

# Board of Directors - Public

## SUMMARY REPORT

Meeting Date: 27 March 2024

Agenda Item: 23

<b>Report Title:</b>	<b>Operational Plan Update: Progress Report for 2023/24 Plan - Quarter 3</b>	
<b>Author(s):</b>	Jason Rowlands: Deputy Director of Strategy and Planning	
<b>Accountable Director:</b>	James Drury: Director of Strategy	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Finance and Performance Committee
	<b>Date:</b>	15 February 2024
<b>Key Points recommendations to or previously agreed at:</b>	No additional recommendations made.	

### Summary of key points in report

#### To alert the Board that

- **We are reducing the numbers of people who receive inpatient care away from Sheffield for adult acute inpatient care, however levels of out of area placements and delayed discharge rates remain higher than planned.** To deliver planned further reductions over Q4 and into 2024/25 our focus now is on delivering improvements to reduce lengths of stay and delayed discharges. Higher than planned levels of out of area placements have impacted adversely on the cost improvement plan.
- **Performance against national activity targets is variable over Q3:** Activity for all community mental health services is above target, however activity within Sheffield Talking Therapies and Perinatal Mental Health Services is below trajectory. It is expected that activity will recover going forward.
- **We are now able to implement the full move into Sidney Street, Fitzwilliam Street and Wainwright Crescent following the £1m brokerage arranged to support RIO implementation.** The business case has been approved by the Executive Management Team and it has been agreed with Sheffield Place for the increased costs to be met through the financial plan for 2024-25.
- **A significantly reduced capital programme is now in place for the remainder of the year which will delay essential improvements into 2024-25.** This responds to the increased cost projections associated with RIO and the delay in any capital receipt from Fulwood. This impacts on several patient safety improvements and essential upgrades to estate infrastructure from the 7-facet survey which will be prioritised within the 2024-25 capital programme.
- **The expected successful launch of RIO through Tranche 1 and 2 in Q3 was not achieved.** The programme is now focussed on stabilising the system as launched in Tranche 1 within Older Adult Services and planning for Tranche 2 through Q4 and into Q1 of 2024-25.

- **The financial pressures remain challenging as reported through the Finance Report.** At month 9, we are reporting a year-to-date deficit £1.4m worse than plan at £3.924m. We are forecasting a year-end deficit of £3.322m, which is £0.06m worse than plan. Recovery plans and efficiency schemes are in place to deliver recovery by year-end.

**To advise the Board that**

- **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. The Health Based Place of Safety is now open and improvement work on Stange Ward will now conclude through Q4 following delays within the supply chain and equipment that is to be installed. The sale of Fulwood is behind plan and this impacts on our capital programme.

**To assure the Board that**

- **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 key areas from staff wellbeing to the Patient and Carer Race Equality Framework programme and strengthening our approach to co-production.

Appendices

*Appendix 1: SHSC Priorities*

*Appendix 2: NHS Long-term Plan national metrics for 2023-24 performance dashboard*

*Appendix 3: Operational plan delivery framework and summary position at Q3*

**Recommendation for the Board/Committee to consider:**

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

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

Effective Use of Resources	Yes	<b>X</b>	No	
Deliver Outstanding Care	Yes	<b>X</b>	No	
Great Place to Work	Yes	<b>X</b>	No	
Ensuring our services are inclusive	Yes	<b>X</b>	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**

<b>Care Quality Commission</b>	Yes		No	<b>X</b>	Compliance considerations are reported to the QAC
<b>Data Security Protection Toolkit</b>	Yes		No	<b>X</b>	
<b>Any other specific standard?</b>	Yes		No	<b>X</b>	

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	<ul style="list-style-type: none"> <li>The continuous quality improvement priorities will deliver improvements across key agendas</li> <li>Mental Health Investment Standard funded growth will improve access across key service lines</li> <li>Therapeutic Environment and ligature anchor point (LAP) programmes delivering improved safety with reduced LAPs, and new Health Based Place of Safety accommodation.</li> </ul>
Financial (revenue & capital)	Yes	X	No	<ul style="list-style-type: none"> <li>Increased pressures on the capital plan arising from key transformation programmes and delayed capital receipts</li> <li>Challenging financial environment going forward</li> </ul>
Organisational Development /Workforce	Yes	X	No	<ul style="list-style-type: none"> <li>Agreed Mental Health Investment Standard growth funding supports workforce expansion in key service lines.</li> <li>Underlying vacancy rates and on-going turnover may undermine the impact of the workforce growth in some areas.</li> </ul>
Equality, Diversity & Inclusion	Yes	X	No	<ul style="list-style-type: none"> <li>The Patient and Carer Race Equality Framework programme will deliver a range of improvements.</li> </ul>
Legal	Yes	X	No	<ul style="list-style-type: none"> <li>Failure to achieve Care Quality Commission compliance is a breach of the requirements of the Health and Social Care Act.</li> <li>Contractual and legal frameworks are in place to govern relevant aspects within the Leaving Fulwood and RIO programme.</li> </ul>
Sustainability	Yes	X	No	<ul style="list-style-type: none"> <li>Green Plan implementation is progressing.</li> <li>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 level we shall make some traction over the remainder of this financial year.</li> </ul>

<b>Title</b>	<b>Operational Plan: Progress update for period ending Quarter 3</b>
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## Section 1: Analysis and supporting detail

### 1.1 Current position against plan: key points to note

#### 1.2 Strategic aim: Deliver outstanding care

An overview of progress in delivering our priorities, national and local targets is provided. Refer to Appendix 3 for information on the RAG status in respect of development plan status.

