Board of Directors

SUMMARY REPORT	Meeting Date:	26th July 2023
	Agenda Item:	11

Report Title:	Quality Improvement Biannual Progress Report	
Author(s):	Dr Parya Rostami, Head of Continuous Improvement	
Accountable Director:	Dr Mike Hunter, Executive Medical Director Salli Midgley, Executive Director Nursing 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 • Quality Assurance Committee (QAC)
	Date:	• RIEI Group - 11th July 2023 • QAC – 12th July 2023
Key points/ recommendations from those meetings	RIEI – no recommendations QAC – no recommendations	

Summary of key points in report

The purpose of this paper is to provide the Board of Directors with an update on progress with driving Quality Improvement (QI) at pace across Sheffield Health and Social Care NHS Foundation Trust (SHSC) in line with the SHSC's Quality Strategy 2022-2026. A summary of key points from the last 6 months:

- **Building QI Capability** – To date, 389 staff have now completed some form of QI training. There have been 20 registered QI projects in the last 6 months.

- **QI Programmes** – The Trust's first QI collaborative Programme started on the 12th July 2023. The focus of which is on less waiting and waiting well. The QI team are also supporting a number of the trust's wider improvement and transformation programmes including the Race Equity work.

- **Presentations, Posters, Funding, Fellowships, Secondments and Awards –** Over the last 6 months, the QI team have supported thirteen projects have been supported with QI bids, posters, nominations and presentations. This includes HSJ Patient Safety awards nominations, an abstract for the Royal College of Psychiatrists QI Conference and a poster for the Bristol Patient Safety conference. This report will include examples of abstracts and bids regardless of their success to help us to learn from and celebrate the efforts of our staff as part of a continuous learning culture.

Appendices attached:
1. Quality Strategy Delivery Plan Objectives related to QI
2. WORKING DRAFT - Continuous quality improvement and embracing innovation and research plans from the working draft of the South Yorkshire NHS Joint Forward Plan
3. The less waiting and waiting well Quality Improvement collaborative Project Initiation Document (PID)
4. Q Exchange ideas submitted
5. Summary of shortlisted nominations for the HSJ Patient Safety Awards
6. #MHImprove international Network meeting details

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

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

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 safety, engagement and quality of experience and related outcomes
Financial (revenue &capital)	*Yes*	*x*	*No*		Investment is likely to be required to fully implement and ensure sustainability
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

Section 1: Analysis and supporting detail

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

1.2   The aforementioned objectives align with the Care Quality Commission's (CQC) Well-led Key Line of Enquiry (KLOE) 8 which highlights that the Trust must ensure that there are robust and visible systems for learning & continuous improvement in place.

1.3   To support the above, over the last 6 months the QI team have focussed on bringing together the wealth of QI knowledge and capability in the Trust in a systematic way, as outlined in January's report. The initial outcomes were achieved and there is now a Trust QI project tracker, clearer offer of QI support and the first trust-wide collaborative has been launched earlier this month.

1.4   The QI team continues to refine and improve the processes for supporting the building of QI capability systematically and sections 1.5 – 1.7 provide progress on this. Sections 1.9 -1.11 provide a brief update on the Trust's first QI collaborative, which will also contribute to building QI capability as teams will get close support for QI activity through learning sessions and action periods (where QI coaching occurs).

Building QI Capability
1.5   The Trust has supported with various QI training for a number of years, including training from the Sheffield Microsystems Coaching Academy, The Improvement Academy and SHSC Training programmes and some of this training has been linked to ESR, which shows that at least 389 staff have had some form of QI training.

1.6   We are gradually preparing to be able to deliver QSIR training from 2024, in line with the Integrated Care System's (ICS) QI training plans, as outlined in working draft of the South Yorkshire NHS Joint Forward Plan. Please see Appendix 2 for plans regarding "Continuous quality improvement and embracing innovation and research" where QSIR has recently been agreed as the training approach for across the system

1.7   The activities above particularly support the Quality Strategy Objective which focuses on "Clear governance structures, process and metrics to support delivery of Trust vision, strategy and priorities" (see Appendix 1).

QI Programmes
1.8   In line with the Quality Strategy Objectives, a Trust-wide QI collaborative was launched on the 12th July 2023. This particularly aligns with the objective stating "Achievements and learning from improvements are captured, shared and celebrated across Team SHSC", as it will involve teams sharing their work and celebrating achievements in a structured way. A brief Project Initiation Document (PID) for this programme is attached (see Appendix 3).

