



Annual Plan

2013-14 to 2015-16

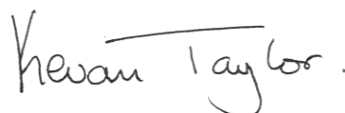
May 2013

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The Trust's Annual Plan was approved by the Board of Directors in May 2013.



Professor Alan Walker
Chairman



Kevan Taylor
Chief Executive

Our performance: how we did over the last year

Section 1

Overall our services have performed well and people are getting a good standard of care, support and treatment.

When we look at how we are doing against most of the ways we evaluate our services, we are providing a good standard of care, support and treatment. This is something we are rightly proud about. However we also know we can do better, and need to do better. We have much to do to ensure the quality of what we provide is of a consistent high standard, every time, for every person in respect of safety, effectiveness and experience. Our future plans are focussed on achieving this aim.

Improving quality We have established priorities for improving the quality and experience of our services. We have focussed on improving safety, effectiveness, experience and access to our services, and we have established goals for the two year period ending March 2014. Last year we made good progress on our plans to improve the quality of our services. Our *Quality Account* report outlines the good progress we have made, and our plans to continue to make further improvements during 2013-14.

Accessible and effective services We are a high performing organisation. We have consistently delivered the national standards asked of us across our services for primary care, learning disabilities, substance misuse and mental health.

Our *Quality Account* provides full details about how effective our services have been over the last year.

Positive external assurance Many of our services have been visited and evaluated by the Care Quality Commission. We consistently receive feedback highlighting that the care they observed was person centred and dignified. When they have identified areas we need to address we have taken action immediately and their re-inspections have approved the actions we have taken.

We work with a range of external regulators who review and assess the way we provide care and services. All the visits, inspections and reviews we have participated in have provided assurance to the Board that our day to day services, systems and processes are sound.

Positive user feedback Service user feedback about the support and care we have provided them has identified we have been in the top 10% of mental health trusts for the last 2 years for our mental health services.

We continue to develop our local approaches to gaining robust feedback from service users from across all our services. This will ensure we remain informed about people's experience of receiving services from us, and prioritise the right issues for future improvement.

**Working together
with our staff**

National staff surveys highlight that our staff feel more engaged with the Trust than average. Our staff are more likely to recommend us as a place to work or receive treatment in than the average for the NHS as a whole. Our staff report higher rates of job satisfaction, communications with senior management and that they are able to make a difference to how we improve the services we provide.

This positive position supports us to continue to explore how we develop and improve our services in the future, in partnership with our staff.

**Delivering on our
plans**

We have a good track record of delivering improvements and efficiencies through service change and modernisation.

New services to support older people in a crisis have been introduced, and more people are being supported in the community rather than needing a hospital admission. We have commissioned Rethink to provide a Crisis House service to increase the choices people have about how to receive support when experiencing a crisis as a real alternative to hospital. We have made real progress during the year in reducing significantly our need to send people away from Sheffield to receive hospital care.

New liaison services working in partnership with Sheffield Teaching Hospitals NHS FT have been supporting people with dementia to access the right support.

Our community mental health teams for working aged adults have been successfully reorganised. We are now seeing more people much quicker than we did before, and supporting most of them to continue with their support in primary care. We continue to support more people to access direct budgets so they can make their own choices about the way they wish to provide for their own needs.

We have built a new community facility, Firshill Rise, that will significantly improve the quality and experience of care for people with learning disabilities and challenging behaviour. We have developed and introduced innovative tools to significantly increase the provision of basic advice to people about alcohol use.

**Sound financial
performance
supporting our
future direction**

Our efficiency programme is challenging. A third of our cost reductions last year were delivered non-recurrently and our future plans will need to ensure a stable and managed approach for the future.

Acknowledging this, we continue to perform strongly in how we use and manage our finances. Over the last 3 years we have had a financial risk rating of 4, in line with our plans and intentions. Last year we generated more surplus's than we planned to, and this allows us to better support our investment priorities over the next 3 year period.

Future plans: Strategic overview, Vision & key priorities

Section 2

Our Current Position

We provide mental health, learning disability, substance misuse, community rehabilitation and primary care services to the people of Sheffield. We also provide some of our specialist services to the wider region. We are a provider of integrated services that meet peoples mental, physical, psychological and social care needs.

We are a public benefit corporation accountable to our members through a Council of Governors. We actively engage with our 12,000 members, who have a key role in promoting understanding of the needs of people who use our services. Our Council of Governors includes people who use our services, their carers, staff and representatives of the public of Sheffield and partner organisations. The constructive challenge provided by the Council of Governors is welcomed by the Trust Board and ensures our services are influenced and informed by our stakeholders.

We work in partnership with the organisations that commission our services: NHS Sheffield, the emerging Clinical Commissioning Group and Sheffield City Council. This allows us to understand the health and social care needs in the wider population, to influence the commissioning approach taken and to develop new services for the benefit of the system as a whole.

Our services perform well and are valued by people who use them and their carers. We are in the top 10% of mental health trusts for listening to our patients, treating them with respect and dignity and providing helpful talking therapies. We are in the top 20% of mental health trusts for staff who would recommend the trust as a place to work, staff who would recommend us as a place to receive care and treatment and for staff feeling able to contribute towards improvements at work. The Care Quality Commission has reviewed a number of our services and reached positive conclusions overall. We have a sound financial footing.

When we became a foundation trust in 2008, we set a clear vision for the trust to provide services that meet the needs of a whole person – mental health, physical health and social care. We have succeeded in retaining and expanding our historic service provision in mental health, learning disability and substance misuse services and have expanded into primary care and integrated physical and psychological health services. We have built on our strength as a provider of integrated health and social care so that we are now positioned in the city as a provider of integrated services across a broader range of need, playing a key role in developing a sustainable health and social care system. We will continue to build upon this reputation to grow our business. In managing our organisation we will continue to focus on four priorities:

- Ensure we deliver high quality and safe services
- Improve what we do by transforming our services
- Deliver efficiency and effectiveness
- Ensure we have a sustainable and secure future

Strategic Review

Our Trust Board regularly considers the implication of changes happening around us and how they will impact on our services and plans.

Commissioning is changing The NHS Mandate and the National Commissioning Board will provide clear frameworks for outcomes based services and national quality standards. Locally, the Clinical Commissioning Group and the Health and Wellbeing Boards will develop new strategic approaches based on the Joint Strategic Needs Assessment. Sheffield Council is fundamentally reviewing all aspects of social care provision to ensure sustainable solutions for the longer term.

Mental health policy is expanding its reach *No Health without Mental Health* sets out a vision for mental wellbeing promoted across the whole lifespan and has identified outcome targets to be achieved over successive years by services. There is a growing acknowledgement of the broader need for psychologically informed service models across the whole health and social care system.

Finances are challenging The financial situation is challenging. The overall impact on the Trust is a cost pressure of £16 million on our finances over the following three years. This includes our efficiency requirements and expected disinvestments.

Sheffield is seeking system improvements The overall objective in Sheffield is to develop a sustainable system of care. Efficient services will result from ensuring care delivery is effective, increasing preventative work, promoting independence and choice and reducing the reliance on hospital based and long term residential care. Through the Right First Time programme, providers in Sheffield are committed to working together to improve care across organisational boundaries and so ensure people receive the appropriate physical, psychological and social care to meet their needs and prevent them from going into hospital unnecessarily.

Public health focus on prevention and inequality Sheffield has a clear focus on prevention, early intervention, developing community resilience and tackling the causes of inequality. Priorities include providing community based support to people with long term conditions and promoting mental wellbeing at all stages of prevention and treatment.

