

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 November 2023

Agenda Item: 18

| | | |
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| Report Title: | Operational Plan Update: Progress Report for 2023/24 Plan - Quarter 2 | |
| Author(s): | Jason Rowlands: Deputy Director of Strategy and Planning | |
| Accountable Director: | Phillip Easthope: Executive Director of Finance, Digital & Performance | |
| Other Meetings presented to or previously agreed at: | Committee/Group: | Finance and Performance Committee Business Planning Group |
| | Date: | 9 November 2023 October 2023 |
| Key Points recommendations to or previously agreed at: | Finance & Performance Committee noted operational performance at quarter 2 including noting where key operational issues had been discussed on the agenda including concerns over the impact of delays in transformation programmes in relation to revenue pressures and implications for the 5-year capital plan which will be monitored as part of the development of the medium-term financial plan. | |

Summary of key points in report

- Performance against national activity targets is variable over Q2:** Combined activity for all community mental health services is above target, however activity within Sheffield Talking Therapies (IAPT) and Perinatal Mental Health Services is below last year's levels. It is expected that activity will recover through Q3-Q4.
- We are reducing the numbers of people who receive inpatient care away from Sheffield for adult acute inpatient care.** To deliver planned further reductions over Q3-Q4 and into 2024/25 our focus now is on delivering improvements to reduce lengths of stay and delayed discharges. However, there are risks to the CIP Plan arising from high cost PICU out of area placements (OAPs).
- The agency reduction plan is forecasting to deliver its target of £2.4m saving.** However, some of the supporting data does not triangulate well and a review of the underpinning performance data is being undertaken.
- Really good progress continues to be made to deliver continuous quality improvements:** Our quality improvement programme is extending its reach. Positive engagement work has progressed across a number of critical areas from staff wellbeing to the Patient and Carer Race Equality Framework (PCREF) programme and strengthening our approach to co-production.
- Our Transformation programmes continue to progress.** Work continues to progress as we move to the implementation stages of key programmes from Community learning Disabilities, Community Mental Health Services and Community Accommodation. Improvement work on Stanage Ward and the Health

Based Place of Safety will conclude through November. The sale of Fulwood is forecast to be behind plan and this will impact on our expected capital receipts, and in turn our ability to initiate the next stage of our transformation plans and critical infrastructure upgrades.

6. **The implementation of the new Electronic Patient Record is on track with its revised plan and Phase 1 launched at the end of October.** This is a significant milestone and will set the foundation for much of our improvement work over the coming years.
7. **The capital plan for 2023-24 has been reset and there will be constraints on our ability to deliver it through the remainder of this year.** This is due to risks associated with planned Fulwood receipts through Q4 and increased cost projections since the plan was reset. This may impact on capacity to progress the accommodation plans. Plans are in place to manage and mitigate the potential cost increases.
8. **The financial pressures remain challenging.** There is a risk that the deficit will be significantly higher than the reported forecast deficit of £3.262m. Delivery of recurrent efficiency savings is off plan by £0.7m. Non-recurrent interest receipts enable us to report breakeven. As noted above the OAP workstream is forecast to under-deliver by £1.5m. Mitigations must be found to prevent the deficit exceeding £3.262m.

Further details are provided in the following appendices

Appendix 1: Long Term Plan (LTP) national metrics performance dashboard

Appendix 2: Operational plan delivery framework and summary position at Q2

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 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 | |
| Continuous quality improvement | Yes | X | No | |
| Transformation – Changing things that will make a difference | Yes | X | No | |
| Partnerships – working together to make a bigger impact | Yes | X | No | |

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 |
| IG Governance Toolkit | Yes | | No | X | |
| Any other specific standard? | 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 and Experience | Yes | X | No | <ul style="list-style-type: none"> The planned closure of the Back to Good programme reflects the positive progress made in improving patient safety and experience. The continuous quality improvement priorities will deliver improvements across key agendas Mental Health Investment Standard (MHIS) funded growth will improve access across key service lines Therapeutic Environment and Ligation Anchor Point (LAP) programmes delivering improved safety with reduced LAPs, new Burbage Ward and work commencing on new Liaison and Health Based Place of Safety (HBPoS) accommodation. |
| Financial (revenue & capital) | Yes | X | No | <ul style="list-style-type: none"> Good progress is made in key CIP programme areas (reducing out of area placements (OAPs) and agency use), these need to be sustained through the rest of the year. Increased pressures on the capital plan arising from key transformation programmes Challenging financial environment going forward |
| Organisational Development /Workforce | Yes | X | No | <ul style="list-style-type: none"> Agreed MHIS growth funding supports 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 | <ul style="list-style-type: none"> The PCREF project will deliver a range of improvements. |
| 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 Electronic Patient Record (EPR) programmes. |
| Sustainability | Yes | X | No | <ul style="list-style-type: none"> Green Plan implementation is behind plan. Work is largely in progress and is anticipated now we have filled Sustainability Lead role, with emerging guidance from Greener NHS and developing opportunities to collaborate on actions at Place and Integrated Care Board (ICB) level we shall make some traction over the remainder of this financial year. |