1.9   The collaborative is being led by the newly appointed Improvement Programme Manager that has been funded by the Rehabilitation and Specialist Services (R&S) Directorate. Eight teams from the R&S directorate and two teams from the Acute and Community Directorate will take part. These Ten teams will attend 6 learning sessions over a 2-year period and receive regular coaching to support them to make

improvements with regards to waiting lists and helping service users to "wait well". Details of the 10 teams and their allocated QI coach can be found in the PID (see Appendix 3).

1.10 The focus will be on reducing waiting lists and waiting well, a priority that was agreed on through the Improvement Priorities sessions at the end of last year which was reported to Board in January 2023.

1.11 As well as a dedicated QI coach, each team will work even more closely with their allocated Information Analyst.

QI Projects

1.12 Since the introduction of the QI project logging form in December 2022, approximately 20 QI projects have been registered across the Trust.

1.13 This includes a wide variety of projects including projects related to improving medical seclusion recording, reducing falls and clozapine titration in the community.

Presentations, Posters, Funding, Fellowships, Secondments and Awards

1.14 The QI team supported 6 proposals for the Health Foundations QExchange foundation. Whilst none were shortlisted, some of these ideas have been supported further and alternative routes for funding and development will be explored. A table outlining the 6 projects has been provided (see Appendix 4).

1.15 The Trust has been shortlisted for 5 HSJ Patient Safety awards for the work that has been ongoing to improve patient safety. Details of these can be found in Appendix 5.

1.16 The Trust has been selected to be one of the initial 20 piloting teams for an NHS England commissioned Quality Improvement Programme focused on delivering reforms to the Mental Health Act.(1)

1.17 Dr Rosie Oatham, a junior doctor who worked with us, has presented her Audit/QI project about medical seclusion record keeping at the Bristol Patient Safety Conference.

1.18 Katy Stepanian, Expert by Experience for the Quality Strategy, has had an abstract accepted about co-production and Quality Management Systems.

1.19 The Head of Continuous Improvement was an invited judge for the Bristol Patient Safety Conference.

1.20 The Head of Continuous Improvement presented at the International Mental Health Improvement Network Meeting as part of the BMJ Forum in Copenhagen in May 2023. This provided an opportunity to share some of our QI work and learn from others. In line with the Quality objectives about sharing and learning from work. (see Appendix 6 for meeting details).

1.21 We are part of the organising committee for the international #MHImprove network meeting in London in April 2023. The Head of Continuous Improvement attended the first organising meeting for this on 5th July 2023, alongside colleagues from various Trusts including East London Foundation Trust, South London, Sussex Partnership NHS Foundation Trust. and Borders and Maudsley NHS Trust and Oxleas NHS Foundation Trust.

Section 2: Risks

2.1   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. To help to mitigate this risk, the QI team are asking colleagues to request QI support for particular meetings, rather than to attend all meetings. This will help to free up time for drop-in sessions and QI coaching. The QI team has also stopped facilitating away days but will attend away days to provide QI training upon request.

2.2   The lack of a QI Project Manager or QI Data Analyst is also a risk but the QI team are building stronger relationships with the Business Performance Team and Project Management Office. 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.

Section 3: Assurance

Benchmarking

3.1   QI data should not be used for benchmarking purposes. But QI data are being used to learn from each other within the team and beyond.

3.2   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.

3.3   We are networking with, and learning from peer Trust's who are the rated outstanding by the CQC.

Triangulation

3.4   A wide range of data were reviewed to help guide the Trust's improvement priorities which led to the collaborative topic of waiting lists and waiting well. Evidence and data from other organisations are being reviewed for learning purposes

Engagement

3.5   As the foundations for improvement in the Trust are being strengthened, service user and care involvement has been a key element of this work. For example, the QI project logging form includes questions about whether Service Users are involved with the QI projects.

3.6   Engagement with QI training is now being monitored through ESR, and all QI sessions include an evaluation form to review engagement and what can be improved.

Section 4: Implications

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:
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.