<b>Priority 1: Deliver therapeutic environments</b>		
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>
Stanage Ward refurbished and work on Maple Ward started	Delivery	
New Health Based Place of Safety service operational	Delivery	
Plans developed and way forward agreed for new facilities	Planning	
<b>Additional commentary</b>		
<ul style="list-style-type: none"> <li>• <b>Improvement work on Stanage and Maple is moving forward, but progress is behind plan:</b> The Stanage Ward project handover from the contractor is complete. An issue with water pressure at the Michael Carlisle Centre has led to a delay in commissioning the ward for use. The revised completion date for Stanage of the end of March 2024 means the planned decanting of Burbage to Stanage and of Maple to Dovedale 2 will be delayed with the Maple decant now scheduled for April-May 2024. This delay means there will be a continued risk to safety as service users on Maple will remain for longer in an environment that doesn't meet prescribed safety standards.</li> <li>• <b>The design work for the refurbishment of Maple Ward is complete and the tender for the works was published on the 17 January 2024.</b> Flourish has been commissioned to complete engagement activities with service users to provide an understanding of their views regarding the relocation of the ward while the improvement work takes place. The Committee and the Board of Directors has reviewed the options available to deliver improvements to the ward environment and this will form part of the business case being compiled. The business case for the refurbishment is scheduled for April 2024 and this will be considered as part of the development of the re-freshed five-year Capital Plan.</li> <li>• <b>The Health Based Place of Safety opened in January.</b> This provides significantly enhanced facilities and environments for people detained under Section 136 of the Mental Health Act.</li> </ul>		

<b>Priority 2: Transform our community mental health and learning disability services</b>		
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>
Learning disability service redesign implemented	Delivery	
Primary Care Mental Health Teams developed for all Sheffield Primary Care Networks	Delivery	
Community Recovery Service redesign implemented	Org change	
Community facilities implemented for: Assertive Outreach, Community Forensic, St Georges and Talking Therapies.	Delivery	

**Additional commentary**

- We are moving to the implementation stage for the new learning disability service which is expected to be delivered through April-July 2024.** The final report from the NHS Clinical Senate regarding the proposed clinical model was received in November 2023. There were no significant areas of change requested or any that result in modifications to the model will be delivered via contract and commissioning processes with Sheffield Place. The clinical model for the enhanced community service will be implemented between April – July 2024. Plans are being worked up to support recruitment to key roles due to their specialist nature. In addition, consideration is being given to how a requirement to admit a person with lived experience of Autism or neuro diversity or person with a learning disability on to an inpatient ward will be met. This is being taken forward at a system level.
- Good progress is being made in implementing the extended Primary Care Mental Health Service, risks are being reviewed and managed.** The programme is on track to extend the service to all 15 Primary Care Networks by April 2024. Plans have been agreed for the recruitment to the Mental Health Wellbeing Practitioner role, therefore all 15 Primary Care Networks will have this role in place by October 2024. Several risks are highlighted and are being managed by the programme in respect of reducing waiting lists, establishing an accommodation plan to support services, building effective cross system working and managing and supporting service users as they transition from current services to their future teams.
- We are reviewing the implications for staff arising from the new Community Recovery Service model, which is impacting on the move to implementation.** The consultation may have to be reviewed as the changes being proposed are more significant than initially thought. This is being progressed with Staff Side and the People Directorate. The proposed staffing split in Single Point of Access and the Emotional Wellbeing services in terms of roles which move into the Primary Care Networks, and which remain in the SHSC Urgent and Crisis service may result in not enough staff being in post to deliver the Urgent and Crisis service. Business Cases are being developed to support a way forward.
- The Community Facilities priorities for this year have experienced delay but are now moving forward and the required improvement work will be completed by the end of March 2024. This will provide improved facilities for patient care and for staff.** Assertive Outreach, Community Forensic, Homeless Assessment Team and Eating Disorders Services will move into Sidney Street, Specialist Psychotherapy Services into Fitzwilliam Street and Talking Therapies into Wainwright Crescent. This has been made possible following SHSC securing additional capital funds of £1 million through the Integrated Care System (ICS), of which £368,000 will support the required work to improve the above community facilities.