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|--------------|--|
| Title | Operational Plan: Progress update for period ending Quarter 2 |
|--------------|--|

Section 1: Analysis and supporting detail

1.1 Current position against plan: key points to note

1.2 Recover Services & Improve Efficiency

a) Overview of strategic priorities and national targets

| Priority | Focus | Target Q2 | Actual Q2 | Status |
|--|----------|--------------------------------------|--------------------------------------|----------------------|
| Increase Community Mental Health Team activity by 5% (combined activity of all community services) (<i>National Key Performance Indicator (KPI)</i>) | Delivery | 3,666 in Q people access services | 5,011 in Q people access services | Green |
| Eliminate Out of Area Placements (adult acute) (<i>National KPI</i>) | Delivery | 1,645 YTD bed nights | 1,656 YTD bed nights | Green |
| Reduce use of agency staff (current focus is on six highest use areas) | Delivery | 35 wte per mth | 49.5 wte | Red |
| Increase access to Community Learning Disability services | Planning | n/a at this stage | n/a at this stage | n/a at this stage |
| Access to IAPT services (<i>National KPI</i>) | Delivery | 4,055 in Q people | 3,134 in Q people | Orange |
| Increase the number of older adults accessing Sheffield Talking Therapies (previously IAPT) | Delivery | 73 per mth baseline | 79 per mth 8% increase | Green |
| Minimise delayed hospital care (Clinically Ready for Discharge patient numbers) | Delivery | tbc at the end of Q2 | tbc at the end of Q2 | Red |
| Women Accessing Specialist Community Perinatal Mental Health Services. (<i>National KPI</i>) | Delivery | 274 people access service YTD | 257 people access service YTD | Orange |

Refer to Appendix 3 for information on the RAG status

Key highlights to note are;

b) Performance against national activity targets is variable over Q2: Combined activity for all community mental health services is above target. 5,011 people received 2+ contacts over the 12-month period up to September 2023 from across all our community mental health services, excluding single point of access (SPA) and emotional wellbeing service (EWS). Perinatal Mental Health Service activity increasing over Q2 compared to Q1 for new mothers accessing the service. Plans to recover activity have been reviewed and the service is aiming to achieve the year-end target along with the workforce expansion and activity increases planned for Q3-Q4. Sheffield Talking Therapies (IAPT) activity levels are below expected levels over Q1-Q2 however the service is expecting to be on track through Q3 onwards.

c) Numbers of Out of Area Placements for adult acute services (OAPs) have reduced in line with our plan. One of the impacts of our plans to reduce levels of OAPs has been the increased repurposing of the Place of Safety beds to temporarily meet inpatient care

needs. This has continued through Q2, with beds being repurposed for 71% of September. To deliver further reductions through Q3-Q4 the focus is on reducing rates of delayed discharges (see below) and lengths of stay, which have been below average generally when we exclude patients experience a delay in their discharge.

The savings plan for the acute bed OAP reductions is being delivered. However, the overall OAP CIP plan is at risk due to increased levels of PICU OAP and high level of constant observations being used by the external providers. This has led to a revision of the OAP trajectory for the remainder of this year resulting in more ambitious reductions to deliver a savings recovery plan.

- d) Early reductions in the use of agency staff in Q1 have not been sustained through Q2.** The efforts continue to focus on Maple, Dovedale 1 & 2, Burbage, Endcliffe and G1 Wards. This has been achieved through improved operational control, increased numbers of SHSC staff working through our Bank and improved targeting of the right staff when managing workforce needs. The Agency CIP scheme is forecasting to achieve the target of £2.484m savings, with a breakeven year to date (YTD) and small forecast over achievement of £9,000. However a range of supporting performance data in respect of usage does not always triangulate with this and the Programme Board has initiated a review.
- e) Levels of delayed hospital care have remained high over Q2.** This is impacting on poor client outcomes and capacity to deliver reductions in out of area placements. Numbers over Q2 have been over 20 people delayed on a weekly basis. This is being mitigated by an improvement plan which is focussed on several key areas
- i. Effective whole system governance with a Sheffield wide Mental Health Discharge Delivery Group jointly chaired by Neil Robertson and Alexis Chappel. This Group reports directly to the Sheffield Urgent Care Board.
 - ii. Introduction of dedicated Hospital Social Workers through the Better Care Fund Plan (See Section 1.5 for the update on the Better Care Fund Plan)
 - iii. Development of ‘Somewhere else to assess’ beds through the Better Care Fund Plan. This was piloted through Q4 in 2022/23.
 - iv. Weekly joint reviews of all patients experiencing a delay in their discharge

