Board of Directors - Public

SUMMARY REPORT	Meeting Date:	27 September 2023
	Agenda Item:	20

Report Title:	**Operational Plan Quarter 1 Report**	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning	
Accountable Director:	Phillip Easthope: Executive Director of Finance, IMST & Performance	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Finance and Performance Committee
	Date:	10 August 2023
Key Points recommendations to or previously agreed at:	Committee noted that the Capital plan is being reviewed and that a revised plan was scheduled for September for Committee review and approval. This was subsequently received and approved in September. The Committee reviewed the system partnership arrangements in place to support work to reduce delayed discharges and were assured of the current arrangements which consisted of a joint SHSC and Sheffield Local Authority Board focussed on mental health delays as part of the Sheffield Place Urgent and Emergency Care Board and the Mental Health Delivery Group.	

Summary of key points in report

1. **Performance against national activity targets is variable over Q1:** 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 years levels. It is expected that activity will recover through Q2-Q4.
2. **We are reducing the numbers of people who receive inpatient care away from Sheffield.** We have reduced out of area placement activity to 913 bed nights against our target of 1,000 bed nights in Q1. To deliver planned further reductions and zero out of area placements in 2024/25 our focus now is on delivering improvements to reduce lengths of stay and delayed discharges.
3. **Increased Mental Health Investment Standard funding is in place.** Recruitment plans have been mobilised in line with plans to expand capacity within Community Mental Health Team, Liaison Mental Health, Perinatal Mental Health and Sheffield Autism and Neurodevelopment Services. 30% of the increased AFE are in place.
4. **Positive reductions in the use of agency staff have been delivered through Q1.** 49.78 wte agency staff were used in June which is below the target set of 66.49 wte. This is improving the experience of care for service users and the wellbeing of staff in teams alongside delivering financial savings from less use of high-cost agencies.

5. **Really good progress is being made to deliver continuous quality improvements:** Our first trust wide improvement collaborative was launched in early July involving ten teams focussed on reducing waiting lists and helping people to 'wait well'. A broad range of positive steps and progress are demonstrated across quality improvement, research, the Patient Carer Race Equality Framework, embedding human rights, and building our approach to co-production with service users.
6. **The Back to Good Programme is closing in August 2023.** This reflects the positive progress made in responding to the CQC inspections from August 2021 & December 2021. 71 of the 75 Improvement actions have been completed.
7. **We have successfully launched the development of our service led three-year workforce plan.** Plans will be bought together through autumn and finalised through the annual business planning process and timetable.
8. **Our Transformation programmes continue to progress.** Our plans for Community Learning Disability Services, Primary Care Mental Health and CMHT Services are moving to the implementation stage. Stanage Ward refurbishment is on track, Maple Ward refurbishment has been approved to move to the design stage and the Health Based Place of Safety is progressing although projected completion has slipped from September to November. Plans are being finalised for new accommodation for our Eating Disorders, Specialist Psychotherapy, Assertive Outreach, Community Enhanced Recovery and Homeless Assessment Services – subject to a review of our capital plan priorities (see point 10).
9. **The implementation of the new Electronic Patient Record is delayed to November.** Revised launch dates have been set by the Project Board for the 30th of October and 27th of November. The delay impacts on our capital plan and the timescales for our ability to progress quality improvement plans around person centred care planning and outcomes.
10. **There are risks to the capital plan, priorities are being re-assessed and recommendations will be made to the Finance and Performance Committee in September.** 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 by our QEIA leads and project SRO's.
11. **Partnership work is well connected and aligned to the delivery of our strategy priorities.** Positive partnership work across Sheffield and the ICB has been important to the positive review of the transformation plans for Learning Disability Services by the Clinical Senate. The Sheffield Better Care Fund Plan will support further expansion of mental health service provision in support of our priorities to reduce out of area placements, levels of delayed discharges and improved access within Liaison services.
12. **The financial pressures remain challenging.** Our Q1 outturn was a deficit of £700,000 against a plan of £900,000. Our forecast FYE deficit remains at £3.262m for 23/24 in line with plan, though there are some underlying risks associated with pay award funding. Our CIP Plan of £5.734m remains on track at the end of Q1, although it is noted a number of schemes are scheduled to come online later in the year.