<b>Priority 3: Improve access to crisis care</b>				
<b>Development plan</b>		<b>Focus</b>	<b>Status</b>	
Eliminate Out of Area placements by 2024/25		Delivery		
Minimise delayed hospital care and reduce lengths of stay		Delivery		
Support the launch of the new Mental Health 111 response		Planning		
<b>Performance position</b>	<b>Focus</b>	<b>Target Q3</b>	<b>Actual Q3</b>	<b>Status</b>
Eliminate Out of Area Placements (adult acute spot beds) ( <i>National KPI</i> )	Delivery	2,125 YTD Q3 bed nights	2,595 YTD Q3 bed nights	
Minimise delayed hospital care (Clinically Ready for Discharge patient numbers)	Delivery	Q2 actual = 1,636	Q3 actual = 2,022	

Additional commentary
<ul style="list-style-type: none"> <li>• <b>Our Flow Improvement programme has set a trajectory to eliminate inappropriate out of area hospital bed use by 2024.</b> We have successfully reduced our reliance upon out of area hospital beds (spot purchased bed nights to the end of December are down by 23% on the previous year) but we have failed to achieve our target trajectory over Q3. The cost improvement programme board received a revised trajectory in December to achieve the programme objective. We are utilising Quality Improvement methodology to increase system engagement and impact. Progress was celebrated and refocused at a mid-way review on the 6 December 2023, with a progress summit scheduled for the 7 March 2024. The event involves workstream leads, key clinical and operational leaders, system partners, and guest speakers.</li> <li>• <b>We established the Mental Health Hospital Discharge programme in September. The programme has Executive leadership from Sheffield City Council and SHSC.</b> The programme has successfully reduced through Q3 the number of people who are clinically ready for discharge in our hospital beds through utilisation of the Better Care Fund and improved operational efficiency. We have reduced the number of delayed acute hospital bed nights from 429 in October to 348 in November and 264 in December (a 38% reduction from October). For older adult hospital bed nights, the reductions have been from 353 bed nights in October to 263 in November and 253 in December (a 28% reduction from October). This is supporting us to reduce the number of people who receive out of area hospital care (see above).</li> <li>• <b>We launched the procurement exercise to find a new partner to deliver the NHS111 mental health crisis helpline services for Sheffield.</b> The successful provider is likely to be from the voluntary sector and the new service will provide a much-needed addition and improvement to the support available to people in Sheffield.</li> </ul>

Priority 4: Improve access so people wait less and wait well				
Development plan			Focus	Status
Quality Improvement (QI) Collaborative supporting improvements across 10 services focussed on reducing waiting and 'waiting well'			Delivery	
Performance position	Focus	Target Q3	Actual Q3	Status
Increase Community Mental Health Team activity by 5% (combined activity of all community services) ( <i>National KPI</i> )	Delivery	3,666 in Q people access services	4,845 in Q people access services	
Access to Talking Therapies – numbers accessing treatment ( <i>National KPI</i> )	Delivery	4,055 in Q people access	3,142 in Q people	
Access to Talking Therapies – % accessing treatment within 6 weeks ( <i>National KPI</i> )	Delivery	75%	98.9%	
Access to Talking Therapies – % accessing treatment within 18 weeks ( <i>National KPI</i> )	Delivery	95%	99.8%	
Access to Talking Therapies – % who reach recovery ( <i>National KPI</i> )	Delivery	50%	52%	
Increase the number of older adults accessing Talking Therapies	Delivery	73 per month baseline	83 per month 13% increase	
Women Accessing Specialist Community Perinatal Mental Health Services. ( <i>National KPI</i> )	Delivery	381 people access service YTD	322 people access service YTD	

Additional commentary	
<ul style="list-style-type: none"> <li> <b>The waiting lists and waiting well Quality Improvement (QI) collaborative is progressing well.</b> 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. National experts in improving waiting lists in mental health settings have published recommendations and guidance on how to best improve flow. The QI coaches are using this evidence, including the East London Foundation NHS Trust Guide to Improving Demand, Capacity, Backlogs and Waiting Times. <p>In the first Action Period (July 2023 – November 2023), teams have predominantly focused on Step 1 to “Visualise the System”. In line with Step 2, teams are now being supported to interrogate their Integrated Performance Quarterly Review waiting list data with support from data analysts. Coaching sessions have highlighted that some teams have already seen statistically significant improvements and are being supported to show their journey of improvement through their data better. The next step will be to support the teams to review their data retrospectively and help them to refine their measurement plans going forward.</p> </li> </ul>	
<ul style="list-style-type: none"> <li> <b>Performance against national activity targets is variable over Q3:</b> Combined activity for all community mental health services is above target. 4,845 people received 2+ contacts over the 12-month period up to December 2023 from across all our community mental health services. Perinatal Mental Health Service activity was impacted through the end of Q2 and into Q3 due to high levels of staff sickness absence and staff leaving. This impacted on team capacity and activity. Recruitment was finalised through Q3 for the expanded roles and the additional vacancies and by January the team is now nearly at full capacity. The increased activity trajectory will be achievable recurrently into 2024-25. Sheffield Talking Therapies (previously IAPT) services continue to perform well in respect of waiting times and the numbers of people reaching recovery. However, activity levels are below expected levels with less people being referred to services or accessing services directly. Talking Therapies services across the country are struggling to meet this access target. The recovery plan is focussed on GP engagement, marketing and promotion, building the equality strategy and development of the employment advisor clinics. </li> </ul>	

