

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 25 January 2023

Agenda Item: 14

Report Title:	Operational Plan Report: Quarter 2 2022/23	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning	
Accountable Director:	Pat Keeling: Director of Strategy	
Other Meetings presented to or previously agreed at:	Committee/Group:	Business Planning Group
	Date:	1 November 2022
Key Points recommendations to or previously agreed at:	As we continue to deliver our plans and move forward, we need to effectively prioritise our work based on the available resources and the leadership and change capacity we have available.	

Summary of key points in report

- Covid recovery remains well embedded.** Our full focus is now directed to the delivery of our improvement priorities. Activity levels across most services are in line with pre-covid levels.
- Access and waiting times is challenged in some areas.** Challenges continue across several services in respect of numbers waiting or length of waits. Reducing waiting times across the NHS remains a clear national priority and area of interest of the Prime Minister. Recovery plans are in place however the expected rate of improvement is not being delivered. Progress is reported to the Quality Assurance Committee.
- Plans to implementing our workforce plan and recruit to all vacancies continue and the position remains challenging.** We have made good progress in the services that were expanding due to increased commissioning investment, with 81% of the planned additional staff recruited to. Across the rest of our services challenges remain, specifically in inpatient services. And there is a broader risk that general recruitment and retention turnover means that the increased staffing numbers are not sustained.
- We have mobilised our winter plan.** Our plan, delivered with our VCSE partners, is focussed on key risk areas and increased community support and addressing long lengths of stay and delayed discharges. Our vaccination Programme, launched on the 5th October has started well and is ahead of plan at the end of week three.
- Quality:** The Back to Good programme continues to manage and deliver the required improvement actions in response to the CQC Inspections
- Our Estates Programme is delivering on improvements and creating safer and more dignified facilities.** Burbage Ward opens in November and work has started on new accommodation for Liaison and Health Based Place of Safety services. As we continue to progress risks relating to revenue and capital funding will need to be addressed and are being managed through the Transformation Programmes and Transformation Board.

7. **Our Transformation programmes continue to progress.** We have moved into our new HQ. Our leadership development programmes are being extended. We are making good progress across our Learning Disability, Primary and Community Mental Health and Community Mental Health Team programmes in defining future models underpinned by positive engagement.
8. **There is significant uncertainty with key transformation priorities, and these are being appraised.** The development of the Therapeutic Environment strategic outline case by December will provide an appraisal of the funding options for the programme. As the Therapeutic Environment and Community Facilities Programmes progress risks will need to be carefully appraised and planned for in respect of capital availability, revenue affordability and political uncertainty that may impact on national funding programmes.
9. **Partnership work is well connected and aligned to the delivery of our strategy priorities.** We are proactively engaged with partner organisations across the South Yorkshire Integrated Care Board, the South Yorkshire MHLDA Provider Collaborative and Sheffield Health Care Partnership. Recent engagement has focussed on the development of the ICS Mental Health strategy and priorities.
10. **The financial pressures are challenging.** Significant pressures are being managed with a deficit of (£1.6m) at Q2 against the planned deficit of (£400,000), driven by higher agency costs and lower CIP delivery. Looking ahead this is compounded by uncertainty across some service lines in response to local authority intentions and national NHS funding methodologies that disadvantage mental health providers. The development of the enabling strategies implementation plans, Five-Year Operational Plans, and a three-year CIP Plan will need to ensure our plans remain sustainable going forward.
11. **The improvement and change programme across the Trust is wide ranging and challenging.** Our strategic priorities are clear, however the work is complex and wide ranging. We need to ensure we develop a clear, shared and aligned plan going into next year that prioritises our work based on the available resources and the leadership and change capacity we have available.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	
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Recommendation 1: For the Board of Directors to take assurance that the operational plan deliverables are being progressed and risks to delivery are being managed appropriately.

Recommendation 2: To consider the level of assurance that our approach to partnerships will support the delivery of our priorities.

Recommendation 3: To consider the level of assurance that risks to our capital and revenue plans associated with our transformation priorities have been identified and that appropriate plans are in place to appraise the options and recommend solutions to the Committee and the Board through the Transformation Programme Board.

Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuing to improve	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

The key deliverables within the Operational Plan describe the range of actions being taken to deliver the strategic priorities. No recommendations in this report have any additional impact on the strategic priorities.

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission	Yes		No	X	Compliance considerations are reported to the QAC
Data Security and Protection	Yes		No	X	

Toolkit					
Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No		<ul style="list-style-type: none"> Meeting the requirements of the Back to Good programme supports good patient experience and safety in our care. Mental health Investment Standard funded growth will improve access across key service lines Therapeutic Environment and LAP programmes delivering improved safety with reduced LAPs, new Burbage Ward and work commencing on new Liaison and HBPOS accommodation.
Financial (revenue & capital)	Yes	X	No		<ul style="list-style-type: none"> High underlying costs remain re OATs with renewed and refreshed improvement plans in place through Recovery Plans and the CIP Programme Board Challenging financial plan context in respect of OATs high agency spend, under delivery of CIP requirements places significant limitations on in year investment options to support improvement priorities. Increased in year pressures on the capital plan arising from increased work on the inpatient estate and accommodation of clinical services from Leaving Fulwood. Challenging financial environment going forward
OD/Workforce	Yes	X	No		<ul style="list-style-type: none"> Agreed MHIS growth funding has resulted in workforce expansion in key service lines. Underlying vacancy rates and on-going turnover may undermine the impact of the workforce growth in some areas.
Equality, Diversity & Inclusion	Yes		No	X	<i>Please complete section 4.2 in the content of your report.</i>
Legal	Yes	X	No		<ul style="list-style-type: none"> Failure to achieve CQC compliance is a breach of the requirements of the Health and Social Care Act. Contractual and legal frameworks are in place to govern relevant aspects within the Leaving Fulwood and EPR programmes.
Sustainability	Yes	X	No		<ul style="list-style-type: none"> Service level agile working plans will support reduced travel and the winter vaccination programme will focus on waste reduction. Green Plan implementation programme being finalised. The purchase of additional electric vehicles has been approved as part of the 2022-23 capital programme in support of the Trusts Sustainability Strategy

Title	Operational Plan: Progress update for period ending Quarter 2
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Section 1: Analysis and supporting detail