Further details are provided in the following appendices:

- *Appendix 1: LTP national metrics performance dashboard*
- *Appendix 2: Workforce expansion trajectory at the end of Q1*
- *Appendix 3: Operational plan delivery framework and summary position at Q1*

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 Fundamental Standards	Yes		No	X	Compliance considerations are reported to the QAC
Data Security and Protection 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, Engagement and Experience	Yes	X	No		• 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 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		• Good progress is made in key CIP programme areas (reducing 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		• 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		• The PCREF project will deliver a range of improvements.
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.
Sustainability	Yes	X	No		• 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 ICB level we shall make some traction over the remainder of this financial year.

Title	Operational Plan: Progress update for period ending Quarter 1

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 Q1	Actual Q1	Status
Increase Community Mental Health Team activity by 5% (combined activity of all community services) (*National KPI*)	Delivery	3,666 people access services	5,136 people access services	
Eliminate Out of Area Placements (*National KPI*)	Delivery	1,000 bed nights	913 bed nights	
Reduce use of agency staff (current focus is on six highest use areas)	Delivery	66.49 wte	49.78 wte	
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 (*National KPI*)	Delivery	4,055 people	3,625 people	
Increase the number of older adults accessing Sheffield Talking Therapies (previously IAPT)	Delivery	73 per mth baseline	79 per mth 8% increase	
Minimise delayed hospital care (Clinically Ready for Discharge patient numbers)	Delivery	8 at the end of Q1	9 at the end of Q1	
Women Accessing Specialist Community Perinatal Mental Health Services. (*National KPI*)	Delivery	187 people access service	168 people access service	

Refer to Appendix 3 for information on the RAG status

Key highlights to note are;

b) **Performance against national activity targets is variable over Q1:** Combined activity for all community mental health services is above target. 5,136 people received 2+ contacts between July 22- June 23 from across all our community mental health services, excluding SPA and EWS. Perinatal Mental Health Service activity in Q1 is down on the Q1 activity for the previous year. The service has not been able to sustain the short-term intervention pathway, and this has impacted on numbers seen. Plans to recover activity are being reviewed and will consider the option to re-establish the pathway along with the workforce expansion and activity increases planned for Q3-Q4y. Sheffield Talking Therapies (IAPT) activity levels are increasing each month. In April 1,091 people accessed treatment and in June this had increased to 1,271. The service is expecting to be on track through Q3 onwards.

c) **Numbers of Out of Area Placements (OAPs) have reduced in line with our plan**. This has been delivered through Q1 by improved operational control. However, as we adjust to reduced use of OAPs there has been an increase in the repurposing of the Place of Safety beds to temporarily meet inpatient care needs. To deliver further reductions

through Q2-Q4 the focus is on reducing rates of delayed discharges and lengths of stay.

The OAP trajectory would be at risk if improvements are not delivered and plans to ensure delivery are highlighted in (g) below. This has delivered £247,050 savings against a target of £208,050 for the end of Q1, overachieving by £39,000.

d) **Positive reductions in the use of agency staff have been delivered through Q1.** This improves the experience of care for service users and the wellbeing of staff in teams alongside financial savings from less use of high-cost agencies. The focussed effort has been 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 (42 more active bank workers at the end of Q1 compared to March 2023, an increase of 8.5%) and improved targeting of the right staff when managing workforce needs. The programme has delivered a £669,000 saving against a target of £533,000 at the end of Q1, overachieving by £136,000.