Priority 5: Deliver our quality and safety objectives		
Development plan	Focus	Status
Quality Improvement programme implemented	Delivery	
Research and Innovation Strategy implemented	Delivery	
Embed Human Rights in our day-to-day practice	Delivery	
Quality objectives	Focus	Milestones
Demonstrate a measurable and equitable reduction in the use of seclusion and restraint	Delivery	Range of milestones set for each quality objective area
Demonstrate improvements in the number of people from diverse communities accessing community mental health service	Delivery	
Embed co-production with service users and carers in how we deliver and govern services	Delivery	

## Additional commentary

- **Progress continues to be made in the delivery of our Quality Objectives, and the full report is provided to the Quality Committee and Board of Directors.**
  - **Equitable reduction in use of seclusion and restraint:** The use of seclusion has reduced over the period of the objectives however has not seen an equitable reduction for people from black/African Caribbean ethnicity. While the overall number of physical restraints has gradually decreased since April 2021, the number of restraints for Black British/African/Caribbean people has fluctuated each quarter. In Quarter 3 (2022/23), 17 people were restrained and 7 people in Quarter 3 (2023/24). Improvement is also evident with reduction in Seclusion for people from a black African/Caribbean ethnicity. 4 people were secluded in Quarter 3 (2023/24), a decrease from 12 people being secluded in Quarter 3 (2022/23).
  - **Increase number of service users from diverse communities in community services (against 22/23 baselines):** An ongoing challenge is the accurate recording of service users ethnicity so that this data can be analysed in a meaningful way, to address this, we continue to develop our partnership working. We launched a series of videos to highlight the challenges and promote solutions in asking questions around ethnicity. Co-working with Community Services has commenced, and planning is underway to increase the level of Patient Carer Race Equality Framework leads involvement, with a focus on including racialised communities. Work has continued throughout Quarter 3 and will be a priority focus for Quarter 4.
  - **Embed co-production with service users and carers:** Triangle of care introductory and support workshops have continued to be delivered to inpatient services, care homes and crisis services. The service self-assessments for Triangle of care have all been completed and returned in Quarter 3. Using evidence collated from services and testimonies from carers and our carer led partners, SHSC is working towards obtaining their first-year membership with the Triangle of care through a peer assessment panel with Carers Trust in February 2024.
- **The implementation of our Quality Improvement (QI) programme is progressing well.** Good progress continues to be made to embed our QI programme. We continue to improve and increase our QI capability and engagement. Since April 2023, 52 staff have had half or full day QI training and 281 have had an "Introduction to QI" through the Trust's induction. 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 Q3 there were 67 QI projects registered within SHSC, up from 20 at the end of Q1. Alongside this focus on engagement and building capabilities across teams there is a clear focus on applying QI approaches and resources to our key challenges with waiting times (noted above) the Acute Flow Programme and CQC preparation work. The main QI focus across the Trust is on #ImprovingFlowTogether, and work is underway to bring together the improvement work on improving flow.

Through Forest Lodge we are part of the national NHS England commissioned Quality Improvement Programme. This launched in September 2023 and is 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. We are strengthening our approach to making our QI work more visible across SHSC and through national forums to further support engagement, recognition and appreciation of the work being done



to deliver improvements and our strategic aims. Our improvement work has been represented at The Royal College of Psychiatrists QI Conference, Faculty of Rehabilitation and Social Psychiatry Conference, Health Service Journal (HSJ) Awards, HSJ Patient Safety Awards, British Medical Journal/ Institute for Healthcare Improvement Quality Forum.

- **The annual progress review of the Research, Innovation and Effectiveness Strategy highlights that good progress continues to be made in delivering the strategy.** SHSC is in the top 17% of all Trusts in England for NIHR Research Capability Funding in 23/24 and in the top 5 of Mental Health Trust, reflecting successful National Institute for Health and Care Research programme awards which have been developed in partnership.

Progress has been made against the first 2-year key deliverables and milestones. The majority of objectives (16/23) have been met, others are in progress (4/23) and 3/23 objectives are yet to start or have been delayed. Patient Reported Outcomes Measures training has been co-produced and co-facilitated with Experts by Experience and delivered to all community teams. We are increasing access to information, evidence and training provided by Knowledge and Library Services. The Lived Experience Research Partnership is providing opportunities for people with lived experience to support and participate in research, including paid research roles and the Research Champions Network now has 234 members spreading awareness, increasing engagement and partnership working across teams.

- **Our plan to embed human rights in our day-to-day practice is moving forward with the launch in Q3 of our practice leads network and information leaflets for service users.** Eleven sessions have been delivered supporting between 10-15 staff at a time, and c145 staff have received training since the launch in September. We have established a network of 20 practice leads to champion human rights in practice within teams and build an SHSC network of practitioners. A three-day training programme has been delivered for the practice leads in Q3, with feedback highlighting that all participants felt more confident in their knowledge of human rights and that they planned to apply the principles of human rights within their roles. A patient information leaflet on patient human rights was co-produced with an expert by experience and with input service users on our inpatient wards. It was launched on the 10<sup>th</sup> of December 2023.