1.1 Current position against plan: key points to note

1.2 Covid 19: recovering effectively

- **Covid recovery remains well embedded:** allowing our full focus to be directed to the delivery of our improvement priorities
- **Service demand:** Activity levels and demand across most services are in line with pre-covid levels.
- **Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of waits. Recovery plans are in place however the expected rate of improvement is not being delivered. Memory Services have seen increases in waiting times, due to covid, and a plan is in place to improve this.
- **Workforce expansion plans are progressing well:** 88% of the additional staff funded through the Mental Health Investment Standard (MHIS) and other growth allocations have been recruited to. The overall growth for several services can mask areas of concern elsewhere, particularly within inpatient services (See Section 1.3)
- **We have mobilised our winter plan:** Our plan is focussed on key risk areas, increased community support and addressing long lengths of stay and delayed discharges. Additional capacity will be delivered by VCSE partners, funded by £85,500 of winter plan funding. Flow across inpatient services is a concern in winter and this is further impacted by staff vacancies in acute inpatient services.
- **Our vaccination programme launched on the 5 October:** The focus is on Covid boosters and Flu vaccinations for staff and inpatient service users, supporting community service users to use other community-based offers where possible. As of 26 October, the end of the third week of the campaign, we are ahead of trajectory with 31% of staff vaccinated for Flu and 27% staff receiving the Covid booster.
- **There are clear challenges in delivering the NHS LTP for Mental Health across South Yorkshire ICS:** Our Plan for 2022-23 did not support delivery of the national milestones for increasing the number of people entering treatment in Perinatal Mental Health and IAPT services. This was due to lack of available funds from the Mental Health Investment Standard growth allocations to Sheffield.

The Operational Plan for South Yorkshire ICS did not deliver on national requirements for Children and Young People, Perinatal Mental Health, IAPT, Physical Health for people with a Serious Mental Illness and Out of Area Placements. SY ICS plans reflected less than 85% of expected LTP growth for Perinatal Mental Health, Mental Health Crisis, and Ambulance Services.

Following the submission of the SY ICS Plan for 2022-23 NHS England required the ICS to develop a Recovery Plan to meet the national KPIs in the above areas. SY ICS has agreed its Recovery Plan with an expectation that recovery will be achieved into 2023-24 for most areas.

Refer to

Appendix 1: Demand and activity overview (ending Quarter 2)

Appendix 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 2

1.3 **Getting Back to Good: continuing to improve**

We are implementing our Leadership Programmes. This is key to the delivery of the strategic priority and significant progress is being made by

- Our multi-disciplinary *Team SHSHC: Developing as leaders* programme has started its second cohort.
- The *Agile Mindset & Behaviours* programme for senior leaders, which provides practical skills and tools for effective change leadership has started its third cohort.

Plans to implementing our workforce plan and recruit to all vacancies continue.

Challenges in delivering improvements remains. There is a broader risk that general recruitment and retention turnover means that the increased staffing numbers achieved through the MHIS funded expansions (Section 1.2) are not sustained.










- Recruitment to registered Nursing and Health Care Support Worker (HCSW) roles continues to be a challenge and we have introduced additional strategies to reduce vacancy rates in these groups. We have introduced a recruitment premium for Band 5 Nursing staff in inpatient services, and we have increased rates of pay for staff working on Bank.
- We had planned for 20 internationally recruited nurses to arrive by the end of December. Progress with internationally recruited nurses is taking longer than planned. This is due to additional support required for potential applicants to meet minimum entry requirements for language skills and the computer-based tests at degree level. We are expecting 2 nurses to start in December. The remaining mental health target international nurses are receiving development support regarding language skills funded by NHS England.

Our Estates Programme is delivering on improvements and creating safer and more dignified facilities.

- The Ligature Anchor Point Removal programme is at 84.7% completion against the Section 29a requirement, and 74.3% for all clinical environments. Burbage ward improvement work has now been completed and the ward is due to re-open in November 2022 providing single room accommodation for all bedrooms for the first time across our acute inpatient estate.
- Re-location of Liaison Mental Health Service has a planned completion date of January 2023. This will address our accommodation with highest the environment risk.
- Enabling projects for the Health Based Place of Safety (HBPoS) within the Longley Centre have commenced with the move of the CRHT accommodation. The enabling project stage is scheduled for completion by January 2023 and the new HBPoS by July 2023.
- Our headquarters moved to Centre Court and Distington House in August 2022.
- As the Therapeutic Environment and Community Facilities Programmes progress risks will need to be carefully appraised and planned for in respect of capital availability, revenue affordability and political uncertainty that may impact on national funding programmes.

CQC Report at Year 2, August 2021 & December 2021 inspections: The Back to Good Programme is broadly on track. Where there are areas of delay, plans are in place to ensure completion of delayed actions by revised and approved timescales. There are 75 requirements in total that must be met in connection with the CQC inspection reports from August and December 2021.

- Of the 75 requirements 58, of a target of 66, have been completed, or have a status of complete awaiting approval by the Quality Directorate. 8 actions remain open.
- 9 are in exception as not complete by September 2022 and are detailed below.
- Firshill Requirements 2021. We continue to submit returns to the CQC in relation to the conditions on registration at Firshill Conditions, confirming that the unit remains paused.

Regulation	Regulation ID	Service	End Date	Exception
The trust must ensure that effective, embedded and sustainable governance and risk management processes are in place to assess, monitor and improve the quality of services.	1	Trust-wide	31/08/2022	
The trust must ensure that engagement with patients and carers and involvement in their care is strengthened.	9	Trust-wide	31/12/2022	
The trust must ensure that patient's advocates, relatives and friends or carers are involved in their care.	21	Acute Wards and Psychiatric Intensive Care Units	30/08/2022	
The trust must ensure that compliance with training achieves the trust target in all mandatory training courses including intermediate life support and restraint interventions.	23	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	
The trust should ensure that all staff receive supervision in line with the trust target.	42	Acute Wards and Psychiatric Intensive Care Units	28/02/2022	
Recommendation to introduce Medicine Management competencies for nurses	55	Trust-wide	29/07/2022	
The trust should ensure all staff are up to date with mandatory training	68	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	
The trust should ensure staff use and clearly document the use of de-escalation prior to physical restraint	69	Acute Wards and Psychiatric Intensive Care Units	30/09/2022	
The trust should ensure that staff do not use the green room on Endcliffe ward to inadvertently seclude patients	75	Acute Wards and Psychiatric Intensive Care Units	31/08/2022	

1.4 Transformation: changing things that will make a difference

The Transformation Programmes continue to progress broadly in line with plan or revised plan agreed by the Transformation Board. There are challenges in respect of financial impact and capacity to support delivery effectively and at pace. Risks are highlighted and are being managed by the programmes.

