

Board of Directors - Public

Date: 26th May 2021

Item Ref: 12b

TITLE OF PAPER	Annual Operational Plan for 2021/22
TO BE PRESENTED BY	Pat Keeling, Director of Special Projects/ Strategy
ACTION REQUIRED	The Board of Directors is asked to approve the Annual Operational Plan for 2021/22

OUTCOME	For the Board to be assured that appropriate plans are in place to deliver the Trust's vision and strategic aims through 2021/22.
TIMETABLE FOR DECISION	May 2021 Board Meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Covid surge planning (item 7) Strategic Direction (item 12a) Finance Report (item 16a) Board Assurance Framework - Closure of 2020/21 and agreement for 2021/22 (item 18)
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	The Annual Operational Plan supports the delivery of the Trust vision in 2021/22 and its strategic aims of delivering outstanding care, creating a great place to work, making effective use of our resources, and promoting inclusion. The Plan describes the strategic priorities and deliverables for 2021/22 year and is aligned with the Board Assurance Framework for 2021/22 (item 18)
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Long Term Plan NHS 2021-22 Priorities and Operational Planning Guidance. Integrating Care: Next Steps (November 2020) Integration and Innovation White Paper Government mandate to NHS England and NHS Improvement
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	The Annual Operational Plan describes the key actions and deliverables for services through 2021/22. The financial implications are outlined in the Financial Plan report to the Board.
CONSIDERATION OF LEGAL ISSUES	The Trust is required to develop its operational plans in line with the above policy and planning frameworks.

Author of Report	Jason Rowlands
Designation	Director of Strategy and Planning
Date of Report	19 th May 2021

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
X	X					
<p>For the Board of Directors to approve the Annual Operational Plan for 2021/22.</p> <p>Attached are the</p> <ul style="list-style-type: none"> • Annual Operational Plan 2021/22 on a page summary • Annual Operational Plan 2021/22 (final draft for approval) 						

2. Summary

Background, context, and the development of the draft Plan

The Board of Directors reviewed the draft annual operational plan in April. The report to the Board provided a summary of:

- a) The operational planning guidance, the NHS 2021/22 priorities and submission requirements.
- b) Trust business planning process within the Trust, describing how the plan has been developed.
- c) The Board development work and developing Trust direction and how this has informed the plan.

The draft annual operational plan had previously been reviewed by the Finance and Performance Committee and the Quality Committee. The People Committee reviewed the draft annual operational plan, along with the draft workforce plan submitted to Health Education England on 30th April.

Annual Operational Plan 2021/22

The Annual Operational Plan is aligned with our refreshed strategic direction, our Clinical and Social Care Strategy and our strategic priorities for the next five years. We have agreed our strategic priorities for 2021-22 as follows:

1. **Covid:** Getting through safely.
2. **CQC:** Getting back to good.
3. **Transformation:** Changing things that will make a difference.
4. **Partnerships:** Working together to have a bigger impact and improve care.

The Annual Operational plan defines the key deliverables and key actions that will be taken through 2021/22 to:

- Progress the strategic priorities.
- Deliver key actions focussed on continuous quality improvement, people plan and workforce, research and innovation, digital and informational management, systems and technology, estates and facilities, sustainability, performance and data quality, governance, service investments, demand and capacity planning.

Final draft for approval by the Board of Directors

The final draft annual operation plan is submitted for approval by the Board, with the following changes since the Board review in April:

- a) Feedback regarding workforce inequalities and the unequal experiences of staff incorporated within the People Plan key deliverables.
- b) Demand and capacity plan updated in Appendix 2 of the Plan, (also refer to the separate Covid surge planning report, item 7)
- c) Workforce Plan provided in Appendix 3 of the Plan. The workforce plan has been finalised through:
 - i. Baseline position for staff in post and funded establishment in March 2021, in line with the issued guidance regarding which services to be included within each service line. This has been provided and validated by the Workforce Information and ESR Manager and the Senior Finance Manager, Planning and Analysis.
 - ii. Workforce growth projections established and confirmed by respective operational and clinical leads for:
 - IAPT: provided and approved by Clinical Director and General Manager
 - Community Mental Health: provided and approved by Programme Manager (Primary Care Mental Health programme) and General Manager, Adult Community Services (Assertive Outreach Service)
 - Adult Community Crisis: provided and approved by General Manager, Crisis Services.
 - iii. Review and confirmation with Heads of Service and Director of Operations and Transformation.
 - iv. Confirmation of funding to support planned growth by the Deputy Director of Finance (Refer to the Finance Report to the Board, item 16a). This confirms that the planned service expansions and growth reflected in the workforce plan and demand and capacity plan are supported by the financial plan.

Increased investments agreed with Sheffield CCG as part of the operational and financial plan development to date do not include additional investments or agreements for learning disability service, which will be progressed separately.
 - v. Reviewed by Business Planning Group on 18th May.
 - vi. Final review and approval of workforce plan submission (see below) by the Executive Director of Nursing, Professions and Operations and the Executive Director of People will be undertaken in advance of submission.

The Annual Operational Plan will consist of three documents:

- a) Annual Operational Plan: a short narrative document defining the strategic priorities for 2021/22 along with supporting key deliverables across the organisation (attached)
- b) Annual Operational Plan: Plan on a Page visual (attached)
- c) Annual Operational Plan: reporting framework (to be reported separately to June Finance and Performance Committee)

NHS 2021/22 Priorities and Operational Planning Guidance – submissions to inform the South Yorkshire and Bassetlaw ICS system plan.

In line with NHS England Planning Guidance the final South Yorkshire and Bassetlaw Integrated Care System Plan will be agreed and submitted to NHS England on the 3rd of June 2021.

To inform the ICS system plan the Trust will:

- Submit its workforce plan by the 27th of May to Health Education England. The workforce plan submission is Appendix 3 to the Annual Operational Plan.
- Submit its financial plan by the 27th of May to NHS England. The financial plan is reported separately to the Board.

There are no additional requirements for the Trust in respect of submissions (eg activity plan)

Reporting framework

The reporting framework will support robust arrangements to monitor progress monthly and report progress against the plan at the Finance and Performance Committee. The reporting framework will:

- Define the development milestones and timescales.
- Outputs and outcomes and tracking and evaluation of improvements made.
- Be underpinned by SMART metrics to monitor our improvements. For each improvement action agreed in this plan we will have defined the current baseline, what we will measure, the metrics we will use, how often we will measure, and what the future target is that we plan to deliver.
- Link to the Board Assurance Framework and Corporate Risk Register.
- Confirm the delivery leads, operational oversight group for each key deliverable.

The governance framework for the development and oversight of the Annual Operational Plan is summarised at Appendix 1 in the Plan. This provides an overview of the planning process, the key stages for the development of our plan and the governance arrangements in place through the Finance and Performance Committee, the Business Planning Group, and the Annual Integrated Planning Group.

The Finance and Performance Committee will monitor progress against delivery of the Annual Operational Plan. Alongside this the Quality Assurance Committee and People Committee will monitor and assure progress on key deliverables in respect of quality and our workforce plan. The Performance Reviews will review performance against the key deliverables with each relevant Directorate.