e) **Increase the number of older adults accessing Sheffield Talking Therapies (previously IAPT).** During 2022/23 the service saw on average 73 people each month who were aged over 65 years of age. Over April-June the service saw on average 79 people each month (319 in total over Q1), which reflects an increase of 8.6% on the 2022/23 averages.

f) **Levels of delayed hospital care have remained high over Q1.** This is impacting on poor client outcomes and capacity to deliver reductions in out of area placements. Numbers over Q1 have been between 12-15 people delayed over Apr-May, reducing to 9 at the end of June. This is being mitigated by the improvement plan which is focussed on four key areas

   i. Effective bed management and escalations processes and the formation of a clear Discharge Team lead by the Discharge Team Manager who started in Q1

   ii. Purposeful Inpatient Admission programme (PIPA) which aims to reduce variation in clinical practice across our services.

   iii. Proposed 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)

   iv. Proposed development of 'Somewhere else to assess' beds through the Better Care Fund Plan. This was piloted through Q4 in 2022/23.

<u>Other areas of note</u>

g) **Service demand and activity is generally manageable and in line with expected patterns. There are important exceptions to this.** Sustained increased levels of demand are being managed in our Sheffield Autism and Neurodevelopmental Service, which is consistent with the national rise in demand for Autism assessments, our Short-Term Education Team following improved accessibility because of the Primary and Community Mental Health Transformation and our Health Inclusion Team which has experienced sustained, elevated demand from individuals with significant quality and safety risks. This is being mitigated though recovery plans, reporting to the Quality Committee and reviews through contractual governance where required. (*Refer to the Operational Resilience and Business Continuity Report to the Board of Directors in July 2023*)

h) **MHIS investment funding and workforce expansion plans are being implemented.** Of the £3.940m MHIS funding agreed April, £2.160m supported workforce increases of 57.02wte compared to previous AFEs. 17.22wte (30%) are already in post, recruitment was initiated in Q1 for Liaison, Recovery and SAANs service expansions for 20.4wte (36%) and recruitment for Perinatal and Primary Care Mental Health Services has been initiated through Q2 for the remaining 17.4wte (34%).

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 3 for information on the RAG status

Key highlights to note are;

b) The implementation of our Quality Improvement Framework is progressing well. A QI project tracker is in place co-ordinating the work of approximately 20 QI initiatives. A clearer offer of QI support has been established that brings together the wealth of QI knowledge and capability in SHSC in a systematic way. The first trust-wide collaborative was launched in early July with ten teams taking part. These ten teams will attend 6 learning sessions over a 2-year period and receive regular coaching to support them to make improvements with regards to waiting lists and helping service users to "wait well". We are gradually preparing to be able to deliver Quality, Service Improvement & Redesign (QSIR) training from 2024, in line with the Integrated Care System's (ICS) QI training plans, as outlined in the South Yorkshire NHS Joint Forward Plan.

The Trust has been shortlisted for five HSJ Patient Safety awards for the work that has been ongoing to improve patient safety and has been selected to be one of the initial 20 piloting teams for an NHS England commissioned Quality Improvement Programme focused on delivering reforms to the Mental Health Act.

b) **Our Research, Innovation and Effectiveness Strategy is being implemented, with some positive progress over the first quarter.** SHSC in partnership with The University of Sheffield, Rotherham, Doncaster & South Humber, South West Yorkshire and Sheffield Children's NHSFTs have been awarded a £837,606. research grant, from the National Institute of Health Research, to understand how mental health services can implement New Roles to maximise benefits for staff, service users and organisations (New Roles in MH) This is a critical area of importance and key to the success of our Clinical and Social Care Strategy and our developing workforce plan.

The Research Development Unit have new (shared) accommodation that will enable them to develop our commercial research portfolio by offering regular access to much needed clinical research facilities and which makes use of under-used space at the Longley Centre.

Research activity in SHSC was recognised at the Clinical Research Network awards, which recognises the work in research being carried out across health and social care in Yorkshire and Humber. With four nominees shortlisted, two winners and one highly commended its is positive to see our work to support research and engage people who use our services to participate in new treatments/interventions being acknowledged and recognised.