With the new health commissioning arrangements established we will see a greater drive to deliver the changes required to support commissioning intentions and direction. The financial pressures will continue for some years ahead, particularly across social care. Competition will increase for service contracts and from people who purchase their own care and support. This will be particularly challenging in the social care market. The policies for mental and public health present opportunities for us, as does the drive to create a more efficient and sustainable health and social care system through integrated pathways of care. The push for provision away from hospital and nursing home care towards a community and recovery orientation will have an impact on some of the services we provide.

It also presents us with opportunities to provide new services that lead to better outcomes for people who currently receive their care out of city and efficiencies for the overall health and social care economy.

Our vision and strategy

Our vision is that people who use our services will achieve their full potential, living fulfilled lives in their community.

We will deliver our vision by providing services that are world class in terms of quality, safety, efficiency and choice. Our services will deliver outcomes for individuals that are world class in terms of effectiveness of treatment, experience of care, recovery, independence and social inclusion.

To do this we must continue to develop as a high performing organisation. We will address our internal operational challenges and at the same time ensure our long term viability by responding to the external environment and maintaining and growing our business. We will play our part in developing a sustainable health and social care economy that delivers improved health outcomes and social justice for the city.

We will deliver our programme of transformation to maintain and improve quality and reduce costs. We will redesign our services around improved pathways of care that aim to prevent hospital admission and provide alternatives to hospital based care. We will ensure that we can compete in the environment of any willing provider and self-directed support by providing competitively priced services that people want.

We will also deliver a programme of service improvement at team and service level, so that all staff are involved in seeking improvements in quality and efficiency as a routine part of what they do.

We will increase our income base by expanding our service provision in two key areas. We will develop local alternatives to the hospital care provided for people with mental health problems and learning disabilities outside the city. This will improve outcomes for patients and reduce the costs for the city. We will also use our experience of providing integrated services in primary, secondary and tertiary levels of care to develop new services to meet the needs of people with long term conditions. We will focus on providing innovative solutions at the primary care level to meet peoples physical, psychological and social care needs.

None of this is achievable without our staff. We will engage with and support our staff during the process of change to maintain their wellbeing. In partnership with the Trades Unions, we will develop robust and fair HR processes to manage staff movement and reductions in a way that maintains our relationship of trust with our staff. We will design new roles that are rewarding and ensure that staff have the appropriate skills to deliver evidence based interventions to meet people's needs. We will continue to support the development of leadership and team working at all levels in the organisation to support continued improvement, positive working relationships and a culture that promotes recovery, dignity and respect.

Our key priorities

Deliver our transformation programme

We have a clear plan to deliver improvements through service changes and modernisation programmes.

Programme aims

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| Improve access | Ensure care and support is delivered as locally and quickly as possible |
| Improve quality and experience | Reduce the complexity of navigating across services ensuring people get to the right service as quickly as possible |
| Improve outcomes and reduce inefficiency | Make the best use of staff skills and experience, so they spend more time doing the things they are best able to do |

Specific Programmes

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| Enhance community services for people with learning disabilities and complex needs | Deliver improved services for people with challenging and complex needs by providing intensive support to people in the community and so reducing the need for hospital care and out of town placements |
| Redesign community mental health teams | Develop locality based services with enhanced triage and liaison capacity, supported by clear pathways so that people access the right support and treatment |
| Redesign and improve acute care services | Redesign our acute services, including developing alternatives to hospital care so that people receive care as close to home as possible and are no longer referred out of Sheffield. |
| Enhance community services for people with dementia | Implement a more specialist emergency respite service to better respond to people's needs when their existing support can not cope and prevent their admission to hospital and nursing homes. |
| Responsive and flexible community support | Provide personalised social care support that people want to buy using their resources under self-directed support. |

Develop new services and grow our business

The new service developments will lead to improved care and cost effective outcomes for the health and social care economy in Sheffield.

Programme aims

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| Reducing costs for Sheffield | Provide better quality and more cost effective care locally in Sheffield. Achieving better outcomes and saving money. |
| Integrate psychological care within mainstream provision | Extend the provision of psychologically informed services and care within the acute sector and primary care. Achieving better outcomes and reducing demand on expensive resources. |

Specific Programmes

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| Provide alternatives to out of town care | Develop services and deliver new service models that increase the provision of community based care, return people to Sheffield and reduce the future need for care out of town. |
| Improve Liaison services for older people | Improve the range of services for people receiving medical hospital care who are at risk of unnecessary or prolonged admissions and support earlier discharge. |
| Provide services to meet long term conditions | Deliver and pilot new services to deliver psychological therapies for people with long term conditions and unexplained symptoms. |
| Improve access to alcohol support and treatment | Increase awareness and access to services and develop new approaches to providing for people's needs for screening, assessment and support. |

Deliver our service improvement programme

There is significant potential to deliver improvements in quality, safety, experience and cost effectiveness in how our services are organised and delivered at team level. We have in place a number of initiatives to support this.

Specific Programmes

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| Developing care pathways | Improve use, adoption and adherence to care pathways across services to deliver improved outcomes |
| Energise for Excellence | To support our quality improvement plans Energise for Excellence will provide a quality improvement framework ensuring we focus on the experience and safety of the care we provide |
| Reduce bureaucracy | Improve and simplify administrative processes to reduce bureaucracy, improve responsiveness to front line service needs and deliver cost reductions. |

Develop our workforce

We will support, develop and engage our workforce to improve the delivery of high quality care.

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| Supporting our staff through change | We will support staff with adapting to new methods of service delivery and ways of working. This will include maximising redeployment opportunities. It will also include providing support for the management of our workforce more generally in terms of planning, recruitment, retention, leaving employment and sickness absence. |
| Developing our staff | We will continue to support and develop the roll-out of our new Training Programmes, and improve our approaches to appraisals. We will use technology to support this through e-learning programmes and online learning communities. |
| Engaging our staff | We will continue to engage with staff and their representatives about the changes across our services. We will enhance the scope for using technology as part of our communications plans. We will take forward actions arising from the results of the 2011 Staff Survey and continue with our “12 for 12” health and wellbeing initiative. |

Modernise our Estate

We will continue to review our estate to ensure it remains aligned to our service and financial strategies.

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| Make the best use of our estate | We will improve our utilisation rates, reducing under occupancy where it exists and we will reduce our estate where viable in line with our service plans. |
| Deliver improved environments | Our aim is to have facilities and an estate that convey respect for the individual and promote privacy, dignity and safety. |

Equality Diversity and Human Rights

We will ensure that our decisions and plans support the aims of the Public Sector Equality Duty and do not directly or indirectly discriminate and that, where relevant, they advance equality of opportunity.

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| Improve relations | The Trust will also ensure that in implementing and delivering our plans we seek to support the principle of fostering good relations between groups protected by the Equality Act 2010 and others. |
| Consider the implications and take the right action | <p>All of the proposals in this plan have been reviewed to establish what action is appropriate for each proposal, taking account of the potential impact each proposal may have in relation to the Public Sector Equality Duty.</p> <p>We will not be publishing the results of this 'equality impact analysis' separately but details will be included in proposal plans and reports on an on-going basis.</p> |
| Deliver our equality objectives | The Trust has recently published six Equality Objectives; these support the strategic aims of the Trust. The Trust Equality Objectives can be found on the Trust web site via the following link http://www.shsc.nhs.uk/about-us/Equality-Diversity-Human-Rights/Our-Equality-Objectives |

Our external environment

Section 3

The main external factors that are considered to have an impact on the Trust plans, services and business are as follows:

The way our services are commissioned is changing

Clinical Commissioning Groups, Health & Wellbeing Boards and city wide reconfiguration programmes will impact on stability of the Trust and delivery of its strategies.

