Board of Directors

SUMMARY REPORT	Meeting Date:	24 May 2023
	Agenda Item:	17

Report Title:	Q4 Annual Operating Plan 2023/24 - update	
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:**	Finance and Performance Committee
	Date:	13 April
Key Points recommendations to or previously agreed at:	The report was welcomed and the Committee were assured that the reported progress was supported by a range of information.	

Summary of key points in report

1. **Service demand:** Demand levels across most services continue to remain in line with pre-covid levels over the medium to longer term. Increased demand is being managed within Memory Services and Sheffield Autism and Neurodevelopmental Services. Recovery Plans are in place.

2. **Our Winter Plan has been implemented well.** This has delivered alternative community support from VCSE partners and has new options to reduce delays in being discharged from inpatient care.

3. **Services have been resilient through Quarter 4:** Winter demands and the potential impacts from industrial action have been managed well.

4. **Plans to implement our workforce plan and recruit to all vacancies are delivering improvements while the position continues to remain challenging.** 65wte extra staff funded by growth investments in 2022/23 have been recruited to with 3 post remaining unfilled. Across SHSC our staff in post figures have increased by 130wte c6.6% over the year. Our first internationally recruited nurses have started with two Nurses joining the Birch Avenue Team. We should have c15 nurses working in our services by the end of Q2 2023/24.

5. **Quality:** The Back to Good programme continues to manage and deliver the required improvement actions in response to the CQC Inspections

6. **Our Estates Programme is delivering improvements and creating safer and more dignified facilities.** The Liaison Service have moved to their new accommodation at the Longley Centre, enabling works for the Health Based Place of Safety have been completed and work to improve Stanage Ward has commenced.

7. **Our Transformation programmes continue to progress.** Engagement work continues across the Learning Disability, Primary and Community Mental Health and Community Mental Health Team programmes as implementation plans for mobilisation during 2023/24 are finalised. Revised plans to implement the new EPR have been confirmed and are in place, and estate enabling and improvement work for inpatient services as part of the Therapeutic Environment programme have been implemented.

8. **There continues to be uncertainty with key transformation priorities linked to the arrangements for national capital allocations and limitations on the use of our capital funds.** The Maple Ward business case is being developed at pace and should reflect the alignment with the Out of Area CIP delivery plan. The commitments made in the capital plan for 2023/24 and the available capital funds severely restrict our options to provide the necessary accommodation solutions for key community services in response to poor current environments, expanding or changing service needs. Options are being finalised.

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.

10. **The financial pressures are challenging.** Significant pressures are being managed with a forecast FYE deficit for 2022/23 of £2.497m at the end of March. The forecast has reduced from the Q3 position mainly due to increased income received and asset life adjustments. Looking ahead to 2023/24 the Operational Plan is based on an expected £3.262m deficit and a CIP requirement of £5.734m. 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. The Operational Plan for 2023-24 provides 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	

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:				
Recover Services and improve efficiency	Yes	X	No	
Continuing Quality Improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

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 Fundamental Standards	Yes		No	X	Compliance considerations are reported to the QAC
Data Security and Protection Toolkit	Yes		No	X	

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety Engagement and Experience	*Yes*	**X**	*No*		• 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*		• High underlying costs remain re OATs with renewed and refreshed improvement plans in place the CIP Programme Board • Challenging financial plan context in respect of OATs high agency spend, under delivery of CIP requirements and forecast out-turn deficit of £3.8m 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*		• 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*	**X**	*No*		• A range EDI improvement plans support the delivery of the Operational Plan and is integral to the work of the transformation priorities.
Legal	*Yes*	**X**	*No*		• 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.
Environmental Sustainability	*Yes*	**X**	*No*		• 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	Q4 Annual Operating Plan update

Section 1: Analysis and supporting detail

1.1 Current position against plan: key points to note

1.2 Covid 19: recovering effectively

a) **Service demand:** As previous reports have noted over the medium to longer term demand levels continues to remain stable and have generally returned to pre-pandemic levels. The exception to this would be Memory Services and Sheffield Autism and Neurodevelopmental Services who have experienced increases, with Recovery Plans in place to manage the services response.