By using QI methodology efficiently, the Trust will better be able to demonstrate progress towards all of the above priorities. Various QI activities contribute to the mitigation of prominent Board Assurance Framework risks including:

> **WARD ENVIRONMENT:** An example of a project that supports the improvement of the ward environment is the HUSH huddles work which is helping to reduce falls (see Section 1.17). This work involves daily team huddles focussed on how falls can be avoided – including if there are any issues with the environment such as handrails being faulty etc.

> **IT:** An example of a QI Project that is being supported that factors risks associated with IT is a clinical record keeping project which is being led by the Trust's Clinical Risk and Patient Safety Advisor. This is in its early stages but the introduction of RIO is being factored into the change ideas that will be tested.

> **STAFFING:** Empowering staff to lead on QI will support staff retention. An example of a QI project that was supported that helped with this risk was the "Enjoying Work collaborative" which was done with the Older Adults Home Treatment team.

4.2 The examples above show how QI can be used to mitigate the Trust's biggest risks. QI encourages changes to be tested at a small scale and be refined and gradually scaled up over time. The QI team will continue to facilitate learning from the work done to date, measuring the impact of changes and scaling up improvements where appropriate.

Equalities, diversity and inclusion

4.3   Co-production is a fundamental part of improvement activity. QI training and support helps to ensure are people are empowered, engaged and supported. A number of QI projects specifically related to EDI are being supported. For example, the Trust-wide Race Equity work.

Culture and People

4.4   The QI team continue to support training within QI and beyond, including supporting Developing as Leaders. 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.

Integration and system thinking

4.5   As mentioned previously, the QI team are learning from outstanding 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.

Sustainable development and climate change adaptation

4.7   Sustainability is encouraged for all QI activity and projects are recommended to use balancing measures such as paper printing if appropriate. There are also specific QI projects being planned to help reduce waste, for example by using methods from the NHS' model hospital approach (https://model.nhs.uk/).

Compliance - Legal/Regulatory

4.8   No legal or regulatory implications are anticipated.

4.9   Learning from other Trusts and working with System Partners supports the NHS constitution requirement that Trusts aspire to the highest standards of excellence and professionalism.

References

1.   The Public Service Consultants. The PSC and Virginia Mason Institute partner to support The NHS England Mental Health Quality Improvement Programme [Internet]. [cited 2023 Jul 5]. Available from: https://thepsc.co.uk/news-insights/entry/the-psc-and-virginia-mason-institute-partners-to-support-nhs-england-mental-health-quality-programme/

Section 5: List of Appendices

Appendix 1 – Quality Strategy Delivery Plan Objectives related to QI

Quality Strategy 2022 - 2026 Delivery Plan

Develop a culture of continuous improvement and just culture

Name
Align coherent and accessible narrative for continuous improvement to the Trust Vision, Strategy and Priorities
Clear governance structures, process and metrics to support delivery of Trust vision, strategy and priorities (copy)
Board members, clinical and professional leaders at all levels know and understand their role in leading continuous improvement in key priority areas
Staff at all levels are supported to lead and deliver continuous improvement work
Achievements and learning from improvements are captured, shared and celebrated across Team SHSC
Embed continuous improvement in recruitment and induction processes
Embed continuous improvement in business planning processes
Embed continuous improvement in PDR process
Celebrate improvements and learning through the SHSC Annual Improvement Event
Develop 'dosing' approach for building and embedding improvement skills and support at every level of the organisation
Make Quality Improvement skills training and coaching support accessible for all teams to lead continuous improvement work

Appendix 2 – WORKING DRAFT Continuous quality improvement and embracing innovation and research plans from the working draft of the South Yorkshire NHS Joint Forward Plan

4	Implement a Quality Improvement Approach across NHS South Yorkshire	• Offer QSIR Fundamentals training to all staff • Deliver QSIR Practitioner training to approximately 90 staff • Identify and support the development of individuals to become QSIR trainers in South Yorkshire • Understand and implement the ask within the expected NHS Improvement Approach Guidance	60% staff trained QSIR F by July 2023 3.3% staff trained QSIR P June 2023 6.6% staff trained QSIR P August 2023 10% staff trained QSIR P November 2023 1% staff trained QSIR College March 2023
5	Implement a robust programme management approach across the NHS South Yorkshire	• Implement standardised PM approach across ICB, to include; • Standardised documentation • Agreed reporting processes • Highlight report and dashboard • Understand and implement the ask within the expected NHS Improvement Approach Guidance development	Q1 PMO proof of concept design Q1 PMO training and implementation Q1 - PMO reporting Q1 Single ICB highlight report produced
6	Implement a South Yorkshire networked approach to Quality Improvement	• SY ICB transformation network established • SY QSIR network to be considered for development Q2 2023	Q1 – ICS Improvement network (already established as peer to peer support - QI leads) Q2 – SY QSIR network