Key areas of progress have been delivered in respect of;

- **Therapeutic Environment:** Enabling projects for the Health Based Place of Safety (HBPoS) within the Longley Centre have commenced. This will directly improve the standards of care provided and be a key enabler to the final stage of the Phase 3 ligature anchor point removal project. There are financial risks associated with the final expected costs.
- **Community Mental Health Teams:** Significant progress has been made in developing and finalising the case for change. Previously the Programme had identified that while engagement is taking place it was limited and there is a risk that the new services are being designed without sufficient involvement of services users, their families and carers. This has been a key area of focus over the last quarter with the co-production of Patient Reported Outcome Measures with Experts by Experience Flourish and Healthwatch facilitating patient journey workshops in relation to the new clinical model.
- **Leaving Fulwood:** Our new HQ is now operational, and an evaluation is about to commence. The purchaser of Fulwood House is due to put in place their reserve matters planning application in December 2022. We anticipate the first capital receipt in April 2023.
- **Learning Disability Model:** The Strategy for the future of our Learning Disabilities Service has been developed and there is a public consultation planned, lead by Commissioners, due to start in January 2023. In support of the Strategy the Programme has developed a clear clinical and operational model and continues to co-produce with stakeholders plans to operationalise the model.

Three Programmes and Projects are reporting key risks in the following areas

- **Therapeutic Environment – complexity of the programme and uncertainty remaining regarding the outcomes of the NHS New Hospital Programme Fund.** Our full programme is reliant on additional external capital funds. The Strategic Outline Case is being developed and is due by December and will consider the contingency approaches available to resource this programme. There are significant risks relating to resources with an extended scope and the need to enable critical path projects.
- **Community Facilities – need to confirm and finalise solutions for Assertive Outreach, Community Forensic Team and St Georges accommodation.** There is a risk that solutions for AOT and CFT may not be in place by the leaving Fulwood timescales and a risk that the St. George's building may deteriorate further over winter impacting on patient care and staff wellbeing. Mitigation plans are in place for both risks.
- **Health Roster Project – delivery remains on plan for completion by December 2022 however this is reliant on now reductions in current resources.**

Related reports for the Committee

Paper 5, FPC Agenda: Transformation Portfolio Report

1.5 Partnerships: working together to have a bigger impact

We continue to work collaboratively across our system, the South Yorkshire ICB, South Yorkshire MHLDA Provider Collaborative, and within the Sheffield Health Care Partnership. This supports the delivery of our strategic priorities and our responsibilities on the Health and Social Care Bill.

- **Supporting service development across the South Yorkshire ICS MHLDA Provider Collaborative:** We continue to work collaboratively across the system, particularly with the SY MHLDA Provider Collaborative (previously referred to as the Mental Health Alliance). This will be a key area for the Trust as Place based systems collaborate and continue to develop plans that respond to the needs of local people, the shared transformation agendas and the developing financial environment as we recover from Covid.

A priority setting workshop was held on 17 October to co-produce priorities for a shared ICS development approach. The emerging top three priority areas from the workshop were

- Section and Place of Safety
- Neurodiversity diagnosis and support
- Learning Disability, crisis and complex placements

The Trust is actively engaged with the SY ICS Provider Collaborative development and work programme providing clear leadership support and input.

- Jan Ditheridge, Chief Executive is providing leadership as the Lead Chief Executive of the South Yorkshire MHLDA Provider Collaborative
- Linda Wilkinson Director for Psychological Services is the Clinical Director of the Provider Collaborative on a part time basis and
- Beverley Murphy, Director of Nursing, Professions and Operations is leading the Place of Safety priority programme on behalf of the Collaborative.

- **Addressing access challenges and winter pressures:** Our partnerships with the VCSE, co-ordinated with SACMHA and the South Yorkshire Community Foundation, will support the delivery of our Winter Plan, building on the successful pilot during Q4 of 2021-22. They bring expertise, community connections and capacity to support our services and improvement work.

- **Building our partnerships with the VCSE:** Effective partnership working across the VCSE is essential and joint working initiatives support the delivery of key service pathways. The Trust, led by the Director of Operations and Transformation, is building our approach with the Sheffield Mental Health Alliance to explore areas that would benefit from closer joint working. The Sheffield Place Mental Health and Learning Disability Delivery Board brings together stakeholders from across the city and provides a way for the Trust to work collaboratively with the VCSE to enable better links with the community and to ensure that people have the most meaningful and least restrictive care.
- **Working as part of the Sheffield Urgent and Emergency Care Pathway:** The Trust is fully engaged as part of the UEC network in Sheffield. Our plans are focussed on ensuring effective delivery of the crisis care pathway and maintaining flow to ensure that people within the broader UEC pathway who need mental health support can access it.

The UEC system is currently working under considerable pressure. If we are to provide effective support and help across the system then there needs to be access to mental health care and treatment, across the UEC pathways, when needed. To achieve this our key areas of focus and action have been avoiding 12 hour breaches, increasing the reach of Liaison services, effective gatekeeping and improving flow through our inpatient services.

- **Supporting integrated approaches:** Close work with Sheffield CCG, Sheffield Council and the private landlord sector continues to inform the opportunities for accommodation solutions. This supports several Transformation Programme priorities (Leaving Fulwood, Community Facilities, CMHT) and our growth plans in line with Long Term Plan projections (IAPT) and our Estate Strategy.
- **Social Care developments and challenges:** A clear change and governance structures are in place between the Trust and the Council to ensure the required changes for the future access to and provision of social care assessment and care management.

