Board of Directors
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Confidential/public paper:	Confidential
Report Title:	Improvement and Change Report
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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 Board that improvement and change is being undertaken effectively in the organisation.
Executive summary:	**Change Leadership** AQUA Partnership: Supporting SHSC on the #forgingimprovement programme to embed continuous improvement; initial activity was a Board development workshop linked to the Well Led review. NHSE Board Development: SHSC invited to join a national programme to enhance board leadership for improvement; expression of interest due by 15 September. NHS Impact Training: Band 6–9a staff to attend Operational Improvement sessions in March–April 2026 to build improvement skills. Partnership Development: Proposal for a cross-system group to enhance engagement with NHS and Local Authority partners; model under development. Reporting: Improvement and Change portfolio now included in the Integrated Performance and Quality Report (IPQR) for greater oversight and awareness by teams QI Recognition: SHSC Decisions Unit and Yorkshire Ambulance Service QI project nominated for a Health and Safety Journal Award for improving mental health crisis referrals. **PCMH Closure** The Closure Report was conditionally approved by the Improvement and Change Board, acknowledging it accurately reflected the programme up to March, though further developments have since emerged. Key concerns include incomplete benefits realisation, unresolved issues with medical staffing and waiting lists, impacts on CMHTs, and the need for a clear position statement to guide future planning. A formal post-implementation review will be conducted, and communications will highlight both the programme's achievements and areas still requiring attention.

Older Adults Community Improvement

The Discovery phase is nearing completion, with data analysis underway to identify improvement opportunities and inform next steps. The Improvement and Change Board highlighted the need for a clear service vision, alongside meeting key operational and quality standards to build strong foundations. The next stage of the programme will be agreed during the upcoming discovery gateway review.

Culture of Care

The strands of the programme are progressing, the final one is about to commence named cross organisational support, and it is an opportunity for teams in the Trust to come together to change the culture to deliver care, in an autism-informed, trauma-informed and anti-racist way.

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 consist 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 caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability. Elements which would underpin this are Research, Innovation, capability, capacity and processes, and Quality Improvement.
Any background papers/items previously considered:	Bi-monthly Improvement and Change reports are received at the Board of Directors, following receipt at the executive management team and the Finance and Performance Committee.
Recommendation:	The Board of Directors are asked to note the report.

Board of Directors

Improvement and Change Report

24 September 2025

1. Purpose of the report

The purpose of the report is to provide assurance to Board that improvement and change is being undertaken effectively in the organisation.

2. Background

In a change to previous practice the summary highlight reporting of our major change programmes is now incorporated into the Integrated Performance and Quality Report and is not repeated here. Therefore, this report focuses on the work which is underway to develop a culture of change including the development of change management and improvement capabilities. It also highlights the work of improvement outside of the portfolio of major programmes.

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 and change, 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.

SHSC have also been invited by NHSE to undertake a new Board Development Programme which will equip boards to develop innovative and efficient ways of working to lead for improvement. An expression of interest will be submitted by 15 September.

SHSC staff will be participating in the Operational Improvement training sessions run by NHS Impact in March and April 2026. The programme is open to Band 6 – 9a clinical and operational staff and will equip participants with practical skills and knowledge to drive improvement.

An outline paper regarding the development and governance of a partnership group to support engagement across the city and region was received by the Improvement and Change Board. In these terms partnership mainly refers to other NHS organisations and the Local Authority. The proposed model would help to collate insights from various existing forums enabling a broader view of system engagement and will ensure that key information is efficiently shared with SHSC. This approach is being developed further.

The programmes within the Improvement and Change portfolio are now being reported in the Integrated Performance and Quality report (IPQR) to provide a comprehensive view of change and operational activity across the Trust.

A QI project has been nominated for a Health and Safety Journal 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.

3.1 Improvement and Change Programmes

3.1.1 PCMH closure

The Closure report was originally presented to the Improvement and Change Board in April, however further work was requested. It was acknowledged by the Board that as a reflection of the programme at the point of the closure stage completing in March that the content of the report was an accurate reflection. However, as time has elapsed further information regarding the service has emerged.

Board noted:

- Benefits realisation remains incomplete.

- The medical staffing model and patient waiting lists require attention.

- The effect of PCMH implementation on Community Mental Health Teams (CMHTs), including workload and resourcing.

- The absence of a comprehensive position statement to inform future planning and collaboration with partner organisations.

The Board approved the closure report conditionally subject to a formal post-implementation review to be conducted to complete benefits realisation and next steps for service development.

Clear and balanced communications are required in regards to this work, which will acknowledge the achievements of the programme and be transparent about unresolved challenges and areas of ongoing work.

3.1.2 Older Adults Community Teams Improvement

The Discovery phase is nearing completion (expected late September) with data currently being analysed to inform opportunities for improvement and consideration is to be given to the next steps to progress changes within the service. The Improvement and Change Board recommended that a clear vision is required for the service to enable teams to work towards however that some operational and quality standards are to be met to ensure solid foundations to move forward on. The next stage for the programme is to be agreed during

3.1.3 Culture of Care

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 17 months, focusing on six strands, the final strand cross organisational is about to commence

1. 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 is still paused due to ward staffing and have yet to be able to join the programme fully.

2. 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.

3. 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. Three ward managers are now participating in the final module starting in September 2025.

4. 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.

5. 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.

6. 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   Recommendations

The Board of Directors are asked to note the report.