APPENDIX 1: Demand and activity overview

b) **Our Winter Plan has been implemented well.** The Plan focussed on key risk areas by increasing community support and developments to reduce long lengths of stay and delayed discharges.

- Our partnership with the Sheffield Mental health Alliance has established a network of ten VCSE organisations, and this has delivered support to over 123 people. Outcomes have been very positive. 123 people waiting to access SPA/ EWS interventions have received support with 80% reporting positive improvements to their quality of life (using ReQol) and 76% being able to be discharged from SHSC waiting lists following review.

- We have tested the development of mental health interim discharge beds with two local residential care providers providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package.

c) **Our vaccination programme began well, but performance has plateaued since the Christmas period.** By the end of February 54% of eligible staff had received a Covid booster (North Yorkshire & Humber H rate of 59%) and 57% of eligible staff had received the Flu vaccine (North Yorkshire & Humber rate of 58%).

d) **Services have been resilient through Quarter 4:** Changes in demand through winter have not been significant and have not impacted upon service continuity. There has been a strong focus on ensuring flow across the urgent care pathway and the position is better this year than last winter, however rates of out of area placements and lengths of stay remain high. This is evident by

- Less 12-hour breaches in A&E for people needing a mental health assessment: there have been 8 breeches between Oct-January, a significant reduction on last winter

- The Health Based Place of Safety has been more accessible: Beds were repurposed for inpatient care needs on 18% of December 2022 and 23% in January, compared to 80% in January 2022.

- Delayed Transfer of Care while reduced in December to c15%, have generally remained at c30% over October, November, and January.

- Rates of Out of Area Placements and Lengths of Stay have remained high through December and January.

e) Potential impacts from industrial action have been managed well. To date there has not been any impact on service provision and continuity. Plans have remained in place to ensure SHSC, alongside the Sheffield and SY ICS system, is prepared for any industrial action to ensure there is minimal disruption to patient care and emergency services can operate as normal. Strong team and partnership working has been key to achieving this.

1.3 Getting Back to Good: continuing to improve

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

- 58 leaders have been through the muti-disciplinary *Team SHSHC: Developing as leaders* programme and 30 through the *Agile Mindset & Behaviours* programme for senior leaders. Both programmes continue with new cohorts in 2023/24.

- Five leaders have joined the *Leading Sheffield* programme, a place based multi-disciplinary leadership programme facilitated by the SY ICB

- Seven leaders are currently undertaking the Marie Seacole programme, with five commencing in August 2023, via the NEY Leadership Academy

- The OD Team also continue to provide team development support for a range of offers including wellbeing, connecting and improving team relationships.

- The *SHSC Management support offer* continues to be developed

b) Plans to implement our workforce plan and recruit to all vacancies continue. Challenges in delivering sustained improvements remain.

96% of the planned workforce expansion for 2022-23 has been recruited to at the end of Q4. Information is outlined in Appendix 2. While progress in delivering the expanded staffing numbers is clearly positive, it will be the case that in some cases recruitment may have drawn on staff working in other teams, and subsequent staff turnover will mean that vacancies will still exist across the expanded services.

Across SHSC improvements are being made in recruitment and retention. IPQR reports show that the total workforce across SHSC increased by c6.6% (an extra 130 wte) from c2250 wte in April 2022 to 2,380 wte in February 2023. Turnover has reduced slightly from c15.5%-16.5% during 2021-22 to 15% by December 2022. Vacancy rates have reduced slightly each quarter of 2022-23. (Information from IPQR Report for February 2023).

Progress with internationally recruited nurses is moving forward. As reported previously it has taken longer than initially planned due to additional support required for potential applicants to meet minimum entry requirements for language skills and the computer-based tests at degree level. Once this is completed the nurses undertake a short programme (5-9 weeks) leading to the Objective Structured Clinical Examination (OSCE) with the NMC. The current position is

- 2 nurses have successfully completed their OSCE training and exam and have started working at Birch Avenue.