1.6 Summary of progress against key deliverables at Q2

Appendix 3 provides a concise overview of the current position with our strategic priorities and key deliverables at Quarter 2. Progress is reported across the deliverables in either establishing the required plan of work or delivering against the plan. Additional comments on our position at Q2 in addition to the summary provided through the earlier sections is noted below

- **Plans to expand Substance Misuse Services this year are not progressing due to the change in commissioning approach.** The service is developing a refreshed service model in response to the tender of services by the Local Authority.
- **Our enabling strategies are being progressed:** Implementation plans are being developed. This was initially planned for September but is now scheduled for completion for early December. A collaborative approach is being taken by the strategy leads in defining key areas for shared focus.
- **The Digital Strategy is progressing well in respect of the EPR Programme.** Meaningful progress across other areas of the strategy have not been progressed in a meaningful way due to the limitations on leadership and programme capacity to support the work.

Section 2: Risks

- 2.1 **Impact of winter:** There is a risk that general winter illnesses, while mitigated by our vaccination programme, may impact on staff attendance and reduce the general number of contacts with patients reducing flow through community and crisis care pathways. The Winter Plan is focussed on managing and mitigating these risks through deploying increased capacity and ensuring contingency and escalation plans are in place.

***BAF.0029:** There is a risk of a delay in people accessing the right community care at the right time*

***BAF0026:** There is a risk of slippage or failure in projects comprising our transformation plans*

- 2.2 **Service demand:** There is a risk that challenges across the crisis care pathway continue for sustained periods of time impacting on access to our services and the broader UEC Pathway. Crisis care services continue to operate under pressure. A range of plans are in place to improve the pathway for service users, address blockages within the pathway and increase capacity and resilience at key access points. However sustained pressure on services is expected to remain until the plans have the desired and intended impact.

***BAF.0024:** There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care*

- 2.3 **Workforce expansion:** There is a risk that successful recruitment may not be sustained due to on-going staff turnover reducing the required workforce increases to support service expansions over the medium to longer term. Recruitment against the 2022/23 workforce expansion goals has largely been successful to date, however teams may continue to experience new vacancies arising from ongoing staff turnover.

***BAF0014:** There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs*

***BAF0020:** There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme*

***BAF0026:** There is a risk of slippage or failure in projects comprising our transformation plans*

- 2.4 **Workforce wellbeing:** There is a risk to staff wellbeing from the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

***BAF0020:** There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme*

***BAF0013:** There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services,*

- 2.5 **Delay to improvements in access to services:** There is a risk that access to services in key service lines does not improve in line with the existing recovery plans and investments made to related services. Additional staff are either in place or being mobilised for most services and this should help address challenges alongside existing improvement plans. Recovery plans remain in place and are managed

through Recovery Task Groups/ IPQR governance and report to the Quality Assurance Committee.

BAF.0029: *There is a risk of a delay in people accessing the right community care at the right time*

- 2.6 **Community Services Accommodation:** There is a risk that the range of solutions across the city may not accommodate the different and competing priorities. The capital availability and revenue affordability of the options to meet service needs in the short, medium and long term needs to be appraised and will create additional pressures and adjustments to our financial plan.

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.*

BAF0026: *There is a risk of slippage or failure in projects comprising our transformation plans*

BAF.0025: *There is a risk of failure to effectively deliver essential environmental improvements*

- 2.7 **Therapeutic Environment:** There are risks arising from the uncertainty regarding the outcomes of the NHS New Hospital Programme Fund. Our full programme is reliant on additional external capital funds The Strategic Outline Case is being developed for December 2022 and will consider the contingency approaches available to resource this programme. There are significant risks relating to resources with an extended scope and the need to enable critical path projects.

BAF.0025: *There is a risk of failure to effectively deliver essential environmental improvements*

BAF0026: *there is a risk of slippage or failure in projects comprising our transformation plans*

- 2.8 **Prioritising across our capital programmes:** As the Therapeutic Environment and Community Facilities Programmes progress risks will need to be carefully appraised and planned for in respect of capital availability, revenue affordability and political uncertainty that may impact on national funding programmes and allocations.

BAF.0025: *There is a risk of failure to effectively deliver essential environmental improvements*

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties*

BAF0026: *There is a risk of slippage or failure in projects comprising our transformation plans*

- 2.9 **Financial pressures, challenges and our financial position:** There is a risk that the highly challenging financial context for our plans and the current financial position in 2022/23 limit the options to support key priority areas and deliverables with additional development capacity and capabilities. This may impact on capacity to progress areas of Trust Strategy, support existing programmes of work or to respond to and accommodate additional requirements within existing programmes of work. Prioritisation of available resources will be a key consideration as strategy implementation plans are finalised alongside our five-year operational plans and investment plans for 2023-24.

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.*

BAF0026: *There is a risk of slippage or failure in projects comprising our transformation plans*

- 2.10 **Financial pressures, challenges and the local authority position:** There is a risk that the financial position of the Local Authority will impact upon the sustainability of services commissioned from and provided by the Trust impacting on patient care, our workforce and corporate infrastructures. An appraisal of the cumulative impact is being completed.

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.*

- 2.11 **Financial pressures, challenges and funding methodologies:** There is a risk that national funding methodologies continue to adversely impact on mental health providers reducing the available growth funding to support service growth and development in line with NHS Long Term priorities. This will be a key area to influence through our partnership work at Place, System and National levels.

BAF0022: *there is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.*

BAF0027: *there is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirements to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision-making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs.*

Section 3: Assurance

Monitoring Framework

- 3.1 The monitoring framework remains in place for each of the deliverables in the Operational plan. Review by the Committee in January 2022 confirmed that the Committee is assured by the monitoring arrangements. The framework has been updated to reflect the Operational Plan for 2022/23 and is referenced at Appendix 3.

Updates to the strategic priorities and key deliverables for 2022/23

- 3.2 No changes made since Plan approval.

Triangulation

- 3.3 The content of this report and the summary of the current position, outlined at Appendix 3, is supported by the following reports and information reviewed and presented to the Board and its Committees.