3 Next Steps

- a) Submit workforce plan return to Health Education England following approval by Executive Director of Nursing, Professions and Operations, and the Executive Director of People.**
- b) Confirm investment cases with commissioners in line with Financial Plan agreements (item 16a)**
- c) Review and confirm future investments for Community Intensive Support Services for people with learning disabilities seven days a week improving support during times of crisis.**
- d) Confirm the reporting framework to the Finance and Performance Committee in June and commence progress monitoring**

4 Required Actions

The Board is asked to:

- a) Approve the Annual Operational Plan 2021/22**

5 Monitoring Arrangements

Progress reports scheduled to Finance and Performance Committee through 2021/22.

6 Contact Details:

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Our Annual Operational Plan

2021/22

Final draft
for approval

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1. Introduction

This Annual Operational Plan sets out our 2021/2022 priorities for the continuous improvement of the care we provide, the experience and outcomes of the people we serve, and the experience of our staff.

All the priorities in this plan describe how we will do this and the steps we will take as part of our improvement journey. We are refreshing our strategy, which we will finalise by May 2021. We will continue to review the operational priorities described in this plan to ensure it supports the delivery of our refreshed strategy. This will ensure that everything we do is aligned to the needs of the people we serve, our staff, our strategic direction and the collective efforts of the health and care system across Sheffield and the South Yorkshire & Bassetlaw Integrated Care System.

As we deliver this plan and refreshed strategy, we will do so together with the combined efforts of the people who use our services and their carers, our staff, our governors, and our partners.

2. What has shaped our Annual Operational Plan?

Our plan has been shaped by the steady progress that we have made over the previous 12 months, together with our ongoing commitment to deliver outstanding care, create a great place to work, make effective use of our resources and ensuring our services are inclusive. We have been working hard to increase clinical leadership, remove barriers to change, empower staff, improve our systems, processes, and governance, and develop leaders throughout SHSC. During 2021/2022 we will continue to build on these areas of improvement which have been informed by:

- The CQC inspection, our Inadequate rating and being placed in special measures. We have addressed the critical areas of concern and we will continue to build on the progress made to deliver sustainable improvement.
- The Covid pandemic, which exposed the systemic inequality that exists and harms people in our communities. This is reflected in the experiences and outcomes for many people who use our services. Our service users from black and minority ethnic communities often have a poorer experience and poorer outcomes. Our Clinical and Social Care Strategy will define how we will address this inequity in the way we provide care and support.
- Our focus on listening to and engaging with staff and our service users and carers. We have collaborated with local people and organisations in Sheffield, the Accountable Care Partnership, the developing Alliance of Mental Health Providers and the South Yorkshire and Bassetlaw Integrated Care System. This has shaped our plan for this year and strengthened our commitment to our values of working in partnership.
- Our performance against core quality standards and national priorities. All services have developed improvement plans for 2021/22 and we have held performance reviews within our services. We have used the available benchmarking data to understand where we are outliers in the way we deliver care. We will also use predictive demand tools to understand the increased need arising from Covid. This will ensure that we develop a shared understanding of service proposals for this year and the challenges services must respond to in delivering local and national priorities described in the NHS Long Term Plan and the NHS 2021/22 Priorities and Operational Planning Guidance.

The plan has also taken account of our key challenges which are reflected below:

- ***It has been a very challenging year*** for our service users, their carers, and our staff. Our staff have done a tremendous job ensuring our services have remained open during Covid and care has been delivered as safely as it could be. We know that their experience of working in SHSC is still not as good as we want it to be. This is demonstrated by the recent national staff survey results, benchmarking information and the discussions we have had with staff over the last year. We also have significant recruitment challenges, particularly in nursing and we will need to recruit more staff and increase diversity within our workforce to support the planned expansion in services to meet the targets in the Long Term Plan. Without the right numbers of staff in the right roles we will not be able to deliver high standards of care, expand our services, and ensure our staff have valued and manageable jobs that enable them to be the best they can be. We will therefore continue the implementation of our People Plan which focuses on 4 key workstreams: health and wellbeing, recruitment and retention, workforce transformation, and leadership and talent.
- ***Our digital capabilities and infrastructure*** do not yet support effective patient care and modern ways of working. We will therefore align ourselves to the local development of shared care records, develop an interim operational plan for our current electronic patient record (*Insight*) that minimises changes to it and provides a way to deliver improved digital services. These services will support the delivery of safe and effective care and provide a foundation for the move to a new electronic patient record, which is currently being procured. At the same time, we will develop our Digital Strategy to support delivery of continued service improvements over the next 5 years.
- ***Our estate*** is not fit for purpose in many important areas. This reduces the ability of our staff to deliver great care, impacting on the safety, experience, and outcomes of our service users. Our forthcoming Estates Strategy will address this in the key areas of our inpatient environments, our community-based facilities, and the general décor of our buildings.
- ***Demand for services*** is expected to increase in a range of ways because of the covid pandemic and in line with the Long Term Plan improvements. Some of our services are currently managing levels of demand that exceed the resources we have available, which is a clear area of concern. We will develop our approaches to demand and capacity management, expand services in the areas of IAPT, primary and community care, perinatal services, and our ability to deliver effective crisis support and home treatment care across the 24-hour period.
- ***Our crisis care and recovery services*** are working under high levels of pressure which impacts on their effectiveness and the outcomes and experiences of our service users and our staff. We have agreed an investment plan and will see the development of new services, an effective crisis service across the 24/7 period, along with better support to staff to ensure demand, capacity and productivity are well managed.

3. Improving care: our strategic priorities and key deliverables

We will finalise our strategic direction and our Clinical and Social Care Strategy in May so that we are clear about our strategic priorities for the next five years. In addition, we will complete our enabling strategies (quality, service user involvement, research and innovation, digital, estates). We have already agreed our strategic priorities for 2021/22 as follows:

Covid:	Getting through safely.
CQC:	Getting back to good.
Transformation:	Changing things that will make a difference.
Partnerships:	Working together to have a bigger impact and improve care.

Covid
Getting through safely.

- Ensure services remain safe for our service users and our staff.
- Recover core activity ensuring accessible care and treatment.
- Embed the learning to support new ways of working.
- Assess demand and create the capacity for Covid 19 surge

CQC
Getting back to good.

- Ensure electronic contemporaneous Patient Centred Care Records are in place.
- Refurbish our acute wards to support safe, therapeutic, and compassionate care.
- Ensure our inpatient environments are safer by reducing ligature anchor point risks and managing residual risks.
- Further improve our governance structures to support the delivery of safe and effective care, effective safeguarding, and a Well Led organisation.
- Deliver and maintain high professional standards.
- Deliver safe staffing levels within our Acute Care services.
- Implement our new Physical Health Strategy and Policy

Transformation
Changing things that will make a difference.

- Extend the new Primary & Community Mental Health Service from 4 to 15 Primary Care Networks for adults and older adults.
- Implement our plans for the development of our CMHT's.
- Deliver our People Plan to support staff to deliver high quality care.
- Procure a new electronic patient record.
- Implement a Provider Collaborative to support a new care model for forensic services across South Yorkshire and Bassetlaw.
- Move our headquarters out of Fulwood House.
- Implement our Acute Care Modernisation plan to remove dormitories, improve seclusion facilities, and confirm the plan for our future inpatient estate.

Partnerships
Working together to have a bigger impact and improve care.

- *Sheffield Place*: transition to integrated working with primary mental health care services.
- *Provider Alliance*: working jointly with other providers to establish a Provider Collaborative and deliver forensic new care models.
- *South Yorkshire & Bassetlaw Integrated Care System*: support the new ICS arrangements.
- *University*: working together to develop and refresh our Research and Innovation Strategy and improve outcome measures.