There is a genuine shift to adopt city wide approaches to developing solutions to the future needs of the people of Sheffield. Broader commissioning strategy and policy both locally and nationally sees a continued focus in a shift from hospital to community models of care provision and a growing exploration of integration at the point of delivery across health and social care. This provides a renewed interest in how best to deliver community based support as the main vehicle to improve the health and wellbeing of our local population.

We have significant experience of shifting care from a hospital context to a community one, along with delivering successful integrated health and social care services across a range of partnership structures. We are in a good position to share this experience with stakeholders in Sheffield to inform how we move forward as a city wide health and social care economy.

We are reviewing our Partnership with the Council

We are reviewing the current Section 75 arrangements that govern the services we provide for the Council. This will impact on the future responsibilities and profile of Trust services.

The financial environment is challenging

We will experience significant challenges delivering our services in the current financial environment. The Council is planning £170m savings over 3 years and the 2012-13 and the NHS provides a headline inflation adjustment for non-tariff services of -1.3%

Certain vulnerable groups are less resilient to the economic downturn. In particular, people with disabilities, ethnic minorities, the poor, some single mothers (and their children), young unemployed and older people. The increased health and social care needs of these groups; the increased expectations for flexible and responsive health and social care delivery in the context of the reduction in NHS and Council spend poses a major challenge.

Competition may increase

Competition from other providers is may increase due to any qualified provider models and commissioner market testing programmes. There may be increased efforts to stimulate the local market and introduce contestability for a range of services.

Currently competition within the local economy for the Trust's health services is stable and the Trust performs well in its service delivery. The Trust has performed well in reducing Commissioner expenditure with the private sector for hospital based care and growing its income base at the same time.

Some services within the Trust operate within a more competitive landscape, such as substance misuse services and some social care services.

The way we get paid will change

The development of Clustering and Payment by Results (PbR) for Mental Health services linked to care clusters sees the introduction of new contractual frameworks in 2013-14. Our development work over the last year has ensured we are prepared for this change. We need to continue to develop our approaches with our commissioner to devise future tariff models for our services.

Some of the people who use our services will be given the money to make their own arrangements for support

Individual Budgets will support the choice and personalisation agenda, shifting purchasing and budgets for care to the individual. A proportion of the service income we currently received will be effected by individual budgets and self-directed support. We need to ensure that the services we provide are flexible, individually focused and affordable for the service user. We have well established services, that benefit currently from positive feedback from the people who use them. We will continue to develop our services to ensure they remain viable in this changing environment.

Our local population is changing

Sheffield's population will increase from 556,000 in 2010 to 600,000 in 2020. All services will experience an increase in demand. The age profile will change and there will be more older people as a percentage of the population. The number of people over 85 will increase by 31%, an extra 3,720 people from 2010 -2025 more younger people.

The range of communities from black and minority ethnic groups is broad and will increase from 17% of the Sheffield population to 23% by 2021. There is an over representation of people from these communities living in the cities most deprived areas.

Our service models are increasingly focussed on delivering quick access to shorter-medium terms packages of recovery orientated support and treatment. The focus will be to enable more people to continue with their lives independently from secondary services, supported by a broader network of community resources.

The Trust has a range of supporting plans and strategies in place to reduce the potential for the identified issues to have an impact. Alongside this a range of risk assessments and risk registers are in place relating to the Trust's day to day operations. The Boards Assurance Framework provides the overall framework for the key issues and a structure for the Board to re-assess levels of concern on a periodical basis.

Section 4.1. Quality

We consistently fare well compared to other Organisations in service user surveys, staff attitude surveys and reports from our regulators. Many of our services have been visited and evaluated by the Care Quality Commission. We consistently receive feedback highlighting that the care they observed was person centred and dignified. When they have identified areas we need to address we have taken action immediately. Service user feedback about the support and care we have provided them has identified we have been in the top 10% of mental health trusts for the last 2 years for our mental health services. We are a high performing organisation having consistently delivered the national standards asked of us across our services for primary care, learning disabilities, substance misuse and mental health. National staff surveys highlight that our staff feel more engaged with the Trust than average and our staff are more likely to recommend us as a place to work or receive treatment in than the average for the NHS as a whole.

Our governance arrangements and structures support us to focus our efforts on improving the quality and effectiveness of what we do, and deliver on the objectives we have set. The assurance processes the Board utilises can be summarised as follows:

ENGAGE & LISTEN: Ensuring we understand the experience and views of those who use our services so we can make the right improvements

- Our Governors and membership share their experiences and views and inform our plans for the future.
- We use a range of forums where service users come together to help us develop our services.
- We use a range of approaches to seek the views of individuals who use our services such as surveys and development sessions.
- We have prioritised the development of service users to survey other service users about their experiences as this will give us much more reliable feedback in the future.

DELIVER BEST PRACTICE: Ensuring the care and support we provide is guided by what we know works

- We have a NICE Implementation programme to ensure we appraise our services against the available best practice and develop improvement plans.
- We have developed a range of care pathways across services so we are clear about what we expect to be provided in respect of standard practice.
- We have an established Audit programme that evaluates how we deliver care against agreed standards
- Regular Quality Improvement Group forum brings clinicians and managers together to share best practice

MONITOR & ASSESS: Ensuring we evaluate how we are doing

- We have a team governance programme that supports each service to reflect on how they perform and agree plans for development
- We have prioritised the provision of information to teams so they can understand how they are doing, and we continue to improve our ability to provide them with the information they need
- We periodically self-assess our services against national care standards with service users, members, governors and our non-executive directors providing their views through visits and inspections

WORKFORCE DEVELOPMENT & LEADERSHIP: Supporting and developing our staff to deliver the best care

- We have an established workforce training programme that aims to support our staff with the skills, knowledge and values to deliver high quality care
- We have a well established culture and programme of developing our clinical and managerial leadership teams to support them to deliver improvements in care
- We use a range of service improvement and system improvement models to help us deliver the changes we wish to see, we continue to increase our ability to do this

The above processes support the Board's assessment of the quality of its services. The Quality Assurance Committee provides assurance to the Board on the quality of care and treatment provided across the Trust by ensuring there are efficient and effective systems for quality assessment, improvement and assurance and that service user and carer perspectives are at the centre of the Trust's quality assurance framework. A number of committees/groups report to the Quality Assurance Committee such as the Medicines Management Committee, Infection Control Committee, Safeguarding Adults and Children and Psychological Therapies Governance Committee, among others. The Service User Safety Group has a particular role in reviewing risks to the safety of service users, staff and the public.

We established our priorities for quality improvement in February-March of 2012. The people who use our services and the membership of our foundation trust have been instrumental in deciding what our priorities are. When we identified our priorities we agreed a two year plan to deliver improvements over the longer term.