1.3 Continuous Quality Improvement

a) Overview of strategic priorities

| Priority | Focus | Status |
|---|----------|--------|
| Quality Improvement Framework implemented | Delivery | |
| Research and Innovation Strategy implemented | Delivery | |
| Staff survey action plan delivered | Delivery | |
| 3-year workforce plan developed | Planning | |
| Green Plan implemented | Delivery | |
| Deliver our Patient Carer Race Equality Framework | Planning | |
| Embed Human Rights in our day-to-day practice | Delivery | |
| Co-produce with service users | Delivery | |

Refer to Appendix 2 for information on the RAG status

Key highlights to note are;

- b) The implementation of our Quality Improvement Framework is progressing well.** Good progress continues to be made to embed our Quality Improvement (QI) framework. This is evident in several ways. We continue to improve and increase our

QI capability with over 404 members of staff trained alongside additional training provided for key change leads. We are expanding the range of (QI) projects underway across SHSC and we are strengthening how we co-ordinate and provide support to projects. At the end of Q2 there were 61 QI projects registered within SHSC, up from 20 at the end of Q1. The ten teams involved in our QI Collaborative have been provided coaching support focussed on engagement and how to look at their local systems and problems. Through Forest Lodge we are part of the national NHS England commissioned Quality Improvement Programme focused on delivering reforms to the Mental Health Act with a clear focus on use in over-represented groups due to race, learning disability and autism. This national QI collaborative is supported by the Virginia Mason Institute.

This demonstrates the progress being made to build our capabilities and our approach to delivering effective QI work. Alongside this our teams and services continue to be recognised nationally complementing the awards reported in Q1 relating to Research. SHSC services were recognised at the HSJ Patient Safety Awards in September with one winning service and three services highly commended. Information is [available here](#).

- c) Our Research, Innovation and Effectiveness Strategy is progressing although we are delayed with progressing outcome measures.** The development of the Evidence Hub has been an area of focus. The aim is to streamline our approaches across research, clinical effectiveness, quality improvement, knowledge, and library services. The focus over Q3 is to put in place the required engagement and communications plans.

Key dependencies continue to relate to RIO and this continues to impact on progress in developing our approach to outcome measures. With the revised implementation plan for RIO work can commence through Q4 but it will be challenging to progress the required reporting methodology with assurance. Guidance has been issued and training programmes have been co-produced. It is expected that some teams may have implemented PROMs by March, but not all teams.

- d) Our staff survey action plan is being delivered through a range of engagement activity through Q2.** A dedicated organisational development (OD) Practitioner for Staff Health and Wellbeing has been appointed and they will lead the support work with our teams on engagement and wellbeing. Additional funding has been made available through Sheffield Charities to support an OD lead to work with staff in clinical teams across the Band 2 – Band 5 ranges to define what staff want as part of a wellbeing offer and wellbeing support from SHSC. A Wellbeing and Menopause Roadshow was launched in October. This was delivered in partnership with staff side leads across multiple sites with over eighty staff participating. Performance Development Review (PDR) evaluation work has progressed with a Qualtrics survey review and discussion with staff through focus groups. Looking ahead to the Staff Survey 2023 (which is now live) a range visits with teams across SHSC have taken place to raise awareness and promote engagement and participation.

- e) The development of our 3-year workforce plan was successfully launched on the 4th July, but momentum has declined over the summer period.** A range of support and development-based activities were held through the summer period however engagement was not as high as expected. Service leads are keen to make progress in delivering meaningful 3-year plans for their services however the support put in place for this has not been as accessible as intended. A revised plan is being mobilised focus on facilitating development work with each service line area to co-produce the workforce plan service area by service area. This will be put in place through November-January.

- f) Green Plan implementation is behind plan.** We are behind plan in a number of areas notably Estates and Facilities and Supply Chain and Procurement. The Sustainability Lead is working with the SHSC Procurement Team to review the green plan action plan and align actions to the NHS E Net Zero Supplier roadmap statutory guidance. Key area of focus for the Procurement team, aligning to Green Plan priorities is to review and update the SHSC Sustainable procurement policy to align to the NHS net zero supplier

roadmap and green plan action plan.

We continue to review the knowledge, capacity and competencies of our workforce and complete actions critical to the future delivery of the Green Plan and meeting our net zero ambitions. We continue to make progress on targeted actions within the workforce and system leadership area of focus.

It is anticipated that these actions will act as enabling actions for further progress with the sustainable models of care and travel and transport focus areas. The pathway to net zero is not certain and the senior development group (SDG) are prioritising continued development of our programme of activities and reviewing opportunities for collaboration and forming partnerships external to the organisation to share learning and accelerate change.