4. How will we make improvements?

We will deliver our strategic priorities for 2021/22 through well-structured improvement plans which engage staff and have a clear monitoring and reporting framework, with executive oversight.

We will deliver continuous and sustainable improvement by:

- Strengthening our approach to quality improvement and organisational development with clear patient centred approaches underpinning the work of each member of staff, our teams, and the board of directors. This will ensure, having delivered good services, that we continue our improvement journey to delivering outstanding services.
- Using information effectively to underpin our approach and the decisions we make. We will triangulate insights from patient and staff stories and feedback, performance and benchmarking data and outcomes and learning from improvement action already taken.
- Focussing on staff wellbeing, improving staff experience, and developing our leadership skills at all levels of our organisation.
- Building our culture and ways of working so that everyone can contribute, and we all take responsibility for improving the care we provide and ensuring safe and effective care is delivered. Effective co-production will underpin our approach.

All teams and services have agreed their business plans for 2021/22. This has informed and shaped the following key deliverables for the year. These key deliverables support our strategic priorities and respond to our key challenges and are outlined below.

Focus	Deliverables
Continuous quality improvement	<ol style="list-style-type: none"> 1) Reduce the use of restrictive practices. 2) Strengthen our leadership of Safeguarding. 3) Improve access to treatment and the experience of care within our community-based services and IAPT for people from black and minority ethnic communities. 4) Reduce waiting times by standardising approaches across the Trust and deliver improvements in our single point of access and recovery services. 5) Improve our approach to using outcomes and understanding service user experiences. 6) Deliver the mental health investment standards and NHS Long Term Plan key deliverables through 2021/22 by: <ol style="list-style-type: none"> i. Delivering Community Intensive Support Services for people with learning disabilities seven days a week improving support during times of crisis. ii. Extending the IAPT Service to provide more care and evidenced based treatment for people with common mental health problems. iii. Extending the Community Specialist Perinatal Service to provide more care and treatment and increased therapeutic interventions. iv. Delivering effective Crisis Care and Home Treatment 24 hours a day - reducing the need of out of area admissions, lengths of stay and inpatient occupancy rates, rates of delayed discharges from inpatient care, and delays within the emergency department.

Focus	Deliverables
Workforce and our People Plan	<p>7) Implement our People Plan to support staff to deliver high quality care and support wellbeing following the pandemic. Key areas of focus this year will be:</p> <ul style="list-style-type: none"> i. Health and wellbeing <ul style="list-style-type: none"> • Improved staff wellbeing (e.g., Time for You, annual wellbeing conversations). • Build on existing support for health and wellbeing and further develop preventative capability. • Address workforce inequalities and the unequal experience of groups of our staff ii. Recruitment and retention <ul style="list-style-type: none"> • Deliver targeted recruitment practices that attract a wider and more diverse range of applicants. • Create more agile and flexible working opportunities to support inclusivity and retention. iii. Workforce transformation <ul style="list-style-type: none"> • Develop and embed new roles to support our workforce supply and career pathways (also see page 9) • Develop a workforce plan and optimise systems to enable effective planning, including full roll out of e-Roster. iv. Leadership and talent <ul style="list-style-type: none"> • Improve staff engagement and experience. • Deliver culture and leadership development. • Deliver a management development programme.
Research and innovation	<p>8) Building on our strong research track record develop our Research and Innovation Strategy to support the delivery of our refreshed strategy and Clinical and Social Care Strategy.</p>
Digital and Information Management, Systems and Technology	<p>9) Delivering a new electronic patient record and new digital services by:</p> <ul style="list-style-type: none"> i. Procuring a new electronic patient record. ii. Maintaining Insight, ensuring security and effectiveness. iii. Replacing legacy systems. iv. Introducing new digital solutions for staff and service users. <p>10) Improve mobility and connectivity by:</p> <ul style="list-style-type: none"> i. Implementing a new contact centre solution. ii. Refreshing our wi-fi systems. iii. Upgrading key infrastructure and security systems and capabilities. iv. Replacing our current clinic booking system. v. Improve email security by moving to Microsoft Exchange Online
Sustainability	<p>11) Develop, agree, and implement our Green Plan to embed sustainable developments across the Trust.</p>

Focus	Deliverables
Estate and Facilities	12) Improve the quality and safety of our environments by: <ul style="list-style-type: none"> i. Ensuring ligature anchor point risks are reduced and residual risks are managed. ii. Removing dormitories. iii. Improve our seclusion facilities. iv. Delivering improvements to the therapeutic environments on our inpatient wards and community bases. v. Implementing improvements in hospital food services
Performance and data quality	13) Implement our Performance Framework across the organisation ensuring we can understand equality of access, experience and outcomes. 14) Improve the accuracy of our core data sets by improving data quality. 15) Improve our arrangements for data security and confidentiality. 16) Improve our approach to managing demand, capacity planning and service productivity to support the delivery of effective and responsive services.
Governance	17) Build on our improved governance arrangements by integrating structures to develop robust Corporate Assurance and Corporate Affairs teams.

5. Investing to improve our services

Our full financial plan for 2021/22 is available separately and will form the basis of our mental health finance submission as part of the SYB ICS system plan, in May 2021. Our financial plan supports our intention to continuously improve the care we provide, the experience and outcomes of the people we serve, and the experience of our staff. It does this by ensuring investments are aligned to local and national priorities and improvement plans.

Across Sheffield we are developing plans with our partners to ensure local people benefit from the expected additional investment allocation in 2021/22 from the NHS of £5million into Sheffield mental health services, as part of the £500 million allocated nationally to the Mental Health Transformation Programme.

In addition, Sheffield CCG plan to fully deliver on the Mental Health Investment Standard (MHIS), fully funded developments started last year and further invest an additional £1 million in 2021/22 to support improvements in child and adult mental health services across primary care, NHS Trusts, and the voluntary sector.

Additional investment in services

The table below summarises the investment plans agreed with commissioners and implemented during 2020/21 and the additional amounts agreed for 2021/22. The table shows agreed investments delivered as part of the Mental Health Investment Standard and agreed investments delivered through national transformation funding allocations.

Investments ⁽¹⁾ ⁽²⁾ ⁽³⁾	Benefits	2020/21	2021/22
a) Investments agreed as part of the MHIS commitments			
Crisis and Home Treatment services	<ul style="list-style-type: none"> Home treatment available 24 hours a day, 7 days a week. 	568	972
CMHT and recovery services	<ul style="list-style-type: none"> Improved access and reduced waiting times, reduced caseload sizes. 	349	164
Assertive outreach services	<ul style="list-style-type: none"> 80-100 people benefitting from intensive community-based support and treatment. 	465	459
Specialist community perinatal services	<ul style="list-style-type: none"> More mothers accessing care in Sheffield. Increased range of therapies available. 	219	491
Early intervention in psychosis services	<ul style="list-style-type: none"> Delivery of At-Risk Mental State Pathway (ARMS) and services accredited. Access to ARMS pathway within two weeks of referral. 	208	232
Improving Access to Psychological Therapies	<ul style="list-style-type: none"> 14,783 more people accessing therapeutic care. 	198	702
Improved multi-disciplinary therapeutic input	<ul style="list-style-type: none"> Improved access to therapeutic care in inpatient services. 	338	381
Community Intensive Support Services for people with learning disabilities seven days a week improving support during times of crisis. Plans have been developed and agreed with commissioners, final investment plan tbc.		n/a	To be confirmed
Total		2,345	3,401
b) Transformation funding			
Primary & Community Mental Health services	<ul style="list-style-type: none"> 1,026 people accessing mental health care and support in primary care. 	784	784
Total		784	784

Notes:

- (1) The above table shows the MHIS investments into the above services in 2020/21 and the additional amounts for 2021/22. A further £458,000 of MHIS investment was also made for other service needs, for the same two-year period.
- (2) Final plans for agreed additional Service Development Fund and Spending Review increases to support Covid demand (totalling c£2 million during 2021/22) will be confirmed. This is detailed in the Trusts financial plan
- (3) Commissioners have additional and separate investment funds for allocation to learning disability services. Plans for this will be agreed.
- (4) All amounts include apportionment for overheads.