### 1.3 Strategic aim: Create a great place to work

An overview of progress in delivering our priorities, national and local targets is provided below.

Priority: Live our values, improving experience and wellbeing				
Development plan		Focus	Status	
Staff survey action plan delivered		Delivery	Green	
Improve our staff survey scores focussing on advocacy, wellbeing and the quality of Personal Development Reviews		Delivery	Green	
Improve wellbeing, reduce sickness absence by 2% and improve data insights for our leaders		Delivery	Orange	
Performance position	Focus	Target Q3	Actual Q3	Status
NHS staff survey response rate	Delivery	50%	52%	Green
NHS staff survey outcomes	Delivery	Data published in March 2024		
Staff sickness absence	Delivery	5.1%	7.6%	Red

Additional commentary
<ul style="list-style-type: none"> <li>• <b>Our staff survey action plan continues to be delivered through a strong programme of engagement activity through Q3 along with the launch of the 2023 NHS staff survey.</b></li> <li>• <b>Initial analysis of the 2023 staff survey highlights some positive improvements in key areas that we have been focussing on and some areas that we continue to need to improve.</b> Full results will be released and shared in March and separate briefings have been provided to the People Committee. The last NHS Pulse Scores for staff advocating for SHSC as a place to receive care and work at its highest since July 2021.</li> <li>• <b>Our programme to improve our wellbeing offer and reduce staff sickness is moving forward.</b> The plan has focussed on delivering a programme of Wellbeing Roadshows and improving accessibility to our support services (Physio med, Occupational Health, Chaplaincy, Quit team, Wage stream). A dedicated Organisational Development Practitioner for Staff Health and Wellbeing has been appointed to lead the support work with our teams on engagement and wellbeing. Additional funding has been made available through Sheffield Charities to support a organisational development 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 and SHSC is now an Accredited Menopause Friendly employer.</li> <li>• <b>While progress has been made in delivering the wellbeing improvement plan absence rates remain high.</b> Through the development and appraisal against the national health and wellbeing framework we have identified a need to focus on environmental factors including sexual safety and managing violence and aggression towards our staff. These are key areas of focus within our improvement plan going into 2024-25 and priorities for next year.</li> <li>• <b>Supporting staff development:</b> Personal Development Review evaluation work has progressed with a Qualtrics survey review and discussion with staff through focus groups. The broader plan aims to create more opportunities for people to develop in their career and beyond, and getting involved in improvement activities, mentoring and coaching.</li> </ul>

Priority: Improving staff engagement and involvement				
Development plan		Focus		Status
Develop and deliver phase 1 and commence phase 2 values into behaviour change programme		Delivery		
Strengthen involvement through refreshed communication approach		Delivery		
3-year workforce plan developed		Planning		
Performance position	Focus	Target Q3	Actual Q3	Status
NHS staff survey response rate	Delivery	50%	52%	
Additional commentary				
<ul style="list-style-type: none"> <li>• <b>The values into behaviour programme is progressing well through the year with plans in place to expand further into 2024-25.</b> Our Developing as Leaders Programme has supported c120 leaders over four cohorts. The 'Shine Awards' sees the relaunch of our staff recognition and awards programme, focussed to recognise outstanding contributions that demonstrate our values in action. We have had 175 nominations with the winners announced at the awards ceremony on 22 February.</li> </ul>				

- **We continue to strengthen involvement through a refreshed communication approach.** Key examples of this have been a re-launched ‘Shine Awards’ recognising the contributions of our staff and teams, a re-vamped and strengthened ‘Cascade’ communications programme that provides monthly communications to all staff from the Board and Chief Executive to all teams, and better connectivity with our eight Staff Network Groups.
- **The development of 3-year workforce plans across all services is behind plan but continues to progress and will support all services to finalise their plans by March 2024.** This is a key activity to ensure services are in the best place to deliver the care and services they need to deliver. Development work is progressing with each service line area to co-produce the workforce plan service area by service area incorporating workforce trends, new role opportunities, demand forecasts and the available resources.

#### 1.4 **Strategic aim: Effective use of resources**

An overview of progress in delivering our priorities, national and local targets is provided below.

<b>Priority: Implement RIO safely</b>		
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>
RIO implemented safely over October-November with clear plan to realise the benefits of improved ways of working	Delivery	
<b>Additional commentary</b>		
<ul style="list-style-type: none"> <li>• <b>The expected successful launch of RIO through Tranche 1 and 2 in Q3 was not achieved. The programme is now focussed on stabilising the system as launched in Tranche 1 within Older Adult Services and planning for Tranche 2 through Q4 and into Q1 of 2024-25.</b> A stock take review has been completed and reported to the Board of Directors which has informed the renewed plan for the implementation of Tranche 2 including plans to upskill the Digital Team to enable them to develop and maintain the system.</li> <li>• In January SHSC secured additional capital funds of £1 million through the Integrated Care System, of which £446,000 will support RIO costs through Q4. Further costs into Q1 of 2024-25 will need to be met from next year’s capital programme.</li> </ul>		