Appendix 3 – Please see separately attached Project Initiation Document

Appendix 4 – Q Exchange ideas submitted

Idea	Q member lead	Summary
Access to peer support whilst waiting for first contact with clinicians	Simon	We wish to employ peer support workers to engage and support people prior to assessment and whilst waiting for therapy.
RAP UP: Reaching out And co-producing mental health resources for Underserved People	Parya	To work with local influencers that have successfully engaged with young, underrepresented communities to improve understanding of community mental health services, and to help reduce the need for acute care.
The "What Matters" Quality Framework	Angela	A Quality management System that has been co-produced with frontline staff and service users who are on waiting lists.
EPHA: Enhanced Physical Health for All using a mobile app	Mo Mackenzie	Physical health checks for people with SMI and Learning Disabilities from the minute they are on our waiting lists, and regular checks.
Improving confidence with STOMP to enable better care at home	Hassan Mahmood	To work across the Integrated Care System (ICS) to drive forward the use of STOMP-related interventions to support people with a Learning Disability, healthcare professionals and carers
Supporting people with severe mental illness with low carb/ketogenic diets	Helen Crimlisk/ Reem Abed	To include specialist nutritionists as part of the multi-disciplinary team to support people with severe mental illness to adopt low-carb or ketogenic diets to improve their physical and mental health

Appendix 5 – Summary of shortlisted nominations for the HSJ Patient Safety Awards

	Nomination Title	Category
1.	The impact of HUSH huddles on the rate of falls in an older adult inpatient mental health unit	**Mental Health Safety Improvement Award**
2.	The RESPECT team are here to talk about Restrictive Practice – improving safety through conversation, collaborative understanding and action	**Patient Safety Team of the year**
3.	The RESPECT team are here to talk about Restrictive Practice – improving safety through conversation, collaborative understanding and action	**Mental Health Safety Improvement Award**
4.	Let's talk about sex, Improving Sexual Safety Culture within specialist inpatient rehabilitation units in a mental health Trust	**Developing a Positive Safety Culture**
5.	Holistic care in the community: Empowering mental health staff to provide better care for physical health for people with mental health illness in the community	**Community Care initiative of the year**

The waiting less and waiting well Quality Improvement collaborative

Project Initiation Document
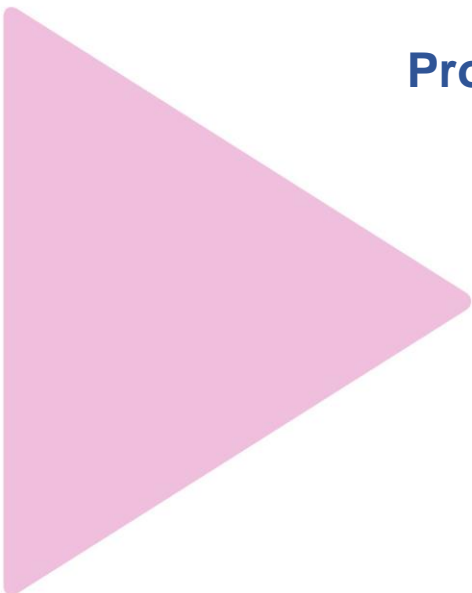
The Waiting Well Quality Improvement Collaborative Project Initiation Document

Executive Sponsors:

- **Dr Mike Hunter (Medical Director)**
- **Salli Midgley (Director of Nursing, Quality and Professions)**

Version: 1

Document management

Reviewers

This document must be reviewed by the following people:

Reviewer Name	Title/ responsibility	Date	Version
Parya Rostami	Head of Continuous Improvement		
Katy Stepanian	Coproduction and Professional Expert by Experience Lead for Quality strategy		
Hannah Watton	Clinical Lead - AHP		
Sara Whittaker	Consultant Clinical Psychologist		
Laura Wiltshire	Head of Services (Acute & community) Representing Acute and community (2 teams)		