Increased workforce and developing new roles

Our workforce plan is an integral part of our People Plan and the full plan is available separately. This forms the basis for our mental health workforce submission (appendix 3) as part of the South Yorkshire and Bassetlaw ICS system plan for 2021/22.

During 2020/21 we have introduced a range of new roles to teams and services. This is a key focus of our People Plan and will address the recruitment and retention targets for our existing services and the need to expand services in line with Long Term Plan investment and demand forecasts. During 2021/22 we plan to recruit the following additional staff whilst aiming to maintain or reduce existing staff turnover.

New Role development	Numbers currently in training	Further development of new roles in 2021/22
Trainee Nursing Associates	8 within inpatient services	13 more planned
Clinical Associate Psychologists	20 within inpatient and primary care mental health transformation programme	No further planned increase in year
Trainee Advanced Clinical Practitioners	11 within inpatient services and home treatment services	3 within Sheffield Adult Autism and Neurodevelopment service and inpatient services
Non-Medical Advanced Clinician/ Responsible Clinician	2 within inpatient services	No further planned increase in year
Associate Specialists	5 across services	Target numbers to be reviewed and confirmed
Physicians' associates	7 within inpatient services (Firshill, G1, Acute) 2 within community mental health	No further planned increase in year
Peer support workers	6 within recovery services	3 more planned
Primary care mental health transformation programme <ul style="list-style-type: none"> • Community connector • Health coach • Clinical Associate Psychologists 	10 clinical associate psychologists Across the programme partners have introduced new roles such as health coaches and peer support workers.	12 roles planned as part of the workforce skill mix for the extending service.

As we implement our workforce transformation plan in 2021/22, we will focus on developing a cohesive multi-disciplinary team approach to support service transformation and expansion, ensuring we maximise the benefit of the new roles introduced.

Our People Plan describes how we will develop our workforce to deliver our strategy and our annual operation plan for 2021/22. It will provide for the

- (5) Workforce needs of all our services.
- (6) Workforce needs to support our demand and capacity plan (appendix 2)
- (7) Workforce needs for priority areas for development to meet the ambitions of the NHS Long Term Plan (appendix 3)

6. Activity and demand: ensuring safer and effective services

We are anticipating increased need for the services we provide. This is driven by:

- Historical and existing unmet need across Sheffield
- The plans to expand services to treat more people in line with the ambitions of the NHS Long Term Plan
- The impact of the Covid pandemic in suppressing demand during 2020/21 and its ongoing impact on wellbeing and inequality across our communities.

Improvement plan

We will build and strengthen our approaches to understanding and managing demand, capacity planning and productivity. We will make effective use of capacity and demand tools, benchmarking sources and best practice examples available through the Mental Health System Improvement Network and their on-line resources. The learning and benefits from this will support the delivery of safe and effective care, ensure all our services and teams are working effectively, in line with best practice and service specifications, and support a better more cost-effective use of our available resources.

Capacity and demand plan: NHS Long Term Plan and covid19 surge

Demand models for the coming years indicate a general increase in demand of approximately 20% in some services. This will be driven by the Covid pandemic recovery phase, its longer-term impact on health, wellbeing, and broader socio-economic resilience. As we implement our plans, we will be clear how we will manage the expected increased demand with our commissioners and partners across Sheffield, through improved effectiveness, service improvement and transformation, future investments, and expansion.

We are anticipating increased need during 2021/22 in the following services:

- Improving Access to Psychological Therapies (IAPT)
- Liaison services within A&E and general hospitals
- Single point of access service
- Specialist community perinatal service
- Primary and community mental health services
- Crisis services and access to home treatment across the 24/7 period
- People detained under Section 136 and need for access to a Place of Safety
- Acute inpatient care

Our capacity and demand plan is outlined at Appendix 2.

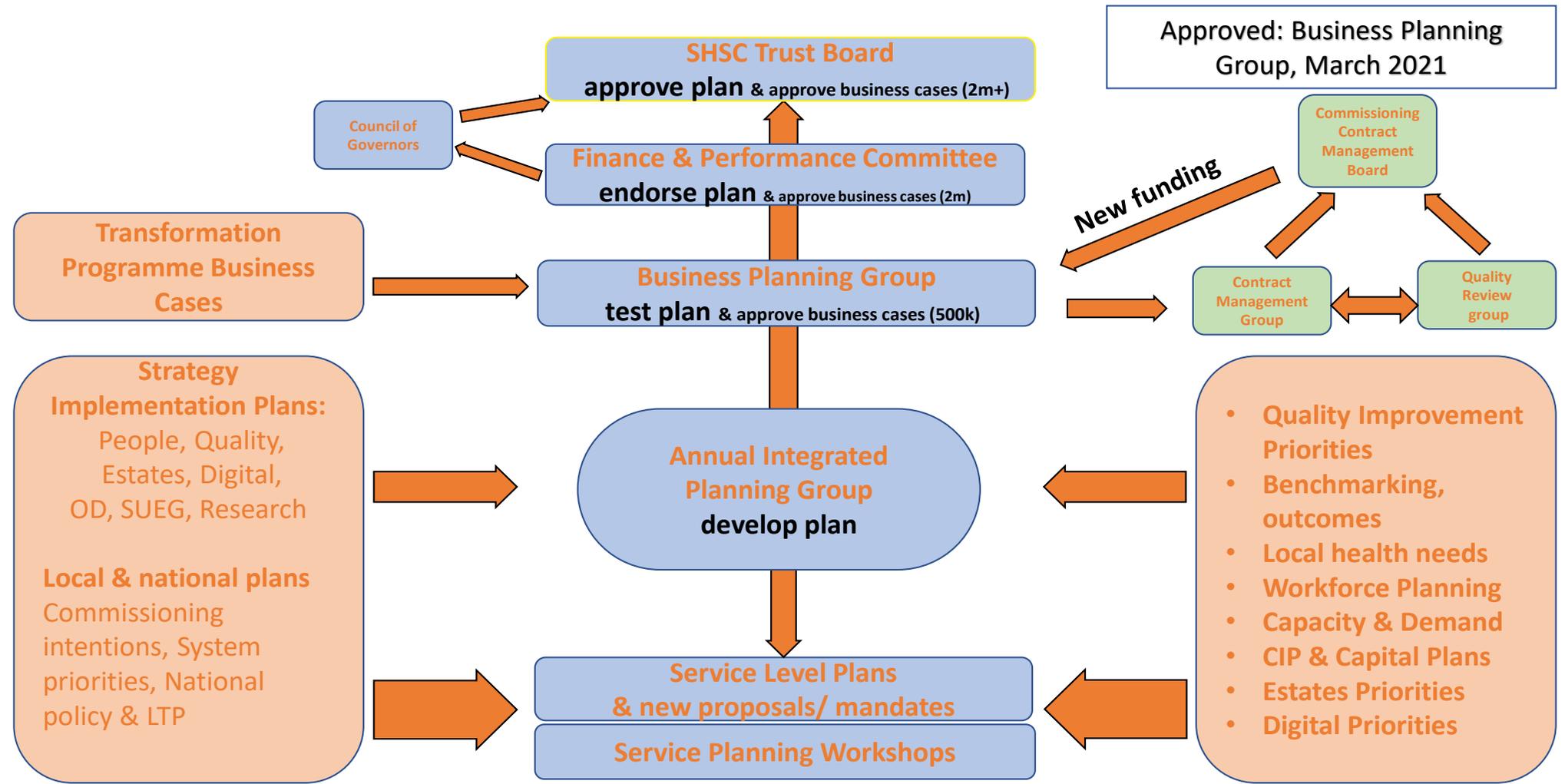
7. How will we know how we are doing?