- 6 nurses are undertaking their OSCE training or are due to take their exams. Subject to exam outcomes they would be starting work in services between April – June.

- 7 nurses will be arriving with us between April-May and will commence their OSCE training and should be able to start in services July-August.

c) 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.

- Following the successful re-opening of Burbage Ward in November 2022, work commenced on Stanage Ward in January, due to complete in September 2023.

- The re-location of our Liaison Mental Health Service completed in March and the team have moved into their new base at the Longley Centre in March. This allows us to leave and discontinue with our accommodation that had the highest the environment risk.

- Enabling projects for the Health Based Place of Safety (HBPoS) completed in March with the relocation of offices and the opening of a new reception area. The main programme of work can now commence and is scheduled to start in April 2023.

- 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.

- The available capital funds through 2023/24 severely restrict our options to provide the necessary accommodation solutions for key community services in response to poor current environments, expanding or changing service needs.

d) **CQC Report at Year 2, August 2021 & December 2021 inspections:** The Back to Good Programme is broadly on track. Excellent progress has been made to review the evidence provided to close actions and to ensure the requirements specified by the CQC have been met. 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 64 (up from 63 at the end of Q3), of a target of 74, have been completed, or have a status of complete awaiting approval by the Quality Directorate. 1 requirement remains open.

- 10 are in exception as not complete by March 2023 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 the statutory and delegated safeguarding functions are carried out effectively and robust reporting, governance processes and oversight is in place.	2	Trust-wide	31/12/2022	⚠
The trust must ensure that care is provided in estates and accommodation which are suitable, safe, clean, private and dignified.	5	Trust-wide	31/12/2022	⚠
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 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	⚠
The trust must ensure that staff assess and monitor patient's physical health throughout admission as required and following the use of intra-muscular medication	56	Acute Wards and Psychiatric Intensive Care Units	31/12/2022	⚠
The trust must ensure that staff carry out and document **capacity assessments** and subsequent **best interests decisions** in line with the principles of the Mental Capacity Act 2005	57	Acute Wards and Psychiatric Intensive Care Units	31/03/2023	⚠
The trust must ensure that staff **manage section 17 leave** appropriately to maintain the safety of patients and staff	58	Acute Wards and Psychiatric Intensive Care Units	31/12/2022	⚠
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	30/03/2023	⚠

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 impacts, our capital programme and capacity to support delivery effectively and at pace. Risks are highlighted and are being managed by the programmes.

Key points to note regarding progress are;

- **Therapeutic Environment:** Enabling projects for the Health Based Place of Safety (HBPoS) have completed and work commenced on the Stanage Ward refurbishment programme. The business case for Maple Ward is being developed.

- **Community Mental Health Teams and Learning Disability Model:** Engagement and planning work continues to progress well to support delivery of new models through 2023/24.

Risks are highlighted in respect of

- **Community Facilities – need to confirm and finalise solutions for Assertive Outreach, Community Forensic Team, St Georges accommodation and IAPT service needs.** The available capital funds through 2023/24 severely restrict our options to provide the necessary accommodation solutions for key community services in response to poor current environments, expanding or changing service needs. Options are being finalised.

- **Electronic Patient Record** – Planned implementation has been delayed due to the need to ensure the necessary procurement approaches are in place for staff training support and an overall gateway review on the state of readiness of the programme. A revised implementation plan has been agreed by the programme board and the procurement of the training support has been agreed by BPG

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 un the Health and Social Care Bill.

a) **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. This is a key area for the Trust as Place based systems collaborate and continue to develop plans that respond to the needs of local people, and the shared transformation agendas.

The SY MHLDA Provider Collaborative continues to progress development work across jointly agreed key priority areas.