The main areas impacting on progress to date have been the dependencies on the RIO rollout to support the embedding of routine use of clinical outcome measures. This will progress in line with the revised plan for RIO.

c) **Our staff survey action plan is being delivered.** Activity continues aligned to building on strengths and improvements linked to priority areas from the Staff Survey 2022 Results received in January 2023. The April 2023 People Pulse results confirmed similar trends on advocacy and engagement scores, therefore we continue with the planned areas of action. We are championing all teams to ask of themselves our '4 key questions' to help make SHSC a great place for care and to work. Reporting on staff engagement action will be part of the Triannual Performance Review with effect from June 2023 reviews for the first time. Joint working with Staff side continues.

d) **The development of our 3-year workforce plan was successfully launched on the 4th July.** This bought leaders from across SHSC together to share best practice workforce planning models from across the Northeast Region, the SHSC workforce information tool, learning from the introduction of new roles and connections to developing the Operational Plan. A development plan is in place to establish a three-year plan by the autumn.

e) **Green Plan implementation is behind plan.** The delays are in several areas notably estates and facilities, supply chain and procurement. 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 ICB level we shall make some traction over the remainder of this financial year.

Noting the above delays in 2022/ 2023 SHSC reduced our carbon footprint for emissions under our direct control (scope 1 and 2 emissions) by 17% compared to the 2020/2021 baseline year meaning we are on track to achieve our 2030 net zero target providing we continue to deliver the implementation plan.

f) **The delivery our Patient Carer Race Equality Framework was supported by a successful 'Lets talk about Race' conference in June.** The conference had over 120 delegates coming together, was well attended by community leaders and feedback has been positive. We also had the first meeting of the Race Action Group with membership drawn from the top five ethnically diverse communities using our services in Sheffield (Afro-Caribbean, Pakistani, Yemeni, Somali and Chinese).

g) **Our plan to embed human rights in our day-to-day practice over the next two years was approved by the Mental Health Legislation Committee in May.** Work has been finalised through Q1 to embed human rights training within Level 2 Respect Training. The new training package will be launched in Q2 and will provide 2 1/2hrs of human rights training within the Respect bundle and will reach c600 staff over a year.

h) **Work to improve how we Co-produce with our service users is progressing.** There has been a slight increase in the diversity of our Experts by Experience and a significant increased interest from people to become Experts by Experience in the future. Following review of available feedback tools, we are exploring the suitability of the 'Safe to Share' tool. In partnership with Flourish, we are developing a Co-production toolkit to provide guidance and support for all services.

<u>Other areas of note</u>

i) **Our Quality Plan is being delivered.** The Quality Management System has developed well. Pilot dashboards have been established however rollout has been delayed due to the dependency on the RIO developments. Quality Boards have been established as an interim step, providing a visual management system at team level that is being piloted within Oakbrook, Dovedale, G1 and CERT. Work to establish and monitor key clinical

quality standards is progressing through the roll out of a Fundamental Standards of Care Tool, improved utilisation of the Tendable audit platform and strengthening team governance.

j) **The Back to Good Programme is closing in August 2023 reflecting the positive progress made in responding to the CQC inspections from August 2021 & December 2021:** The focus in Q1 has been placed on completing outstanding requirements and where this has not been possible, transitioning oversight to the appropriate Tier 2 group to ensure continued monitoring and support during delivery. The outstanding requirements were reflective of the ongoing themes of improvement as identified in the 2020 and 2021 inspections.

The Quality Committee and Board of Directors received the final Back to Good Programme report in June 2023. This has been replaced with a quality assurance report which will be issued every 6 months. The Quality Assurance Committee will receive the programme closure report.

Through the improvement work of the Programme 71 of the 75 Improvement actions have been completed and assured, with the remaining 4 being managed through normal quality governance arrangements. The four are summarised below.