- a) Covid Recovery progress report to each meeting of the Board of Directors
- b) Back to Good Board progress reports to the Quality Assurance Committee
- c) Quality improvement reports to the Quality Assurance Committee, for example Recovery Plans, OAP Plan, Physical Health Plan.
- d) Transformation Board reports to the Finance and Performance Committee
- e) Workforce Plan and People Plan reports to the People Committee
- f) Finance reports to the Finance and Performance Committee in respect of financial position, capital plan, CIP Planning, negotiations with commissioners and investment plans and allocations.
- g) IPQR in respect of activity and performance reports to the Committees of the Board.
- h) Range of enabling strategies developed through Committee and approved by the Board of Directors during Q4.

Section 4: Implications

No implications in addition to the issues highlighted through Section 1 & Section 2

Section 5: List of Appendices

Appendix 1: Demand and activity overview (ending September 2022)

Appendix 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 2

Appendix 3: Operational Plan delivery framework and summary position at Quarter 2

APPENDIX 1: Demand and activity overview (ending September 2022)

A) Referrals

Key messages: Referral numbers generally haven't increased, are in line with or below pre-covid levels and below what we expected and planned for. SAANS has experienced increasing demand over the last two years.

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Responsive | Access & Demand | Referrals

Referrals	Sep-22			Note
	n	mean	SPC variation	
Acute & Community Directorate Service				
SPA/EWS	672	705	•••	The baseline has been re-calculated in July 2021 due to Safeguarding referrals being moved to the Safeguarding team.
AMHP	146	146	•••	
Crisis Resolution and Home Treatment	930	The implementation of the new Crisis Resolution & Home Treatment Team has resulted in a merge of 5 existing teams in Insight (Out of Hours Team and 4 Adult Home Treatment Teams). This happened mid February 2022. We are considering how we present the information in relation to this new team and its functions (i.e. Crisis Resolution >72hrs and longer term Home Treatment).		
Liaison Psychiatry	430	485	•••	
Decisions Unit	51	56	•••	The baseline has been re-calculated for the full re-opening of DU in May 2021.
S136 HBPOS	31	36	•••	
Recovery Service North	30	23	•••	
Recovery Service South	20	24	•••	
Early Intervention in Psychosis	38	39	•••	
Memory Service	112	131	•••	The baseline has been re-calculated due to a sustained increase in referrals from April 2021.
OA CMHT	242	247	•••	
OA Home Treatment	26	26	•••	

Referrals	Sep-22			Note
	n	mean	SPC variation	
Rehab & Specialist Service				
CERT	2	3	• L •	
SCFT	2	1	•••	
CLDT	56	54	•••	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	2	4	• L •	
Psychotherapy Screening (SPS)	58	43	•••	
Gender ID	56	44	•••	
STEP	95	90	•••	
Eating Disorders Service	34	32	•••	
SAANS	463	358	• H •	There has been exponential demand over the last two years, the baseline has been recalculated from Jan 2021 to reflect this.
R&S	13	19	•••	
Perinatal Service (Sheffield)	58	49	•••	
HAST	19	16	•••	
Health Inclusion Team	201	131	•••	
LTNC	84	93	•••	
ME/CFS	87	53	• H •	Data inaccuracy due to admin system inefficiency.

B) Referrals, waiting times and caseloads

Key messages: While demand (new referrals) has remained settled, some services are experiencing access challenges (high numbers waiting + long waiting times) and high caseload sizes.

Responsive | Access & Demand | Community Services

September 2022	Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Waiting List			Average Waiting Time (RTA) in weeks			Average Waiting Time (RTT) in weeks			Caseload		
Acute & Community Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPA/EWS	550	822	• L •	39.9	26.2	• H •	14	10.0	•••	884	1183	• L •
MH Recovery North	107	57	• H •	9.7	6.1	• H •	1	11.0	•••	927	969	• L •
MH Recovery South	105	57	• H •	17	7.6	• H •	11	12.0	•••	1074	1079	•••
Recovery Service TOTAL	212	114	• H •	N/A			N/A			2001	2049	• L •
Early Intervention in Psychosis	32	21	•••	N/A			84.6%			293	356	• L •
Memory Service	943	522	• H •	32.4	18.4	• H •	50.7	27.4	• H •	4543	4191	• H •
OA CMHT	269	139	• H •	7.3	6.7	•••	11.2	10.3	•••	1312	1239	• H •
OA Home Treatment	N/A			N/A			N/A			57	63	•••
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPS - MAPPS	61	65	•••	19.8	21.9	• L •	67.0	70.0	•••	318	319	•••
SPS - PD	31	46	• L •	16.9	25.7	• L •	22.0	73.0	• L •	185	194	•••
Gender ID	1808	1499	• H •	192.6	120.1	•••	N/A			2629	2283	• H •
STEP	125	90	• H •	N/A			3.5	3.0	•••	372	385	•••
Eating Disorders	33	31	•••	4.6	4.9	• L •	N/A			220	211	• H •
SAANS	5549	4177	• H •	97.3	96.9	•••				6166	4913	• H •
R&S	95	187	• L •	87.1	86.2	•••				197	229	• L •
Perinatal MH Service (Sheffield)	26	23	•••	2.9	3.0	•••				148	137	• H •
HAST	24	31	•••	28.0	11.8	•••				70	81	•••
Health Inclusion Team	123	178	•••	4.3	7.2	• L •				1473		•••
LTNC	96		•••	N/A						N/A		
CFS/ME	N/A			18.9	14.9	• H •	N/A			2950		•••
CLDT	169	191	•••	5.2	14.2	•••	14.0	23.0	•••	912	840	• H •
CISS	N/A			N/A			N/A			19	32	• L •
CERT	0		•••	N/A			N/A			45	45	•••
SCFT	2	2	•••	N/A			N/A			27	24	• H •

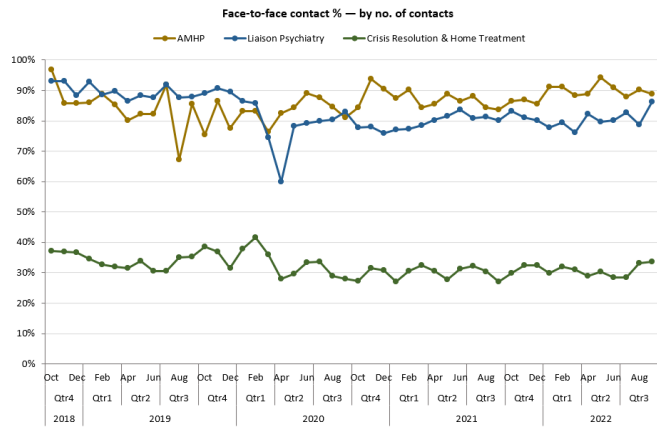
Narrative

Whilst demand in community services has settled to expected levels for most services, there are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement.

c) Face to face activity levels – increasing return to pre-pandemic levels

Key messages: No significant changes in the latest 2-3 months activity data (April- June 2022). The percentage of contacts with service users held face-to-face is recovering and is now around 10-15% lower than pre-pandemic levels. The increased use of remote and virtual means of supporting service users has had benefits and bought more choice and flexibility for service users. Services are putting in place agile working plans to ensure that choice is offered positively and where face-to-face contact is requested or deemed necessary then this is provided.