- Section 136 and Place of Safety
- Neurodiversity diagnosis and support
- Learning Disability, crisis and complex placements

b) **Supporting the delivery of Sheffield Place priorities and plans:** 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 partners to align priorities and our shared efforts on delivering change and improvements. The Board meeting in March reviewed the Sheffield Mental Health and Wellbeing strategy priorities and priorities for growth investment for the Sheffield 2023/24 plan.

c) **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. SHSC, 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.

d) **Addressing access challenges and winter pressures:** Our partnerships with the VCSE, co-ordinated with SACMHA and the South Yorkshire Community Foundation, is supporting the delivery of our Winter Plan. They bring expertise, community connections and capacity to support our services and improvement work.

e) **Working as part of the Sheffield Urgent and Emergency Care Pathway:** SHSC 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.

f) **Working with Social Care Services to support improved patient discharge:** Our Winter Plan was strengthened through the Adult Social Care Discharge Fund and an allocation of £138,000 to the end of March. We have tested the development of Mental health interim discharge beds with two local residential care providers providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package.

Given the limited time available to mobilise the additional capacity a small number of patients have been able to access the interim discharge beds, so has not had the impact at this that we expected, and we are reflecting on the next steps for this. However initial feedback is positive and is regarded to work well for the individual patients while delivering the aim of freeing up inpatient capacity. Options to sustain this into 2023/24 are being reviewed.

g) **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 Q4

Appendix 3 provides a concise overview of the current position with our strategic priorities and key deliverables at Quarter 4. 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 Q4 in addition to the summary provided through the earlier sections is noted below

- **Our enabling strategies are being progressed:** Implementation plans are being finalised. A collaborative approach is being taken by the strategy leads in defining key areas for shared focus and to ensure the range of plans are aligned to the delivery of the Clinical and Social Care Strategy.

- **The Digital Strategy is progressing well in respect of the EPR Programme.** As previously reported 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. The leadership team has put in place a road map for the further development of a delivery programme to support the strategy.

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. Further development of the Strategic Outline Case 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

Section 3: Assurance

Monitoring Framework

3.1 The monitoring framework remains in place for each of the deliverables in the Operational plan. 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) Operational Resilience 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 March 2023)

Appendix 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 4

Appendix 3: Operational Plan delivery framework and summary position at Quarter 4

APPENDIX 1: Demand and activity overview (ending March 2023)

A) Referrals

Responsive | Access & Demand | Referrals

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Referrals	Mar-23			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
SPA/EWS	734	696	● ● ●	
AMHP	156	144	● ● ●	
Crisis Resolution and Home Treatment	893			In February 2022, 5 teams merged to create the Crisis Resolution & Home Treatment Team (4 Adult Home Treatment Teams & Out of Hours). Due to the limitations of reporting from Insight, we require the RiO implementation to get accurate data.
Liaison Psychiatry	537	482	● ● ●	
Decisions Unit	63	55	● ● ●	
S136 HBPOS	31	34	● ● ●	
Recovery Service North	27	23	● ● ●	
Recovery Service South	21	24	● ● ●	
Early Intervention in Psychosis	43	39	● ● ●	
Memory Service	127	128	● ● ●	
OA CMHT	288	257	● ● ●	
OA Home Treatment	21	25	● ● ●	

Referrals	Mar-23			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
CERT	3	3	● ● ●	
SCFT	2	2	● ● ●	
CLDT	74	57	● H ●	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	1	3	● ● ●	
Psychotherapy Screening (SPS)	48	48	● ● ●	
Gender ID	21	42	● ● ●	
STEP	137	102	● H ●	Referrals steadily increasing especially from GPs. This may be due to increased visibility and familiarity with STEP and its offer due to work both by the team and signposting by other SHSC services such as SPA/EWS. Continued increased referrals to BPD and Insomnia courses.
Eating Disorders Service	46	35	● ● ●	
SAANS	407	400	● H ●	Demand into the system is unsustainable due to poorly defined system wide neurodiversity pathway. Paper presented to Board and options being explored alongside stakeholders.
R&S	17	19	● ● ●	
Perinatal MH Service (Sheffield)	49	49	● ● ●	
HAST	13	15	● ● ●	
HAST - Changing Futures	3			
Health Inclusion Team	148	155	● ● ●	
LTNC	37	87	● ● ●	
				CFS/ME – Concerns around data input and inaccuracies within S1

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.