Over the last year we have reviewed and made substantial changes to improve and strengthen our governance arrangements as part of our Well Led development plan. Our focus has been to ensure all parts of our organisation are better aware of the quality, safety, and effectiveness of the care we provide and that the right decisions are taken by the right people at the right time to maintain and improve quality. The Board of Directors, the Executive Team and senior leadership of the Trust have clear lines of accountability and a renewed focus on supporting our staff to deliver the best care they can.

We now have a clear and consistent approach to reviewing how we perform, respond to new challenges, and ensure that our improvement plans are delivered. This is delivered through the following governance systems:

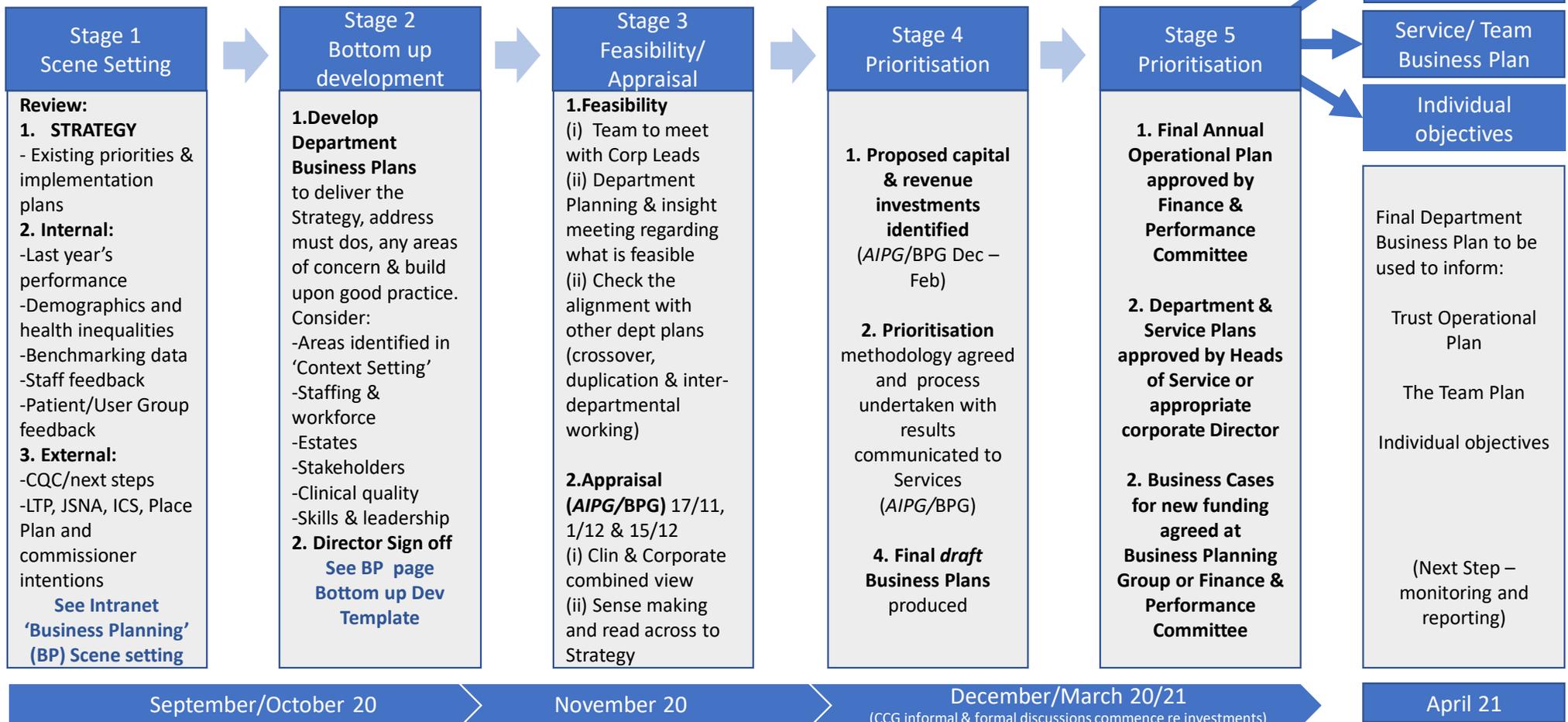
- *Board Committees:* Reconstituted Board Committee structure to ensure Board oversight of performance and delivery of our plans in respect of Quality, People, Risks, Transformation and Finance.
- *Performance Reviews:* All operational services have a consistent and established Integrated Performance and Quality Review framework that ensures day to day performance is reviewed. Our Clinical Directorates review quality and performance metrics and information each month. The Executive Team reviews performance of all departments periodically through the year.
- *Clear improvement priorities:* Have been developed and agreed and are represented in this plan. This ensures clarity of purpose and that each improvement priority has a defined timeframe, milestones and agreed metrics to ensure we can understand the progress made and outcomes delivered and agreed governance oversight.
- *Managing risks to the delivery of safe and effective services:* The Board Assurance Framework and Corporate and service level risk registers ensure risks are identified, escalated, and managed effectively.
- *Using SMART metrics to monitor our improvements:* For each improvement action agreed in this plan we have defined the current baseline, what we will measure, the metrics we will use, how often we will measure, and what the future target is that we plan to deliver.
- *Ensuring delivery of our plan:* We have put in place robust arrangements to track progress with the Annual Operational Plan each month and report progress against the plan at the Finance and Performance Committee. Our monitoring arrangements are explicitly linked to the Board Assurance Framework. We will keep this plan under review and take corrective action where required. The governance framework for the development and oversight of the Annual Operational Plan is attached at *Appendix 1*. This provides an overview of the planning process and governance arrangements in place and the key stages for the development of our plan.

ANNUAL OPERATIONAL PLANNING PROCESS & GOVERNANCE



ANNUAL OPERATIONAL PLANNING PROCESS – KEY STAGES

This diagram shows the Planning process and timeline for the development of the Trust wide Annual Operational Plan and Service/ Team Business Plans. All Services (Corporate and Clinical) will be required to develop plans in line with this process and timelines identified.



Capacity and demand plan: NHS Long Term Plan and covid19 surge

Context for our capacity and demand plan

The capacity and demand plan forms part of the Trust's Annual Operational Plan. It brings together our workforce, finance, and activity plans to deliver the improvements needed to meet the needs of the people of Sheffield. Information relating to our workforce projections will form part of the Trust's submission to the South Yorkshire and Bassetlaw ICS and NHS England returns.