Crisis Services



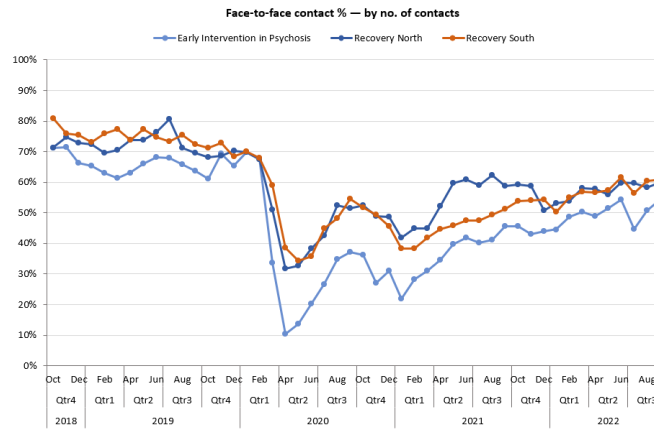
The graph shows the percentage of all contacts with service users that were held face-to-face.

The levels of face-to-face activity for the core crisis services has remained stable throughout the pandemic periods.

For the blue line above (Liaison services), through 2021-22 and Q1 of this year around 80-85% of contacts with service users were held face-to-face. Conversely around 15-20% of contacts with service users were held remotely by phone or video conferencing.

The total amount of time spent in face-to-face contacts is higher, suggesting remote contact is often for shorter periods of time.

Recovery Teams (N&S) & Early Intervention

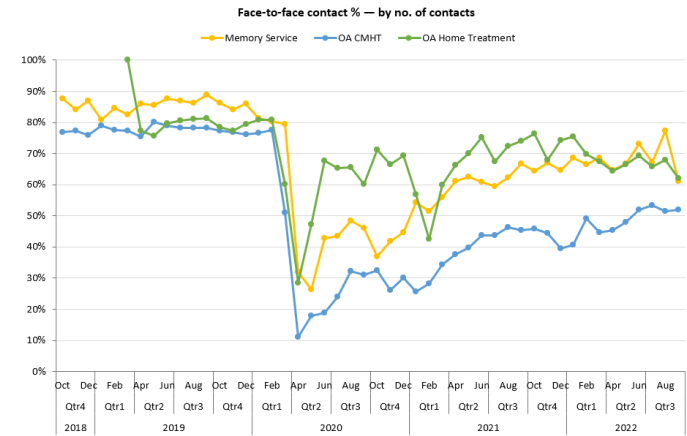


The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c50-60% for Recovery Teams for last 6 mths and 55% for Early Intervention in Psychosis Service in March

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 90% of time in contact with a service user was spent face-to-face. This has recovered to 70-80% of time. This suggests remote contact is often for shorter periods of time.

Older Adult Services



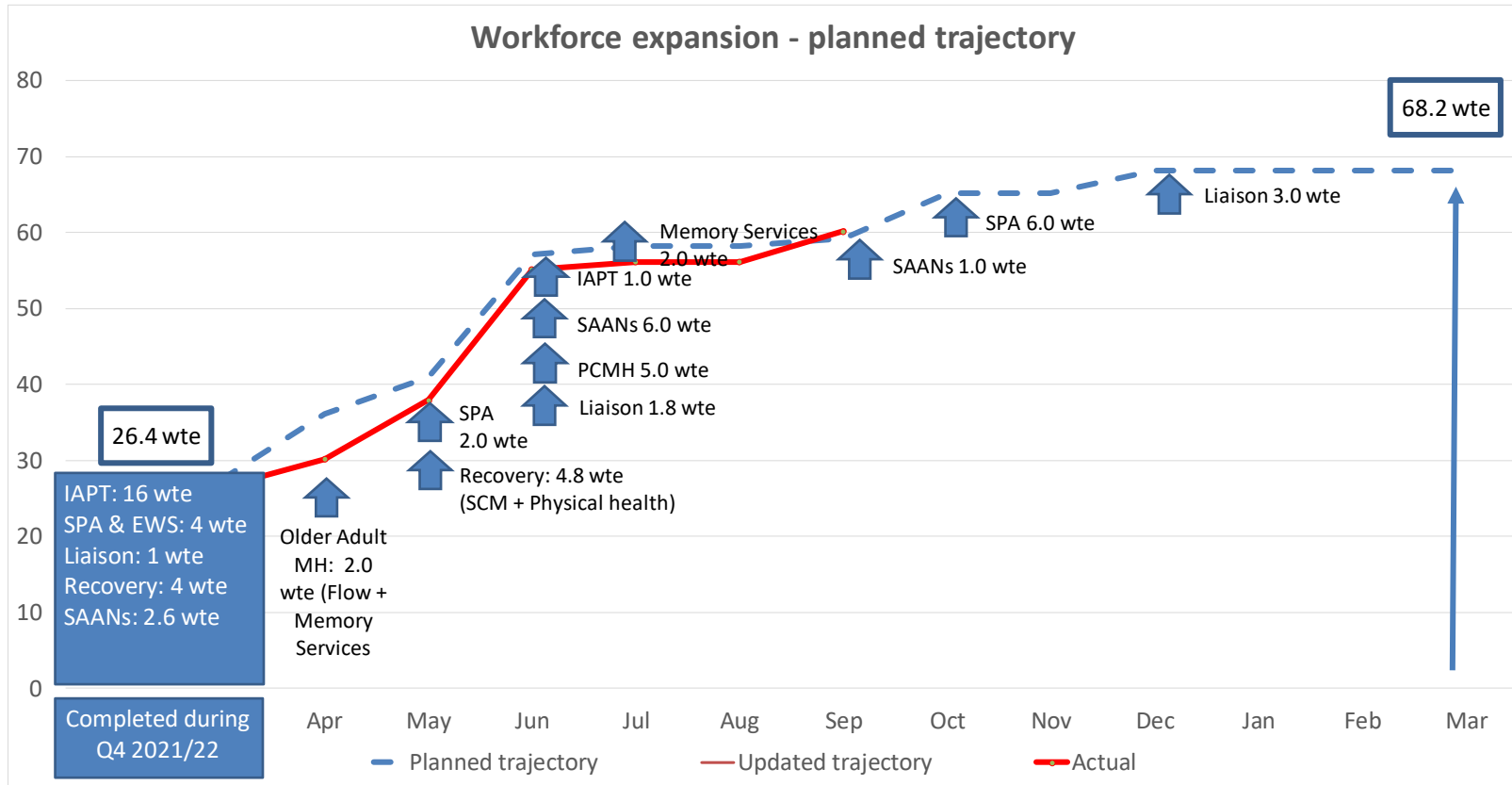
The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c70-80% for Home Treatment, 70% for Memory Services and 50% for OA CMHT Services.

