively achieving benefits.

2. Background

This report contains information pertaining to the following programmes:

- Therapeutic Environments
- Gleadless and Heeley Neighbourhood Mental Health Centre
- Home First
- Learning Disability Community Service
- We are our Values
- Older Adults Community Team Improvement
- Rio optimisation.

3. Change Leadership and Delivery

We are working with the Advancing Quality Alliance (AQUA) who are supporting us on the #forging improvement programme. The aim is to embed a culture of continuous improvement, building on the work that the Improvement and Change Board and Delivery Group are already doing. The first activity was a board development workshop, which initiated the Board's QI project linked to the implementation of the Well Led review focusing on developing an enabling governance approach.

In addition to the above, a paper was discussed at EMT on 3rd July from the Improvement and Change group recommending improvements to delivery and governance arrangements based on learning from level 3 complex change programmes. These included recommendations regarding the role of the SRO, the remit of the Improvement and Change Board and changes to governance.

The report to EMT also provided an overview of the capability and capacity available through the PMO and QI Teams, and their current and projected resource allocation. The report provided assurance that the teams are focused on the right programmes, their skills are matched to requirements, and they have enough capacity to meet the requirements of the top level priority programmes.

4. Improvement and Change Programmes

An overview of progress, risks and issues pertaining to the delivery of key strategic priorities is provided below:

4.1 Therapeutic Environments

The programme is reporting an amber status, with a forecast to move to green next month.

Maple Ward improvement work will now hand over in November 2025 and Dovedale 2 is due to hand over in February 2026. This is to allow for further works to take place to ensure the safety of patients on the wards. The revised plan and approval of changes were agreed by EMT in June. This does lead to an extension in the amount of time contracted out of area beds will be used and impacts on the out of area bed usage trajectory, which is being delivered and monitored within the Home First Programme.

Sheffield Hospitals Charity (SHC) have been keen to support SHSC in a more impactful way and have been involved in scoping potential enhancements to the Maple Ward project. A series of proposals have been reviewed for support by the SHC and in June 2025, it was agreed that support of approximately £415k would be granted.

Other elements within the scope of the Therapeutic Environments programme:

- Security doors have arrived for fitting on Endcliffe ward

- The Associate Director of Estates and Facilities has reviewed the environment at Forest Lodge and recommendations have been provided. This has been considered when reviewing the Capital Plan.

4.2 Gleadless and Heeley Neighbourhood Mental Health Centre Pilot

The programme is reporting an amber status.

The first phase of the programme to open the Newfield Green Clinic has been completed with the clinic opening on Wednesday 2nd July. Estates and Digital staff are on site to support with snagging.

The focus of the programme is now the resolution of the clinical and operational model for Phases 2 and 3, and the associated approach to management of risk and direction of team members. This is due to be resolved in July and August. Work also continues to progress building and refurbishment works at the Community Hall site. Clarity of costs, timings, lease, planning and stakeholder engagement are all being actively managed. These factors will delay delivery of phases 2 and 3 against the original planned timescales, but the programme is working to minimise those delays. A revised timeline for Phases 2 and 3 will be provided next month.

4.3 Home First

The programme is reporting an amber status.

Progress is being made across all workstreams with the patient transfer list (PTL) being completed which is improving visibility of patient flow across the system. Further digital and data improvements are planned with the inclusion of out of area data in the PTL and the implementation of the flow module.

Teams have developed their purpose statements and are working on their service models / operating policies. This has been undertaken by working with teams to understand their data, existing processes, related strengths and weaknesses and teams identifying actions to take forward. The next steps are to bring teams together in July to work together to understand their purposes and how the interfaces between teams can be more cohesive and support patient care and experience.

Key activities planned in July are a 3-day sprint workshop with CMHT Leadership, VOT Health and partners including PCMHT and GP's. The intention is to finalise the service model and complete the GP referral work. This will then provide the basis for the remainder of the improvement work to be taken forward by the teams.

Despite progress being made, challenges remain in achieving the out of area trajectory. To bring further grip and control, discharge standards including discharge targets per ward are to be agreed and implemented. A focus will be placed on understanding how bed capacity can be used more flexibly. Actions are in progress to test a safe and agile approach to flex bed capacity across the system with a view to pilot an approach in August.

4.4 Learning Disability Community Service

Helen Smart, Chief Operating Officer, is the new SRO for the Learning Disability Service. To note there has been a huge amount of great work already undertaken and as a service this work continues.

Whilst this work continues, we are undertaking a review to ensure that the assumptions underpinning our new model remain valid, recognising that there have been many changes across the system e.g. the introduction of 111. This review has provided us with the assurance that we are being as effective and efficient as possible and delivering the best outcomes that we possibly can for the local LD population.

We have listened to our service user feedback and changed our service model as a result. Service users and carers have indicated they require and want a flexible service, e.g. they don't need an 8am to 8pm service, but on occasions they would like access to the services before or after work, and we can accommodate that. The service must be based on LD population need and we need to be delivering the best outcomes we possibly can. We are currently looking at data to provide the assurance that our interventions are delivering best outcomes.

We are moving to a multi-disciplinary professional team model. We are collocating all parts of the LD team in a single community site. This will bring lots of additional benefits.

We have also identified that there is a need for support to be provided when a person who is autistic is in acute mental health inpatient care and we will be looking to recruit into a post to support this need.

4.5 We are our Values

The programme is reporting a green status.

Following the formal launch of the revised Trust values in April 2025, staff engagement visits to 20+ sites have taken place and a total of 635 members of staff have taken part using the materials provided including playing the We are Our Values game. Participants reported that the values are crisper, more relevant and that the game really brought the values to life.

The first delivery group meeting was well attended by 43 people. The group have identified six areas of delivery focus, with the first priority being revised recruitment forms and associated collateral. Each delivery workstream has identified a lead or leads, and membership has been confirmed for each.

The workstream delivery will commence during July, with the next Values Delivery Group taking place on 2nd July.

The dedicated lead has joined the programme team with her substantive role having been backfilled for the duration of the programme. Recruitment is underway for additional temporary capacity in the communications team to support this programme and the launch of the University Partnership.

4.6 Older Adults Community Teams Improvement

The programme is reporting an amber status.

Good work has been taking place on engagement and co-production with service users, families and carers. Improvements have been made in reducing the number of people awaiting a first appointment with the Memory Service. Work continues to reform the memory assessment pathway so that the total time taken from referral to diagnosis will be shorter. However, access to data to inform this work is an issue for the programme. This has been escalated by the programme. The Chair of the Improvement and Change Board met with the Business Performance Team to agree a way forward and will be reviewing progress at future meetings of the Improvement and Change Board.

In July older adults service leads and members of EMT met to explore dependencies with Home First – e.g. in relation to the reduction of average lengths of stay. Further conversations led by the Chief Operating Officer will take place in August to agree the next priorities for improvement in older adult services.

4.7 Rio – Electronic Patient Record System

The programme is reporting a Green status.

The programme secured additional funding for the optimisation phase in April 25. The scope of Rio optimisation is being drafted as we align with the priority change programmes. The programme reported 'amber' on clarity of scope, and through discussion at the Improvement and Change Board it was able to increase clarity in relation to the patient portal project, Home First, Gleadless and Heeley 24/7 and the 18-25 Service. Further detailed conversations will confirm scope for each of the above

The overall status of the programme is healthy. While there have been some delays in the definition of project scope and low impact resourcing challenges, overall, the optimisation phase is progressing well.

5. Recommendations

The Board is asked to:

- Take **assurance** from this report that improvement and change is managed effectively in the Trust