In order to establish these areas as our priorities our Board of Directors

- Reviewed our performance against a range of quality indicators
- Considered our broader vision and plans for service improvement
- Continued to explore with our Council of Governors their views about what they felt was important
- Engaged with our staff to understand their views about what was important and what we should improve

We then consulted on our proposed areas for quality improvement with a range of key stakeholders. These involved our local Clinical Commissioning Group, Sheffield City Council and members of LINK (now Healthwatch). Detailed information regarding performance and benchmarking is summarised in our Quality Account. Our plans for quality improvement are summarised below.

| | |
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| Strategic priority: Improve quality, safety and experience of our services for people who use our services and their carers | |
| To reduce the harm experienced by service users from falls | |
| <u>Key development actions</u> Implement standardised screening tool for falls for all older people admitted to inpatient areas Monitor the use of the screening tools Carry out environmental falls risk assessments in all inpatient and residential area | <u>Objectives and outcomes</u> Ensure falls that result in harm do not exceed 439 (our original two year target) Ensure people admitted to our older adult wards are assessed for risk of falling and monitor this effectively. Evaluate the use of assistive technology, such as the bed and chair sensors Implement the risk assessment process (MFRA) to the residential care services that we provide support to. |
| To improve the identification and assessment of physical health problems in at risk groups | |
| <u>Key development actions</u> Continue to build awareness and engagement across our services to ensure we deliver appropriate assessments, use the right tools to understand clients needs and promote access to the range of primary and specialist services to support physical wellbeing The priorities for this year are continued work to improve the physical health of service users by focussing on; | <u>Objectives and outcomes</u> Smoking - Offering advice guidance and referrals to the smoking cessation service to decrease smoking amongst service users Alcohol - Provide alcohol screening across services to ensure timely referral to appropriate services Obesity - provide advice and support to address the issue of poor lifestyle choices, encouraging healthy diet and exercise Diabetes - To ensure those at risk, in particular those individuals who may experience weight gain due to their medication or lifestyle choices, are effectively screened for the risks of diabetes and are offered appropriate treatment, advice and guidance Dental - To ensure that Dental Care is included in both physical and lifestyle assessments and that access to dental care is made more readily available Physical Health Checks and annual health checks for vulnerable service users - Ensure that all service users have appropriate physical health checks, whether completed by our services or within our partner organisations |

| To reduce the incidence of violence and aggression and the subsequent use of restraint and seclusion | |
|--|---|
| <p><u>Key development actions</u></p> <p>Implement a range of new policy guidance that defines and supports expected practice, incorporating all our learning over the last 2 years.</p> <p>Implement a programme of practice reviews focussing on seclusion, de-escalation, physical health monitoring, post-incident reviews, use of green rooms</p> <p>Continue with our staff training programme</p> <p>Undertake a review of staff experiences of delivering care and how we can better support them to deliver respectful and compassionate care</p> <p>Complete an initial assessment of the experiences of service users and staff in out non-residential and inpatient settings</p> | <p><u>Objectives and outcomes</u></p> <p>To reduce the number of incidents of violence and aggression after staff on ward areas have completed the Respect training, and sustain the reduction over the next 2 years</p> <p>To reduce the use of seclusion and restraint over the next 2 years</p> <p>To increase the percentage of service users and staff in acute wards who report experiencing a safe environment in local surveys</p> <p>To reduce the number of staff reporting that they have experienced physical violence, harassment, bullying or abuse from service users, relatives or the public in the CQC Staff Survey over the next 2 years</p> |
| To improve the experience of first contact with the Trust | |
| <p><u>Key development actions</u></p> <p>To ensure that peoples first experience of contact or involvement with the Trust's services is positive and does not add to client difficulties or stresses.</p> | <p><u>Objectives and outcomes</u></p> <p>Continue with the Respect development programme for new staff and the 15 Steps Challenge to support the delivery of improved experiences.</p> <p>Continue to review service user experiences through local surveys.</p> <p>Complete the review of the range of information we provide to service users and agree improvements</p> <p>Focus on supporting service users to access our services quickly. To support this we will confirm improvement targets in respect of our IAPT services (assessed within 4 weeks of referral) and our Community Mental Health teams (assessed within 2 weeks of referral) and establish targets for our Memory services (see Quality Objective 5)</p> |

| To improve access to the right care for people with a dementia | |
|--|---|
| <p><u>Key development actions</u></p> <p>Improve the access to diagnostic and specialist services for people with dementia to improve outcomes and provision of on-going community based support.</p> <p>Improve awareness of the experiences of people with dementia to inform on-going service development priorities, awareness raising and health promotion.</p> | <p><u>Objectives and outcomes</u></p> <p>We will review the options to deliver real improvements in waiting times for our memory services and will confirm the targets we wish to deliver upon. We will then report on this in next years Quality Account, along with the progress we have made.</p> <p>We will work with GP practices in Sheffield, and the Clinical Commissioning Group to support more people who have been assessed for memory problems to receive their on-going monitoring with their GP, rather than needing to attend a specialist service.</p> <p>Evaluate the effectiveness of the pilot liaison services into the local general hospital and agree future needs</p> <p>Build on the 'Involving People with Dementia Project' and introduce more ways to gain regular feedback from people with dementia. Use the 'Voice of Dementia' film to support awareness raising and training for members of the public and staff across Sheffield working in relevant sectors</p> |
| Continue to develop Recovery as an underlying philosophy within the organisation | |
| <p><u>Key development actions</u></p> <p>Develop options to support the establishment of a Recovery College</p> <p>Develop and implement Recovery as part of our approach to organisational change</p> | <p><u>Objectives and outcomes</u></p> <p>Recovery strategy with supporting implementation plans approved by the Board. Engagement, development and transformation programme in place for the following four key areas</p> <ul style="list-style-type: none"> • Culture • Services • Practice • Workforce |
| Strategic priority: Develop pathways and service models to deliver improved choice, and better outcomes | |
| Mental Health Clustering (MHC) Payment by Results (PbR): | |
| <p><u>Key development actions</u></p> <p>Continue to prioritise / deliver on national & local MHC / PbR requirements.</p> | <p><u>Objectives and outcomes</u></p> <p>100% of Service Users where MHC is applicable to be assessed using the MHC Tool</p> <p>95% of Service Users allocated to a Care Cluster</p> <p>Clustering Data used to inform required: resources / skill mix / clinical / service interventions in preparation for costing care clusters</p> |

Section 4.2. Service development

Our agreed service development priorities will ensure we progress towards our strategic priorities to

Improve the quality, safety and experience of our services for people who use our services and their carers

- *Ensure care and support is delivered as locally as possible*
- *Reduce the complexity of navigating across services*

Implement our transformation programme to deliver improved quality and efficiencies

- *Improve outcomes and reduce inefficiencies*

Manage developments and new service developments to increase the Trust's business

- *Ensure care and support is delivered as locally as possible*
- *Improve outcomes and reduce inefficiencies*

| Develop community services for people with learning disabilities and complex needs | |
|--|---|
| <p><u>Key development actions</u></p> <p>Develop improved services for people with challenging and complex needs by providing intensive support to people in the community and so reducing the need for hospital care and out of town placements</p> | <p><u>Objectives and outcomes</u></p> <p>Commission and open a new community based facility to support the delivery of integrated care</p> <p>Increase capacity within community services to support the return back to Sheffield of people with complex needs to more appropriate community oriented support packages</p> <p>Agree plans for the future provision of Respite services within more appropriate facilities and environments</p> <p>Reduction in levels of breakdown of clients existing provider packages maintaining people in their existing support packages, complemented by return to Sheffield of clients currently cared for out of town.</p> |