- g) The delivery our Patient Carer Race Equality Framework is progressing well.** A key area of focus has been the development of the full delivery plan for the programme following earlier engagement. This is scheduled for review and approval through Quality Assurance Committee (QAC) and Board in December. Following the Race Equality Commissions report on race equity in Sheffield earlier in the year SHSC commissioned Professor Kevin Hilton to do a deep dive review of the implications for mental health services in Sheffield. This has reported and the findings and recommendations are shaping our PCREF delivery plan. PCREF leads have met with Race Equality Commission and local community leaders and our current position and developing plans was well received with positive feedback provided.
- h) Our plan to embed human rights in our day-to-day practice is moving forward with the launch in Q2 of our first training programme for human rights.** Eight sessions have been delivered supporting between 10-15 staff at a time, and c120 staff have received training since the launch in September. We have established a network of practice leads to champion human rights in practice within teams and build an SHSC network of practitioners. A three-day training programme has been devised for the practice leads, and this will commence in Q3.
- i) Work to improve how we Co-produce with our service users is progressing and we are launching our new toolkit for co-production in Q3.** The toolkit was commissioned and developed in partnership with Flourish and the planned toolkit has been reviewed and approved by LECAG. Early engagement across services is underway to support the launch and communication plans are being finalised. As part of the launch we will be connecting the coproduction toolkit into the QI Collaborative work underway across SHSC.

1.4 Transformation: changing things that will make a difference

a) Overview of strategic priorities

| Priority | Focus | Status |
|--|----------|--------|
| Therapeutic Environments – acute and older adult wards refurbished, and plan agreed for new facilities | Delivery | |
| New Health Based Place of Safety service operational | Delivery | |
| Electronic Patient Record implemented & benefits realised | Delivery | |
| Learning disability service redesign implemented | Planning | |
| Community facilities implemented for: Assertive Outreach, Community Forensic, St Georges and IAPT | Planning | |
| Primary Care Mental Health Teams developed for all Sheffield Primary Care Networks | Planning | |
| Community Recovery Service redesign implemented | Planning | |

Key highlights to note are;

- b) Therapeutic Environment ward refurbishment projects are progressing with financial risks in the medium to longer term:** The Stange Ward project is scheduled for completion and handover in early November following necessary delays due to required building responding to the fabric and condition of the ward and unforeseen circumstances. It has been necessary to delay the decant of Maple Ward until the electronic patient record (EPR) system has been deployed due to patient safety considerations. Current plans are for the decant to commence in January 2024. The Full Business Case is planned to be received by the Board of Directors in December and the Design Team have recommended that formal tender route is followed.

No significant progress on the development of new facilities has been reported since September's report to Finance and Performance Committee. A paper is to be submitted to the Executive Management Team to consider whether it is appropriate to descope this from the programme and stand up a separate project, thereby the programme would focus on improving the existing estate.

- c) The Health Based Place of Safety is scheduled for handover by the end of November.**
- d) The implementation of the new Electronic Patient Record has progressed well in line with the revised implementation plan over Q2 and we are forecasting 'green' by November following the first stage launch on the 30 October.** After an incredible amount of work by all involved to support training, data migration, smart card deployment and user acceptance testing; the EPR launched in Older Adult services on 30 October 2023.

Risks remain in relation to the budget as the re-set current capital plan allocated an additional c£600k, but costs are forecast to rise to c£800-850k and would necessitate further re-profiling of the capital plan should that emerge. This is exacerbated by a bid to secure further funding being unsuccessful.

- e) We are moving to the implementation stage of the Learning disability service redesign programme following approval of the business case by the Board in September.** There is a need to agree the final governance review with Sheffield Place regarding investments to support the final proposals. Progress is expected through November. We continue to engage with feedback from the Clinical Senate regarding the transformation plans. While our implementation plans do not need to act on the feedback from the Senate, we will ensure that feedback shapes are way forward where appropriate.
- f) Plans for new accommodation for Assertive Outreach, Community Forensic, St Georges have been agreed, with risks remaining for IAPT services.** Following the review of our capital plan for the remainder of 2023-24 funds have been allocated to support proposed moves to Fitzwilliam Street, Sidney Street and Wainwright Crescent. Staff consultation has been initiated regarding the planned organisational changes. The final business case is being appraised through BPG in respect of affordability following increased cost projections from the EPR programme and increased costs associated with planned refurbishment work.
- g) Plans for Primary Care Mental Health Teams to be developed for all Sheffield Primary Care Networks are moving towards implementation.** Staff consultation across SPA and EWS services has commenced as part of the planned organisational

change. Good progress is being made however risks are highlighted relating to waiting lists across PCMH and SHSC services as we shift to the new integrated model. Options to address the waiting list pressures are being progressed.

h) The redesign of our Community Recovery Service is moving to implementation.

The formal staff consultation period regarding the organisational change closes on the 31 October. The consultation work and activities has gone well. All preparation work relating to the changes within Recovery has completed and mobilisation of the new model and transfer of service users commenced in October. Work continues to develop the Urgent and Crisis Service. The clinical model was endorsed by the Project Board to be progressed through the appropriate governance for approval. The Case for Change was endorsed by the Joint Consultative Forum (JCF) during September and staff consultation has commenced.

i) The Leaving Fulwood Project is delayed. Current forecasts indicate delays with key milestones expected through Q3 and Q4. This is expected to have an impact on the availability of capital funds to support the priorities of our capital plan through the remainder of 2023-24. A range of actions are in place to review and escalate actions with the purchaser, and to ensure a range of contingencies are in place in respect of our capital programme.