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# Responsive | Access & Demand | Community Services

March 2023	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	393	762	•L•	46	30.0	•H•	6.2	9.8	•••	695	1018	•L•
MH Recovery North	81	75	•H•	6	9.4	•••	7.1	10.4	•L•	924	955	•L•
MH Recovery South	76	72	•H•	13.9	11.0	•H•	13.4	11.3	•••	1056	1077	•L•
Recovery Service TOTAL	157	148	•H•	N/A			N/A			1980	2032	•L•
Early Intervention in Psychosis	32	24	•H•				92.9%	■		296	330	•L•
Memory Service	1042	702	•H•	34.6	23.7	•H•	40.7	32.1	•H•	4532	4335	•H•
OA CMHT	253	166	•H•	7.1	7.0	•H•	10.3	10.5	•L•	1340	1259	•H•
OA Home Treatment	N/A			N/A			N/A			65	64	•••
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPS - MAPPS	43	68	•L•	24.5	20.4	•••	40.2	77.1	•••	300	316	•••
SPS - PD	42	40	•••	18.4	18.6	•L•	72.2	65.1	•••	188	190	•••
Gender ID	2011	1652	•H•	219.5	127.9	•••	N/A			2831	2452	•H•
STEP	289	123	•H•	N/A						553	413	•H•
Eating Disorders	26	32	•••	4.5	4.7	•L•				193	220	•L•
SAANS	7102	5045	•H•	81.2	93.5	•L•				6326	5515	•H•
R&S	70	167	•L•	50.8	80.0	•••				127	219	•L•
Perinatal MH Service (Sheffield)	31	26	•••	3.7	3.2	•••				156	143	•••
HAST	28	29	•••	13.4	11.2	•••				74	82	•L•
Health Inclusion Team	537	281	•H•	5.6	9.1	•••				1538	■	
LTNC	761	645	•H•	N/A						N/A		
CFS/ME	N/A			28.6	16.4	•H•				1459	■	
CLDT	181	182	•L•	10.6	11.9	•••	20.3	20.8	•L•	769	745	•H•
CISS	N/A			N/A			N/A			7	27	•L•
CERT	0									44	45	•L•
SCFT	0									24	25	•••

Narrative 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.

CFS/ME – Concerns around data input and inaccuracies within S1 need to be explored further with a recovery plan & ongoing work alongside trust Digital Systems Officer.

Significant reduction in number of people on SPA/EWS wait list.

STEP – Waitlist continues to grow due to increased demand and no admin resource leading to a delay in offering first appointment and discharging clients, demand/capacity work and a proposal to meet demand is underway.

SAANS – Following a deep dive, recovery plan and improvement work demand still outweighs the commissioned model for the service causing the waitlist to rise. Continue to work with Sheffield Place and MHLD collaborative about an appropriate specification that meets the needs of Sheffield residents.

In response to growing waits in HIT negotiations are underway to seek further investment with Sheffield Place and a recovery plan has been drafted alongside a QEIA to explore options and mitigations.