| Acute Care reconfiguration | |
|--|---|
| <p><u>Key development actions</u></p> <p>Redesign our acute services, including developing alternatives to hospital care so that people receive care as close to home as possible, are no longer referred out of Sheffield. and receive inpatient care that is safer, more therapeutic and of higher quality</p> | <p><u>Objectives and outcomes</u></p> <p>Continue to enhance care pathways across the whole age range establishing consistent delivery of care standards for people experiencing an acute mental health crisis</p> <p>Open a new Crisis House within Sheffield supporting up to 300 people over the year to receive support while in a crisis in a less restrictive and more community appropriate setting. Integrate the telephone helpline service within the Crisis House to ensure we can continue to deliver this service in the longer term.</p> <p>Deliver reduced occupancy across inpatient services (95%) and no out of town admissions unless clinically appropriate.</p> <p>Introduce Ward based Psychologist to support improved therapeutic care and treatment</p> <p>Commence development of new Psychiatric Intensive Care Unit (ITS) to support increased provision from 8 to 10 beds and a significantly improved environment of care</p> <p>Combined savings of £568,000 from reduced costs for out of town care</p> |
| Community mental health team services | |
| <p><u>Key development actions</u></p> <p>Develop locality based services with enhanced triage and liaison capacity, supported by clear pathways so that people access the right support and treatment</p> | <p><u>Objectives and outcomes</u></p> <p>Continue to support practice and service improvement across the new community model</p> <p>Incrementally improve performance so that all clients receive assessments within 2 weeks and plans of care within 6 weeks of referral</p> <p>Increase effectiveness of primary care liaison so that referrals are appropriately supported at the primary care level</p> <p>Ensure all clients supported benefit from clear recovery orientated plans of care</p> |

| Community and respite services for people with dementia | |
|--|--|
| <p><u>Key development actions</u></p> <p>Develop a more specialist emergency respite service to better respond to people's needs when their existing support can not cope and prevent their admission to hospital and nursing homes.</p> | <p><u>Objectives and outcomes</u></p> <p>Re-design the existing Resource Centres to deliver enhanced care and support to people who will continue to need respite support when their existing support packages are vulnerable</p> <p>Reduce building capacity to better make use of resources to support extended community provision</p> <p>Increase and extend community based support to deliver personalised care within community settings</p> <p>Combined savings of £707,000 from reduced building related support and bed based care costs</p> |
| Improved support for people's general health within Sheffield | |
| <p><u>Key development actions</u></p> <p>Provide solutions at the primary care level to meet peoples physical, psychological and social care needs. Develop new services to meet the needs of people with long term conditions.</p> | <p><u>Objectives and outcomes</u></p> <p>Extend the range of provision and services provided through General Practice (Clover) to provide improved access to local population.</p> <p>Continue to extend the provision of Case management services to provide more co-ordinated support for people with long term neurological conditions</p> |
| Improved liaison services for older people receiving general medical treatment in hospital | |
| <p><u>Key development actions</u></p> <p>Develop and expand the range of specialist liaison services for older people focussing on care and treatment while an inpatient and improved discharge support and after care</p> | <p><u>Objectives and outcomes</u></p> <p>Continue to re-develop care pathways to support the delivery of high quality care and improved outcomes for people with a dementia in the acute hospital setting</p> <p>Support the delivery of revised care pathways to reduce the need for existing hospital based services if evaluated as appropriate</p> <p>Combined savings of £1,002,000 from reduced bed based costs</p> |

| Reducing need for Out of Town care | |
|--|--|
| <p><u>Key development actions</u></p> <p>Expand current services and develop new models to reduce current high levels of out of town care improving quality, experience and cost effectiveness to local health economy</p> | <p><u>Objectives and outcomes</u></p> <p>Extend provision of PICU services, introduce Crisis House services and improved admission avoidance services for older people</p> <p>Develop plans and agree implementation of new service models for community based rehabilitation services to reduce dependency on out of town secure rehabilitation services</p> <p>Develop services for people with learning disabilities and complex needs</p> <p>Increased income of c£3-6m over the next 2 years to the Trust to support new service models for mental health care.</p> |
| Services for people with long term conditions and medically unexplained symptoms | |
| <p><u>Key development actions</u></p> <p>Develop and pilot new service models under the national Pathfinder programme to deliver improved access to psychological treatments for people with long term conditions and medically unexplained symptoms</p> | <p><u>Objectives and outcomes</u></p> <p>Extend current pilot model to evaluate needs and benefits of integrated provision within primary care teams. Continue with the pilot model of practice level support for people with medically unexplained symptoms.</p> <p>Service development and rollout programme into 2013-14 and 2014-15 that delivers real and demonstrable positive client benefit and health improvement alongside efficiencies and cost reductions to health and social care economy.</p> |
| Advice and assessment services for alcohol | |
| <p><u>Key development actions</u></p> <p>Increase awareness/access to services and develop new approaches to provide for people's needs, screening, assessment and support.</p> | <p><u>Objectives and outcomes</u></p> <p>Improve arrangements to support access to support and advice across a range of agencies</p> |

Section 4.3. Workforce

The focus of our workforce plan is to support the delivery of high quality care by improving the experiences of our staff.

| Supporting Staff Through Change - Workforce | |
|---|---|
| <p><u>Key development actions</u></p> <p>Ensure the HR teams and structure supports staff and Trust services through reorganisations and reconfigurations</p> <p>Ongoing review of HR departmental structure to ensure it is best placed to support the future organisation configuration and achieve departmental QIPPS</p> <p>Strengthen Workforce Information team to support increased reporting arrangements</p> <p>Continue to implement E-Rostering and introduce systems to manage Flexi staff usage and a cost management analysis system</p> <p>Fully utilise E-Rostering and ESR HRMS systems with systematic trend analysis</p> <p>Maintain register of Redeployments & potential redundancies through organisation change</p> <p>Management of third party contracts for HR aligned services – (Occupational Health, Victoria Pay Services, Workplace Wellbeing)</p> <p>To introduce a Casework register for closer analysis of Disciplinary / Grievance cases</p> | <p><u>Objectives and outcomes</u></p> <p>Implement and support e-Rostering roll-out in line with project plan timeline</p> <p>KPI – Redeployment Register – number of people on it, additions, redeployees, average length of time on the register on an on-going basis, MARS programmes</p> <p>Proactively manage staff on Redeployment & Redundancy registers through Vacancy Control Panel and HR Business Partners in line with Trust developments to maximise redeployment and minimise compulsory redundancies</p> <p>To improve HR & Workforce report to include additional KPIs, and to support the introduction of further changes to workforce through e-rostering changes</p> <p>To achieve a reduction year on year for the provision of these 3 externally provided services</p> <p>Introduce a central register for analysis of casework by HR team to by end Quarter 2 to allow analysis of workforce issues</p> |

| Staff Engagement | |
|---|---|
| <p><u>Key development actions</u></p> <p>Analysis of Staff Survey to identify and address improvement areas</p> <p>Develop communications plan and department functions</p> <p>To further develop the Equality & Diversity agenda in line with NHS reporting systems</p> | <p><u>Objectives and outcomes</u></p> <p>Communicate outcomes of Staff survey to staff and develop improvement plans in 3 key areas by end Quarter 2</p> <p>Enhance communications plan including Web 2 technologies and social media</p> <p>Improve the health & well-being of staff through the various programmes and groups, such as the development of 'fast-track' Occupational Health Mental Health & Muskulo-skeletal schemes, and pro-active management of staff off work due to stress-related illnesses. Supplement the '12 in 2012' project in conjunction with charity support in line with regional timeline and plans following successful completion of the programme</p> <p>To ensure ongoing development of E&D initiatives including emphasis this year on Disability</p> |
| Employee Relations | |
| <p><u>Key development actions</u></p> <p>To manage any Employment Tribunals in order to reduce Trust exposure</p> <p>Analyse reasons by location / service / department for Disciplinary and Grievance</p> <p>To review Trust policies and ensure relevance to future provision</p> <p>Review payroll contract and reduce cost of the contract for this service from payroll providers</p> <p>Implementation of pension changes under Auto-enrolment</p> <p>To introduce additional Salary Sacrifice schemes to supplement existing schemes</p> <p>Implement the national changes to Agenda for Change Terms and Conditions</p> | <p><u>Objectives and outcomes</u></p> <p>Maintain systematic processes through HR Department structure for line management in order to minimise Employment Tribunal claims and reduce year on year</p> <p>On on-going basis, proactively analyse reasons on monthly basis to identify location / service / departmental issues</p> <p>Achieve reduction in cost of payroll services by end Quarter 3</p> <p>To ensure all staff are communicated to regarding their options under Auto-enrolment and implement suitable alternative (NEST)</p> <p>Introduction of salary sacrifice scheme for Cars, and other similar schemes</p> <p>Implement the changes for removal of payment of enhancements on sick pay with immediate effect</p> <p>Develop plans for roll-out of Staff Performance to be implemented alongside pay progression plans across the whole workforce</p> |