Demand models for the coming years indicate a general increase in demand of approximately 20% in some services (assumptions based on Tees, Esk & Wear Valleys FT Mental Health Surge Prediction Tool). This will be driven by the Covid pandemic recovery phase, its longer-term impact on health, wellbeing, and the broader socio-economic resilience. As we implement our plans, we will be clear how we will manage the expected increased demand with our partners across Sheffield, through improved effectiveness, service improvement and transformation, future investments and expansion.

We are anticipating increased need during 2021/22 in the following services:

- Improving Access to Psychological Therapies (IAPT)
- Liaison services within A&E and general hospitals
- Single point of access service
- Specialist community perinatal service
- Primary and community mental health services
- Crisis services and access to home treatment across the 24/7 period
- People detained under Section 136 and need for access to a Place of Safety
- Acute inpatient care

As we deliver the increased activity plan, we will continue to review all our services to understand changes in demand ensure the necessary capacity plans are developed, agreed, and implemented.

Capacity and demand plan

The table below summarises the planning assumptions regarding increased activity during 2021/22 and planned expansion and investments to increase capacity to respond to this increased need.

The planned responses to expected increased demand range from increased investment and workforce expansion, commissioning additional capacity, improving and re-designing current pathways. The capacity plan will see workforce growth and expansion in some service lines. This is summarised in more detail in the workforce plan at appendix 3.

The additional workforce costs are funded through the financial plan and the additional agreed investments through 2021/22:

- Mental Health Investment Standard increased investment 2021/22 of £3,401,000
- Service Development Fund increased investments 2021/22 of £958,000
- Spending Review investments, to support the Covid response in 2021/22 of £1,889,000

Service	2019-20 Activity (1)	Demand assumptions (2)	2021-22 activity plan (1)	2021-22 capacity plan
Improving Access to Psychological Therapies (IAPT)	13,591 entered treatment	Supressed demand: 11,295 entered treatment in 20/21 (-16.4% on 19/20) Demand in Q3-Q4 20/21 back to pre-covid levels. LTP Projection for 2021/22 is 18,238 20% increased demand from covid on 19/20 = 16, 309.	15.982 entering treatment Stepped increase in activity through 2021/22 Activity 2 nd half of 2021/22 equivalent to 17,183 p.a.	<i>Plan:</i> Expansion of the IAPT service in line with the NHS long term plan, new central team, increased on-line, <i>Dealing with Covid</i> programme <i>Investment:</i> £616,000 FYE of 20/21 investment + £284,000 21/22 investment <i>Workforce:</i> c.40wte Q1-Q3 Further increased capacity from Q4 to be reviewed and agreed.
Liaison Mental Health (within A&E and general hospital wards)	6,092 referrals	Supressed demand: 5,819 in 20/21 (-4.4% on 19/20) 20% increased demand from covid on 19/20 = 7,310	c7,000 referrals	<i>Plan:</i> Expand service to enable more cases and better resilience out of hours. <i>Workforce:</i> 2 wte nursing increase
Single Point of Access	10,036 referrals in 2019/20 2,782 Assessments in 2019/ 20 428 crisis, 1,266 routine 1,088 medical	Supressed demand: referrals in 2020/21 static at 9,977, but need for assessments increased by 285 (10.2%) in 2020/21 Referral demand in Q4 was 2,746, equivalent to a 9% increase on 19/20. 20% increased demand from covid on 19/20 = 12,043	12,000 referrals	<i>Plan:</i> Service pathway and resource capacity remodelling alongside re-design of the crisis care pathway and access arrangements. Waiting list initiative being scoped <i>Investment:</i> no additional planned currently. Waiting list initiative proposal to be reviewed and confirmed with CCG. <i>Workforce:</i> Review in line with above.
Specialist Community Perinatal Service	643 referrals in 2019/20 294 accessing services in 2019/20 (achieved LTP target)	Supressed referral demand: 606 referrals in 2020/21 down by 5.7% on 19/20. 229 accessed services in 20/21 (down on previous year re face to face) but if phone support included 367, a 25% increase on 19/20 2021/22 LTP target would be 562 entering treatment. 20% increased demand on 19/20 already evident.	2020/21 activity to continue until agreement reached re delivery of LTP trajectory for 2021/22 (562 people accessing services)	<i>Plan:</i> Perinatal MH - Expansion of service provision to see more clients and extend therapeutic offer. <i>Investment:</i> £415,000 FYE of 20/21 investment + £295,000 21/22 investment Investment plan not finalised regarding regional service in respect of capacity and investment. <i>Workforce:</i> to be finalised in line with final agreed plan.

Service	2019-20 Activity (1)	Demand assumptions (2)	2021-22 activity plan (1)	2021-22 capacity plan
Community mental health services, including primary care mental health transformation. Increased demand modelled at 20% increased from covid would result in 100 additional referrals to recovery services and 400 additional people on the recovery services caseloads.				
Primary care mental health service (new service)	855 people entered treatment (June 20-March 21) c.1,026 FYE	1,239 people entering treatment. LTP projection for 2021/22. 2,523 for 2022/23. 20% increased demand from covid = 1,231	1,239 people enter treatment	<i>Plan:</i> Extend the new Primary & Community Mental Health Service from 4 to 15 Primary Care Networks for adults and older adults. <i>Investment:</i> £2.4m 20/21 FYE increasing to £3.3m during 2021-22. Alliance model with SHSC, PCS, MIND & VSCE. £1.4m invested within SHSC. <i>Workforce:</i> 39 wte in 20/21 (28 wte in SHSC), increasing to 55 wte in 21/22 (30 wte in SHSC)
Assertive Outreach	NA	New service expected to support 80-100 people per annum currently receiving care from Recovery services.	Recovery team caseload capacity increased by 80-100	<i>Plan:</i> Establish Assertive Outreach Team <i>Investment:</i> £924,000 FYE of 20/21 investment <i>Workforce:</i> c.16wte
Early Intervention in Psychosis	341 people on caseload 2019/20 398 people on caseload 2020/21	ARMS pathway will result in an extra 100 people supported through assessment and treatment.	Capacity increased by 100	<i>Plan:</i> Delivery of At-Risk Mental State Pathway (ARMS) and services accredited. <i>Investment:</i> £440,000 FYE of 20/21 investment <i>Workforce:</i> c.6.4wte
Crisis services				
Crisis Resolution & Home Treatment	1,292 referrals in 2019/20 1,293 referrals in 2020/21	Extend home treatment services to cover the full 24/7 period. 20% increased demand from covid on 19/20 = 1,551	Capacity to provide treatment on a 24/7 basis	<i>Plan:</i> Establish 24/7 pathway <i>Investment:</i> £1.5m FYE of 20/21 investment <i>Workforce:</i> c16wte
Place of Safety	412 admissions 2019/20 543 admissions 2020/21	131 increased admissions during 2020/21, up 31.7% on 2019/20.	Maintain current levels.	<i>Plan:</i> Improvement plan in respect of Crisis Care Pathway and CRHT (above) <i>Investment:</i> nil planned <i>Workforce:</i> nil planned