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

Key messages: No significant changes in the latest period (up to November 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
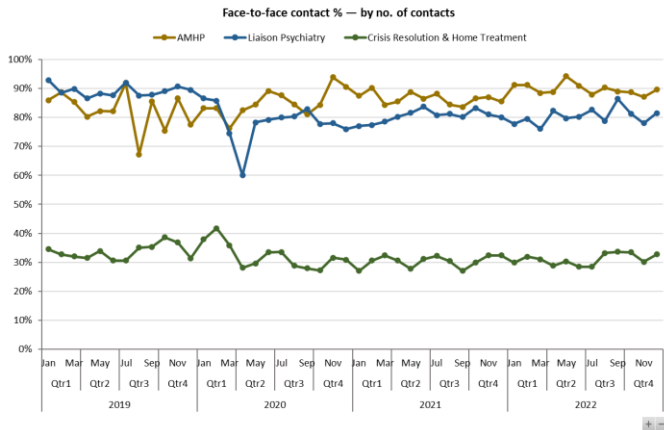
Face-to-face contact % — by no. of contacts
AMHP — Liaison Psychiatry — Crisis Resolution & Home Treatment

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.

Recovery Teams (N&S) & Early Intervention
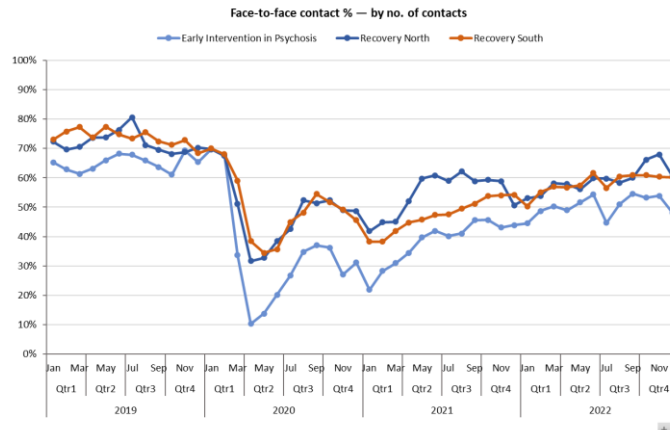
Face-to-face contact % — by no. of contacts
Early Intervention in Psychosis — Recovery North — Recovery South

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%.

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
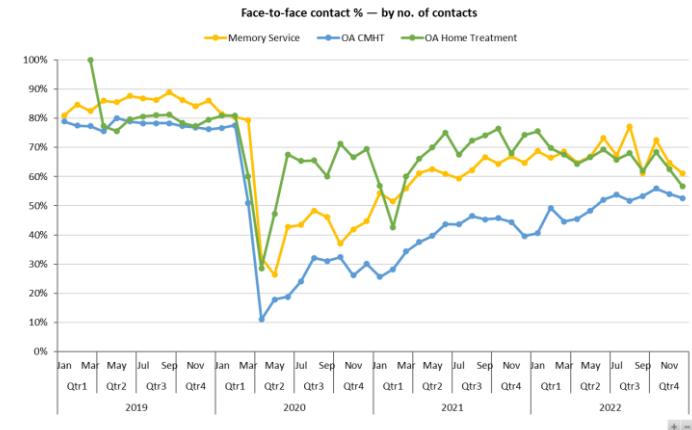
Face-to-face contact % — by no. of contacts
Memory Service — OA CMHT — OA Home Treatment

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 c60-70% 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.

Annual Operational Plan 2022/23: Workforce planned trajectory

Workforce expansion - planned trajectory

Plan target = 68.2 wte

Actual = 65.2 wte

26.4 wte

IAPT: 16 wte
SPA & EWS: 4 wte
Liaison: 1 wte
Recovery: 4 wte
SAANs: 2.6 wte

Completed during Q4 2021/22

Older Adult MH: 2.0 wte (Flow + Memory Services

SPA 2.0 wte

Recovery: 4.8 wte (SCM + Physical health)

Liaison 1.8 wte

PCMH 5.0 wte

SAANs 6.0 wte

IAPT 1.0 wte

Memory Services 2.0 wte

SAANs 1.0 wte

SPA 6.0 wte

Liaison 3.0 wte

— Planned trajectory   —Updated trajectory   —Actual

Key messages:

(1) 96% of planned workforce expansion for 2022-23 has been recruited to at the end of Q4, with 3.00 wte posts remaining unfilled.