Sickness Absence & Staff Turnover

Key development actions

Develop Occupational Health and Wellbeing review to improve service delivery including Mental Health work stream

Carry out monthly review of individual absence levels to identify and target improvement

To introduce an automated 'trigger-point' notification process via Electronic Forms regarding sickness absence data collection

To continually manage staff turnover on a voluntary / involuntary basis and identify issues regarding staff turnover

Continue benchmarking NHS and external organisations

Implement systematic process for Recruitment activity – automation

Develop plans for Trust wide savings on ways of working as part of OVIC (Optimising Value) workstream 5

Objectives and outcomes

Analyse short-term / long-term absence levels to identify trends and reduce % absence year on year and measure the number of referrals to occupational health / workplace wellbeing services

To achieve target absence level or less (5.1%) over rolling 12 month period and on-going

Confirm plans for future Occupational Health (Mental Health) and Workforce Wellbeing service provision (including training modules) by end of Quarter 1

Pro-actively manage Trust worst staff attenders monthly by individual review (approx. 30 staff per month)

Identify any 'hotspots' regarding location / service / department / reason for absence

Achieve target 'voluntary' staff turnover of 8% (+/- 5%) over 12 month rolling period

Maintain key metrics of – retirements, starters/leavers, salary bands, roles, voluntary/involuntary leavers on-going for trend analysis

On-going analysis of number of vacancies, number filled internally/externally to Trust, and introduce KPI to measure success of Recruitment processes of 'time taken from closing date to offer'

Enhancement of HR & Workforce report and plan to Board to support HR performance reporting and develop KPIs including Mandatory training

Analysis of information provided by introduction of e-rostering to more work groups and Directorates - ongoing

Education, Training , & Development

Key development actions

Make the best use of available resources and explore different models of education delivery and commissioning which generate income.

Provide Board assurance and risks related to compliance with mandatory training and performance review to meet our regulatory requirements

Increase the use of electronic technology (e.g. e-learning, discussion forums, intranet) and systems to make administration and recording more efficient and accessible

Implement the Quality framework for planning, delivering and evaluating education, training and development – ensuring we have effective systems to measure outcomes and training standards.

To improve the level of PDR completion Trust wide and address areas of the Trust with low completion rates for Appraisals

Objectives and outcomes

Generate 5% of the overall Education and Training budget as income related to the delivery of education programmes.

Reach the 80% mandatory training target for fire, hand hygiene, and Level 3 Respect and agreed target compliance for other mandatory NHSLA training

To introduce electronic data capture for collation of Appraisal completion by line managers and achieve target compliance by end Quarter 3

Increase the total Number of e-learning Completions throughout the year

Implement a 'whole workforce' led planning cycle with outcomes and cost measures for major programmes of learning and ensure organisational priorities drive the commissioning and delivery of training

Continue the recruitment and development of Apprentices and build on existing successes on an on-going basis

To introduce objective, robust systems for the proactive support for PDR completion by line managers by end Quarter 2

Section 4.4. Financial plans and effectiveness

The Trust's financial strategy is shaped by the environment within which we are delivering our services and the direction of travel we have outlined for our service developments and quality improvement. The overarching principles and goals that shape the Trust's financial strategy are

- To maintain a financial risk rating of 3 and to maintain a 2% Income Surplus margin to contribute towards planned future capital investment.
- To effectively and robustly manage our financial over the medium term as we expect to diminish the net return after financing and liquidity ratios as we start to expend our cash holdings in support of our capital expenditure programme.
- Realistic assumptions underpin our strategy in respect of growth, adopting a measured approach to the future. This measured approach to what underpins the financial plan does not detract from our objective of maximising growth opportunities.
- Service improvements will be delivered through efficiency and change as opposed to additional investment to the Trust. Our CIP programme provides for an additional resource and fund to support internal investment plans and our capacity to develop and expand our business in response to developing commissioning strategies.
- Maintaining a sound awareness of our cost base across our service and business units as to support our understanding of the services and products we deliver and identify future improvement opportunities. The associated development programmes to progress the implementation of service line reporting and payment by results within mental health services will complement this approach.
- To undertake a thorough viability appraisal of all contracts as part of the optimising value in care programme to deliver cost improvements, ensuring the relative contribution of all service lines is transparent and that full cost recovery and surplus is achieved unless directed otherwise from the Board.

The main areas that the Trust has identified for productivity and efficiency gains are summarised as follows:

- *Whole system management:* formal management of previous out of town care provision on behalf of the CCG for defined client groups. Through better management across the care pathway and more clinically led assessment and reviews of client needs we are reducing levels of out of town care and delivering efficiencies from a previous spend by Sheffield CCG of over £5 million. We have increased our income by £4.1 million as part of the new arrangements to support more effective pathway management. We plan to build on this further.
- *Improving community alternatives:* Our strategic review of services and needs have identified that many inpatient and bed based services are utilised due to lack of accessible, and effective community based alternatives. We are developing and increasing our capacity across

liaison services, home support and alternatives to inpatient care to allow us to reduce further our dependency in inpatient and bed based services.

- *Simplifying pathways and access arrangements:* We have a range of programmes that are focussed on reviewing existing care pathways and re-designing to introduce simpler more leaner processes that are focussed on delivering quick access to high quality assessments and devising primary care level support plans where appropriate.
- *Technology:* We have a well developed information technology programme that is actively supporting mobile working to inform options for future efficiency solutions.