Service	2019-20 Activity (1)	Demand assumptions (2)	2021-22 activity plan (1)	2021-22 capacity plan
Acute inpatient care				
Acute inpatient care	509 admissions 2019/20 + 29 OOA. 479 admissions 2020/21 + 115 OOA	Equivalent of 1,833 beds of capacity to address out of area admissions/ treatment demand and deliver 95% occupancy. Increased prevalence in acute care demands from covid impact.	1,833 days of acute inpatient care required (equivalent to 5 beds)	Increased capacity plan targeted at creating additional and alternative capacity (see below), and pathway improvements reducing length of stay and reducing delayed transfers of care.
Commissioning of additional acute inpatient capacity	NA	See above	6 acute and 3 PICU beds additional capacity	Plan approved to explore procuring additional inpatient capacity through another provider
Woodland View Step Down	NA	See above	10 bedded facility	<i>Plan:</i> Capital/ build works completed. <i>Investment:</i> revenue plan to be confirmed via business case. c£0.5m. <i>Workforce:</i> sub-contract arrangement

Note:

(1) Data source: Trust Integrated Performance and Quality Report reporting

(2) Covid demand assumptions based on Tees, Esk & Wear Valleys FT Mental Health Surge Prediction Tool

NHS Long Term Plan mental health workforce submission to HEE

Our People Plan

Our People Plan describes how we will develop our workforce to deliver our strategy and our annual operation plan for 2021/22. It will provide for the

- Workforce needs of all our services.
- Workforce needs to support our demand and capacity plan (appendix 2)
- Workforce needs for priority areas for development to meet the ambitions of the NHS Long Term Plan

NHS Long Term Plan mental health workforce submission to Health Education England.

Our Plan informs our submissions to Health Education England and define the workforce plan for each of the following services. This will align with final agreed additional investments, LTP activity trajectories and demand assumptions. The HEE submission will describe the workforce plan for the following services:

- Improving Access to Psychological Therapies (IAPT)
- Liaison services within A&E and general hospitals
- Specialist community perinatal service
- Community mental health (adult and older adult) including primary care transformation
- Adult community crisis services
- Acute inpatient care

The workforce plan submission is in the table below.

Staffing Categories	Baseline		Forecast			
	Staff In Post	Establishment	Planned Establishment (WTE)			
	Y/E - 31st Mar 2021	Y/E - 31st Mar 2021	Q1 - 30th Jun 2021	Q2 - 30th Sep 2021	Q3 - 31st Dec 2021	Q4 - 31st Mar 2022
Perinatal Mental Health	18.75	21.87	21.87	21.87	21.87	21.87
Psychiatrist - consultant	1.89	2.41	2.41	2.41	2.41	2.41
Psychiatrist - non consultant	0.00					
Nursing	9.16	5.55	5.55	5.55	5.55	5.55
Pharmacist	0.00					
Psychologist	2.30	3.80	3.80	3.80	3.80	3.80
Psychotherapists and psychological professionals	0.00	1.80	1.80	1.80	1.80	1.80
Occupational Therapists	0.80	1.60	1.60	1.60	1.60	1.60
Other therapists \ other STT	0.00					
Paramedics	0.00					
Support to clinical staff	1.60	1.60	1.60	1.60	1.60	1.60
Physicians Associates	0.00					
Admin	3.00	4.91	4.91	4.91	4.91	4.91
Peer support worker	0.00					
Social worker	0.00	0.20	0.20	0.20	0.20	0.20

Staffing Categories	Baseline		Forecast			
	Staff In Post	Establishment	Planned Establishment (WTE)			
	Y/E - 31st Mar 2021	Y/E - 31st Mar 2021	Q1 - 30th Jun 2021	Q2 - 30th Sep 2021	Q3 - 31st Dec 2021	Q4 - 31st Mar 2022
IAPT	126.43	136.33	158.22	158.22	176.22	203.22
Psychiatrist - consultant						
Psychiatrist - non consultant						
Nursing						
Pharmacist						
Psychologist						
Psychotherapists and psychological professionals	113.23	124.93	143.82	143.82	161.82	188.82
Occupational Therapists						
Other therapists \ other STT						
Paramedics						
Support to clinical staff						
Physicians Associates						
Admin	11.00	11.40	14.40	14.40	14.40	14.40
Peer support worker						
Social worker						
A&E and Ward Liaison	42.04	44.00	46.00	46.00	46.00	46.00
Psychiatrist - consultant	4.00	2.70	2.70	2.70	2.70	2.70
Psychiatrist - non consultant	6.23	6.20	6.20	6.20	6.20	6.20
Nursing	22.41	27.09	29.09	29.09	29.09	29.09
Pharmacist						
Psychologist						
Psychotherapists and psychological professionals						
Occupational Therapists						
Other therapists \ other STT						
Paramedics						
Support to clinical staff	5.20	5.40	5.40	5.40	5.40	5.40
Physicians Associates						
Admin	4.80	4.80	4.80	4.80	4.80	4.80
Peer support worker						
Social worker						
Adult Community Crisis: Home Treatment, Out of Hours, AMHP team, SPA, Decisions Unit, Place of Safety	156.26	147.04	147.49	163.04	163.04	163.04
Psychiatrist - consultant	5.89	4.00	4.00	4.00	4.00	4.00
Psychiatrist - non consultant	4.80	4.80	5.00	5.00	5.00	5.00
Nursing	70.65	77.38	77.38	85.54	85.54	85.54
Pharmacist						
Psychologist	3.80	3.80	4.00	4.00	4.00	4.00
Psychotherapists and psychological professionals						
Occupational Therapists	2.50					
Other therapists \ other STT	2.00					
Paramedics						
Support to clinical staff	28.51	23.83	23.83	28.22	28.22	28.22
Physicians Associates						
Admin	20.91	16.25	16.25	18.25	18.25	18.25
Peer support worker	0.00	0.00	0.00	1.00	1.00	1.00
Social worker	20.00	20.03	20.03	20.03	20.03	20.03
Community mental health (adult and older adult) including new integrated models for SMI: Recovery, EIP, CERT, AOT, OA CMHT, Psychotherapy, Complex needs, Eating disorders, HAST, PCMH transformation	286.16	373.68	373.68	386.68	397.48	403.48
Psychiatrist - consultant	10.55	17.85	17.85	17.85	17.85	17.85
Psychiatrist - non consultant	9.65	9.00	9.00	9.00	9.00	9.00
Nursing	83.79	109.30	109.30	114.30	119.10	119.10
Pharmacist	0.40	0.86	0.86	0.86	0.86	0.86
Psychologist	37.80	56.53	56.53	63.53	64.53	65.53
Psychotherapists and psychological professionals	18.70	14.70	14.70	14.70	14.70	14.70
Occupational Therapists	11.11	21.00	21.00	22.00	22.00	22.00
Other therapists \ other STT	9.88	0.80	0.80	0.80	0.80	0.80
Paramedics						
Support to clinical staff	44.48	75.43	75.43	75.43	75.43	75.43
Physicians Associates	1.00	2.00	2.00	2.00	2.00	2.00
Admin	48.63	53.86	53.86	53.86	53.86	53.86
Peer support worker	3.60	3.60	13.60	13.60	13.60	13.60
Social worker	21.00	20.65	20.65	20.65	20.65	20.65

Note: IAPT Q4 projection to be reviewed further and agreed regarding additional capacity.