(2) Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22

(3) The areas that have not been able to achieve full recruitment and expansion to support plans are Memory Services (2.0 wte) and SAANS (1.00wte)

(4) NOTE: The above tracker does not track underlying retention issues across each of the services. A service may have been successful in making its initial planned appointments, however subsequent/ ongoing turnover may then still result in vacancies for the service.

APPENDIX 3: Operational Plan delivery framework and summary position at Quarter 4

Annual Operational Plan 2022/23: Delivery assurance framework

No	Objective/ action	Board Committee	Strategic priority	Exec Director	Senior lead	Operational oversight Group	Plan in place	Q1	Q2	Q3	Q4
	STRATEGIC PRIORITIES AND DELIVERABLES 2022/23			**DELIVERY ACCOUNTABILITIES & ASSURANCE**				**PROGRESS**			
	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		Green	Amber	Green	Amber
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	Neil Robertson	Neil Robertson	Community Mental Health Transformation Programme Board		Red	Amber	Green	Green
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		Green	Green	Green	Green
4	**Strategic Priority: Covid -** Improve capacity and reduce waiting times in services affected by demand	QAC	Y	Neil Robertson	Greg Hackney	Integrated Performance & Quality Review Group	see below	see below	see below	see below	see below
4a	✓ Single Point of Access and Emotional Wellbeing Services	QAC		Neil Robertson	Greg Hackney	SPA/ EWS Recovery Plan Task Group		Green	Amber	Green	Amber
4b	✓ Memory services and older people's mental health services	QAC		Neil Robertson	Greg Hackney	Integrated Performance & Quality Review Group		Green	Amber	Green	Green
4c	✓ Autism	QAC		Neil Robertson	Greg Hackney	SAAns Recovery Plan Task Group		Green	Amber	Green	Amber
4d	✓ SPS/ Complex trauma	QAC		Neil Robertson	Greg Hackney	Complex Trauma Recovery Plan Task Group		Green	Amber	Green	Amber
5	Reduce out of area placements and delayed transfers of care by improving flow	QAC		Neil Robertson	Greg Hackney	Integrated Performance & Quality Review Group		Green	Amber	Green	Amber
6	Deliver Early Intervention in Psychosis services in line with best practice guidelines	QAC		Neil Robertson	Laura Wiltshire	Integrated Performance & Quality Review Group		Green	Amber	Green	Amber
7	Expand Perinatal Mental Health services so that (tbc) people access support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group		Red	Red	Red	Red
8	Expand Homeless services so that 80 people access MDT support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group		Green	Green	Green	Green
9	Expand IAPT services so that (tbc) people access support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group		Green	Green	Green	Green
10	Expand Substance Misuse services so that (tbc) people access support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group		Green	Red	Red	Red
11	Develop *ASERT*, the new integrated Eating Disorders Service	QAC		Neil Robertson	Richard Bulmer	ASERT Deep Dive Group		Green	Green	Green	Green
12	**Strategic Priority: Covid -** Ensure staff are vaccinated and service users are protected	QAC	Y	Neil Robertson	Neil Robertson	Silver Command		Green	Green	Green	Green
13	**Strategic Priority: Covid -** Implement new agile ways of working	QAC	Y	Neil Robertson	Neil Robertson	Integrated Performance & Quality Review Group		Green	Green	Green	Green
	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	Salli Midgely	Salli Midgely	Quality	Strategy Delivery Plan by Sept	Green	Strategy Delivery Plan by December	Strategy Delivery Plan by December	Strategy Delivery Plan by December
15	**Strategic Priority: Back to Good -** Deliver our CQC Action Plan including Well-Led	QAC	Y	Salli Midgely	Salli Midgely	Back to Good Programme Board		Green	Green	Green	Green
16	Reduce restrictive practices	QAC		Salli Midgely	Salli Midgely	Reducing Restrictive Practices Group		Green	Green	Green	Green
17	Improve access, experience and outcomes for people from socially and ethnically diverse communities	QAC		Salli Midgely	Salli Midgely	Lived Experience and Coproduction Assurance Group		Green	Green	Green	Green
18	Ensure robust Safeguarding pathways are in place aligned to changing social care responsibilities	QAC		Salli Midgely	Salli Midgely	Safeguarding Assurance Committee		Green	Green	Green	Green
19	Deliver our Physical Health improvement plan with a clear focus on improved physical health checks	QAC		Salli Midgely	Salli Midgely	IPC and PH Committee		Green	Green	Green	Green
	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		Salli Midgely	Salli Midgely	LECAG	Strategy Delivery Plan by Sept	Green	Strategy Delivery Plan by December	Strategy Delivery Plan by December	Strategy Delivery Plan by December
21	Increased the number and diversity of Experts by Experience working in the Trust	QAC		Salli Midgely	Salli Midgely	LECAG		Green	Green	Green	Green
22	Reach and communicate with groups who are currently underrepresented.	QAC		Salli Midgely	Salli Midgely	LECAG		Amber	Green	Green	Green
23	Relaunch our Patient Advice and Liaison Service and improve our responsiveness to patient feedback and complaints	QAC		Salli Midgely	Salli Midgely	LECAG		Green	Green	Green	Green
	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	Green	Strategy Delivery Plan by December	Strategy Delivery Plan by December	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		Green	Green	Green	Green
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 & Recruitmnt and Retention Assurance Group		Amber	Amber	Amber	Amber
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		Amber	Green	Green	Green
28	Implement our Just and Learning Programme	People		Caroline Parry	Charlotte Turnbull	Organisational Design and Development Group		Green	Green	Green	Green
29	Improve our wellbeing culture and reduce non-covid absence	People		Caroline Parry	Sarah Bawden	Staff Health and Wellbeing Group		Green	Green	Green	Green