Version Control

Version	Date	Author	Summary of changes
1	09/06/2023	Angela Davies (Improvement Facilitator) Laura O'Byrne (Quality Improvement Programme Manager)	N/A

Approval

This document must be reviewed by the following people and groups:

Name	Signature of person/ Chair of group	Title of person/ signatory	Date	Version
Mike Hunter		Executive Medical Director		
Salli Midgley		Executive Director of Nursing, Professions and Quality		
Research, Innovation, Effectiveness and Improvement				
Board of Directors				

Related documents

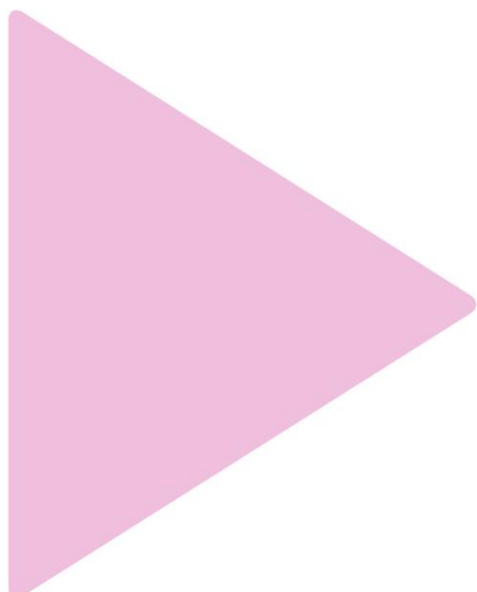| Name	Owner	Location
Quality Strategy		
Research Strategy		

Document control

The controlled copy of this document is maintained by the Improvement Team. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Contents

1. Introduction

1.1 Purpose of Document

The purpose of this Project Initiation Document is to define the outline and scope of the Waiting Well QI Collaborative Programme, in order to form the basis for its management and an assessment of its overall success. Multiple organisations will be part of each phase and this document will describe the stakeholders involved in each phase, the method and the potential programme outcomes.

The Project Initiation Document has two main purposes:

•   To ensure a sound basis for the Project Team to progress and;

•   To provide a single source of reference about the project so that information can be placed in context and easily found.

The key elements of information needed to manage the project are:

- Project scope
- Project Deliverable and Outcomes
- Project Roles and Responsibilities
- Method of Approach
- Project Timeline

As this programme is a Quality Improvement collaborative, elements of the programme such as drivers and outcomes may develop and be refined using learning from the collaborative at any stage.

Background

Waiting lists organise and co-ordinate numbers of people requiring a service that is in high demand. Due to a lack of funding and resources, demand for the UK's National Health Service (NHS) is growing, which has led to longer waiting lists. (1). Within Sheffield Health and Social Care (SHSC), the issue of long waiting lists has long been highlighted by both staff and service users, and complaints related to "access to services" form the largest proportion of complaints (see Figure 1).

Another issue that impacts access to services is non- attendance, in relation to mental health services, research evidence suggests that service users do not attend approximately 20% of psychiatric appointments and of those who miss appointments up to 50% do not complete treatment or fail to continue to engage with services.(2) Improving non-attendance is crucial as missing appointments can negatively impact services users' mental health and recovery, and can result in service users disengaging with services and discontinuing the receipt of care. (2)