Section 2: Risks

2.1 Improving flow within inpatient services: There is a risk that failure to reduce DToC rates and lengths of stay will impact on our ability to reduce levels of out of area placements through 2023/24. This would prolong poor experiences and outcomes for our service users and impact on our cost improvement plan through 2023/24 and into 2024/25. Section 1.2 (f) describes the actions in place to mitigate this and deliver on the required improvements.

BAF Risk 0024: *Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams*

BAF Risk 0026: *There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.*

2.2 Delivering the capital plan: There are financial risks and dependencies arising from the Transformation projects. Financially, the increased expenditure within both the EPR project and the Therapeutic Environments Programme (Maple Ward) is causing pressure within the 23/24 Capital Plan. A review of the remaining commitments in the capital plan is being undertaken. To support the review and subsequent recommendations to Finance and Performance Committee and the Board of Directors, Quality Equality Inclusion Impact (QEIA) leads, and project senior responsible officers (SRO's) will jointly review commitments and priorities for the rest of this year and recommend changes accordingly.

Disposal of Fulwood and the timing of the capital receipt could impact on capital plans, in particular the Maple development. If this impacts on the timescales for Maple, this would impact on the CIP plan in 2024/25 and planned reductions in Out of Area Placements.

BAF Risk 0025B: *There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks*

- 2.3 **Delayed EPR delivery impacting on quality improvement plans:** There is a risk that the delayed implementation of the EPR delays the implementation of the Quality Management System and outcome measures during 2023/24. The delay in progressing Patient Related Outcome Measures and the associated Personalised Care and Support Plan creates a risk that SHSC will not achieve specified national standards for community mental health teams by March 2024.

BAF Risk 0021a: *There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes*

- 2.4 **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. SHSC wide vacancy rates continue to reduce over the medium term. The development of service led three-year workforce plans will strengthen our approaches going forward.

BAF Risk 0014: *There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.*

- 2.5 **Community Services Accommodation:** There is a risk that delays in realising accommodation solutions for Talking Therapies Services (formerly IAPT) will impact on access across different Primary Care Network areas and the services ability to expand in line with future investment plans. This is being progressed through the programme re-set and the prioritisation of capital plan requirements.

BAF Risk 0026: *There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.*

- 2.6 **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 Risk 0025B: *There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks*

- 2.7 **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 2023/24 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.

BAF Risk 0022: *There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5-year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.*

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 2023/24 and is referenced at Appendix 3.

Updates to the strategic priorities and key deliverables for 2023/24

- 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 and Business Continuity Report to the Board of Directors
 - b) Back to Good Board progress reports to the Quality Assurance Committee
 - c) Quality improvement reports and Recovery Plan 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: LTP national metrics performance dashboard

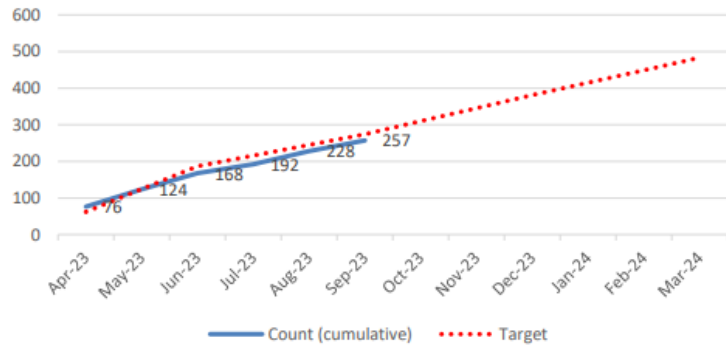
Appendix 2: Operational Plan delivery framework and summary position at Quarter 1

APPENDIX 1: LTP national metrics performance dashboard (Mental Health Investment Standard workforce expansion trajectory at end of Quarter 2)

NHS Long Term Plan – national metrics for 2023/24

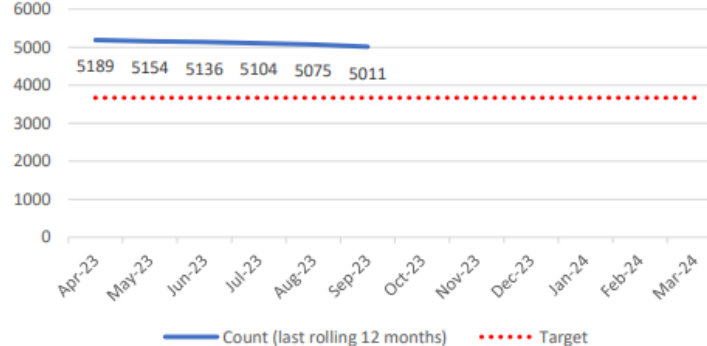
Perinatal: number of women accessing specialist community Perinatal MH services in the reporting period (cumulative)