Operational plan: Digital plan

No.	Description	FPC	Y	SRO	Lead	Programme Board	RAG 1		RAG 2	RAG 3	RAG 4	RAG 5
30	**Strategic Priority: Transformation** - Implement and deliver our new electronic patient record in 2022/23	FPC	Y	Phillip Easthope	Pete Kendall	Electronic Patient Record Programme Board						
31	Develop and mobilise programmes to improve	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group	Strategy Delivery Plan by Sept			Strategy Delivery Plan by December	Strategy Delivery Plan by December	Strategy Delivery Plan by December
32	✓ Digital skills	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group						
33	✓ Cyber Security	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group						
34	✓ Data driven healthcare	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group						
35	✓ Modern and flexible working	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group						
36	✓ Therapeutic environments	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group						

Operational plan: Estates plan

No.	Description	FPC	Y	SRO	Lead	Programme Board	RAG 1		RAG 2	RAG 3	RAG 4	RAG 5
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	Derek Bolton	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	Neil Robertson	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	Phillip Easthope	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	Samantha Crosby							

Operational plan: Sustainability & Green Plan

No.	Description	FPC	Y	SRO	Lead	Programme Board	RAG 1		RAG 2	RAG 3	RAG 4	RAG 5
42	Implement our Green Plan to embed sustainable developments across the Trust.	FPC		Phillip Easthope	James Clarke		Strategy Delivery Plan by Sept		Strategy Delivery Plan by Sept	Strategy Delivery Plan by Sept	Strategy Delivery Plan by Sept	Strategy Delivery Plan by Sept

Operational plan: Finance plan

No.	Description	FPC	Y	SRO	Lead	Programme Board	RAG 1		RAG 2	RAG 3	RAG 4	RAG 5
43	Deliver agreed Mental Health Investment Standard investments in line with our plan	FPC		Phillip Easthope	James Sabin	Business Planning Group						
44	Deliver our Capital programme in line with our plan	FPC		Phillip Easthope	James Sabin	Capital Project Group						
45	Deliver our efficiency programme	FPC		Pat Keeling	James Sabin	CIP Working Group						
46	Implement our procurement strategy	FPC		Phillip Easthope	James Sabin	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.