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 95% time in contact with a service user was spend face-to-face. This has recovered to 80-90% of time for Home Treatment and Memory Services, and 65% for OA CMHT Services. This suggests remote contact is often for shorter periods of time.

APPENDIX 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 2

Annual Operational Plan 2022/23: Workforce planned trajectory



Key message:

- (1) 88% of planned workforce expansion for 2022-23 has been recruited to at the end of Q2.
- (2) Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22 increasing to 81% by June 2022.
- (3) Memory Service expansion has not been as successful to date, with plans in place. This is impacting on service capacity to address access challenges.
- (4) Planned recruitment for Liaison Services later in the year has already been completed during September.

APPENDIX 3: Operational Plan delivery framework and summary position at Quarter 2

Annual Operational Plan 2022/23: Delivery assurance framework

STRATEGIC PRIORITIES AND DELIVERABLES 2022/23				DELIVERY ACCOUNTABILITIES & ASSURANCE				PROGRESS	
No	Objective/ action	Board Committee	Strategic priority	Exec Director	Senior lead	Operational oversight Group	Plan in place	Q1	Q3
Operational Plan: Service Delivery plan									
1	Strategic Priority: Transformation - Roll out primary care mental health services to 15 Primary Care Networks by 2023	FPC	Y	Mike Hunter	Toni Wilkinson	Primary and Community Mental Health Transformation Programme			
2	Strategic Priority: Transformation - Implement Community Mental Health New Models of Care in 2022, re-designing our Single Point of Access and Recovery Services	QAC	Y	Beverley Murphy	Neil Robertson	Community Mental Health Transformation Programme Board			
3	Strategic Priority: Transformation - Improve our services for people who have a learning disability or autism by implementing 'Building the Right Support'.	FPC	Y	Mike Hunter	Richard Bulmer	Learning Disability Programme Board			
4	Strategic Priority: Covid - Improve capacity and reduce waiting times in services affected by demand	QAC	Y	Beverley Murphy	Greg Hackney	Integrated Performance & Quality Review Group	see below	see below	see below
4a	✓ Single Point of Access and Emotional Wellbeing Services	QAC		Beverley Murphy	Greg Hackney	SPA/ EWS Recovery Plan Task Group			
4b	✓ Memory services and older people's mental health services	QAC		Beverley Murphy	Greg Hackney	Integrated Performance & Quality Review Group			
4c	✓ Autism	QAC		Beverley Murphy	Greg Hackney	SAANs Recovery Plan Task Group			
4d	✓ SPS/ Complex trauma	QAC		Beverley Murphy	Greg Hackney	Complex Trauma Recovery Plan Task Group			
5	Reduce out of area placements and delayed transfers of care by improving flow	QAC		Beverley Murphy	Greg Hackney	Integrated Performance & Quality Review Group			
6	Deliver Early Intervention in Psychosis services in line with best practice guidelines	QAC		Beverley Murphy	Laura Wiltshire	Integrated Performance & Quality Review Group			
7	Expand Perinatal Mental Health services so that (tbc) people access support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group			
8	Expand Homeless services so that 80 people access MDT support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group			
9	Expand IAPT services so that (tbc) people access support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group			
10	Expand Substance Misuse services so that (tbc) people access support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group			
11	Develop ASERT, the new integrated Eating Disorders Service	QAC		Beverley Murphy	Richard Bulmer	ASERT Deep Dive Group			
12	Strategic Priority: Covid - Ensure staff are vaccinated and service users are protected	QAC	Y	Beverley Murphy	Neil Robertson	Silver Command			
13	Strategic Priority: Covid - Implement new agile ways of working	QAC	Y	Beverley Murphy	Neil Robertson	Integrated Performance & Quality Review Group			
Operational Plan: Quality plan									
14	Strategic Priority: Back to Good - Implement our Quality Strategy and Improvement Plan to support the delivery of our Clinical and Social Care Strategy	QAC	Y	Beverley Murphy	Salli Midgely	Quality	Strategy Delivery Plan by Sept		Strategy Delivery Plan by December
15	Strategic Priority: Back to Good - Deliver our CQC Action Plan including Well-Led	QAC	Y	Beverley Murphy	Salli Midgely	Back to Good Programme Board			
16	Reduce restrictive practices	QAC		Beverley Murphy	Salli Midgely	Reducing Restrictive Practices Group			
17	Improve access, experience and outcomes for people from socially and ethnically diverse communities	QAC		Beverley Murphy	Salli Midgely	Lived Experience and Coproduction Assurance Group			
18	Ensure robust Safeguarding pathways are in place aligned to changing social care responsibilities	QAC		Beverley Murphy	Salli Midgely	Safeguarding Assurance Committee			
19	Deliver our Physical Health improvement plan with a clear focus on improved physical health checks	QAC		Beverley Murphy	Salli Midgely	IPC and PH Committee			
Operational Plan: Service user engagement and experience plan									
20	Implement our Service User Engagement and Experience Strategy to support our Clinical and Social Care Strategy	QAC		Beverley Murphy	Salli Midgely	LECAG	Strategy Delivery Plan by Sept		Strategy Delivery Plan by December
21	Increased the number and diversity of Experts by Experience working in the Trust	QAC		Beverley Murphy	Salli Midgely	LECAG			
22	Reach and communicate with groups who are currently underrepresented.	QAC		Beverley Murphy	Salli Midgely	LECAG			
23	Relaunch our Patient Advice and Liaison Service and improve our responsiveness to patient feedback and complaints	QAC		Beverley Murphy	Salli Midgely	LECAG			
Operational plan: Research, Innovation & Effectiveness plan									
24	Implement our Research Innovation and Effectiveness Strategy to support the delivery of our Clinical and Social Care Strategy	QAC		Mike Hunter	Nicholas Bell	Research, Innovation and Effectiveness group	Strategy Delivery Plan by Sept		Strategy Delivery Plan by December