<b>Priority: Deliver our financial plan and efficiency programme</b>				
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>		
Deliver a deficit of £3.267 million and our cost improvement plan of £5.7million	Delivery			
Fulwood site sale completed, generating £12 million to support capital improvements over 23/24-25/26	Delivery			
Green Plan implemented	Delivery			
<b>Performance position</b>	<b>Focus</b>	<b>Target Q3</b>	<b>Actual Q3</b>	<b>Status</b>
Surplus/(Deficit)	Delivery	(2,504)	(3,924)	
Out of Area spend *	Delivery	(6,573)	(7,228)	
Agency spend	Delivery	(4,921)	(5,633)	
Cash	Delivery	44,059	41,509	
Efficiency Savings	Delivery	3,559	3,559	

Capital	Delivery	(10,045)	(7,421)	
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\* Includes Purchase of Healthcare only, excludes travel costs.

### Additional commentary

The full month 9 finance report is provided separately to the Committee. The headline financial commentary is provided here for reference.

- **At month 9, we are reporting a year-to-date deficit £1.4m worse than plan at £3.924m. We are forecasting a year-end deficit of £3.322m, which is £0.06m worse than plan** due to recent industrial action have been recognised as required by NHSE and the ICB. Recovery plans and efficiency schemes must deliver by year-end to achieve the forecast, including:

- Operational recovery plans £1.2m
- Non-Pay controls £0.5m
- Eliminate Out of Area shortfall £0.5m
- Cap agency booking in addition to recovery plans £0.5m
- Other schemes £0.6m

The plans are not without risk hence the red rag rating forecasts. Delivery is being closely monitored through the Cost Improvement Programme Board and by the Executive Management Team.

- **The efficiency plan is forecast to deliver on plan, partly due to non-recurrent interest receipts rather than planned recurrent saving schemes.** This will increase the efficiency required in 2024-25.
- **Forecast capital spend is £4m less than plan as the receipt from the sale of Fulwood is no longer expected.** A significantly reduced capital programme is now in place for the remainder of the year which will delay essential improvements into 2024-25. This responds to the increased cost projections associated with RIO, design fees incurred for Maple and 7 facet survey and the delay in any capital receipt from Fulwood. This impacts on several patient safety improvements and essential upgrades to estate infrastructure from the 7-facet survey.

The five-year capital plan re-refresh for 2024-25 onwards will ensure we are clear about the priorities to progress with the funds available.

In January SHSC secured additional capital funds of £1 million through the Integrated Care System, of which £446,000 will support RIO costs through Q4 and £368,000 will support the service moves into Fitzwilliam Street, Sidney Street and Wainwright Crescent (see above, section 1.2).

- **The Leaving Fulwood Project remains delayed at the end of Q3.** The Finance and Performance Committee reviewed the current position in January and approved a plan to negotiate a new contract with financial receipts to be scheduled from 2024-25.

This has impacted on our capital plan for the year, as noted above. The plan was to invest £12.791 million in total through the year based on an expected capital receipt of £4 million in 2023-24 from the first phase of the developing sale of excess Trust estate. This has resulted in a need to review the capital plan and defer into next year planned capital schemes to upgrade equipment and infrastructure across our estate.

The delay is also impacting on revenue pressures as costs continue to be incurred associated with the building, for example security guards have been employed full time at the site. Associated with this is that savings which were stated in the business case have not been realised in 2023-24 impacting on the Cost Improvement Programme.

- **Green Plan implementation is moving forward, and the focus is on accelerating our progress and improving the quality of action plan reporting.** Significant progress has been made to support the delivery of the strategic priority to train and engage SHSC staff on sustainability to support the goals of the green plan. NHS England Estates team visited the Facilities Directorate on the 6<sup>th</sup> of December to

discuss our progress to meet targets outlined within the NHS Estates Net Zero Carbon Delivery Plan. The visit was very informative, and we were able to obtain external assurance on the quality of the SHSC Estate Decarbonation Study and recommendation report as a good starting point for creating a decarbonisation plan.

14% of actions in the Green Plan Action Plan have been achieved and 42% are in progress. Progress reporting on Green Plan Action Plan remains limited and we have yet to outline our approach to developing a sustainable building action plan for the Estate to transition to net zero by 2030. We are unable, currently to provide an accurate Carbon footprint for SHSC due to supplier metering issues. We are working with our suppliers and landlords to address issues and gain assurance on accurate data collection going forward so we can provide consistent and transparent reporting.

#### 1.4 **Strategic aim: Ensure our services are inclusive**

An overview of progress in delivering our priorities, national and local targets is provided below.