Our target = 483 by March



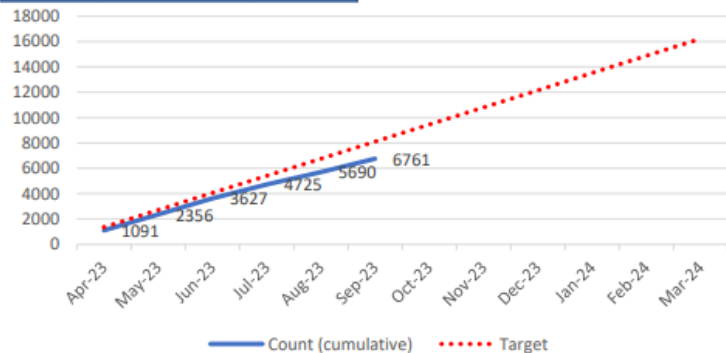
Community: Number of adults & older adults who receive two or more contacts from community mental health services

Our target = 3,666 each rolling 12-month period



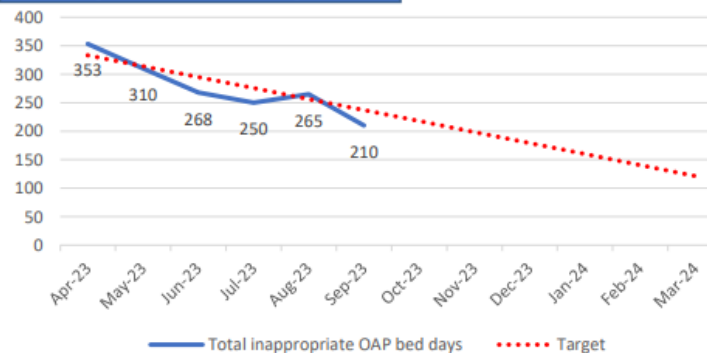
Talking Therapies: number of people first receiving Talking Therapies services (cumulative)

Our target = 16,220 by March



Out of Area: Number of inappropriate adult acute OAP bed days (does not include PICU or older adult)

Our target = 2,500 bed nights



Narrative

Perinatal

The service expansion plan and increased activity is scheduled for Q3-Q4. Activity levels in Q1 are below trajectory. The service is exploring the re-introduction of a short-term intervention pathway to increase activity. The service plans to achieve the 7.1% access standard by the end of Q4.

Community

Combined activity across all community services exceed the national target.

Talking Therapies

The service is expecting to be on track through Q3 onwards.

Out of Area Beds

We are achieving our plan to reduce levels of OAP activity.