Figure 1 – Pareto Chart to show the top ten categories that received most complaints between November 2020 – October 2022
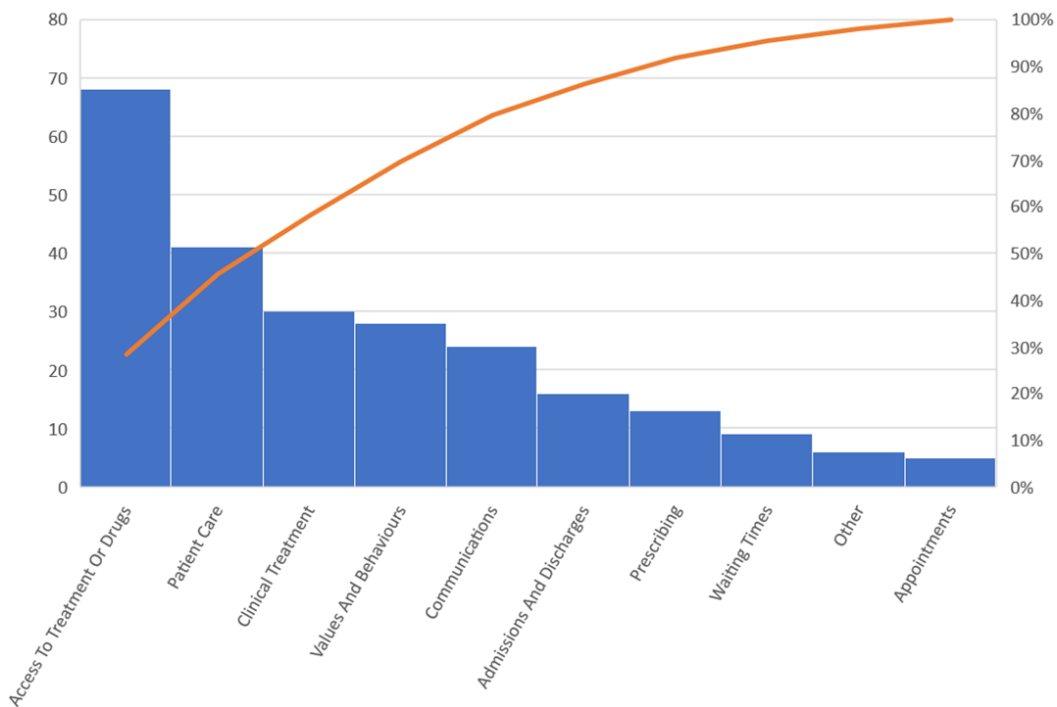
Increased wait times and non-attendance are interrelated, for example, research found that attendance to appointments was significantly impacted by the length of time between referral and first appointments. Therefore, it is crucial that a service understands the potential factors that influence wait times and this understanding can help improve the attendance rates.(3,4)

Various research focused on improving access to services has found a number of interventions that can improve wait times and non-attendance. Examples include reminders and prompts, for example text message reminders(5) and prompt letters(6); increasing choice of appointment options; improving communication and explaining the purpose of the service.(3)

This collaborative will aim to support frontline teams to test and develop their own interventions based on the evidence available, using a structured and well-supported approach.

2. Project Definition

2.1 Project Aim

This collaborative programme will be focussed on reducing waiting lists and supporting service users to "wait well" whilst on waiting lists.

Over a 24 month period, Collaborative teams will aim to achieve:

- A 10% reduction in waiting list times (first contact to treatment initiation)
- A 10% reduction in non-attendances
- Specific aims developed by each team.

The overall aims are aligned with what was achieved by ELFT, which are a globally leading mental health trust with numerous "outstanding" CQC inspections.

2.2 Project Objectives

Specific objectives will be developed by each team, as well as specific measurement plans that will include process measures and balancing measures.

The impact of using a collaborative approach on staff engagement and wellbeing will be monitored through staff surveys and pulse surveys within the teams.