<b>Priority: Patient and carer race equality framework</b>		
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>
Deliver our Patient Carer Race Equality Framework following extensive co-production with our local communities	Development	
<b>Additional commentary</b>		
<ul style="list-style-type: none"> <li>• <b>The delivery our Patient Carer Race Equality Framework is progressing well.</b> The Quality Committee has reviewed and is assured that there are clear plans and timelines in place to allow for further development of key actions and governance improvements to support a successful delivery plan for 2024 – 2026.</li> <li>• <b>As an early adopter of the Framework SHSC’s development journey over the last two years has been focussed on</b> <ul style="list-style-type: none"> <li>• Leadership and Governance including the development of the race equity dashboard</li> <li>• Organisational competencies to help focus service transformation to better meet the needs of racialised and ethnically and culturally diverse communities</li> <li>• Patient and carer feedback mechanisms</li> </ul> </li> <li>• <b>The development of the delivery plan commences from January 2024.</b> During November and December 2023 there has been some planning and work with appropriate bodies to agree the formal structure and governance.</li> </ul>		

<b>Priority: Work in partnership to address health inequalities</b>		
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>
Effective co-production with service users	Delivery	
Work with our partners across Sheffield Place, the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative and Integrated Care System to improve and transform services and reduce health inequalities	Delivery	
<b>Additional commentary</b>		
<ul style="list-style-type: none"> <li>• <b>Our new toolkit for co-production was launched in Q3.</b> This best-practice toolkit was commissioned and developed in partnership with Flourish and the planned toolkit has been reviewed and approved by the Lived Experience Coproduction Assurance Group. The coproduction toolkit is being used to support a range of QI Collaborative</li> </ul>		

work underway across SHSC. The focus now is to support teams with the use of the toolkit in practice and a programme of workshops is in place to progress this.

- **This is underpinned by ensuring effective feedback mechanisms.** We have strengthened ways for service users and carers to feedback on their experiences. With service users and carers, we have reviewed several options and have procured and launched Safe2Share, a digital platform that provides anonymous feedback to services.
- **An essential focus of our leadership and governance approach has been to ensure we do coproduction well with the support of key partners.** This is to ensure that individuals and communities are at the heart of the design and implementation of the services they need. We have strengthened our approach in several key areas such as Let's talk about race' partnership, the Race Action Group and our developing work with Flourish.
- **Our Engagement and Experience Strategy and Carer and Young Carer Strategy implementation plans are being delivered.** The Lived Experience Coproduction Assurance Group has reviewed progress against key objectives of ensuring robust lived experience support and engagement networks run by peers for who work in coproduction, and the implementation of the Triangle of Care Standards across all inpatient services will be met.
- **We continue to work collaboratively across the full range of partnerships to support the delivery of care, improve and transform services and reduce health inequalities.** We continue to engage fully across Sheffield Place and the South Yorkshire Integrated Care System governance and development forums for mental health, learning disability and autism services. Briefings from this are reported separately to the Board of Directors.

## Section 2: Risks

- 2.1 **Improving flow within inpatient services:** There is a risk that failure to reduce delayed transfer of care rates and lengths of stay will impact on our ability to reduce levels of out of area placements. 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 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 risks arising from the need to defer planned schemes. The level of capital spending in any one year by the Trust is constrained by its allocated Capital Departmental Expenditure Limit (CDEL) for the year compounded by increased capital project costs (RIO) and delayed capital receipts (Fulwood). This means that there is a significant level of capital investment that has had to be deferred to future years, which gives rise to risks to operations, quality and health and safety. While the planned Q4 schemes have been deferred to Q1-Q2 of 2024-25 there are still risks to being able to progress these due to Maple

considerations and CDEL constraints. As we develop the updated five-year capital plan we will define the risks and how best to mitigate them.

**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 and broader capital programme:** There is a risk that the stabilisation work required for Rio and delay to the launch of Tranche 2 will leave existing patient safety risks unmet due to the continued use of Insight. Additional capital funds will be required to support the extended programme. This is exacerbated by the need to upskill the Digital Team to enable Rio to be supported and developed.

**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 **Therapeutic Environment:** There are risks arising from the uncertainty regarding the availability of 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*

- 2.5 **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 Report to the Board of Directors
  - b) Transformation Board reports to the Finance and Performance Committee and Board of Directors
  - c) Quality Accounts report to the Quality Assurance Committee
  - d) Workforce Plan and People Plan reports to the People Committee
  - e) Finance reports to the Finance and Performance Committee in respect of financial position, capital plan, Cost Improvement Programme Planning, negotiations with commissioners and investment plans and allocations.
  - f) IPQR in respect of activity and performance reports to the Committees of the Board.
  - g) Range of strategy progress provided to relevant Committee and Board of Directors.