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

| Strategic Priorities | Board Committee | Exec Director | Senior Lead | Operational Oversight Group | Q1 position | Q2 position |
|---|-----------------|----------------|-----------------------|---|-------------------|-------------------|
| 1. Recover Services and improve productivity | | | | | | |
| Increase CMHT activity by 5% | QAC | Neil Robertson | Greg Hackney | Community Mental Health Programme Board | | |
| Eliminate Out of Area placements | QAC | Phil Easthope | Greg Hackney | Out of Area Project Board | | |
| Reduce use of agency staff | FPC | Caroline Parry | Greg Hackney | Agency Reduction Project Board | | |
| Increase access to Community LD services | QAC | Neil Robertson | Richard Bulmer | Learning Disability Programme Board | n/a at this stage | n/a at this stage |
| Increase the number of older adults accessing IAPT | QAC | Neil Robertson | Toni Wilkinson | IAPT Leadership Team | | |
| Minimise delayed hospital care | QAC | Neil Robertson | Laura Wiltshire | Out of Area Project Board | | |
| 2. Continuous Quality Improvement | | | | | | |
| Quality Improvement Framework implemented | QAC | Salli Midgley | Parya Rostami | | | |
| Research and Innovation Strategy implemented | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | |
| Staff survey action plan delivered | People | Caroline Parry | Charlotte Turnbull | Organisational Development Group | | |
| 3-year workforce plan developed | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | | |
| Green Plan implemented | FPC | Phil Easthope | Sarah Ellison | Sustainable Development Group | | |
| Deliver our Patient Carer Race Equality Framework | QAC | Salli Midgley | Teresa Clayton | LECAG | | |
| Embed Human Rights in our day-to-day practice | MHLC | Salli Midgley | Tallyn Gray | Least Restrictive Practices Group | | |
| Co-produce with service users | QAC | Salli Midgley | Teresa Clayton | LECAG | | |
| 3. Transformation | | | | | | |
| Therapeutic Environments – acute and older adult wards refurbished, and plan agreed for new facilities | QAC | Phil Easthope | Adele Sabin | Therapeutic Environments Programme Board | | |
| New Health Based Place of Safety service operational | QAC | Phil Easthope | Derek Bolton | Therapeutic Environments Programme Board | | |
| EPR implemented & benefits realised | FPC | Phil Easthope | Pete Kendal | EPR Project Board | | |
| Learning disability service redesign implemented | QAC | Mike Hunter | Richard Bulmer | Learning Disability Programme Board | | |
| Community facilities implemented for: Assertive Outreach, Community Forensic, St Georges and IAPT | FPC | Phil Easthope | James Sabin | Community Facilities Programme Board | | |
| Primary Care MH Teams developed for all Sheffield PCNs | QAC | Mike Hunter | Toni Wilkinson | Primary and Community Mental Health Programme Board | | |
| Community Recovery Service redesign implemented | QAC | Salli Midgley | Greg Hackney | Community Mental Health Programme Board | | |
| Fulwood site sale completed | FPC | Phil Easthope | Derek Bolton | Leaving Fulwood Programme Board | | |
| Plan Objectives | | | | | | |
| | Board Committee | Exec Director | Senior Lead | Operational Oversight Group | Q1 position | Q2 position |
| Service Delivery Plan | | | | | | |
| We will deliver more care locally in Sheffield and reduce Out of Area Placements in inpatient services by 29% during 2023/24 and 86% less in March 2024 | QAC | Neil Robertson | Greg Hackney | Out of Area Project Board | | |
| Improve the care we provide by reducing Agency use by 10% during 2023/24 | QAC | Caroline Parry | Greg Hackney | Agency Reduction Project Board | | |
| Implement Phase 1 of the CMHT Transformation programme by August 2023, with eight care groups aligned to Primary Care Networks to support delivery of the 28 day access standard. | QAC | Salli Midgley | Greg Hackney | Community Mental Health Programme Board | | |
| Expand our Community Learning Disability Services over the next two years so that more support is available in the evenings and weekends. | QAC | Mike Hunter | Richard Bulmer | Learning Disability Programme Board | | |
| Introduce Employment Advisors across our IAPT Services by October 2023 | QAC | Neil Robertson | Toni Wilkinson | IAPT Leadership Team | | |
| Deliver the 7.5% Access Standard for Perinatal services and provide support to partners by Q4 | QAC | Neil Robertson | Richard Bulmer | Rehab & Specialist leadership Team | | |
| Deliver the 1 hour and 24 hour Access Standard for Liaison Services | QAC | Neil Robertson | Laura Wiltshire | Acute & Community Leadership Team | | |
| Increase capacity and introduce new care models within Memory Services to deliver improved access and reduced waiting times during 2024/25, with further reductions in 2024/25 | QAC | Neil Robertson | Greg Hackney | Community Mental Health Programme Board | | |
| Support the successful launch in Sheffield of the new Mental Health 111 response | QAC | Neil Robertson | Laura Wiltshire | Acute & Community Leadership Team | | |
| Deliver an extended Community Forensic service across South Yorkshire (note 1) | FPC | Neil Robertson | Richard Bulmer | Rehab & Specialist leadership Team | | |
| Quality Plan | | | | | | |
| Implement our Nursing Strategy | People | Salli Midgley | Kirsty Dallison-Perry | Nursing Plan Project Group | | |
| Implement the final year of our Restrictive Practice Programme by March 2024 | QAC | Salli Midgley | Lorena Cain | tbc | | |
| Implement our Quality Management System | QAC | Salli Midgley | Sue Barnitt | QMS Working Group | | |
| Extend our skills and use of quality improvement tools and methods | QAC | Salli Midgley | Parya Rostami | | | |
| Establish and monitor key clinical quality standards | QAC | Salli Midgley | Sue Barnitt | Clinical Quality & Safety Group | | |
| Ensure we have robust assurance and oversight for out of area inpatient care | QAC | Salli Midgley | Sue Barnitt | Clinical Quality & Safety Group | | |
| Physical health objectives and development plan | QAC | Salli Midgley | Sue Barnitt | Physical Health Committee | | |
| Planning for and managing end of life care | QAC | Salli Midgley | Sue Barnitt | Physical Health Committee | | |
| Sustain our Covid and Flu vaccination programme, ensure resilience and safety | QAC | Salli Midgley | Sue Barnitt | IPC Committee | | |