2.3 Scope

- The scope of the project will include a selection of those services within SHSC that currently have service users on waiting list. This includes 2 teams from the Acute and Community Directorate and 8 teams from the Rehabilitation and Specialist Directorate. (see Table 1)
- Excludes those teams that do not work from waiting lists, or who currently do not have waiting lists.
- Excludes those teams that are already undertaking other large transformations within their service.
- Due to funding streams the teams involved will be mainly from Rehab & Specialist Services
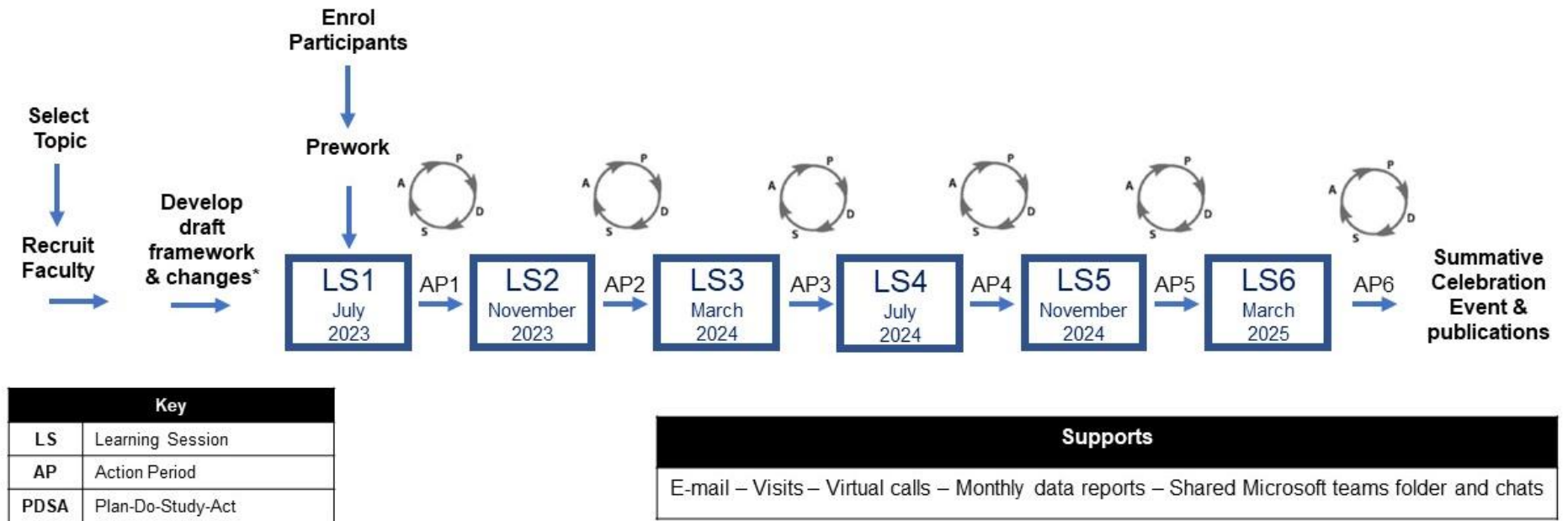- Three teams from Acute & Community are also included.

2.4 Method of Approach

- The programme will use an adapted model of the Institute of Healthcare Improvement's Breakthrough Series Collaborative Model (see Figure 2).
- Using this model, teams from across SHSC will come together to work on similar aims, whilst sharing their progress and learning from each other using an "all teach, all learn" approach.

Table 1. Summary of teams in the Waiting Lists and Waiting Well Quality Improvement Collaborative	
Team	**Team Description**
Eating Disorders	Provide support and treatment to people aged 16 and over who have a moderate or severe eating disorder, such as anorexia or bulimia.
Gender Identity Service	A service for adults with concerns about their gender identity. We are one of eight gender identity clinics in the UK commissioned by NHS England.
Neuro Enablement Service	Includes the Neurological Enablement Service, Community Brain Injury Rehabilitation Team and the Neurological Case Management Service. This team are part of the Long-Term Neurological Conditions (LTNC) Service.
Older Adult Community Mental Health Team (OACMHT)	We support people aged 65 or over who are experiencing problems such as psychosis, mood disturbance and memory problems, and have related behavioural or psychological symptoms.

Specialist Psychotherapy Service (SPS) - PD	The Specialist Psychotherapy Service offers treatment, consultation and advice to adults aged 18 and over who are experiencing complex mental health difficulties that have not responded to previous treatment.
Specialist Psychotherapy Service (SPS) - MARD	Offers treatment, consultation and advice to adults aged 18 and over who are experiencing complex mental health difficulties that have not responded to previous treatment.
Community Learning Disability Team (CLDT)	We provide specialist health assessments, diagnosis, support and care for people aged 18 and above.
Memory Service	The Memory Service offers support to older people living in Sheffield who are experiencing memory problems.
SCBRIT (Sheffield Community Brain Injury Rehabilitation Team)	A specialist community team working with people in Sheffield who have had a traumatic or acquired brain injury. This team are part of the Long-Term Neurological Conditions (LTNC) Service.
Attention Deficit Hyperactivity Disorder (ADHD) Team	The team offers a diagnostic assessment for ADHD and is part of the Sheffield Adult Autism and Neurodevelopmental Service

Figure 2- The Collaborative model for the programme (adapted from the Institute of Healthcare Improvement's Breakthrough Series Collaborative model)

Key	
LS	Learning Session
AP	Action Period
PDSA	Plan-Do-Study-Act

Supports
E-mail – Visits – Virtual calls – Monthly data reports – Shared Microsoft teams folder and chats

2.5 Project Deliverables and Desired Outcomes

Project Deliverables:

- An identified reduction in the numbers of service users on waiting lists.
- An identified reduction in the amount of non-attendance at appointments once one has been offered.
- New processes to support service users to manage their condition while waiting and ensure that their wellbeing is maintained.
- Safety nets created for those waiting for longer periods to manage/prevent crises.
- Maintenance or improvement of a service users mental wellbeing while on a waiting list.