## Section 4: Implications

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

## Section 5: List of Appendices

*Appendix 1: SHSC Priorities*

*Appendix 2: NHS Long-term Plan national metrics for 2023-24 performance dashboard*

*Appendix 3: Operational plan delivery framework and summary position at Q3*



## Our priorities

- Deliver therapeutic environments
- Transform our community mental health and learning disability services
- Improve access to crisis care
- Improve access so people wait less and wait well
- Deliver our quality and safety objectives

- Live our values, improving experience and wellbeing
- Improving staff engagement and involvement

- Implement RIO safely
- Deliver our financial plan and efficiency programme

- Patient and carer race equality framework
- Work in partnership to address health inequalities

## Our strategic aims

Deliver outstanding care



Create a great place to work



Effective use of resources



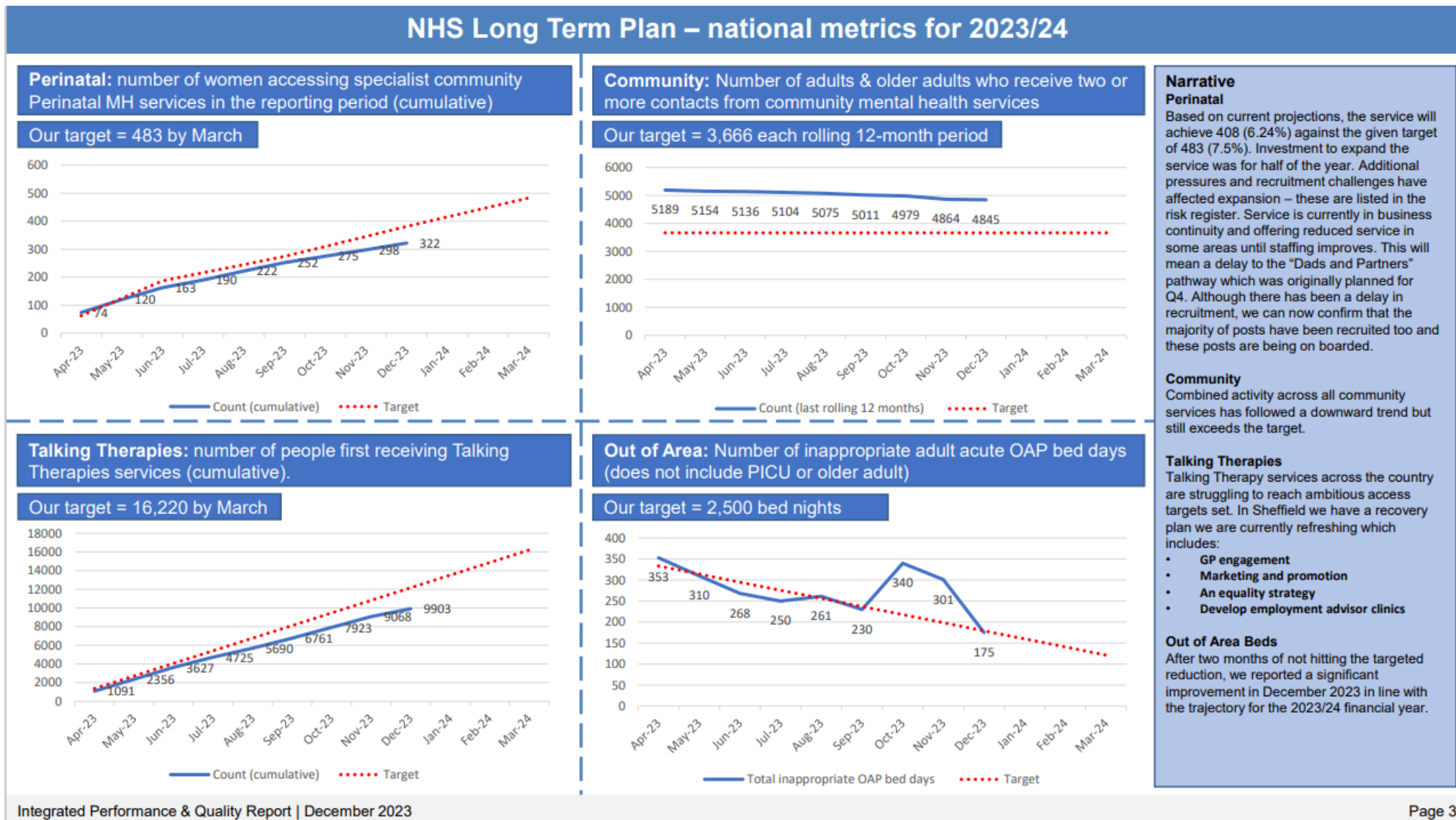
Ensure our services are inclusive



### Our approach to delivering our priorities

- We will ensure the care we deliver is trauma-informed, strengths-based, person-centred, and evidence-led
- We will deliver change through coproduction and quality improvement approaches
- We will focus on equality, inclusion and addressing health inequalities in all we do
- We will deliver our Green Plan commitments

**APPENDIX 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 3**



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

Strategic Priorities	Board Committee	Exec Director	Senior Lead	Operational Oversight Group	Q1 position	Q2 position	Q3 position
<b>1. Recover Services and improve productivity</b>							
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	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			
<b>2. Continuous Quality Improvement</b>							
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			
<b>3. Transformation</b>							
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			
<b>Plan Objectives</b>							
	Board Committee	Exec Director	Senior Lead	Operational Oversight Group	Q1 position	Q2 position	Q2 position
<b>Service Delivery Plan</b>							
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			
<b>Quality Plan</b>							
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	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	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 Cartisle 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
<b>Progress</b>	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
<b>Scope</b>	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
<b>Budget</b>	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
<b>Resources</b>	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
<b>Risks</b>	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.