| Service User Engagement & Experience Plan | | | | | | | |
|---|--------|----------------|--------------------|---|-----|-----|--|
| Introduce and embed the Patient, Carer, Race, Equity Framework (PCREF) | QAC | Salli Midgley | Teresa Clayton | LECAG | | | |
| Strengthen our service user and carers groups to ensure diversity and fit for purpose ways of working | QAC | Salli Midgley | Teresa Clayton | LECAG | | | |
| Review the use of our current Co-Production policies across services | QAC | Salli Midgley | Teresa Clayton | LECAG | | | |
| Improving the experience Experts by Experience have in working with us | QAC | Salli Midgley | Teresa Clayton | LECAG | | | |
| Improve the numbers, diversity and experience of our volunteers | QAC | Salli Midgley | Teresa Clayton | LECAG | | | |
| Increase the ways we use to gather and collect feedback | QAC | Salli Midgley | Teresa Clayton | LECAG | | | |
| Research, innovation and effectiveness plan | | | | | | | |
| Provide opportunities, through research, for new interventions and treatments to improve clinical outcomes | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | | |
| Focus on evidence led practice and increasing research partnerships. | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | | |
| Embed our Clinical Effectiveness Framework | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | | |
| Support the embedding of routine use of clinical outcome measures | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | | |
| Facilitate National, Trust and Service-level audit and evaluation | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | | |
| Promote the benefits of being a member of the University Hospital Association | QAC | Mike Hunter | Michelle Horespool | REVIEW Steering Group | | | |
| People Plan | | | | | | | |
| Workforce dashboard implemented to provide improved data insights | People | Caroline Parry | Stephen Sellers | Workforce, Recruitment & Transformation Group | | | |
| Embedding service led workforce plans | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | | | |
| New roles development integrated into workforce planning | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | | | |
| SHSC Recruitment plan developed to deliver workforce planning priorities | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | | | |
| Deliver recruitment process improvement plan | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | | | |
| Diversity data as standard on people reports | People | Caroline Parry | Stephen Sellers | Inclusion and Equality Group | | | |
| Menopause accreditation achieved reflecting improved access to support | People | Caroline Parry | Sarah Bawden | Staff Health & Wellbeing Group | | | |
| Dedicated wellbeing roles in place | People | Caroline Parry | Charlotte Turnbull | OD Assurance Group | | | |
| Managers development programme defined | People | Caroline Parry | Charlotte Turnbull | OD Assurance Group | | | |
| Review Agenda for Change evaluation process | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | tbd | tbd | |
| Absence reduction action plan implemented | People | Caroline Parry | Sarah Bawden | Staff Health & Wellbeing Group | | | |
| Leadership Competencies implemented | People | Caroline Parry | Charlotte Turnbull | OD Assurance Group | | | |
| New recognition agreement in place with staff side | People | Caroline Parry | Sarah Bawden | JCF | tbd | tbd | |
| Review of local reward and benefits offer | People | Caroline Parry | Sarah Bawden | Staff Health & Wellbeing Group | tbd | tbd | |
| Established core requirements for all roles | People | Caroline Parry | Sarah Bawden | Workforce, Recruitment & Transformation Group | tbd | tbd | |
| Digital Plan | | | | | | | |
| RiO successfully implemented through 2023/24 across SHSC with plans in place for ongoing development. | FPC | Phil Easthope | Pete Kendal | EPR Project Board | | | |
| Development of business intelligence and data warehouse capabilities to support automation of statutory reports by Q4 MAPLE | FPC | Phil Easthope | Pete Kendal | Digital Assurance Group | | | |
| Introduction of our Power BI strategy and appraisal of our analytical capabilities with a development plan agreed by June 2023. | FPC | Phil Easthope | Pete Kendal | Digital Assurance Group | | | |
| Coproduction of a development roadmap with clinical teams to understand the priorities within their services by September 2023 | FPC | Phil Easthope | Pete Kendal | Digital Assurance Group | | | |
| Ongoing development of foundational infrastructure (eg WiFi, Service Desk) | FPC | Phil Easthope | Pete Kendal | Digital Assurance Group | | | |
| Redesign Digital Strategy Group to improve clinical participation | FPC | Phil Easthope | Pete Kendal | Digital Assurance Group | | | |
| Substantive recruitment into difficult to recruit posts | FPC | Phil Easthope | Pete Kendal | Digital Assurance Group | | | |
| Estates Plan | | | | | | | |
| Green Plan & Sustainability priorities | FPC | Phil Easthope | Sarah Ellison | Sustainable Development Group | | | |
| Improving our community facilities: across the following key areas St Georges, Assertive Outreach, Community Forensic, IAPT, Single Point of Access and Emotional Wellbeing Services and links to Primary Care Mental Health Services | FPC | Phil Easthope | Jason Rowlands | Community Facilities Programme Board | | | |
| New Tribunal Room at Michael Carlisle Centre | FPC | Neil Robertson | Derek Bolton | Estates Strategy Group | | | |
| Endcliffe Ward de-escalation rooms | FPC | Neil Robertson | Derek Bolton | Therapeutic Environments Programme Board | | | |
| Maintenance programme and plans to address 7 Facet survey priorities | FPC | Neil Robertson | Derek Bolton | Estates Strategy Group | | | |
| Compliance and risk management | FPC | Neil Robertson | Samantha Crosby | Estates Strategy Group | | | |
| Space utilisation review and improvement plan | FPC | Neil Robertson | Derek Bolton | Estates Strategy Group | | | |
| Centralise the Housekeeping function to deliver improved services | FPC | Neil Robertson | Samantha Crosby | Estates Strategy 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. |