Desired Outcomes:

- Improved service user experience with appropriate care and treatment.
- Providing person centred trauma informed care.
- Improved staff morale and retention.
- Improve the efficiency of services.
- Prevent deterioration of service users mental wellbeing while waiting for input.
- For teams to have ongoing regular access to data in relation to waiting times and waiting well.

2.6 Constraints

- Competing demands on staff time and clinical pressures.
- The project is dependent on the support from key leadership teams both operational and service level.
- Lack of input from service users in the improvement work at local level.
- Capacity within the Quality Improvement Team to support the collaborative at all stages across the lifespan of the project.

2.7 Dependencies

- Engagement from further team members other than those attending the learning sessions.
- Provision of regular data to teams at a local level to enable progression with improvements.
- Being able to provide regular reliable data to the teams involved.

2.8 Assumptions

- It has been assumed that each team can identify protected time to work on improvement and attend the associated learning sessions.

- It has been assumed that each team can identify members of staff to lead on the improvement work and engage/involve other members of their teams.

2.9 Change Management

- Monthly progress meetings with the expert faculty and executive sponsors.
- Launch event on 12th July.
- Regular communications through Connect and Jarvis to the wider trust.
- Six learning sessions over 24 months to enable teams to learn from each other and present their own work.
- Regular support from an Improvement Coach and analytics coach for each team within the collaborative.

3. Project Accountability

3.1 Project reporting
- Quarterly reports will be provided to the Research, Innovation, Effectiveness and Improvement Group.
- Biannual reports will be provided to QAC
- Following QAC, biannual reports will also be provided to Board.

3.2 Tolerance limits
- If there are any issues with progress in terms of adhering to scope, timeframes or budgets, this will be highlighted to the expert faculty for support and the executive sponsors of the programme.

3.3 Project Governance

Any decision that takes the project outside the timetable, budget and/or specifications set out in this PID must be recommended by the QI team or the teams on the collaborative programme whilst we learn. These changes must be approved by the programmes Expert Faculty.

4. Project Organisation Structure
The QI team will lead on the facilitation of this programme, closely supported by the Expert Faculty and Business & Performance team.

Name	Role	Project Role
Laura O'Byrne	Quality Improvement Programme Manager	Programme Manager and Coach
Parya Rostami	Head of Quality Improvement	Head of Quality Improvement
Angela Davies	Improvement Facilitator	Coach, event planning and Facilitator
Simon Wheatley	Improvement Facilitator	Coach, event planning and Facilitator

The Expert Faculty is set out as below (TBC):

Name	Role
Simon Barnitt	Head of Nursing (Rehabilitation and Specialist Services)
Richard Bulmer	Head of Service (Rehabilitation and Specialist Services)
Jonathan Mitchell	Clinical Director (Rehabilitation and Specialist Services)
Holly Cubitt	Head of Communications
Rob Nottingham	
Parya Rostami	Head of Continuous Improvement
Katy Stepanian	Coproduction and Professional Expert by Experience Lead for Quality strategy
Hannah Watton	Clinical Lead - AHP
Sara Whittaker	Consultant Clinical Psychologist
Laura Wiltshire	Head of Services (Acute & community) Representing Acute and community (2 teams)

5. Initial Project Plan

The initial milestone plan has been represented in Figure 2. There will be 7 Learning sessions over a 24-month period that will end with a summative celebration event in July 2025. The model for the programme has been adapted from the Institute of Healthcare Improvement's Breakthrough Series (BTS) Collaborative model, (7) whilst factoring in learning from outstanding mental health trusts who delivered similar collaborative programmes over a 24-month period. (3)

6. Project Controls

After the approval and sign-off of this PID, all requests for change must be submitted to the QI team.

All changes will be discussed and approved at the Expert Faculty and the RIEI group.

7. Risk and Issue Management

- Records and risks will be recorded as they arise.
- They will be highlighted to the expert faculty who will meet bimonthly
- They will also be highlighted to Executive sponsors as necessary.
- Risks will be reported via the governance routes mentioned previously also.

9. References

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