| Scheme | Scheme description including how scheme will reduce costs | Underpinning IT / information or management systems | Total savings £m | Phasing over three-year period (£) | | | Has the scheme been subject to a quality impact assessment (Y/N) | Who is responsible for signing off on the quality impact assessment | Key measure of quality for plan | Scheme Lead |
|-------------------------------|---|---|------------------|------------------------------------|-------|-------|--|---|---|---|
| | | | | Yr. 1 | Yr. 2 | Yr. 3 | | | | |
| Joint QIPP programme with CCG | Delivering additional efficiencies and savings to CCG through pathway redesign, care pathway management, efficiencies and shift to re-ablement, prevention and primary care | No major impact | £5.3m | £1.5m | £1.6m | £2.2m | Yr1 have been commissioning lead decisions | NA | Reduced care delivered in inpatient/ residential setting, more community appropriate care delivered User feedback and experiences | Service & Clinical Director or Director of Service per scheme Deputy Chief Executive & Director of Finance as Board Lead |
| Specialist Services | General efficiencies through pathway redesign, efficiencies and shift to re-ablement, prevention and primary care | No major impact | £1.5m | £1.5m | | | Yes all Yr 1 schemes have been QIA'd and reported to the Board | Board as advised by the Trust Medical and Nursing Directors | Reduced waiting times and duration of care Re-admissions rates for community care User satisfaction and experience Increased care provided in community settings | Service & Clinical Director per scheme Chief Operating Officer / Chief Nurse is Board lead |

| | | | | | | | | | | |
|--|---|-----------------|-------|-------|-------|-------|--|---|--|---|
| Other Clinical | General efficiencies through pathway redesign, efficiencies and shift to re-ablement, prevention and primary care Terms and Conditions Changes | No major impact | £2.3m | £1.1m | £0.6m | £0.6m | Yes all Yr 1 schemes have been QIA'd and reported to the Board | Board as advised by the Trust Medical and Nursing Directors | Reduced waiting times Reduced duration of care Re-admissions rates for community care User satisfaction and experience Increased care provided in community settings | Service & Clinical Director per scheme Chief Operating Officer / Chief Nurse is Board lead Director of Human resources Lead on Terms & conditions |
| Corporate Services | Efficiencies and cost reductions delivered through streamlined processes, reduced bureaucracy and improved use of technology | No major impact | £2.m | £0.8m | £0.6m | £0.6m | No | Na | No service disruptions | Service Directors per scheme Deputy Chief Executive |
| Acute – largely Acute Care Reconfiguration | Improved care pathways, increased community care provision reducing dependency on inpatient care especially out of town | No major impact | £1.3m | £0.7m | £0.6m | | Yes Business Case approval | Board as advised by the Trust Medical and Nursing Directors | Re-admission rates Bed occupancy Incident rates Service user feedback and experience Reduced out of town provision Increased community based activity | Service & Clinical Director per scheme Medical Director is Board lead for ACR Chief Operating Officer / Chief Nurse is Board lead for general schemes |

Leadership and governance

Section 5

The Board has an established programme of self-evaluation and appraisal, complemented by an annual review of its progress and performance with our Governors. During 2011/12 the Board benefited from an external review of its governance structures, undertaken on our behalf by PricewaterhouseCoopers. This review examined the arrangements within the Trust to support the delivery of our quality, development and financial plans alongside our processes for performance and risk management. Alongside this we also undertook an external review of our operational delivery structures.

Informed by these reviews we made a range of improvements last year to our governance structures and leadership capacity. This is characterised by new management structures, new Director portfolios and agreed plans to further strengthen the existing capacity to support medical leadership at this time of significant change.

The Trust's approach to leadership is characterised by shared clinical and managerial partnerships at all levels of our organisation. This is supported by on-going plans to continue to build the capacity and capabilities across the whole of our organisation and not just at the top. Recognising the challenging change programme before us our development programme is aligned to support the leadership needs of the services delivering our key service change and improvement programmes

In the context of the Board assessment of the Trust's current leadership and governance arrangements, and the needs in the future to deliver the three year plan, the priorities for leadership and governance development within the Board and the Trust are;

- Building on effective stakeholder engagement and feedback to the Board
- Building leadership capabilities and capacity to lead across organisational boundaries in support of Trust direction
- Appropriate capacity to support and direct the delivery of change programmes
- Ensuring robust decision making during periods of complex change

In the context of the Board assessment of the Trust's current leadership and governance arrangements, and the needs in the future to deliver the three year vision, the following summarised the priorities for leadership and governance development within the Board and the Trust

| Key leadership and governance priorities | Key risks (and gaps) | Actions to rectify / mitigate | Milestones |
|---|---|---|---|
| <p>Building on effective stakeholder engagement and feedback to the Board</p> | <p>Board or Directors not benefiting from effective external challenges and input regarding quality and effectiveness of services and on-going development strategies</p> <p>Failure to support further Governor development limiting robustness of Council of Governor challenge and contributions to Board awareness, thinking and planning</p> | <p>Councillor of Governor development programme to support challenge</p> <p>Continuation of open Board meetings</p> <p>Executive to Executive forums between Trust and key commissioners</p> <p>On-going development of Board appraisal processes</p> <p>Development of Quality Check process and trust performance framework</p> | <p><u>2013/14</u></p> <p>Review of effectiveness of Governor engagement and representation of Membership</p> |
| <p>Building leadership capabilities and capacity to lead across organisational boundaries in support of Trust direction</p> | <p>Effective Board and senior team leadership across organisational boundaries is a key factor to achieving change and shared benefits in support of health and social care gains and improvements for local populations</p> <p>Risks that financial environment, system reform and reconfiguration and organisational interests undermine effective delivery of improvement strategies</p> | <p>Board to Board equivalent development sessions in place with key partners (Sheffield CCG, City Council, Sheffield Teaching Hospitals)</p> <p>Building and sustaining organisational relationships key focus of Board development time</p> | <p><u>2013/14</u></p> <p>Alignment of leadership priorities across health and social care communities</p> <p>Trust vision and strategies remain coherent and relevant to broader leadership community</p> |

| Key leadership and governance priorities | Key risks (and gaps) | Actions to rectify / mitigate | Milestones |
|---|--|--|--|
| <p>Appropriate capacity to support and direct the delivery of change programmes</p> | <p>Change requirements not progressed due to lack of capacity</p> <p>Leadership capacity within Trust is distracted and unfocussed on achieving change through innovations and improvement methods</p> | <p>Board level responsibility for change programmes supported by strengthened programme management approach</p> <p>Robust change processes to support projects re planning, engagement, support and delivery</p> <p>Shared leadership model extended to team level with enhanced clinical leadership in place, complemented by further OD support to improve delivery of change and engagement within community/primary care services.</p> | <p><u>2013/14</u></p> <p>No critical incidents highlighted due to poorly implemented change</p> <p>Business case outcomes realised</p> |
| <p>Ensuring robust decision making during periods of complex change</p> | <p>Under developed analytical approaches/ use of available information risks flawed decision making around key change priorities</p> | <p>Review of information functions across the Trust</p> <p>Development of management information reporting to provide accessible information</p> <p>Requirements re clear '<i>case for change</i>' at the core of business case developments</p> <p>Programme to build organisational capacity re change management, project management, use of information and supporting analysis as part of QIPP programmes</p> | <p><u>2013/14</u></p> <p>No critical incidents highlighted due to poorly implemented change</p> <p>Business case outcomes realised</p> |

Risks Section 6

The table below outlines the current risks that may have an impact on the delivery of our requirements and responsibilities.