Regulation	Regulation ID	Service	End Date	Forecast End Date
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	31/08/2023
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	TBD; Trajectories for improvement in development
The trust should ensure all staff are up to date with mandatory training	68	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	TBD; Trajectories for improvement in development
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	31/08/2023

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	

Fulwood site sale completed	Delivery	

Refer to Appendix 3 for information on the RAG status

Key highlights to note are;

b) Therapeutic Environment ward refurbishment projects are on track in year with financial risks in the medium to longer term: The Stanage Ward project is on track for completion in September 2023. The Maple Ward Outline Business Case was supported by Finance and Performance Committee allowing the design phase to commence. The Amber rating is due to the bid to the New Hospitals Fund which was unsuccessful and options to move forward using SHSC capital funding would pose a high risk to the capital plan for the next 5-8 years and the progression of other planned or potential developments. Options to mitigate the risks relating to the capital constraints are being discussed with SY ICB.

c) **There has been a further delay in the Health Based Place of Safety opening.** The expected completion date has slipped from September to November 2023. This has an impact on the delivery of the Maple Ward improvements. This is being mitigated through reviews with the contractors to identify ways we can bring the slippage date forward.

d) **The implementation of the new Electronic Patient Record is delayed.** Revised launch dates have been set by the Project Board for the 30th of October and 27th of November following an assurance review of the revised implementation plan. The revised plan is scheduled for review and endorsement by the Board of Directors in August. The financial impact of the delayed go live projected to be c£1million in 2023/24.

As noted above there are broader impacts from the delays on 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.

e) **We are moving to the implementation stage of the Learning disability service redesign programme.** It has been confirmed by the Health Scrutiny Committee that there is no requirement to hold a public consultation and the proposed enhanced community offer should be progressed. The full business case for the proposed changes is scheduled for approval by FPC in August.

f) **Plans for new accommodation for Assertive Outreach, Community Forensic, St Georges are being finalised, with risks remaining for IAPT services.** The Community Facilities Programme has been reviewed and reset. It is proposed that the Sheffield Eating Disorder Service and the Specialist Psychology Service currently located in the St George's building and the Assertive Outreach Team and Sheffield Community Forensic Team from Distington House and Homeless Assessment and Support Team (HAST) will relocate to the Fitzwilliam Centre and Sydney Street properties.

This a priority project for SHSC and all efforts have been put in place to complete the project by Autumn 2023. The Quality and Equality Impact Assessment (QEIA) was approved by Panel. The business case has been endorsed in principle by Business Planning Group, however progression to complete the work will be predicated by the review of the 23/24 Capital Plan. Options to meet IAPT service needs will be reviewed as part of the Capital plan review and broader programme reset.

g) **Plans for Primary Care Mental Health Teams to be developed for all Sheffield Primary Care Networks are moving towards implementation.** The clinical model has been approved by the PCMH Programme Board and reviewed by Quality Assurance Committee and the associated Quality and Equality impact assessment (QEIA) has been approved by Panel. The clinical model was reviewed by the Board of Directors in July, and the organisational change process is now scheduled to commence.

h) **The redesign of our Community Recovery Service is moving to implementation.** Staff will move to new teams as planned in September 2023, these will match the Primary Care Network geography, and service users will be assigned to these teams. The full change will be realised by January 2024. The CMHT Project Board is ensuring that robust plan are in place to support people currently on waiting lists between now and January 2024.

i) **The sale of Fulwood is progressing.** Confirmation of planning permission is excepted within the anticipated 12-13 week window. The initial capital receipt is expected within Q3 or Q4. There is a risk that if planning permission is not granted then there will be a significant shortfall for the 2023/24 Capital Plan. This would adversely impact the Maple ward project resulting in further slippage of the 2024/25 out of area CIP.

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 under the Health and Social Care Bill.