Staffing Categories	Baseline		Forecast			
	Staff In Post	Establishment	Planned Establishment (WTE)			
	Y/E - 31st Mar 2021	Y/E - 31st Mar 2021	Q1 - 30th Jun 2021	Q2 - 30th Sep 2021	Q3 - 31st Dec 2021	Q4 - 31st Mar 2022
Acute Inpatient: Adult acute, Dovedale, Endcliffe	210.20	281.66	281.66	281.66	281.66	281.66
Psychiatrist - consultant	4.60	5.00	5.00	5.00	5.00	5.00
Psychiatrist - non consultant	9.60	10.00	10.00	10.00	10.00	10.00
Nursing	79.76	112.40	112.40	112.40	112.40	112.40
Pharmacist						
Psychologist	5.20	3.10	3.10	3.10	3.10	3.10
Psychotherapists and psychological professionals						
Occupational Therapists	10.20	15.90	15.90	15.90	15.90	15.90
Other therapists \ other STT	1.00	0.80	0.80	0.80	0.80	0.80
Paramedics						
Support to clinical staff	117.93	128.16	128.16	128.16	128.16	128.16
Physicians Associates	5.00	5.00	5.00	5.00	5.00	5.00
Admin	13.20	10.30	10.30	10.30	10.30	10.30
Peer support worker						
Social worker						
Mental Health Trust	1164.81	1324.20	1348.54	1377.09	1405.89	1438.89
Total LDA Workforce	82.30	87.10	87.10	87.10	87.10	87.10
Total Dementia Workforce	68.43	81.37	81.37	81.37	81.37	81.37
Non-Clinical Staff	242.68	232.52	232.52	232.52	232.52	232.52

Notes:

Total LDA Workforce: Firshill, CISS, CLDT,
Total Dementia Workforce: G1, Memory Service, CDSS. OA CMHT included with Community Mental Health service line.
Non-Clinical Staff: across functions of HR, Finance, etc.



Sheffield Health
and Social Care
NHS Foundation Trust



Our Vision “To improve the mental, physical and social wellbeing of the people in our communities.”

We will deliver outstanding care and experiences for our service users and carers. We will create a great place to work where colleagues can deliver high quality care. We will make effective use of our resources. We will ensure our services are inclusive.

Care will be Safe. Access to services will be timely. Our approach will be Person centred and coproduced with the individual. We will make a positive difference, delivering the right outcomes for the individual and their carers.

Strategic aims

Strategic priorities

Programmes and key deliverables during 2021-22

Strategy Refresh

Deliver outstanding care

Covid
Getting through safely
(Lead: Beverly Murphy)

Ensure services remain safe for service users and our staff	Recover core activity ensuring accessible care and treatment
Embed the learning to support new ways of working	Assess demand and create the capacity for Covid 19 surge

Create a great place to work

CQC
Getting back to good
(Lead: Mike Hunter)

Ensure electronic contemporaneous Patient Centred Care Records are in place.	Refurbish our acute wards to support safe, therapeutic, and compassionate care.
Ensure our inpatient environments are safer by reducing ligature anchor point risks and managing residual risks.	Further improve our governance structures to support the delivery of safe and effective care, effective safeguarding, and a Well Led organisation.
Deliver and maintain high professional standards.	Deliver safe staffing levels within our Acute Care services.
Implement our new Physical Health Strategy and Policy	

Effective use of our resources

Transformation
Changing things that will make a difference
(Lead: Pat Keeling)

Extend the new Primary & Community Mental Health Service from 4 to 15 Primary Care Networks for adults and older adults.	Implement our plans for the development of our CMHT's.
Deliver our People Plan to support staff to deliver high quality care.	Procure a new electronic patient record.
Implement a Provider Collaborative to support a new care model for forensic services across South Yorkshire and Bassetlaw	Move our headquarters out of Fulwood House.
Implement our Acute Care Modernisation plan to remove dormitories, improve seclusion facilities, and confirm the plan for our future inpatient estate.	

Ensure inclusive services

Partnerships
Working together to have a bigger impact and improve care.

Sheffield Place: transition to integrated working with primary mental health care services.	Provider Alliance: working jointly with other providers to establish a Provider Collaborative and deliver forensic new care models.
South Yorkshire & Bassetlaw Integrated Care System: support the new ICS arrangements.	University: working together to develop and refresh our Research and Innovation Strategy and improve outcome measures..

Strategic Direction

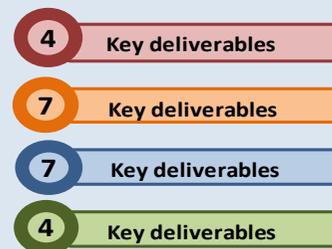
- Clinical & Social Care Strategy
- Quality
- People
- Service User Engagement and Experience
- Organisational Development
- Research & Innovation
- Stakeholder engagement and Partnerships
- Estates
- Digital



Annual Operational Plan 2021/22: key deliverables

Strategic priorities for 2021/22

Covid:	Getting through safely
CQC:	Getting back to Good
Transformation:	Changing things that will make a difference
Partnerships:	Working together to have a bigger impact and improve care



See previous page for breakdown of the strategic priorities key deliverables and key

Key deliverables

Continuous quality improvement

- ◆ Reduce the use of restrictive practices.
- ◆ Strengthen our leadership of Safeguarding.
- ◆ Improve the access and experience for people from black and minority ethnic communities
- ◆ Reduce waiting times across services
- ◆ Improve our approach to using outcomes and understanding service user experiences.

NHS Long Term Plan investments

- ◆ Deliver Community Intensive Support Services for people with learning disabilities
- ◆ Extend our IAPT Service
- ◆ Extend our Community Specialist Perinatal Service
- ◆ Deliver effective Crisis Care and Home Treatment 24 hours a day
- ◆ Establish the Assertive Outreach Team

Research and innovation

- ◆ Research and Innovation Strategy supporting the delivery of our Clinical and Social Care Strategy.

Workforce and People Plan

Health and wellbeing

- ◆ Improve staff wellbeing (eg Time for You, annual wellbeing conversations).
- ◆ Build on existing support for health and wellbeing and further develop preventative capability.
- ◆ Address workforce inequalities and the unequal experience of groups of our staff

Recruitment and retention

- ◆ Deliver targeted recruitment practices that attract a wider and more diverse range of applicants.
- ◆ Create more agile and flexible working opportunities to support inclusivity and

Workforce transformation

- ◆ Develop and embed new roles
- ◆ Effective workforce planning

Leadership and talent

- ◆ Improve staff engagement and experience.
- ◆ Deliver culture and leadership development.
- ◆ Deliver a management development

Digital

New EPR and digital services

- ◆ Buy a new electronic patient record.
- ◆ Maintain Insight, ensuring security and effectiveness.
- ◆ Replace old IT systems
- ◆ Introduce new digital tools and solutions for staff and service users.

Improve mobility and connectivity

- ◆ Implement a new contact centre
- ◆ Refresh our Wi-Fi systems.
- ◆ Upgrade security systems
- ◆ Replace our current clinic booking system.
- ◆ Improve email security by moving to Microsoft Exchange Online

Environment and sustainability

- ◆ Develop, agree and implement our Green Plan to embed sustainable developments across the Trust

Estates

Improve the quality and safety of our environments

- ◆ Ensuring ligature anchor point in defined areas are removed
- ◆ Removing dormitories.
- ◆ Improve our seclusion facilities.
- ◆ Deliver improvements to the therapeutic environments on our inpatient wards and community bases.
- ◆ Implement improvements in hospital food services

Governance and performance

- ◆ Implement our Performance
- ◆ Improve the quality of the data we have
- ◆ Improve data security and confidentiality
- ◆ Improve our approach to managing demand, capacity planning and productivity
- ◆ Develop the Corporate Assurance and Corporate Affairs teams