Operational plan: People plan									
25	Strategic Priority: Back to Good - Implement our Leadership Programmes	People	Y	Caroline Parry	Charlotte Turnbull	Organisational Design and Development Group			
26	Strategic Priority: Back to Good - Implement our Workforce Plan and recruit to all vacancies	People	Y	Caroline Parry	Sarah Bawden	Workforce Planning and Transformation Group & Recruitment and Retention Assurance Group			
27	Strategic Priority: Back to Good - Develop our staff to deliver fundamental standards of care	People	Y	Caroline Parry	Sarah Bawden	Workforce Planning and Transformation Group			
28	Implement our Just and Learning Programme	People		Caroline Parry	Charlotte Turnbull	Organisational Design and Development Group			
29	Improve our wellbeing culture and reduce non-covid absence	People		Caroline Parry	Sarah bawden	Staff Health and Wellbeing Group			
Operational plan: Digital plan									
30	Strategic Priority: Transformation - Implement and deliver our new electronic patient record in 2022/23	FPC	Y	Phillip Easthope	Andrew Male	Electronic Patient Record Programme Board			
31	Develop and mobilise programmes to improve	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	Strategy Delivery Plan by Sept		Strategy Delivery Plan by December
32	✓ Digital skills	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group			
33	✓ Cyber Security	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group			
34	✓ Data driven healthcare	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group			
35	✓ Modern and flexible working	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group			
36	✓ Therapeutic environments	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group			
Operational plan: Estates plan									
37	Strategic Priority: Back to Good - Deliver our Strategic Estate Plan to create safe, dignified facilities, and improve Burbage, Stanage and Maple Wards.		Y	Pat Keeling		Back to Good Programme Board			
38	Strategic Priority: Transformation - Relocate our headquarters and corporate services during 2022	FPC	Y	Phillip Easthope	Pat Keeling	Leaving Fulwood Programme Board			
39	Strategic Priority: Transformation - Develop the strategic case for our future inpatient facility		Y	Beverley Murphy	Adele Sabin	Therapeutic Environments Programme Board			
40	Strategic Priority: Transformation - Improve our community facilities for Eating Disorders, Specialist Psychotherapy, IAPT, Community Enhanced Recovery, Specialist Community Forensic and Assertive Outreach Services	FPC	Y	Pat Keeling	Greg Boyd	Community Facilities Programme Board			
41	Implement the recommendations from the Capacity and Capability Review of estate and hotel services and deliver the NHS Cleaning and Catering Plans.	FPC		Pat Keeling	Helen Payne				
Operational plan: Sustainability & Green Plan									
42	Implement our Green Plan to embed sustainable developments across the Trust.	FPC		Phillip Easthope	Sarah Ellison		Strategy Delivery Plan by Sept		Strategy Delivery Plan by Sept
Operational plan: Finance plan									
43	Deliver agreed Mental Health Investment Standard investments in line with our plan	FPC		Phillip Easthope	Matt White	Business Planning Group			
44	Deliver our Capital programme in line with our plan	FPC		Phillip Easthope	Matt White	Capital Project Group			
45	Deliver our efficiency programme	FPC		Pat Keeling	Matt White	CIP Working Group			
46	Implement our procurement strategy	FPC		Phillip Easthope	Matt White	Business Planning Group			

RAG Dimension	Red	Amber	Green
Progress	Timelines not clear Original programme completion date unachievable unless there is intervention (funding, resources, etc.)	Timelines are somewhat clear Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date. Plans in place to mitigate the above.	Timelines are clear On track to deliver to milestones
Scope	Requirements are unclear Significant uncertainty in scope and deliverables Scope creep and lack of a formal change request process Programme not expected to deliver fundamental elements of the scope Significant concerns about the quality of the solution without acceptable workarounds	Requirements are somewhat clear Only key deliverables are identified Scope is still moving / lacking clarity Significant change requests not yet approved Programme will not deliver all items in scope but items not being delivered are not fundamental Concerns about quality but some workarounds are acceptable Plans in place to address the above	Requirements are clear All deliverables are identified It is clear what is in and out of scope Formal change request process is in place Programme is expected to deliver all items in scope Solution delivered by the programme is of the expected quality
Budget	Costs are not understood Budget not available Programme has overspent or is expected to overspend by more than 5%	Remaining uncertainty about costs Budget identified but not yet signed off Programme forecast to overspend by no more than 5%	Costs are clearly defined Budget allocated to the programme Programme forecast to be on track/under budget
Resources	Programme team not in place Unclear roles and responsibilities Team not motivated and underperforming Resources unavailable	Team not motivated but performing Some gaps in resourcing Plans in place to address these	Programme team in place Clear roles and responsibilities Team motivated No significant gaps in resourcing
Risks	The programme has ageing risks with no evidence of action being taken Risks do not have mitigation in place or mitigation is proving ineffective. The impact of the risks on Benefits realisation is not understood.	Risks are being managed but confidence is low within the programme team that mitigation will have the required impact. Mitigations may need to change or risks may require escalation. The impact of the risk on Benefits realisation is not understood or is incomplete.	The programmes risk register is up to date with no ageing risks. Risks have mitigation in place. Assurance is provided that the risk is being managed well Mitigations are proving effective. The impact of the risk on Benefits realisation is understood, articulated and mitigations are appropriate.