Key highlights to note are;

a) **The South Yorkshire ICB has developed the Joint Forward Plan (JFP) for the Partnership. Our strategic priorities align well with the JFP.** The JFP builds on positive collaborative work to date across SY and provides a clear framework for improvement work at system level that will support SHSC in the delivery of its priorities. This is evident through

- SY MHLDA Provider Collaborative priorities across Learning Disability, Urgent and Emergency Care, Inpatients, Eating Disorders and Neurodiversity services
- Clear JFP transformation and improvement plans across mental health and learning disability service pathways
- Addressing the needs of Children and Young People and a clear focus on mental health support
- Focus on prevention, early identification and improved management of long-term conditions
- Focus on improving population health and reducing health inequalities
- Strong focus on the positive benefit of collaboration and partnership working with VCSE services

b) **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. Development work continues to progress across jointly agreed key priority areas.

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

c) **Delivering change and improvements in Sheffield through effective partnership working:** Positive partnership work across Sheffield and the ICB has been important to the positive review by the Clinical Senate of the transformation plans for Learning Disability Services. The Sheffield Better Care Fund Plan will support further expansion of mental health service provision in support of our priorities to reduce out of area placements, levels of delayed discharges and improved access within Liaison services.

1.6 Summary of progress against key deliverables at Q1

Appendix 3 provides a concise overview of the current position with our strategic priorities and key deliverables at Quarter 1. Progress is reported across the deliverables in either establishing the required plan of work or delivering against the plan.

Additional points to note are

- Accommodation challenges have delayed the intended introduce Employment Advisors across our IAPT Services. The Community facilities Programme re-set will explore remaining options.
- Limited progress has been made to coproduce the development roadmap with clinical teams to understand the priorities within their services due to a range of competing priorities across service transformation priorities. Joint work with strategy leads is planned to progress this.
- Limited progress has been made to deliver substantive recruitment into difficult to recruit posts within the Digital Team. This is being progressed through a development piece with Midland and Lancashire CSU which will review and develop a Target Operating Model for the service supported by a baseline plan for roles required.

1.7 Developing a forecast position

As we move through the year we will develop the focus of the reporting to be more forward looking and include a forecast position to consider and identify risks that may impede expected progress over the following period/ quarter.

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:** The 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, QEIA leads, and project 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. Need to update BAF reference

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: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

Appendix 3: Operational Plan delivery framework and summary position at Quarter 1

APPENDIX 1: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

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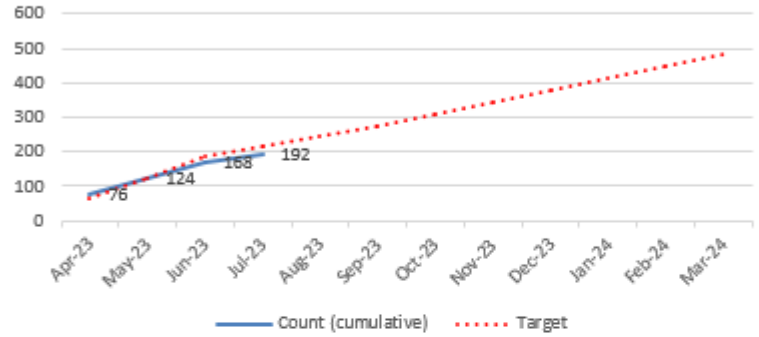
NHS Long Term Plan – national metrics for 2023/24

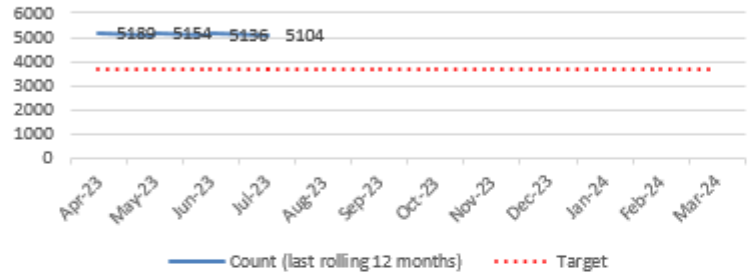
Perinatal: number of women accessing specialist community Perinatal MH services in the reporting period (cumulative)