| Key regulatory risks | Nature of risk | Actions to rectify / mitigate and responsibilities | Measures 2013/14 & 2014/15 |
|-------------------------------|---|---|--|
| 1. Service performance | <p>Compliance with governance/ regulatory standards</p> <p>The Trust is fully compliant with all targets and fully registered with the Care Quality Commission without any conditions for both health and social care services.</p> <p>Positive CQC inspections during 2012/13.</p> <p>Service change programmes and service pressures may create vulnerabilities to future performance. There may be a future risk to compliance should unforeseen changes arise. Planned reconfiguration within key service areas.</p> <p>SEVERITY – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p> | <p>System capabilities in place, supported by a range of protocols and pathway guidance and requirements.</p> <p>Internal assessments of compliance against CQC standards via Quality Check programme. Strong programme of audit and self-assessment in place.</p> <p>Plans in place to deliver ongoing improvements across key agendas such as improve estate (eg ISS), reduce service pressures (eg Acute care and reduced out of town) and reduced bureaucracy / improved productivity</p> <p>(Dir. of Ops and Dep. CEO)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u></p> <p>Compliance with all governance and performance standards during year</p> <p>Compliance with Licence</p> |

| Key regulatory risks | Nature of risk | Actions to rectify / mitigate and responsibilities | Measures 2013/14 & 2014/15 |
|--------------------------|--|--|--|
| <p>2. Quality</p> | <p>Care provision falls below standards expected from service users and carers</p> <p>Range of positive arrangements in place across services – development of care pathways, internally generated care standards, improved provision of team level information to support team performance reviews. Clustering programme will see further development of standards based on range of client needs.</p> <p>Programme of quality review and reporting to QAC and BoD in respect of service quality.</p> <p>Need to ensure current performance does not deteriorate in response to ongoing service demands and change programmes.</p> <p>SEVERITY – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p> | <p>Quality impact assessments of all key service change programmes to assess implications</p> <p>Revised procedures implemented towards end of 2012/13 will further strengthen learning processes from incidents and complaints</p> <p>Key development programmes will deliver improved estate in key areas (ISS) and reduced pressures on services (Acute care)</p> <p>Key advantages already in place re broad service user engagement and involvement cultures will be further strengthened with plans to improve service user monitoring of services and experiences.</p> <p>(Dir. of Ops and Dep. CEO)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u> Full compliance maintained</p> <p>'Excellent' PLACE assessments</p> <p>Reduction in numbers of SUI's and Complaints, increased compliments.</p> <p>Positive feedback from service users</p> <p><u>2014/15</u> As above</p> |
| <p>3. Quality</p> | <p>Care is unsafe</p> <p>Key priorities in respect of service user safety have been identified in Falls, Violence and Infection control. Reducing harm caused from falls, and reducing incidents of violence are defined quality objectives for the Trust.</p> <p>Positive progress has been made over 2012/13 (see Quality Account), delivering reduced incidents of harm from falls, and incidents of seclusion and restraint.</p> <p>Progress needs to be sustained.</p> <p>SEVERITY – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p> | <p>Ongoing development programme of quality improvement in place in respect of falls and violence.</p> <p>Improvement resources in place to support service capacity to review, change and maintain/ deliver intended improvements</p> <p>Prioritisation of initiatives supported through CQUIN programme with Sheffield CCG fully endorsing Trust priorities.</p> <p>(Dir. of Ops)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u> Reduced rates of falls, and harm caused from falls</p> <p>Reduced incidents of violence across defined indicators</p> <p>Improved reports of service user and staff experiences re feeling safe</p> |

| Key regulatory risks | Nature of risk | Actions to rectify / mitigate and responsibilities | Measures 2013/14 & 2014/15 |
|--------------------------|--|--|---|
| <p>4. Quality</p> | <p>Access to services is not maintained resulting in long waiting and risking poor outcomes and increased harm</p> <p>Service pressures can create risks to accessing across key service areas in respect of secondary mental health care, IAPT, crisis care, memory services.</p> <p>Services have made positive progress over 2012/13 across all above areas delivering care to more people within Sheffield and reducing waiting.</p> <p>Services are vulnerable however in respect of access and waiting times to increases in demand</p> <p>SEVERITY – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p> | <p>Out of town bed pressures and bed occupancy have significantly improved during 2012/13. Further system changes re Crisis House will improve access further.</p> <p>Successful triage and screening pilots within IAPT during 2012/13 will be rolled out across all GP practices resulting in reduced waste, improved access and reduced waiting times.</p> <p>CMHT reconfiguration is delivering higher levels of responsiveness and access re primary care referrals, liaison and assessments within 2 weeks. Further improvements are to be explored.</p> <p>Further development work re memory Services is planned during 2013/14</p> <p>(Dir. of Ops)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u></p> <p>Reduction in waiting times and out of town use</p> <p>Improved bed occupancy rates</p> <p>Reduction in inappropriate admissions and improved use of home treatment</p> |

| Key regulatory risks | Nature of risk | Actions to rectify / mitigate and responsibilities | Measures 2013/14 & 2014/15 |
|--|---|--|--|
| <p>5. Maintaining financial stability</p> | <p>Commissioning strategies to deliver balanced services across health and social care may impact on future trust plans. Over last 2 years, joint approaches to QIPP programmes have provided a strong vehicle for delivering future service plans in partnership with commissioners affording a high degree of mitigation of this risk.</p> <p>Social Care finances are highly challenging. They will both impact of the general support options for the people of Sheffield and the Trusts services. They are also challenging for the Trust to deliver upon in respect of its responsibilities for defined areas of social care responsibilities.</p> <p>The Trust's change programme aligns well with commissioning priorities, focussing on recovery, self-help, enablement, being locality based in community appropriate environments. We have a growing and strong track record of delivering significant savings across commissioning and provider spend through improved pathway re-design and system management.</p> <p>The Trust needs to ensure that its service plans and their financial viability are supported by commissioning strategies. In addition, to ensure they are further explored re application and benefit to further deliver on commissioning plans in the future.</p> <p>SEVERITY – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p> | <p>Joint QIPP Programme to be sustained and strengthened as a key vehicle to deliver partnership based solutions to financial challenges.</p> <p>Improvement programmes in place across key areas to deliver future efficiencies.</p> <p>Areas identified with commissioners for exploration and joint exploitation to inform future planning and contracting.</p> <p>CIP programme defined with plans in place at service level with monthly reporting to FIC and BoD on progress against delivery.</p> <p>Programme Board for ongoing development of forward plans ensures oversight of progress and service level leadership and engagement.</p> <p>(Dir. of Ops & Dir. of Finance)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u> Trust financial plan delivered 2013/14 & 2014/15</p> <p>Future plans under QIPP approaches with CCG and Council developed that maximise benefits for Trust Strategy and Commissioning Strategies re future years.</p> |

| Key regulatory risks | Nature of risk | Actions to rectify / mitigate and responsibilities | Measures 2013/14 & 2014/15 |
|--|---|--|--|
| <p>6. Maintaining financial stability</p> | <p>Contracted services and obligations - continued compliance with delivery of required services Cost efficiency and reconfiguration programmes may create an increased risk that the Trust is not able to sustain delivery of its core contracted services.</p> <p>Commissioners have been fully engaged in our QIPP processes re revised service specifications and requirements re future commissioned activities and this should ensure we have joint agreement about future service provision</p> <p>IMPACT – MAJOR LIKELIHOOD – UNLIKELY RISK RATING - LOW</p> | <p>Existing performance monitoring and contract management processes to continue – building and sustaining positive progress over recent years</p> <p>Joint QIPP approach with commissioners ensures future service plans have joint ownership and support</p> <p>(Dir. of Ops & Dir. of Finance)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u> Full compliance and delivery of core services requirements</p> |
| <p>7. Governance</p> | <p>Membership engagement and development - failure to secure an engaged and representative membership base.</p> <p>The Trust has developed its membership base positively over the recent years however sustaining an increase in membership has proved difficult over the last year.</p> <p>We need to ensure this momentum is sustained otherwise it may compromise the effectiveness of Trust governance and accountability processes</p> <p>IMPACT – MODERATE LIKELIHOOD – POSSIBLE RISK RATING - LOW</p> | <p>Council of Governors to continue positive work on Membership engagement and development strategy</p> <p>Board to continue to fully support strategic approaches</p> <p>Alignment during year with related / supporting initiatives re volunteers, community interest and social enterprise models</p> <p>(Chair & Governors)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p> | <p><u>2013/14</u> Membership base sustained re representation</p> <p>Active Governor body</p> <p>Increased membership by 5%</p> |