Our target = 483 by March



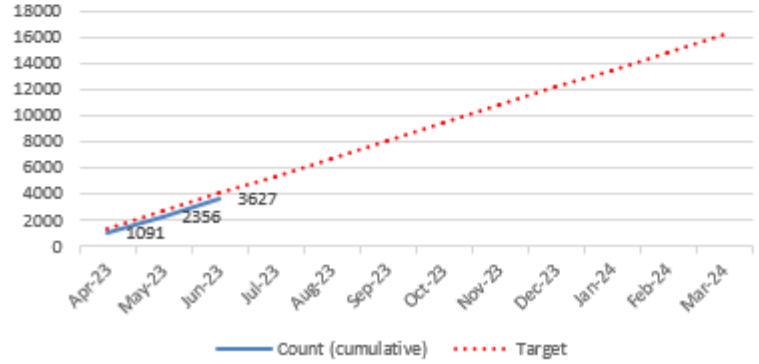
Community: Number of adults & older adults who receive two or more contacts from community mental health services

Our target = 3,666 each quarter



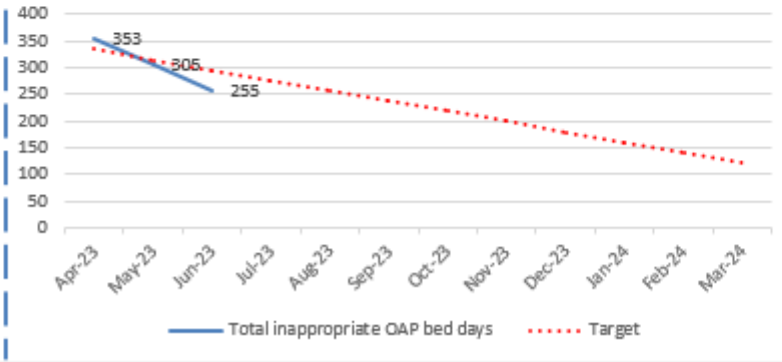
Talking Therapies: number of people first receiving Talking Therapies services (cumulative).

Our target = 16,220 by March



Out of Area: Number of inappropriate adult OAP bed days

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
Activity levels are increasing each month. In April 1,091 people accessed treatment and in June this had increased to 1,271. 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

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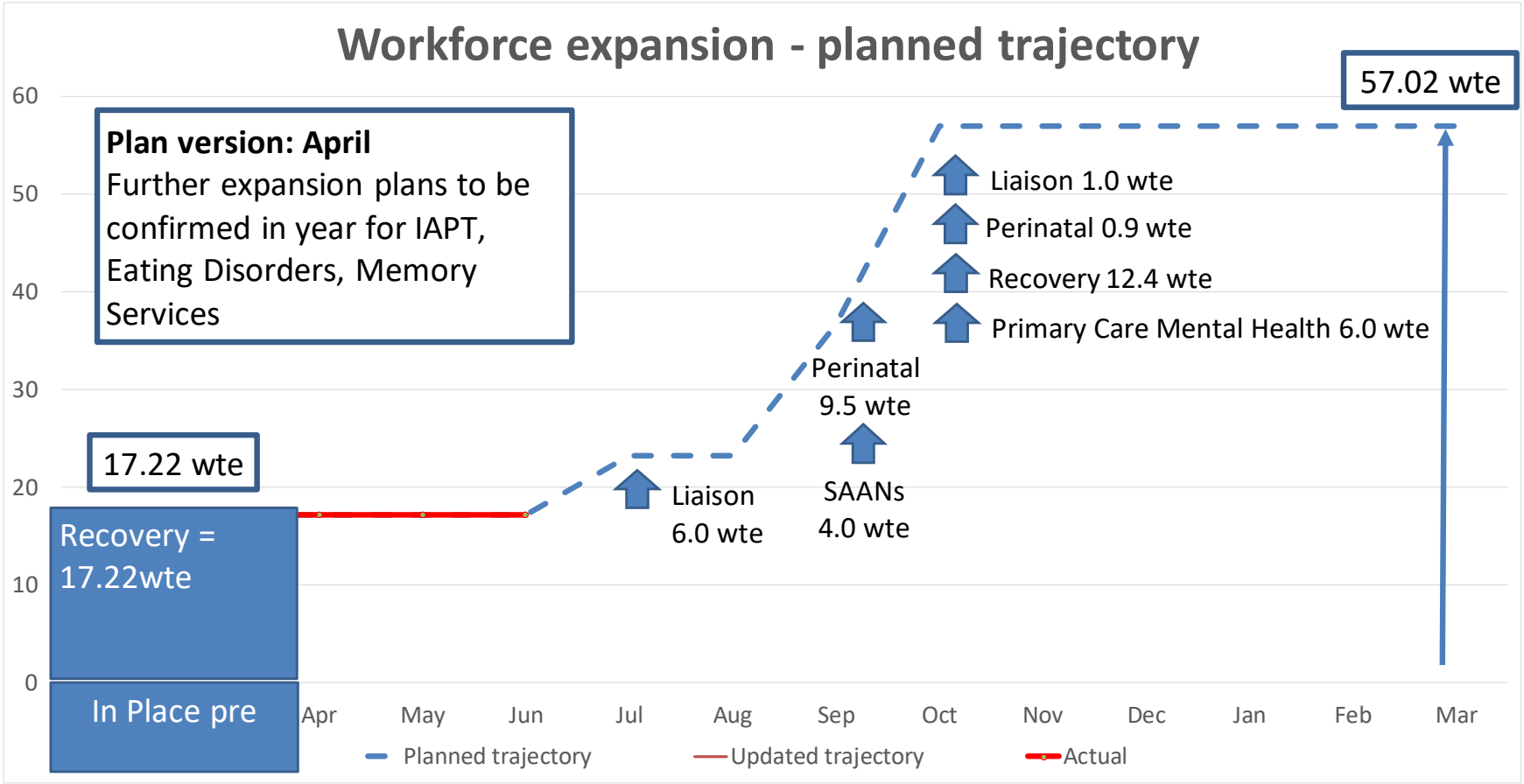
APPENDIX 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

Annual Operational Plan 2023/24: Workforce planned trajectory



Key messages:

(1) Of the £3.940m MHIS funding agreed April, £2.160m supported workforce increases of 57.02wte compared to previous AFEs.
(2) 17.22wte (30%) are already in post within the Recovery CMHTeams
(3) Recruitment was initiated in Q1 for Liaison, Recovery and SAANs service expansions for 20.4wte (36%)
(4) Recruitment for Perinatal and Primary Care Mental Health Services has been initiated through Q2 for the remaining 17.4wte (34%).

APPENDIX 3: Operational Plan delivery framework and summary position at Quarter 1

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Strategic Priorities	Board Committee	Exec Director	Senior Lead	Operational Oversight Group	Q1 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
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		
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 Midgely	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
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 Midgely	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	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	QAC	Salli Midgley	Teresa Clayton	LECAG	
Improving the experience Experts by Experience have in	QAC	Salli Midgley	Teresa Clayton	LECAG	
Improve the numbers, diversity and experience of our	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	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	QAC	Mike Hunter	Michelle Horespool	REVIEW Steering Group	
Facilitate National, Trust and Service-level audit and	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	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
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
Review of local reward and benefits offer	People	Caroline Parry	Sarah Bawden	Staff Health & Wellbeing Group	tbd
Established core requirements for all roles	People	Caroline Parry	Sarah Bawden	Workforce, Recruitment & Transformation Group	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	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	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	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	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	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	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.